CRN East Midlands Annual Delivery Plan 2017-18

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

Executive Summary

Context

University Hospitals of Leicester (UHL) NHS Trust is the Host organisation for the National Institute of Health Research (NIHR) Clinical Research Network East Midlands (CRN). UHL is contracted by the Department of Health to take overall responsibility for the monitoring of governance and performance of the network. In accordance with the requirements of the annual business planning cycle as defined by the NIHR CRN Coordinating Centre, this will include the preparation and submission of the LCRN Annual Delivery Plan 2017-18. This document has been reviewed and signed by Andrew Furlong (Medical Director and UHL Executive Lead for the CRN) in March 2017 and has been considered and agreed by the CRN East Midlands Partnership Group. The UHL Executive Performance Board supported the delivery plan on 25 April 2017 and it is therefore submitted for UHL Trust Board approval on 4 May 2017.

Questions

1. Does this Delivery Plan provide sufficient assurance to the Host organisation of compliance with the Host Contract?
2. Is this Delivery Plan for CRN East Midlands in line with the expectations of the UHL Host Trust Board?

Conclusion

1. CRN East Midlands Annual Delivery Plan 2017-18 sets the strategic direction for the LCRN within the reporting year. It includes specific activities and strategic initiatives to support the achievement of the objectives and targets in the LCRN Performance Indicators as set out in the NIHR CRN Performance and Operating Framework 2017-18 (POF).

Input Sought

The following report was supported by the Executive Performance Board on 25 April 2017, confirming that our Annual Delivery Plan 2017-18 provides sufficient assurance to be submitted to UHL Trust Board for formal approval (contractual requirement).

For Reference

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

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

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

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

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

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

5. Scheduled date for the **next paper** on this topic: [April 2018]

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

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

FINAL

National Institute for Health Research

Clinical Research Network East Midlands

Annual Delivery Plan: 2017-18

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Delivering research to make patients, and the NHS, better

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Foreword

University Hospitals of Leicester (UHL) is looking forward to our fourth year of hosting, and being accountable for, the National Institute for Health Research (NIHR) Clinical Research Network East Midlands. The network plays a vital role in ensuring that our patients have access to the latest treatments and ensures that our region plays its part in improving the overall health and wealth of the nation.

Our Board continue to be very supportive of the network. We receive regular reports and presentations, enabling members to offer support and constructive performance management. Our executive team and myself enjoy meeting with network staff to discuss specific operational and strategic issues. Clinical research is a key strand of UHL's strategy; we are proud to have this relationship with the NIHR on behalf of NHS partners in the East Midlands.

This Annual Plan builds on our achievements of last year. It also identifies, and responds to, significant challenges, including those that are relatively specific to the East Midlands. The general themes of working smarter, performance management and NHS engagement run through the plan. There will be increased emphasis on timely delivery of all our clinical trials, being more proactive in what we do, including engagement with the regional Sustainability and Transformation Plans, and further developing our Life Sciences portfolio.

We will also respond to the NIHR strategic direction which has recently been articulated, particularly ensuring that we are well placed to respond to the desire to deliver more clinical trials with, and in, the populations that are affected. This will be demonstrated through increased efficiency in research delivery, further aided by our partnership with the two new NIHR Biomedical Research Centres in the East Midlands.

UHL endorses this Annual Plan and will continue to support the network and our NHS partners during 2017-18 as they seek to deliver a year of further progress and performance.

John Adler
Chief Executive, University Hospitals of Leicester NHS Trust

Introduction & Strategic Oversight

In preparing our plan for 2017-18, we have been guided by principles highlighted some years ago which are still relevant at this time: NHS engagement; performance management; working smarter. In addition, we will build on our strategy of being proactive rather than reactive in managing our business and relationships. We will ensure our work-streams are well organised to meet these enduring aims.

NHS & broader engagement

We intend to nurture our engagement with patients and the public in 2017-18. We are keen to involve patients more in driving change in how research is delivered, capturing the most effective and novel ideas to enhance research delivery. We have a key role in raising the profile of clinical research in the East Midlands and will extend our activities in this area including: dissemination of a short video animation aimed at informing the wider public about research; building relationships with other regional groups e.g. REPP and Personalised Medicine Stakeholder Group; Patient Ambassador initiative delivered in collaboration with NHS and NIHR stakeholders. We consistently value, and will further develop, the effective partnership working we have established with our NHS partners, primary care providers, R&D/I community and clinicians involved in research delivery. We will continue to hold a series of engagement events across these communities, extending this to other organisations including, the independent sector, hospices, care homes and other settings. We are keen to capitalise on the one NIHR movement which was well embedded in our region last year with a wide ranging and well attended event involving all NIHR stakeