Agenda Item: Trust Board Paper K

TRUST BOARD – 2 APRIL 2015

NIHR Clinical Research Network: East Midlands
Annual Plan 2015/16 and Progress update for UHL Board

DIRECTOR:	Dr Andrew Furlong
AUTHOR:	Prof David Rowbotham, Clinical Director and Elizabeth Moss, Chief Operating Officer, CRN: East Midlands
DATE:	2 April 2015
PURPOSE:	**UHL is the Host Organisation for the NIHR CRN: East Midlands. The CRN is required to submit a business plan each financial year. UHL Board are asked to (i) approve the Network's business plan for 2015/16 as required by the Host contract; and (ii) note and discuss present achievements and challenges.**
PREVIOUSLY CONSIDERED BY:	CRN: East Midlands Executive Group CRN: East Midlands Partnership Group

Objective(s) to which issue relates *	
	☐ 1. Safe, high quality, patient-centred healthcare
	☐ 2. An effective, joined up emergency care system
	☐ 3. Responsive services which people choose to use (secondary, specialised and tertiary care)
	☐ 4. Integrated care in partnership with others (secondary, specialised and tertiary care)
	☒ 5. Enhanced reputation in research, innovation and clinical education
	☐ 6. Delivering services through a caring, professional, passionate and valued workforce
	☐ 7. A clinically and financially sustainable NHS Foundation Trust
	☐ 8. Enabled by excellent IM&T

Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	The business plan has been reviewed by patient and public representatives within the Network's management structure.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	No formal impact assessment has been performed

Organisational Risk Register/ Board Assurance Framework *	☐ **Organisational Risk Register**	☒ **Board Assurance Framework**	☐ **Not Featured**

ACTION REQUIRED *		
For decision ☒	For assurance ☐	For information ☒

NIHR Clinical Research Network: East Midlands
Annual Plan 2015/16 and Progress update for UHL Board

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), is hosted by University Hospitals of Leicester (UHL) NHS Trust. It was established in April 2014. The background to this, challenges and achievements were discussed previously at UHL Board (Oct 30, 2014). As part of the hosting contract, UHL Board is required to approve the LCRN Annual Plan. The purpose of this paper is to update the Board on progress and seek formal approval of the Annual Plan 2015/16.

2. Annual Plan 2015/16

1.2 The LCRN is required to submit a business plan (including financial plan) for each financial year. It is prepared in partnership with the clinical specialties contributing to research delivery across all LCRN NHS partner organisations in the East Midlands. It has been circulated previously for comment to members of the CRN Host Executive Group, chaired by Kevin Harris in his role as host nominated Executive Director for the LCRN. We are grateful to Andrew Furlong who has agreed to take on this role following Kevin's retirement from UHL Board.

1.3 The plan was submitted to the NIHR on 1 April in order to keep to their deadline. It was not possible to submit a final plan to the March UHL Board; the NIHR recognise this and are content for plans to be submitted to Host Boards for their approval in April. We will notify the NIHR if any changes are recommended by UHL Board at this meeting and the plan will be changed accordingly.

1.4 The plan has also been distributed widely for comment to our partners, including the LCRN Partnership Group which has patient and public representation.

1.5 For the presentation of this plan, NIHR have provided a template in the form of a spreadsheet/table with explicit instructions as to what issue should be addressed in each section. The items are very operational in nature, starting with our plans to deliver the LCRN's high level objectives including: increased patient recruitment to portfolio studies; improving delivery of portfolio and commercial studies to time and target; increasing the number of commercial contracts; time to complete study permission; time to recruit first patient; increased regional NHS participation with portfolio studies; and increasing recruitment to dementia and neurodegeneration studies. In addition, we are required to describe: our plans to improve patient participation in, and LCRN infrastructure support for, all 30 clinical specialties; and delivery of the LCRN operating framework (governance, delivering the government dementia research priority, patient and public involvement, culture of innovation and continuous improvement, workforce development, information systems and governance, engagement and communication). As such, the Annual Plan is of significant size containing much data and detail. It seeks to convey to the centre, partners, colleagues and the public some of the key approaches that we will adopt next year.

3. Achievements and challenges

3.1 Some of our significant achievements this year include:

- Presently, we are rated nationally 5th of 15 LCRNs in terms of patent recruitment, considerably better compared with the start of the year.

- Our progress in dementia research has been remarkable. From a very low base, we have over-achieved on our recruitment target and established a framework that can underpin a significant expansion of this work.
- We are placed first in the country with respect to our research activity in primary care, with a high level of engagement across general practice.
- External independent audit has identified considerable progress in establishing our governance framework and financial systems.
- The technical quality of our financial returns has been praised by the centre.
- Increasing financial transparency and equity for NHS partners through harmonising research support cost payments and a region-wide budget set through activity principles.
- We have been commended for being able to appoint to all of the key senior positions within the network promptly, including designated clinical leadership in all 30 research specialties.
- At our first performance review with NIHR, we received excellent feedback on our progress so far, especially with respect to embedding partnership working. Presently, we are highly regarded by the centre.

3.2 We have many challenges ahead; however, we have identified the causes of these and what needs to be done to address them. The overarching challenge is to work with partners and colleagues to deliver improved access to high quality research for patients in the East Midlands. Significant specific challenges include:

- The recruitment league table hides two important facts: our recruitment is less than it should be relative to our population; and our proportion of complex compared with non-interventional studies is less than many other LCRNs. This results in a budget that is significantly less than would be expected.
- We need to make more progress on partnership working. Adopting this approach has brought many positives; however, it brings different and complex challenges compared with a simple top-down approach. We are committed to concentrating our efforts on this.
- We must continue and increase our endeavours to operate through principles of business efficiency, ensuring that adequate systems and processes are in place to enhance performance management, without stifling activity and innovation. Two years of budget cuts (primarily due to our relative recruitment) have caused us to make many difficult decisions and diverted some of our attention away from strategic investment.
- The NIHR require a balanced portfolio of studies – we are a long way from achieving this in terms of recruitment and network support. We need to work with NHS partners and network colleagues to ensure that we respond to this key objective.
- The way we do business, both internally and externally, has changed significantly. Our management structure is new and we have made progress; however, we know that it is not working as it should in several areas and this needs to be address next year.
- The merging of the networks in the East Midland has led to a significant deterioration of our study delivery performance, especially commercial trails. This needs urgent correction and an action plan is in place.

4. Recommendations

4.1   UHL Board as asked to: (i) discuss and approve the LCRN Annual Plan 2015/16; (ii) note and discuss present achievements and challenges.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **UHL BOARD**

DATE: **2 APRIL 2015**

REPORT FROM: **ELIZABETH MOSS – CHIEF OPERATING OFFICER**
                       MARTIN MAYNES – HOST FINANCE LEAD

SUBJECT: **CRN: EAST MIDLANDS FINANCE PLAN 2015/16 (INDICATIVE BUDGET)**

1.1   Purpose

This report outlines the indicative budget for 2015/16. It should be noted that this is indicative at this stage as it is subject to formal approval by the NIHR.

1.2   Indicative Budget 2015/16

CRN: EAST MIDLANDS is a significant financial undertaking. The main funding allocation for 2015/16 has been confirmed as **£20.4m**. There has been no announcement regarding RCF income.

The allocation received represents a £1.1m (5%) reduction against last year's allocation. This raises a significant financial challenge for 2015/16, as this comes on top of the 5% reduction that the East Midlands experienced in 2014/15. This allocation is also worse than the prudent approach adopted in the planning assumptions because of a change in the national funding model which gives even more weighting to activity related funding.

It is the operational responsibility of the COO and Senior Network Team to manage this risk. However, as the legal entity receiving these funds, UHL has the ultimate duty to ensure that the budget is managed effectively.

A major factor in the reduction is this year's allocation is the relatively poor recruitment in some Partner Organisations (POs) in our region. Recruitment represents the majority of the funding calculation in the budget summary as can be seen in the table below. Addressing this issue needs to be a priority for CRN: EAST MIDLANDS to avoid future budget reductions.

Funding Element	Allocation 2015/16 £'000
Leadership and Management	782.4
Per Capita	3,541.40
Project Related Funding	943.40
Performance Related Funding	400.2
Recruitment Related Funding	14,782.80
MFF/Cap & Collar	-53.7
Total Main Funding Allocation 2014/15	**20,396.50**
Hosting (within Total Main Allocation 2015/16	300
RCF Allocation 2015/16	**tbc**

1.3 Timetable

Action	Responsibility	Key Date
Develop Financial Planning Principles	Operational Management Group	Achieved
Approve draft financial plan and indicative organisational budgets.	CRN: EAST MIDLANDS Exec Team	20/03/2015
Notify partners of financial plan and indicative organisational budgets.	CRN: EAST MIDLANDS Partnership Group (via email)	30/04/2015
Submit Detailed Financial Plan to NIHR via Finance Tool	Elizabeth Moss, COO - CRN: EAST MIDLANDS	27/03/2015
Issue draft 15/16 indicative budgets/finance pro formas to all partner organisations	Elizabeth Moss, COO - CRN: EAST MIDLANDS	Achieved
NIHR review of submitted plans	NIHR	April 2015 (tbc)
Confirmation of 2015/16 CRN: EAST MIDLANDS Finance Plan.	NIHR	April/May 2015 (tbc)

1.4 Planning Principles

Given the reduced budget and the need to ensure that research activity continues across the East Midlands it is essential that there is a robust and transparent methodology for budget setting. This has already been notified to the CRN Executive Committee and Partner Organisations in a previous finance paper, so there is no intention to repeat that guidance, all of which remains valid. However, it should be reported how the additional savings required following the funding announcement have been applied. The additional savings amounted to **£389k** and these were applied as follows:

£250k reduction in central budgets: This has been achieved by reviewing current and future vacant posts and reducing the budget for non-pay and overheads.

£139k reduction to Partner Organisation Infrastructure budgets: This has been applied to organisations which are significantly above fair share funding.

1.5 Budget Summary

The indicative budget for 2015/16 is summarised in the table below. As can be seen there is a Vacancy Factor of £171.0k and this equates to a 6.6% saving against management budgets. This will need to be managed as a cost pressure in year, and delivery will require careful monitoring of the budgets.

In addition many Partner Organisations will also carry Vacancy Factors within their plans, for which they will be responsible for managing the financial risk. However, the Network will ensure that no excessive Vacancy Factors are agreed.

	Annual Plan
	£'000
Income	
Core NIHR Funding	20,396.5
Research Capability Funding (tbc)	
Total	**20,396.5**
Expenditure	
Network Managed Team	891.3
Host Services	300.0
Core Management Team	545.7
Clinical Leads	580.7
Research Mgmt & Governance Team	997.2
Research Task Force	823.6
Partner Organisation Infrastructure	14,649.0
Primary Care	900.0
Portfolio Management System	180.0
Service Support Costs	700.0
Vacancy Factor	**-171.0**
Total	**20,396.5**

Within the allocation there is a budget of £14.6m for Partner Organisation Infrastructure budgets, and this is broken down by organisation as follows.

Organisation	Indicative Budget £'000
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	404.4
DERBY HOSPITALS NHS FOUNDATION TRUST	1,437.8
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	263.4
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	419.6
LEICESTERSHIRE PARTNERSHIP NHS TRUST	450.8
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	305.3
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	789.6
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	248.0
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST (DELIVERY)	4,246.0
NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	728.6
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	702.2
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1,087.2
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST (DELIVERY)	3,566.1
TOTAL	**14,649.0**

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National Institute for Health Research

CRN: East Midlands Annual Plan 2015/16

Draft 20.03.15

Delivering research to make patients, and the NHS, better

CRN: East Midlands Annual Plan 2015/16

Introduction

The attached Annual Plan sets out some of the operational elements required to allow us to achieve our ambition, stated this time last year, to become a network consistently in the top 3 position in national performance ratings, recognised for activity, quality, engagement, delivery and added value.

During the past year we have adopted a number of values that underpin how we work as one network for the East Midlands. These include true partnership working, transparency, flexibility, ambition, communication, inclusive, supportive, value for money and quality. These values are genuinely held and much progress has been made in adopting them; however, we recognise that more work is needed in order to embed them.

In 2015/16 there are various national targets, to which the East Midlands intend to significantly contribute, as detailed in the plans, however when undertaking our plans as described we will be focussing on these areas:

Partnership: working to build and maintain effective relationships with partner organisations, cross divisional working, across specialties and a range of healthcare delivery settings. This will involve enhancing our communications approach, providing regular, clear and timely direction along with high quality information and systems. Adopting this approach has brought many positives; however, it also brings different and complex challenges compared with a simple top down approach. We are committed to concentrating our efforts on this in 2015/16.

Working to maximise future resource: focus on ensuring we deliver on our current portfolio and work to ensure a strong future pipeline. Additionally, a clearer consideration of balance across the region, across specialties and study complexity to ensure resource allocation to the East Midlands can be maintained, or ideally increased, due to strong performance.

Operate through principles of business efficiency: ensure adequate systems and processes in place to enhance performance management, without stifling activity and innovation. Two years of budget cuts (primarily due to our relative recruitment) have caused us to make many difficult decisions and diverted some of our attention away from strategic investment. However, they demonstrate very clearly that we need to concentrate more on value for money, and better understand our return on investment.

In submitting this Annual Plan to the NIHR, we believe that the future is bright for our network; we have made considerable progress in the first 12 months of operation and relish the challenges ahead. We aim to further foster a supportive environment in which to deliver high quality research, in partnership with key stakeholders.

Professor David Rowbotham
Clinical Director, CRN: East Midlands

Elizabeth Moss
Chief Operating Officer, CRN: East Midlands

CRN: East Midlands Annual Plan 2015/16

Coversheet

Host Organisation	University Hospitals of Leicester NHS Trust
Partner Organisations – **Members of the Partnership Group**	1. Chesterfield Royal Hospital NHS Foundation Trust 2. Derby Hospitals NHS Foundation Trust 3. Derbyshire Community Health Services NHS Trust 4. Derbyshire Healthcare NHS Foundation Trust 5. East Midlands Ambulance Service NHS Trust 6. Kettering General Hospital NHS Foundation Trust 7. Leicestershire Partnership NHS Trust 8. Lincolnshire Community Health Services NHS Trust 9. Lincolnshire Partnership NHS Foundation Trust 10. Northampton General Hospital NHS Trust 11. Northamptonshire Healthcare NHS Foundation Trust 12. Nottingham University Hospitals NHS Trust 13. Nottinghamshire Healthcare NHS Foundation Trust 14. Sherwood Forest Hospitals NHS Foundation Trust 15. United Lincolnshire Hospitals NHS Trust 16. University Hospitals of Leicester NHS Trust
Other affiliated partners **(eg CCGs/Social enterprises)**	**19 CCGs** NHS Nene CCG NHS Corby CCG NHS Leicester City CCG NHS West Leicestershire CCG NHS East Leicestershire & Rutland CCG NHS Erewash CCG NHS Hardwick CCG NHS Lincolnshire East CCG NHS Lincolnshire West CCG NHS Mansfield and Ashfield CCG NHS Newark and Sherwood CCG NHS North Derbyshire CCG NHS Nottingham City CCG NHS Nottingham North and East CCG NHS Nottingham West CCG NHS Rushcliffe CCG NHS South Lincolnshire CCG NHS South West Lincolnshire CCG NHS Southern Derbyshire CCG **3 LATs** NHS England Derbyshire & Nottinghamshire Area Team NHS England Leicestershire & Lincolnshire Area Team NHS England Hertfordshire & the South Midlands Area Team **1 Social Enterprise** Nottingham CityCare Partnership **10 Other Partners** NIHR CLAHRC East Midlands East Midlands Academic Health Science Network Leicester Experimental Cancer Research Unit Leicester Cardiovascular Biomedical Research Unit Leicester Respiratory Biomedical Research Unit

	Leicester-Loughborough Diet, Lifestyle and Physical Activity Biomedical Research Unit
	Nottingham Hearing Biomedical Research Unit
	Nottingham Digestive Diseases Biomedical Research Unit
	Leicester Clinical Trials Unit
	Nottingham Clinical Trials Unit

Host organisation Accountable Officer for CRN: East Midlands	
Name:	Mr John Adler	Email: john.adler@uhl-tr.nhs.uk Tel: 0116 258 8940

Host nominated Executive Director for CRN: East Midlands	
Name:	Dr Kevin Harris	University Hospitals of Leicester NHS Trust Trust HQ University Hospitals of Leicester Level 3, Balmoral Building Leicester Royal Infirmary Leicester, LE1 5WW Email: kevin.harris@uhl-tr.nhs.uk Tel: 0116 258 8016
Job title:	Medical Director	

CRN: East Midlands Clinical Director	
Name:	Professor David Rowbotham	Email: david.rowbotham@nihr.ac.uk Tel:0116 258 5291

CRN: East Midlands Chief Operating Officer	
Name:	Elizabeth Moss	Email: elizabeth.moss@nihr.ac.uk Tel: 0116 258 6185

To be completed by the Host organisation

Please briefly outline the process of engagement and consultation with LCRN Partners and other stakeholders regarding the submitted LCRN 2015-16 Annual Plan and local recruitment goals
The production of the Annual Plan was approached collaboratively from within the Network, with contributing authors asked to complete their allocated sections in collaboration with a range of stakeholders. This included the Senior Management team, Clinical Research Leads, Specialty Leads, research delivery staff and R&D Leads at Partner organisations. Various members of the senior management team took responsibility for different sections of the plan, and will lead on the associated action plans to achieve our goals.   A draft plan was then circulated to the Partnership Group, Operational Management Group, Host Executive and R&D Leads for comment and feedback. These comments were then reviewed and where appropriate incorporated before submitting the Annual Plan for approval to the Host Board on the 2 April 2015.
Nominated Executive Director Assurance
LCRN Host organisation nominated Executive Director signature confirming the following are in place for the LCRN: • **an assurance framework and risk management system;**	

• **robust and tested local business continuity arrangements;** • **an Urgent Public Health Research Plan.**	
Confirmation of approval of the Annual Plan by the Host organisation Board	
Name:	*Email:* *Tel:*
Role:	
Signature:	**Date:**
Contact for any communication regarding the CRN: East Midlands Annual Plan	
Name:	Elizabeth Moss	Email: elizabeth.moss@nihr.ac.uk Tel: 0116 258 6185
Role:	Chief Operating Officer, CRN: East Midlands	

CRN: East Midlands Annual Plan 2015/16

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Table 1: LCRN plans and goals for contributing to NIHR CRN High Level Objectives 2015-16

Objective	Measure	CRN Target	LCRN Goal	Specific key local activities for 2015-16	Timescale
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	650,000	48,000	The approach taken to reach this goal was led by the Research Delivery Managers, working in collaboration with Clinical Divisional and Specialty Leads. Scoping work was done to consider a local specialty level goal, which in turn contributed to an overall LCRN goal. To achieve this, existing studies were considered along with future study information, start and closure dates, predicted recruitment and experience of actual recruitment activity across partner trusts. The first goal setting round fell short of our aspirations, thus we asked Divisions to review targets to ensure our goals for 2015/16 truly represent a stretch goal for the East Midlands. The breakdown as to how this will be achieved is detailed within the later tables of this plan, in relation to the specific specialties.	March 2016
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%	80%	Implement a standard operating procedure for the review of site intelligence forms, to ensure the appropriate involvement of Research Delivery Managers and Specialty Leads. Focused on areas not delivering to time and target to ensure future targets can be delivered.	June 2015
				Emphasis on recruitment to target through 6 to 8 weekly performance meetings with Research Delivery Managers, and appropriate involvement of the Partner Organisation to ensure alignment of targets across the board.	July 2015
				Completed the migration of the performance data across the region onto one internet based system, and implement processes to keep this up-to-date in order to track performance across the East Midlands.	April 2015
	B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned	80%	80%	Introduction of a divisional delivery support team to enable the monitoring of study performance, liaising with divisional Research Delivery Managers, Clinical Leads and Specialty Leads.	May 2015
				Divisional delivery support time to work closely with the new Business	July 2015

Objective	Measure		CRN Target	LCRN Goal	Specific key local activities for 2015-16	Timescale
		recruitment period			Intelligence service to provide accurate performance information via EDGE (LPMS) both from a divisional perspective and overall network performance.	ongoing
					Divisional support team, once formally in post, to work closely with RM&G service to establish excellent feasibility process to ensure accurate target setting.	May 2015 ongoing
3 Increase the number of commercial contract studies delivered through the NIHR CRN	A:	Number of new commercial contract studies entering the NIHR CRN Portfolio	600	n/a	Work in collaboration with a non-NHS early phase research facility to provide access for NHS patients to studies that would not have gone ahead if the unit worked in isolation.	March 2016
					Education and signposting for Investigators to direct sponsors/CROs via the NIHR Portfolio through presentations, meetings and use of the central point of contact.	March 2016
					Collaboration with the UK PBC group for bringing business to the UK, and the East Midlands, working with Steve Ryder, Gideon Hirschfield and Matt Cooper to increase the Primary Biliary Cirrhosis studies entering the NIHR CRN Portfolio. At present there are none of these studies in setup within the UK.	March 2016
	B:	Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies	75%	n/a	Refer to HLO 3A	March 2016
					Refer to HLO 3A	March 2016
					Refer to HLO 3A	March 2016

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Objective	Measure	CRN Target	LCRN Goal	Specific key local activities for 2015-16	Timescale
4[1] Reduce the time taken for eligible studies to achieve NHS Permission through CSP	Proportion of eligible studies obtaining all NHS Permissions within 40 calendar days (from receipt of a valid complete application by NIHR CRN)	80%	n/a	Planned introduction of weekly CSP RAG (performance) reports across the network to enable closer monitoring of studies progressing through the system.	Introduced by March 2015 Effectiveness monitored and adaptations made September 2015
				Further develop communication systems with Partner organisations in problem solving/escalating where delays occur.	April 2015 and ongoing
				Establish early engagement with PIs and Research Teams across the network area to provide training, support and guidance in the submission /feasibility process.	March 2015 ongoing
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 calendar days of NHS Permission being issued or First Network Site Initiation Visit, at confirmed Network sites	80%	80%	Continue to promote the setting of local study timelines (local submission, site initiation and first recruit) in collaboration with all Partner organisations and commercial sponsors/CROs, in accordance with a robust feasibility process.	March 2016 ongoing
				Streamlining of processes for the collection of first recruit data with partner organisations, so that research teams are providing the data to one point of contact only.	March 2016
				Monitoring and communication within 15 days of Trust approval from the appropriate contact if risk assessment is required	August 2015
	B: Proportion of non-commercial studies	80%	80%	Working with Partner organisations to use EDGE to provide recruitment of first participant date in each study to enable provision of CTP data as	April 2015

[1] See Operating Framework Clause 5.28

Objective	Measure		CRN Target	LCRN Goal	Specific key local activities for 2015-16	Timescale
					well as HLO 5B data. This reduces the amount of time working on two separate associated metrics.	ongoing
		achieving first participant recruited within 30 calendar days of NHS Permission being issued			Engagement with the RM&G team via the divisional support team to ensure that feasibility, governance and participant recruitment are in line with each other.	July 2015 ongoing
					Regular updates between the Business Intelligence Lead and the Divisional Delivery teams to enable accurate reporting of data and highlighting areas for improvement throughout the year.	July 2015 ongoing
6 Increase NHS participation in NIHR CRN Portfolio Studies	A:	Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%	99%	Identify with the Divisional Delivery teams, studies that could potentially be delivered by the majority of partners and ensuring adequate resource where necessary to enable delivery of these studies, using flexible research delivery workforce.	July 2015 ongoing
	B:	Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%	70%	Engagement with both Community Health Trusts to plan for commercial research. Increase exposure to the number of potential studies.	July 2015
					Healthcare Trusts: Studies in various stages of set-up or awaiting site selection visits, development of a regional approach to improve marketing, recruitment and a collaborative group to be formed to take forward	March 2016
					Training and engagement event being planned for Spring 2015 to raise profile	July 2015
	C:	Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	25%	25%	318 General medical practices are recruiting to Portfolio studies in 2014/15, which equates to 53%. We intend to maintain this level into 2015/16, see Table 2 on Primary care actions, for detailed plans.	March 2016

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Objective	Measure	CRN Target	LCRN Goal	Specific key local activities for 2015-16	Timescale
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	13,500	850	With Partner Organisations map and facilitate greater access to radiology, lumbar punctures etc and assist Partner Organisations in contracting with Acute Trusts and Private Providers for use of radiology, lumbar punctures etc. A piece of work will commence in April 2015 to scope and map these services, then look for local solutions.	Scoping by June 2015 Solutions by January 2016
				Ensure workforce is trained in rater scales as appropriate e.g. by contracting Neuropsychologist to work across the region supporting and training raters and Practice Leads. Ensure trained raters have access to support and practice	Ongoing
				Collaborate with Partner Organisations in reinvestment of commercial income, linked to specific action outcome of the Host Audit. A local plan will be put in place by July 2015	July 2015

Table 2: LCRN plans to contribute to achievement of NIHR CRN Clinical Research Specialty Objectives 2015-16

GROUP 1: INCREASING THE BREADTH OF RESEARCH ENGAGEMENT IN THE NHS
Increasing the opportunities for patients to participate in NIHR CRN Portfolio studies

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
1.1	Cancer	Increase the opportunities for cancer patients to take part in research studies, regardless of where they live, as reflected in National Cancer Patient Experience Survey responses	Number of LCRNs which have an action plan to increase access in each sub Specialty (e.g. by opening studies, increasing awareness and forming referral pathways for access to research)	15	Our action plan increases the opportunity for cancer patients to access studies in each subspecialty (i.e. Colorectal, Upper GI, Children & Young people, Skin, Haematology oncology, Gynaecology, and Neck) regardless of where they live, with the aim of monitoring and increasing National Cancer Patient Experience Survey responses. This will be achieved by: • Ensuring each tumour types has an appropriate portfolio of trials with resources mapped and monitored to support this portfolio. • The Research Delivery Manager (RDM) and Specialty Lead (SL) are members of all NHS England's East Midlands Senate and Strategic Clinical Network Expert Clinical Advisory Group (ECAG) and will present at regular meetings. Research presentations will continue to be given with performance critically peer reviewed and benchmarked plus referral pathways discussed. • Reviews of the portfolio being performed and identifying potential new trials that will be circulated for interest and opened/referred into as appropriate across the East Midlands. This will fill gaps in the portfolio and horizon scan to replace trials as they close. • Widening involvement in community partners, hospices and any other (appropriate) qualified providers by developing existing and creating new links and awareness in these communities and across other divisions, as appropriate

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
					• Shared care arrangements as part of the CYPICS Principle Treatment Centre.
1.2	Children	All relevant sites that provide services to children are involved in research	Proportion of NHS Trusts recruiting into Children's studies on the NIHR CRN portfolio	95%	56% of Trusts in the region currently participate in Children's studies. During the 2015/16 year we will explore this further to ensure all relevant sites are participating as fully as possible. Our aims will be to: • Ensure all currently involved sites remain active. • Scope Trusts not currently involved and establish activity where services fit with NIHR portfolio profile.
1.3	Critical Care	Increase intensive care units' participation in NIHR CRN Portfolio studies	Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio	80%	Currently 54% of intensive care units across the region are contributing into studies on the NIHR CRN Portfolio. Dependent upon the type of studies that are opened (relatively few on the Portfolio at present) we believe by year end this will increase to 70%. Long term aim is to achieve >80% • Need to investigate and quantify activity at all potential Intensive Care Units across the region. • Identify and engage with enthusiastic clinicians in the smaller non-active units. Support them in administrative, financial and practical aspects of opening studies. • Proven model of utilising research nurse support to cross cover Anaesthesia and Critical Care studies. This model has the potential to be adopted at some of the large acute Trusts.
1.4	Dermatology	Increase NHS participation in Dermatology studies on the NIHR CRN Portfolio	Number of sites recruiting into Dermatology studies	150	Maintain close links with research active centres to build on previous recruitment success. Number of sites recruiting to dermatology studies across East Midlands is 12. Look to establish new links with centres across the region which have not previously been research active or which have recently ceased research activity. Work with these centres to identify barriers to research activity and possible ways of overcoming these barriers.
1.5	Ear, Nose and Throat (ENT)	Increase NHS participation in Ear, Nose and Throat studies on the	Proportion of acute NHS Trusts recruiting into ENT studies on the	40%	At present 63% of acute Trusts across the region are recruiting into ENT NIHR CRN Portfolio studies. We think by year end we will

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
		NIHR CRN Portfolio	NIHR CRN Portfolio		achieve 80%. • Link in with the East Midlands ENT trainee meetings. • Engage with clinicians across the region and ensure meaningful research activity is a key part of the strategic plan for all Directorates. • The support provided by the ENT specialty group, highlighted at major national conferences, magazine articles and journal articles to be circulated across the East Midlands where appropriate. • Increase collaboration between NIHR BRU and CRN. Ensure all new studies that would be eligible for CRN adoption do get adopted. Improve advice given to staff about the NIHR adoption rules, at an early stage of the research process, especially for industry funded trials.
1.6	Gastroenterology	Increase NHS participation in Gastroenterology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into Gastroenterology studies on the NIHR CRN Portfolio	90%	At present 90% of acute Trusts across the region are recruiting into Gastroenterology studies on the NIHR CRN Portfolio. By end of 2015/16 we expect this to increase to 100%. • Need to forge stronger links with all the units across the East Midlands. Specialty Lead to arrange meetings over the next year with all relevant units. • Need to identify champions of research within each Trust to take forward commercial sponsored studies in areas of interest, and with support from the CRN Network and RDM to help them to set these up. • Need to identify opportunities to work collaboratively with colleagues in all divisions to improve recruitment in studies such as HALT IT and ACCURE (the latter with colorectal surgery).
1.7	Haematology	Increase NHS participation in Haematology studies on the NIHR CRN Portfolio	Proportion of eligible NHS Trusts undertaking Haematology studies in each LCRN	50%	We are currently achieving this objective with 50% of Trusts in the region participating. During 2015/16 we will scope all Trusts in the region to ensure all those providing haematology services are participating in portfolio studies.

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
1.8	Injuries and Emergencies	Increase NHS major trauma centres' participation in NIHR CRN Portfolio studies	Proportion of NHS major trauma centres recruiting into NIHR CRN Portfolio studies	100%	The CRN: East Midlands has already achieved this objective as the Nottingham Major Trauma Centre (MTC) is actively contributing to NIHR CRN Portfolio; and will ensure this is maintained into 2015/16. Over the next year there is a need to develop an understanding that trauma research will necessarily cross departmental and institutional boundaries. This will require close collaboration between all those involved in research across the trauma pathway within the MTC and communication between EMAS, the Trauma units and the MTC. The CRN: East Midlands will need to continue to support the Trauma Research Group and facilitate communication within NUH and between NUH and stakeholders in the Network.
1.9	Injuries and Emergencies	Increase NHS emergency departments' participation in NIHR CRN Portfolio studies	Proportion of NHS emergency departments recruiting into NIHR CRN Portfolio studies	30%	At present 40% of NHS emergency departments are recruiting into the region. We believe that by year end this will increase to >50%. The potential to increase this target will depend upon the success of the AIRWAYS II study (in set-up) conducted by East Midlands Ambulance Service (EMAS). All Emergency Departments that handle patients from EMAS will have the opportunity to participate.
1.10	Musculoskeletal	Increase NHS participation in Musculoskeletal studies on the NIHR CRN Portfolio	Number of sites recruiting into Musculoskeletal studies on the NIHR CRN Portfolio	300	• Number of sites recruiting to MSK studies across East Midlands is 10. For 2015/16 there is a target of 12 sites delivering MSK studies. Work currently underway with developing links for delivery within Lincolnshire. • Roll out study delivery across additional sites to open up patient access to studies. • Specialty Lead will be presenting at regional Rheumatology event to consider research and delivery across the region as a means of engaging new sites.
1.11	Ophthalmology	Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into Ophthalmology studies on the NIHR CRN Portfolio	60%	Currently only 30% of acute NHS Trusts in the East Midlands are contributing recruitment to NIHR CRN Ophthalmology Portfolio studies. Current activity centres around two large teaching hospitals. Depending upon the types of studies that are available this year it is hoped that we can increase this target to >50%.

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
					• Need to investigate and quantify activity in all Ophthalmology departments across the region both in Trusts and in the community. • Promotion of CRN: East Midlands to clinicians across the region, including infrastructure support, and increased opportunities for networking. • Need to establish and forge links with research interested Ophthalmology colleagues; including research optometrists and orthoptists. Optometrists are a specialised group of practitioners that as yet have not been specifically targeted to participate in Ophthalmology studies.
1.12	Renal Disorders	Increase the proportion of NHS Trusts recruiting into Renal Disorders studies on the NIHR CRN Portfolio which actively engage renal and urological patients in research	Proportion of NHS Trusts recruiting into Renal Disorders studies on the NIHR CRN Portfolio which implement Patient Carer & Public Involvement and Engagement (PCPIE) strategies for Renal Disorders research	25%	Creating an East Midlands identity for renal research, to ensure it is seen as a whole area of renal excellence in research rather than as individual Trusts, all new studies circulated across the region. Consolidate the existing Renal PPI Groups across the East Midlands (Leicester & Nottingham) into a single East Midlands wide PPIE group who will meet regularly to promote studies across the LCRN geography. A particular focus will be in relation to the areas without PCPIE groups in renal research - Lincolnshire, Northamptonshire and Derbyshire.
1.13	Stroke	Increase the proportion of NHS Trusts, providing acute Stroke care, recruiting to Stroke studies on the NIHR CRN Portfolio	Proportion of NHS Trusts, providing acute Stroke care, recruiting participants into Stroke studies on the NIHR CRN Portfolio	80%	All acute stroke units within the East Midlands currently recruit to studies on the NIHR Portfolio, thus we intend to maintain this and continue to provide relevant support through dedicated staffing in larger centres and generic workforce in smaller trusts. Additionally, Kettering General Hospital (not an acute site) are currently in the set-up phase for 2 observational studies – which will bring the number of active centres in the East Midlands to 9. This will ensure ALL stroke patients in the East Midlands have the opportunity to participate in stroke research.
1.14	Surgery	Increase NHS participation in Surgery studies on the NIHR CRN	Proportion of acute NHS Trusts recruiting patients into Surgery	85%	At present 100% of acute Trusts across the East Midlands are recruiting patients into Surgery studies on the NIHR CRN Portfolio. To maintain this position we need to engage and support close

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ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
		Portfolio	studies on the NIHR CRN Portfolio		collaboration with our Partner Organisations and continue to build on the track record across the region. • Nominate a surgical research lead in each Trust and provide them with GCP training in a manner convenient to them. • Monitor performance and take interventional action as appropriate in cases where delivery is not achieving time and target.

GROUP 2: PORTFOLIO BALANCE

Delivering a balanced portfolio (across and within Specialties) that meets the needs of the local population and takes into account national Specialty priorities

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
2.1	Ageing	Increase access for patients to Ageing studies on the NIHR CRN Portfolio	Proportion of Ageing-led studies which are multicentre studies	50%	• Collaboration with East Midlands Ageing Research Network. • Site visit to research naïve centres to open up additional centres. • Baseline number of multi-centred studies is seven. Of these 2 are in setup and a further 2 in the pipeline.
2.2	Cancer	Increase the number of cancer patients participating in studies, to support the national target of 20% cancer incidence	Number of LCRNs recruiting at or above the national target of 20%, or with an increase compared with 2014-15	15	During 2015/16 we aim to increase recruitment as compared with the current 2014/15 predicted recruitment of 13% of cancer patients participating in studies and a predicted 5.5% in intervention trials. We will continue working towards achieving both the 20% and 7.5% recruitment target.
2.3	Cancer	Increase the number of cancer patients participating in interventional trials, to support the national target of 7.5% cancer incidence	Number of LCRNs recruiting at or above the national target of 7.5%, or with an increase compared with 2014-15	15	This will be achieved by working closely and in partnership with the CRN: East Midlands team, specialty leads, partner organisations, cancer research leaders, East Midlands Strategic Clinical Networks Expert Clinical Advisory Groups (ECAGs), research teams and individual principal investigators to: • Accurately monitor the portfolio and recruitment at the organisational, clinical study group and individual study level • Make portfolio decisions that will fill gaps and replace closing trials

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
					• Benchmark against others and adjust the portfolio accordingly • Set realistic targets for studies and flag any shortfalls in recruitment • Identify and escalate any barriers to the portfolio and recruitment • Map and monitor resources to deliver the objectives
2.4	Cancer	Deliver a Portfolio of studies including challenging trials in support of national priorities	Number of LCRNs recruiting into studies in: • Cancer Surgery • Radiotherapy • Rare cancers (cancers with incidence <6/100,000/year) • Children's Cancer & Leukaemia and Teenagers & Young Adults	15	CRN: East Midlands will continue to recruit to and open new cancer surgery, radiotherapy and rare cancer trials. It will serve the full range of cancer types in adult and children including challenging trials in support of national priorities. This is achieved by ensuring all tumour types have an appropriate portfolio of trials and though horizon scanning to replace trials as they close. **Cancer Surgery** • Surgical trials and key Principle Investigators will be specifically identified during portfolio reviews and process mapping • The Sub Specialty Leads who are surgeons will lead initiatives to promote surgical trials • Infrastructure will be modified to support and further develop the cancer surgery portfolio • Where possible work will be carried out across divisions to achieve critical mass and enhance surgical specialties currently without adequate support. **Radiotherapy** • The Research Delivery Manager will attend and give research updates at the newly reformed Radiotherapy ECAG Meetings to promote the radiotherapy research agenda • Radiotherapy research is a priority that will be added to oncology strategies of partner organisations • Radiotherapy trials will be actively identified during portfolio reviews to enlarge the radiotherapy trial portfolio and increase recruitment. **Rare cancers (cancers with incidence <6/100,000/year)** • An appropriate portfolio of rare cancer trials and referral pathways will be maintained.

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ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
					Children's Cancer & Leukaemia and Teenagers & Young Adult • A portfolio review will be undertaken with the Specialty Lead to identify suitable trials and sites across the East Midlands • East Midland's trial coordination and patient referrals will be enhanced by the implementation of shared care and shared governance arrangements • Nottingham will become the lead centre in the UK for a Biocharacterisation study • To continue to work closely with Division 3 colleagues, particularly in relation to studies requiring non-chemotherapy interventions, e.g. antiemetics, others, as necessary. Additional support will be requested, as identified during the NIHR Coordinating Centre visit to the CYPICS Principle Treatment Centre
2.5	Cardiovascular Disease	Increase access for patients to Cardiovascular Disease studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into multi-centre studies in at least five of the six Cardiovascular Disease sub Specialties	15	Review is being undertaken of the strengths, expertise and interest in research of the acute trusts across the East Midlands to ensure all areas of the 6 sub Specialities are covered. This is monitored quarterly by representation at the EM Cardiovascular meeting. On this basis the EM LCRN will be able to fully participate in CRN studies in all sub Specialities.
2.6	Diabetes	Increase support for areas of Diabetes research where traditionally it has been difficult to recruit	Number of LCRNs recruiting into diabetic foot studies on the NIHR CRN Portfolio	15	• 2 sites within the EM have PIs who specialise in Diabetic Foot Studies (Derby and Nottingham). DRN 819 Leucopatch II CI in Derby is running until Jan 2016. • Plan to identify foot studies which can be rolled out into other sites, initially targeting our other large teaching trust, University Hospital of Leicester NHS Trust, with a view to potentially running these studies in GP and community settings - if relevant studies.
2.7	Diabetes	Increase access for people with Type 1 Diabetes to participate in Diabetes studies on the NIHR CRN Portfolio early after their	Number of LCRNs approaching people with Type 1 Diabetes to participate in interventional Diabetes studies on the NIHR CRN Portfolio	15	Sites within CRN: EM already participate in DRN 552 Address 2 and DRN 100 Trialnet - recruiting to both the Paediatric and Adult arm.

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
		diagnosis	within six months of their diagnosis		
2.8	Gastroenterology	Increase the proportion of patients recruited into Gastroenterology studies on the NIHR CRN Portfolio	Number of participants (per 100,000 population), recruited into Gastroenterology studies on the NIHR CRN Portfolio	15	Achieving 15/100,000 will be dependent on the studies available on the Portfolio; some are easy to recruit to, others are more challenging.

Need to establish closer links between regional partner organisations; a half-day meeting open to all GI researchers in the network is to be scheduled. Need to encourage and support more research active PI's across the region, especially newly appointed consultants. |
| 2.9 | Genetics | Increase access for patients with rare diseases to participate in Genetics studies on the NIHR CRN Portfolio | Number of LCRNs recruiting into multi-centre Genetics studies through the NIHR UK Rare Genetic Disease Research Consortium | 14 | CRN: East Midlands currently contributes to this objective with 43% of its organisations participating in genetics portfolio research, we are keen to maintain our involvement. Additionally, the East Midlands benefits from two regional genetics centres that are actively involved with rare genetic disease studies.

Our aims for 2015/16 are to:

• Increase the number of NIHR UK Rare Genetic Disease Research Consortium studies open in the two regional genetics centres.
• Ensure that all relevant individuals in the region have the opportunity to participate in these studies.
• Explore and capitalise on any opportunities that may arise from having one of our Trusts participating in the 100,000 Genomes Project. |
| 2.10 | Haematology | Increase access for patients to Haematology studies undertaken by each LCRN | Number of LCRNs recruiting into studies in at least three of the four following Haematology sub Specialties : Haemoglobinopathy, Thrombosis, Bleeding disorders, Transfusion | 15 | CRN: East Midlands currently exceeds this objective by recruiting to studies in all four sub-specialties. During 2015/16 we will ensure this is monitored and maintained by working with all relevant sites to ensure a balanced portfolio is supported. |
| 2.11 | Hepatology | Increase access for patients to Hepatology studies on the NIHR | Number of LCRNs recruiting into a multi-centre study in all of the major Hepatology disease areas (including | 15 | CRN: East Midlands is recruiting in to studies in all of the major Hepatology disease areas, thus achieving this goal, which we will seek to maintain. Additionally, there is potential to increase the amount of sites |

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
		CRN Portfolio	Viral Hepatitis, NAFLD, Autoimmune Liver Disease, Metabolic Liver Disease)		across the region to contribute by undertaking the following: • Survey Monkey devised to establish resources / interest across the region. • Once survey completed follow up phone call to every consultant outside of Nottingham with an interest in Hepatology to discuss the results, and develop a research CV for each centre based upon the information gathered. • Face-to-Face meetings scheduled with Partner Organisations commencing Feb/March 2015. • CRN: East Midlands monthly TC to be established to discuss EM Hepatology/ Gastro Portfolio studies with minutes circulated (currently set up in former Trent CLRN area only). • Concentrate on and increase commercial activity in specific centres i.e. Leicester and Derby. Large number of commercial studies currently in set-up that cover a number of different disease areas: viral, metabolic, and immunological disease. • Ensure all relevant centres have a simple database of patients with HCV/HBV, NAFLD, and Autoimmune hepatitis/PBC/PSC. • A number of studies are in the pipeline with potential for all sites to take part in and, hence, access for patients will be increased
2.12	Infectious Diseases and Microbiology	Increase access for patients to Infectious Diseases and Microbiology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into antimicrobial resistance research studies on the NIHR CRN Portfolio	15	• Currently only 50% of acute Trusts in the region are recruiting patients to Infectious Diseases and Microbiology studies on the NIHR CRN Portfolio. Depending up on the types of studies that are available this year it is hoped that we can increase this figure to >75%. • Need to investigate and quantify activity in all centres across the region both in Trusts and in the community i.e. GUM clinics, and Sexual Health clinics. • Specialty lead is required to engage and link with the national Microbiology community via the national Infectious Diseases and Microbiology Specialty Group meetings. • Need to promote CRN: East Midlands to both clinicians and microbiologists across the region, including infrastructure support,

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
					- and increased opportunities for networking. - Engage and forge collaborations between clinicians and academia. - Encourage single centre sites to open access for patients from across the region. - Link in with the East Midlands Infectious Disease Research Network to explore potential collaborations between the CRN and this Special Interest Group.
2.13	Metabolic and Endocrine Disorders	Increase access for patients with rare diseases to participate in Metabolic and Endocrine Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into established studies of rare diseases in Metabolic and Endocrine Disorders on the NIHR CRN Portfolio	15	**Participation in an Acromegaly Study META3876, further detail to be added before submission**
2.14	Oral and Dental	Increase access for patients and practitioners to Oral and Dental studies on the NIHR CRN Portfolio	A: Proportion of Oral and Dental studies on the NIHR CRN Portfolio recruiting from a primary care setting	20%	Work with Oral and Dental Specialty lead to determine opportunities for study roll out locally. To scope and develop capacity to support these studies as required.
			B Proportion of participants recruited from a primary care setting into Oral and Dental studies on the NIHR CRN Portfolio	30%	- Work with Specialty Lead to attract studies into the region. - Present at Dentistry forum to engage community dentists and determine where studies can be delivered in primary care. Identify and support sites to recruit patients. - Proportion of dentists approached and supported to become research active needs to be in balance and commensurate with the needs of the local portfolio.
2.15	Primary care	Increase access for patients to NIHR CRN Portfolio studies in a primary care setting	Proportion of NIHR CRN Portfolio studies delivered in primary care settings	15%	- Continue with a revised RSI scheme. - Re-engage with practices in the current RSI to plan and further build capacity, and determine which sites will move to a federated/hub model and timescale. - Engage with practices outside of RSI scheme to promote participation in research. - Develop leadership site model and move to having 1 to 2 sites in 15/16 across counties of East Midlands: Leadership sites will have greater responsibility for recruitment, commercial research delivery

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
					• and promotion of dementia challenge and JDR. • Engage with the National School of Primary Care Research to raise awareness of additional portfolio studies. • Engage with other specialities to enable recruitment of patients within a primary care setting. • Develop a community pharmacy research delivery strategy for East Midlands. • Establish a database of research interested pharmacists. • Target to have 8 pharmacy sites Research Ready accredited • Collaboration with Universities (School of pharmacy) across East Midlands for community pharmacy engagement and support to portfolio research delivery.
2.16	Renal Disorders	Increase NHS participation in Renal Disorders studies on the NIHR CRN Portfolio	A. Proportion of acute NHS Trusts recruiting into multi-centre Renal Disorders randomised controlled trials on the NIHR CRN Portfolio	30%	• Lincolnshire does not participate in any Renal research at present the site is engaging in its first observational study to build up PI confidence for potential engagement in RCTs towards the end of the year. • Resource support for studies will need to be addressed by the partner organisations.
			B. Proportion of Renal Units recruiting into multi-centre Renal Disorders randomised controlled trials on the NIHR CRN Portfolio	80%	• Derby, Leicester and Nottingham are all established sites with infrastructure in place to deliver research; these sites are encouraged to open at least two new studies per year (if feasible with current resources/capacity). • Overarching review carried out of all open studies, both national and local, to ensure there is maximum penetration in all local sites for renal research on a monthly basis... • Consolidate research activity in Northamptonshire Dialysis patients to develop a research portfolio including commercial and non-commercial studies of varied complexity.
2.17	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 the Respiratory Disorders main disease areas of Asthma, COPD or Bronchiectasis	15	CRN: East Midlands is currently recruiting participants in the main respiratory disease areas of Asthma, COPD and Pneumonia. However there is the potential to increase recruitment into Bronchiectasis studies. Therefore, we need to maintain and expand current infrastructure required to increase recruitment to research databases for Asthma, COPD, Bronchiectasis and other respiratory infections across

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
					the East Midlands area including Primary, Secondary, Tertiary Care areas, supported by the large teaching hospitals. • Need to establish closer links with respiratory departments /colleagues in the acute Trusts across the region. • Develop new focussed research clinics, i.e. "Acute Asthma clinic", "Advanced COPD clinic", "Pulmonary Fibrosis, and "Bronchiectasis". These clinics will contribute to PI-initiated and Trust/University sponsored studies as well as commercial activity
2.18	Stroke	Increase the proportion of patients recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio	Number of patients (per 100,000 population) recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio		• Build on previous success by maintaining the expertise and current level of resource within the specialty at successful sites and continue to provide support to clinicians to act as PIs. • Explore areas for working across specialties within the Division (cardiovascular in particular) and across division (Injuries and Emergency) for more efficient working, whilst recognising that some stroke studies (in particular acute recruitment with capacity and communication issues) require specialist skills. • Aim to maintain staffing levels / support in high performing sites which will increase recruitment to RCT. • 2 large RCT studies coming on to the portfolio – all EM sites intend to adopt this subject to resource. • Redirect funding to a joint stroke/cardiology research nurse to lead training and delivery across the East Midlands, in a 'one network' approach.
2.19	Stroke	Increase activity in NIHR CRN Hyperacute Stroke Research Centres (HSRCs)	A: Number of patients recruited to Hyperacute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN HSRC	50	• Maintain investment and capacity building in providing and building a quality provision for the HSRC in Nottingham which lead to not only increased hyper-acute recruits, but also recruits to complex and commercial RCTs • Utilise the experience of the HSRC staff as this could eventually extend beyond stroke to other specialties where emergency recruitment is desirable and/ or required.

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
			B: Number of patients recruited to complex Hyper-acute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN HSRC	15	• Focus on recruitment to complex studies, with a number of commercial medical technical studies about to open. • Appoint a lead stroke/cardiology research nurse to lead training and delivery across the East Midlands – focusing on complex studies.

GROUP 3: RESEARCH INFRASTRUCTURE
Developing research infrastructure (including staff capacity) in the NHS to support clinical research

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
3.1	Cancer	Establish local clinical leadership and a defined portfolio across the cancer sub Specialty areas	Number of LCRNs with, for each of the 13 Cancer sub Specialties, a named lead and a defined portfolio of available studies	15	Local clinical leadership has been established across the cancer sub specialty areas. 13 Sub Specialty Leads have been appointment and become the named NHS England's East Midlands Senate and Strategic Clinical Network Expert Clinical Advisory Group (ECAG) Clinical Trial Lead. (i.e. Mr Baljit Singh for Colorectal, Dr Roshan Agarwal Upper GI, Prof David Walker Children, Dr Ivo Hennig Young People, Prof Poulam Patel Skin, Dr Cathy Williams Haematology Oncology, Dr Roshan Agarwal Gynaecology, Mr Amit Goyal Breast, Dr Ivo Hennig Sarcoma, Dr Andrew Wilcock & Dr Christina Faull Supportive & Palliative Care & Psychosocial Oncology, Dr Sam Kemp Lung, Prof Stuart Smith Brain, Dr Sundar Santhanam Urology, Mr Christopher Avery Head & Neck) They will continue to: attend and present at ECAG Meetings, meet regularly with the RDM to review and develop the portfolio plus monitor performance, attend East Midlands Joint Specialty Lead Meetings held every 3 months plus National Specialty Lead Meetings held annually. A performance framework for both the specialty and specialty lead will be implemented with specialty objectives set for 2015/16.
3.2	Anaesthesia, Perioperative	Establish links with the Royal College of Anaesthetists'	Number of LCRNs where Specialist Registrar networks are recruiting into	4	• Further exploration of the RCoA SpR network required at a local

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ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
	Medicine and Pain Management	Specialist Registrar networks to support recruitment into NIHR CRN Portfolio studies	NIHR CRN Portfolio studies		level. • Continue to engage with and increase numbers of NHS Trusts contributing and recruiting to Portfolio studies.
3.3	Dementias and Neurodegeneration (DeNDRoN)	Optimise the use of "Join Dementia Research" to support recruitment into DeNDRoN studies on the NIHR CRN Portfolio	The proportion of people identified for DeNDRoN studies on the NIHR CRN Portfolio via "Join Dementia Research"	3%	• Work with POs to open their Trust as a site on JDR • Work with CIs and PIs to place appropriate studies on JDR • Train CRN staff and clinicians to use JDR to recruit • Publicise JDR widely to GPs, CCGs, Memory clinics, patients and public • Communications Lead to enter publicity/promotion
3.4	Dementias and Neurodegeneration (DeNDRoN)	Increase the global and psychometric rating skills and capacity of LCRN staff supporting DeNDRoN studies on the NIHR CRN Portfolio	Proportion of LCRN staff who support DeNDRoN studies who have successfully completed Rater Programme Induction and joined the national Rater database	40%	**Updated figures to be added prior to submission** • Neuropsychologist engaged to train raters across EM • Neuropsychologist supporting Practice Leads and Raters by establishing EM wide PL Rater Club
3.5	Infectious Diseases and Microbiology	Maintain research preparedness to respond to an urgent public health outbreak	Number of LCRNs maintaining a named Public Health Champion	15	• Phase 1. Draft Urgent Public Health Delivery Plan currently out for consultation with CRN: East Midlands senior team • Phase 2: Draft plan to submit to Operational Management Group for comments/input • Phase 3: Submit proposed Urgent Public Health Delivery Plan to Partner organisations for final sign off • Phase 4: Implementation • Nominated Public Health Champion is Dr Martin Wiselka - martin.wiselka@uhl-tr.nhs.uk
3.6	Mental Health	Maintain and enhance the skills and capacity of staff supporting Mental Health studies on the NIHR CRN Portfolio in frequently used Mental Health study eligibility assessments	Number of staff trained in frequently used Mental Health study eligibility assessments	139	• 10 PANSS raters trained across the region • Local training planned in other MH Rating scales • Access to PANSS Practice Lead rating training made available to Trusts - one application made and future training will be rolled out

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
		(e.g. PANSS, MADRS, MCCB)			
3.7	Neurological Disorders	Increase clinical leadership capacity and engagement in each of the main disease areas in the Neurological Disorders (MS; Epilepsy and Infections) Specialty	Number of LCRNs with named local clinical leads in MS; Epilepsy and Infections	15	MS - Prof Cris Constantinescu Brain Infections - Prof Cris Constantinescu Epilepsy - To be reviewed
3.8	Reproductive Health and Childbirth	Increase engagement and awareness of the Reproductive Health and Childbirth Specialty	Number of LCRNs with a named midwifery lead to increase engagement and awareness	15	CRN: East Midlands has appointed Yvette Davis as the Midwife Champion. This post will be maintained in 2015/16.

Table 3: LCRN plans against the Operating Framework 2015-16

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
LCRN Governance	The Host organisation shall develop and maintain an assurance framework including a risk management system	3.12	Assurance that a framework and system are in place to be provided by the Host organisation nominated Executive Director's signature on Annual Plan coversheet and submission of a copy of the latest version of the LCRN's risk register as Appendix 1 to the Annual Plan	N/A	N/A	N/A
	The Host organisation will ensure that robust and tested local business continuity arrangements are in place for the LCRN. This is to enable the Host organisation 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 to return to 'business as usual'. Business continuity arrangements should be in line with guidance set out by the national CRN Coordinating Centre.	3.14	Assurance that robust and tested local business continuity arrangements are in place for the LCRN to be provided by the Host organisation nominated Executive Director's signature on Annual Plan coversheet	N/A	N/A	N/A
	The Host organisation must ensure that appropriate arrangements are in place to support the rapid delivery of	3.15	Assurance that the LCRN has an Urgent Public Health Research Plan in place to be provided by the Host	Existing plan to be activated upon request	As per plan	Not known

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
	urgent public health research, which may be in a pandemic or related situation. It shall ensure that the LCRN has an Urgent Public Health Research Plan which can be immediately activated in the event that the Department of Health requests expedited urgent public health research. The Host must also appoint an active clinical investigator as the LCRN's Public Health Champion to act as the key link between the LCRN and the national CRN Coordinating Centre and support the Urgent Public Health Research Plan in the event of it being activated.		organisation nominated Executive Director's signature on Annual Plan coversheet			
			Confirm name and contact details of LCRN's Public Health Champion against Specialty objective 3.5	Provided via completion of Table 2	N/A	N/A
	The Host organisation must ensure that LCRN activity is included in the local internal audit programme of work	3.17	Date of planned audit or anticipated timescale if exact date not yet known	CRN: East Midlands was audited by PwC December 2014, as part of Host organisations internal audit programme. The audit assessed controls in place against the NIHR LCRN Guidance Suite - LCRN Minimum Controls. CRN: East Midlands also requested the Governance section of the POF be reviewed as part of the audit.	Internal Audit report received 16 February 2015. The report highlights 1 medium and 5 low risk findings, which were discussed by the Host audit committee on 5 March. These findings have generated recommendations which are monitored on an online TRaction system. CRN: EM has created an action plan to ensure timely completion of all recommendations.	August 2015
Research Delivery	The Host organisation shall ensure that all LCRN	6.1-6.20	Provide confirmation that the LCRN has a link person for the	Elizabeth Moss (COO) is the Link person. Information is cascaded via:	Several task & finish groups set up for RSS	March 2016

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
	organisations adhere to national systems, Standard Operating Procedures and operating manuals in respect of research delivery as specified by the national CRN Coordinating Centre. The Host organisation shall ensure that the LCRN management team provides excellent study performance management, in line with the standards and guidance issued by the national CRN Coordinating Centre, in order to ensure that all NIHR CRN Portfolio studies recruit to agreed timelines and targets.		CRN Study Support Service programme and describe how information is cascaded to relevant colleagues	• R&D Leads Group (Monthly Meeting) • RM&G Working Group - The Study Support Service is a key area of development by the group (4 - 6 weekly meetings) which has an inclusive membership of Trusts/Primary Care/ Mental Health/ HRA and Network RM&G • Team Meetings (4-6 weekly) • All groups advised to subscribe to the CRN Connect weekly newsletter for updates	actions to be completed by December 2015. New Specialty support arrangements to be in place by July 2015, which will help time and target performance	Milestones en route
			Provide a brief outline (1-2 paragraphs) of the LCRN's plans for implementation and delivery of the Study Support Service	CRN: EM has representation on a number of the national projects for the programme and are awaiting the provision of key documentation and procedures to be published to start aligning the local systems i.e. Pre Application Support, EOI and Feasibility. Contact details are being collated for Sponsors, Lead Trusts, Research Delivery Managers and Finance Teams, RDS and CTUs to support the planning of the varying but integrated aspects of the service. The Network already provided a Lead Network Service that supports researchers.	Priority groups have been identified as : 1. Pre Application Support incorporating Service Support provision 2. Expression of Interest (EOI) and Feasibility 3. Study Set Up Each of the task and finish groups will review current processes and revise according to the requirements of the finalised 2015/16 POF and Study Support Services Procedures.	March 2016 Milestones en route

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
					Milestones will be set in line with CRN Study Support Services milestone schedule.	
			Provide a summary of expertise and skills that you have available locally to support implementation of AcoRD including the number of individuals able to provide advice on the attribution of activities in line with the Attributing the costs of health and social care Research & Development (AcoRD) guidance[2] and a description of the model(s) the LCRN has used to date in providing advice	CRN East Midlands has three AcoRD Specialists, Hannah Finch, member of the Early contact and engagement with researchers working group, Debbie Jeffrey, member of the Managing NHS Support Costs for Independent Contractors Study Support Service working group and Sheila O'Malley Lead RM&G Manager. Training has been provided to the RDS East Midlands and is currently being rolled out to RM&G Staff and R&D Staff across the Network Area. We engage with Lead Trusts, Sponsors, Design Services and HEIs in the region. Due to the high amount of funding applications to NIHR Partners, priority is currently given to those applying to AMRC Funding bodies. Guidance and advice is provided to others, through email communication and signposting to the key information on interpretation. Emphasis is placed on researchers having a schedule of events and knowledge of the current care pathway where ever possible	N/A	N/A

² Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351182/AcoRD_Guidance_for_publication_May_2012.pdf

CRN: East Midlands Annual Plan 2015-16

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
				The further roll out of AcoRD Training and information to Investigators will form part of the Study Support Service plan for which three task and finish groups have been set up, one specifically related to early engagement with researchers and Pre-Application Support.		
			Provide a brief outline of local plans for supporting CSP BAU activities within local delivery structures in accordance with POF, and noting clauses 5.28 & 5.29 when planning RM&G local delivery structures	This carries a level of risk for the network as the definitive dates for the HRA have not yet been published.

CSP is used for the processing of all NIHR eligible applications.

Staff work across the geographical area either physically or virtual. RM&G Managers work directly with Partner organisations and R&D Leads. RM&G staff to facilitate BUI.

The process for the provision of Service Support has been harmonised across the region with a common process for requesting, provision and invoicing of unmet Service Support.

A variety of reports are provided to enable oversight and management of the studies throughout their lifecycle. These range from Summary reports to detailed Specialty reports. Actions are identified to support streamlining of services and achieving the HLOs. | | March 2016 |

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
	The Host organisation will ensure that all LCRN Partner organisations adopt NIHR CRN research management and governance operational procedures. The Host organisation will ensure that quality, consistency and customer service are central to the LCRN's purpose in the implementation, delivery and oversight of NIHR CRN research management and governance services.					
	The Industry Operations Manager will work closely with the Chief Operating Officer to establish and enable the implementation of the NIHR CRN Industry Strategy within the LCRN. The Industry Operations Manager will establish and lead the cross-divisional Industry function, including the single point of contact service, within the LCRN. The Industry Operations Manager will work closely with each Divisional Research Delivery Manager across all research divisions to ensure consistency of feasibility, study delivery and coordination	6.21	Provide an outline for the performance management of the provision of local feasibility information (site intelligence and site identification) for commercial contract studies. To include action plans for improvement in performance[3].	Implementation and development of a weekly report highlighting outstanding Site Intelligence Forms. Implement a standard operating procedure for the review of site intelligence forms to ensure the awareness and involvement of Research Delivery Managers and Specialty Leads to ensure appropriate escalation where delays occur. Contacts database: Continue the reduction in layers so that forms are sent direct to the Organisation or individual completing them via the industry mailbox for all specialties	Feedback to the Coordinating Centre for all Site Intelligence Forms on or prior to the deadline for 2015/16	April 2015 June 2015 March 2016

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[3] Information on recent performance provided by national CRN Coordinating Centre on 30/01/15

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
	across all divisions within the LCRN. The Industry Operations Manager will be responsible for the promotion of the Industry agenda to LCRN Partner organisations and investigators, delivering aspects of a national NIHR CRN Industry Strategy within the LCRN.		Provide details of local strategies for achieving LCRN wide usage and adoption by Host and Partner organisations of the NIHR CRN costing template	The NIHR CRN costing template is used by the Host and the majority of Partner organisations across the region and is an existing strength, established via finance groups and regional training sessions.	Ongoing	March 2016
				To increase GP practice involvement, planned workshop with Clinical Studies Officers in primary care to support costing process and alignment with the template	April 2015	April 2015
Delivering on the Government Research Priority of Dementia	The Host organisation will ensure the LCRN supports this strategy by:

Identifying and nominating clinical Research Leads in each of these disease areas (dementias, Parkinson's disease, Huntington's disease and motor neurone disease) to support the delivery of the Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio through local clinical leadership and participation in national activities, including national feasibility review | 7.1-7.7 | Please provide names and contact details for identified clinical Research Leads for each of these disease areas | Dementias:

Parkinson's disease:

Huntington's disease:

Motor neurone disease: | Professor Tom Dening

Dr Nin Bajaj

TBA - not a large portfolio locally, or available on the NIHR Portfolio

TBA - currently very few studies locally, or indeed available on the NIHR Portfolio. Additionally, MND is not really a dementia, as such. | |

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
Patient and Public Involvement and Engagement (PPIE)	The Host organisation will support the development and implementation of the NIHR CRN Strategy for PPIE and deliver a work plan with measurable targets for ensuring that patient choice, equality and diversity, experience, leadership and involvement are integral to all aspects of LCRN activity, in partnership across NIHR CRN.	8.1-8.6	Provide a comprehensive patient and public involvement and engagement plan in line with agreed format and guidance	Provide via completion of Table 4		
	The Host organisation must identify a senior leader to take responsibility for Patient and Public Involvement and Engagement (PPIE) within the LCRN. The identified lead will participate in nationally agreed PPIE initiatives and support the delivery of an integrated approach to PPIE across the NIHR CRN.		Provide the name and contact details for the senior leader with identified responsibility for patient and public involvement and engagement	Sarah Nicholson, Business Delivery Manager, sarah.nicholson@nihr.ac.uk	N/A	N/A
Continuous Improvement (CI)	The Host organisation will promote and sustain a culture of innovation and continuous improvement across all areas of LCRN activity to optimise performance	9.1-9.6	Provide an assessment of the LCRN's current position in relation to Continuous Improvement	Evidence over Q3-4 2014/15 of progress emerging, especially where there is potential to align systems and processes for the purposes of a single approach to working (particularly relevant in Leicester & Nottingham office based team inclusive of Business Delivery, Business Intelligence, Industry, RM&G).	N/A	N/A

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
				Aim is to further develop this area of work in 2015/16. Divisional remit to be determined. 2014/15 activity has focussed on establishing relationships and work patterns with network and partner organisation colleagues. It is anticipated that natural workflows will emerge as time evolves.		
			Provide an action plan for promoting and sustaining a culture of innovation and continuous improvement across all areas of LCRN activity, including the LCRN's approach to developing capacity and capability of the LCRN workforce (the latter to be evidenced in the LCRN's submitted workforce development plan)	Provide via completion of Table 5		
			Provide details of continuous improvement projects to be delivered locally in 2015-16 (via CRN Central)	Details of 3 identified projects **(being)** added to CRN site. Main projects are: • What constitutes a Business Intelligence Service for CRN: East Midlands? (lead by Paul Maslowski) • Developing a single approach to the Taskforce		
Workforce, Learning and Organisational Development	The Host organisation will develop a workforce plan for LCRN staff that will enable a responsive and flexible workforce to deliver NIHR CRN Portfolio studies. This will be developed in partnership with Local Education	10.1-10.10	Provide a workforce plan in line with agreed format and guidance	Provide via completion of Table 6		
			Provide the name and contact details for the senior leader with identified responsibility for	Sarah Nicholson, Business Delivery Manager,	N/A	N/A

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POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
	and Training Boards (LETBs) and other stakeholders and other local learning providers, including Academic Health Science Networks (AHSNs)		LCRN workforce development	sarah.nicholson@nihr.ac.uk		
Information Systems	The Host organisation must ensure that appropriate, reliable and well maintained information systems and services are in place and fully operational as specified	13.1-13.19	Confirm LPMS systems are live and operational as required	The LPMS for the East Midlands is the EDGE system. We have negotiated the contract and are expecting the system for the network instance to be live in April 2015. An information event for Partner organisations regarding the new system was held March 2015 and further events regarding partner use of the system will be held over the year.	N/A	N/A
			Confirm arrangements are in place for provision of an LCRN Service Desk function and provide contact details	A service desk will be operated locally at a network level, contactable via crnembi@nihr.ac.uk. There is also an option for escalation to the EDGE system team where necessary.	N/A	N/A
			Provide the name and contact details of the identified lead for the Business Intelligence function	Kathryn Fairbrother, Business Intelligence Lead kathryn.fairbrother@nihr.ac.uk	N/A	N/A
Engagement and Communicatio n	It is the responsibility of the Host organisation to ensure that there is a specialist, experienced and dedicated communications function to support the work of the	14.1	Describe the dedicated communications function the LCRN has in place	There is now a dedicated communications function in place including the development of a communications strategy for 2015/16. This will be informed by the CRN	N/A	N/A

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
	LCRN, with a sufficient budget line. The Host organisation will support the development and implementation of the NIHR CRN Strategy for Communications and ensure that the LCRN communications function develops and delivers a local communications delivery plan that recognises the LCRN's position as part of a national system. The plan should also encompass local delivery of national NIHR/NIHR CRN campaigns.			Strategy for Communications whilst building on the approach in 2014/15. It will be important to evaluate the success of the current strategy to inform the new direction. Some of the key themes within the new communications strategy are: **Stakeholder engagement** Continuing with regular dialogue with key partners is fundamental to ensuring the success of the new strategy. This will be achieved by linking up with partner communications teams to discuss key priorities and opportunities for running joint campaigns. **Communications strategy 2015/16** Will include the following tools: • Social media • Stakeholder e-newsletter • Local media engagement • Insight magazine • CRN: Connect • Events • Google forums • Branded materials • CRN:EM website The cross-functional **Communications Delivery Group** will be tasked with contributing to this strategy and providing intelligence to		

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
				ensure it is appropriate and in line with our key LCRN vision and mission. The group will support the delivery of the key objectives and the resulting programme of activity within the operational **Communications Work Plan 2015-16.**		
		14.2	Outline up to 5 priorities/priority activities contained in the LCRN's local communications delivery plan	**1. Profiling the range of world renowned facilities in the East Midlands to highlight why the region is such a good place to do research.** Activities will include using the Annual Statistics and League Table campaign in June 2015 which will highlight the growth in the number of patients taking part in research in the East Midlands and highlight the partner organisations where there has been increased activity. **2. Continuing to support Join Dementia Research (JDR) to increase awareness and engagement within the East Midlands.** Highlights will include profiling the first patient to be recruited to a study using JDR, along with continued features in stakeholder newsletters profiling key advocates for JDR such as GPs and clinicians.	1. One indicator of the success of this campaign will include a growth in recruitment and an increase in the number of studies being accepted onto the portfolio. 2. There is a plan in place to ensure that the momentum behind JDR is maintained during 2015/16. This is informed by CRN Central and regular meetings to discuss Communications activity and share best practice. The numbers of patients that sign up to JDR will be monitored along with the number of studies being added. 3. This will involve using a broad range of channels to appeal to different audiences, for example stakeholder events, user guides and	June 2015 onwards April 2015 onwards

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
				3. Continuing to support the rollout of EDGE with a schedule of communications activity to ensure that colleagues are engaged and informed.	forums. The number of EDGE users will be monitored as implementation gets underway. This will be just one way of measuring uptake and engagement.	April 2015 onwards
				4. Continuing to support key national campaigns such as OK to Ask and Patient stories Highlights will include using local media activity to raise awareness and utilising national branded materials such as banners and leaflets.	4. Communications and Engagement Strategy for 2015/16 will include all the key campaigns and national milestones to inform local activity and maximise opportunities to promote the CRN locally.	April 2015 onwards
				5. Ensuring the implementation and rollout of a comprehensive contacts database within the CRN: East Midlands Google site. This database will be used to ensure our quarterly stakeholder newsletter is distributed to every key contact across the region.	5. All users will be given access to this resource with the mandate that previous and old lists should be archived to avoid duplication. To ensure the data remains robust the plan for managing and maintaining the database will lie with nominated representatives from each team.	April 2015
		14.3	Budget line identified in Annual Financial Plan for 2015-16	N/A	N/A	N/A
Information	Actively promote and enable	15.2	Provide the Information	90% for 2014/15		

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POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
Governance	good information governance relating to all areas of LCRN activity		Governance Toolkit 2013-14 (version 11)[4] score for the LCRN Host organisation and confirmation of attainment of Level 2 or above on all, or any exceptions which arise from or impact on LCRN-funded activities			
		15.5	Provide a copy of the LCRN's documented process for reporting information governance incidents arising from LCRN-funded activities to the national CRN Coordinating Centre	Please submit as Appendix 2 to your plan		
		15.8	Provide the name, email address and contact number(s) for the individual with specialist knowledge of information governance identified to respond to queries raised relating to LCRN-funded activities	To be completed before Submission	N/A	N/A
		15.9	Provide details of information systems utilised in LCRN activities and assurance/evidence that these are in line and comply with the	**NIHR CSP** Used by RM&G staff to manage studies during setup and permissions.	N/A	N/A

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CRN: East Midlands Annual Plan 2015-16

POF Area	Operating Framework requirement	Operating Framework Reference	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
			2013 NIHR Information Strategy[5]	**Common Dataset** The Common Dataset is a Google Sheet containing complex information about all NIHR Portfolio studies supported within the region. Studies are added to the Common Dataset from CSP once Trust Permission has been granted. This sheet, along with ODP, is used to generate local reports on study performance which are shared with various stakeholders. **NIHR Google Hub** All central CRN: EM staff are now using the Hub with the majority of users migrating data to the Drive and utilising the calendar and NIHR email accounts. This transition has been added by the appointment of Hub Champions who are based in across Divisions and several geographic locations. **EDGE (LPMS)** From 1 April 2015 the Network instance of EDGE will go live, with implementation to Partner Organisations continuing throughout 2015/16.		

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[5] https://docs.google.com/a/nihr.ac.uk/file/d/0B6w0JTB5iHBSSldZT0Qyc05lVms/edit?usp=drive_web

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Table 4: LCRN Patient and Public Involvement and Engagement Plan 2015-16

Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead (please note that where there is reference to the PPIE Steering Group the CRN Communication Lead is a member)
Lead to attend national PPI/E Meetings	Exchange information and action plan to keep abreast of national agenda and implement accordingly at a local level	As scheduled by NIHR	PPIE Lead
Schedule meetings with CRN: East Midlands PPIE Steering Group	Ensure appropriate agenda and quorate membership. Develop relationship and seek input from Patient Advocates to demonstrate key linkage with Partnership Group.	2 monthly	Chair/Deputy Chair
Feedback to Operational Management Group (reporting to Host Executive Group and Partnership Group)	Ensure all members are abreast of the PPIE agenda and requirements are supported Link accordingly with Patient Advocates.	Monthly As per scheduled meetings	PPIE Lead PPIE Steering Group
Work collaboratively with other NIHR partners including AHSN	Attend Research Engagement and Patient and Public (REPP) events Represent CRN: East Midlands at the REPP Steering Group Represent CRN: East Midlands at newly established East Midland Infrastructure Organisation Meetings for PPIE (led by AHSN)	As scheduled As scheduled (2 per annum currently) As scheduled (approx. quarterly)	PPIE Lead
Work with the Host and partner organisations to support and recognise the importance of involving patients and carers in the research delivery pathway as a resource for advice and support	Work collaboratively with trust PPIE and Communication Leads to promote and inform staff via a variety of communication channels Work collaboratively with partner organisations to identify Patient Ambassadors with a view to promoting PPIE	Ongoing Ongoing	PPIE Steering Group

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Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead (please note that where there is reference to the PPIE Steering Group the CRN Communication Lead is a member)
	Support where relevant new and existing Advisory Groups as a result of funding awarded by AHSN in Q4 14/15	As relevant	Research Delivery Managers & Specialty
	Ensure clinical staff are signposted to advisory groups to seek advice/support in research matters	On going	Leads
Ensure that patients and carers are signposted to relevant materials to inform them of research activity and updates	Work collaboratively with advocates and ambassadors to ensure communication channels and content is appropriate	As required	PPIE Steering Group
	Advertise research participation opportunities as governance allows	As relevant	
	Ensure the workforce are aware how to signpost patients and the public to research opportunities inclusive of Join Dementia Research (JDR)	As required	Workforce
	Work in collaboration with CRN: East Midland members and partners to progress campaign to demonstrate the wealth of research opportunities and expertise available in the East Midlands	Commence June 2015	PPIE Lead JDR Project Manager
	Ensure that PPI/E members and other relevant communities are on relevant mailing lists in order to receive CRN: East Midlands updates via newsletter	As required	Communications Lead
	Utilise social media (twitter) and encourage wider access and use.	As relevant	PPIE Steering Group
	Encourage signing up to AHSN 'Public Face' via advertising in CRN: East Midlands newsletter and posting appropriately	As relevant	All / PPIE Lead

Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead (please note that where there is reference to the PPIE Steering Group the CRN Communication Lead is a member)
Raise the profile of research engagement with the goal of improving research participation	Link with neighbouring networks and partner organisations to share ideas on successful approaches and implement accordingly (* note section above)	As relevant	PPIE Steering Group
	Continue/refresh existing approaches including OK to Ask Campaign and Mystery Shopper	Ongoing	
	Seek advice from patient advocates/ ambassadors & PPIE Steering Group	As per meetings organised	
	Liaise with partners to recognise International Clinical Trials Day. Scope activity and support as appropriate.	May 2015	
	Implement and measure uptake of research survey and implement recommendations	As scheduled	
	Measure impact/successes	Ongoing	
Deliver appropriate training and support for patient/carer representatives to provide an appropriate background of the research process to support advice and decision making to clinical/non clinical staff	Link with BRU for the provision of lay assessor training (whilst available)	As relevant	PPIE Steering Group
	Identify individual(s) to train and facilitate 'Building Research Partnerships' package	End of Q2	PPIE Lead
	Create and share existing contacts within PPIE community for the purposes of mutual support	Ongoing	PPIE Steering Group
	Monitor uptake and evaluate programme	As scheduled	PPI/E Steering Group

Table 5: LCRN Continuous Improvement Action Plan 2015-16

Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead
Create a culture of excellence and an ambition to 'be the best' in all aspects of network performance	Engage with leaders to engender an ethos of creativity and efficiency within the workforce	Constant	CI Lead/champions
	Encourage the workforce to reflect on and challenge pathways and processes with the overall aim of implementing approaches that reduce work pressure and increase performance outcomes	Constant	CI Lead/champions
	Incentivise the workforce to be creative by assuming a competitive approach	According to updates being available	CI Lead/champions
Provide a platform for the exchange of ideas and innovation	Create point(s) of contact/ champions to encourage discussion and review of suggestions and proposals	End of Q1	CI Lead
	Review status by having CI as a standing agenda item relating to network business meetings	As meetings are scheduled	Meeting Administrator
Provide opportunities for initiatives to progress	Equip leaders/champions with the skill set to deliver effective training/support in relation to successful project planning and execution	End of Q2 (following completion of first major project under direction of Lean Six Sigma approach)	Information Manager
Challenge each division and workstream to progress and complete one area of work that has the potential to create improvement	Liaise with Research Delivery Managers and Workstream Leads to develop areas of work and monitor progress and outcome	Q1-Q4	CI Lead
Track initiatives, share outcomes and measure impact	Maintain local 'Google sheet' to permit tracking of known activities and status	Constant	Senior Management Team
	Maintain national database with local activity	Constant	CI Lead
	Advertise/present successes as a means of sharing good practice and encouraging participation in the programme of activity	As relevant	CI Lead/ Communication Lead
	Revisit completed projects to identify impact	Quarterly from completion	CI Lead/Champion

Table 6: LCRN Workforce Plan 2015-16

Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead
Enable everyone's contribution			
Lead to attend national Workforce Development (WFD) Meetings	Exchange information and action plan to keep abreast of national agenda and implement accordingly at a local level	As directed by NIHR	WFD Lead
Schedule meetings with CRN: East Midlands Steering Group	Ensure work plan is on target/updated	Bi monthly	Chair/Deputy
Feedback to Operational Management Group (reporting to Host Executive Group and Partnership Group)	Ensure all members are abreast of WFD agenda and requirements are supported	6 weekly OMG	WFD Lead
Provide a platform for bringing the workforce together	Host research forum/conference to inspire learning, networking and sharing of best practice *(reference to continuous improvement)*	2 per annum	WFD Steering Group
Understand the skills and needs of our workforce			
Revisit staffing profile, skill mix and capability	Ensure that the right people are undertaking the right roles and responsibilities in order to ensure safety, support and cost effectiveness. Liaise with partners and RDM's to develop a robust profile to support future planning *(reference to continuous improvement)*	Continuous	Trust R&D, Research Delivery Managers, Senior Network Nurse, Team Leads &
	Ensure that the workforce has the right environment and equipment to hand in order to work effectively and efficiently *(reference to continuous improvement)*	Continuous	Taskforce Lead(s) Line managers
Identify supporting WFD roles and responsibilities	Nominate WFD specialty leads to work alongside divisional	End Q1	Divisional & Trust Steering

Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead
	steering group representatives to identify specialty specific training requirements & required peer support		Group Leads
Work alongside neighbouring organisations	Work with neighbouring network colleagues and academic partners to share intelligence and innovation e.g. other networks, NIHR partners, local Clinical Trial Units and Universities *(reference to continuous improvement)*	As required	WFD Steering Group
Conduct Training Needs Analysis (TNA) survey	Create and cascade TNA to all members of the workforce to determine exact learning needs, strengths and weaknesses. Prepare 2016/17 work plan accordingly *(reference to continuous improvement)*	Beginning of Q4	WFD Steering Group
Enable a learning workforce			
Ensure appropriate line management is in place for CRN identified funded staff and that staff have access to a meaningful appraisal and release to attend or provide appropriate training	Work collaboratively with partner organisations to enable access to records/reports indicating staffing profile and training compliance and work in partnership where noncompliance is identified	Continuous	WFD Lead
	Ensure 'non pay costs' are utilised to support educational need	As required/annually	Finance Lead
	Maintain attendance records for training courses provided and analyse uptake *(reference to continuous improvement)*	As relevant /annually	WFD Administrator
	Ensure host and partner organisations contribute to WFD agenda and approve release of staff who wish to develop/ contribute to delivery of national training programmes thus reducing cost of accessing other providers *(reference to continuous improvement)*	Continuous	WFD Lead
Provide the workforce contributing to NIHR activity with information regarding available training courses	Post course/event availability on CRN: East Midlands website	As relevant	WFD Administrator Communication Lead
	Develop blog to flag educational opportunities on a regular basis	End of Q2	WFD Team

CRN: East Midlands Annual Plan 2015-16

Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead
	Develop directory of training opportunities	End of Q2	WFD Steering Group
Provide adequate support to maintain a dedicated WFD team	Ensure programme of work is appropriate, achievable and sustainable in relation to trainer/facilitator capacity and capability	Continuous	WFD Steering Group
	Provide appropriate management and leadership	Continuous	WFD Lead
	Encourage new trainer/facilitators to support existing and new initiatives	As relevant	WFD Lead
	Ensure adequate administrative support is available to support the delivery team	Continuous	WFD Lead
Deliver high quality, innovative learning			
Provide appropriate induction and ongoing education	Participate in roll out of NIHR Induction Programme to enable a clear understanding of network business	As scheduled	WFD Team
	Ensure that robust workplace induction programmes (and training updates) are in place at a local level ensuring safe practice and adherence to policy and procedures including regulation and safeguarding (GCP & consent)	End of Q2 GCP Monthly/weekly Consent as demand requires	WFD Steering Group/ Team
	Provide training or access to specialty specific training inclusive of Patient and Public Involvement/Engagement leaders	As requested	Local WFD Specialty Leads, NHS trust training providers, local NIHR partners & Uni
	Participate in the rollout of new nationally developed NIHR courses (Fundamentals, Let's Talk Trials, Principal Investigator Masterclass) and evaluate outcome *(reference to continuous improvement)*	As scheduled	WFD Team
	Provide access to novel methods of learning e.g. MOOCS, Webinars etc. that have the potential to be accessed outside the workplace *(reference to continuous performance)*	As scheduled & available	WFD team
	Support staff at all levels of the workforce with the implementation of Information Management systems	As scheduled	Learning Taskforce/Change Champions

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Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead
	(inclusive of train the trainer programme)		
	Support staff at all levels of the organisation with the implementation of EDGE (inclusive of train the trainer programme)	As scheduled	EDGE champions

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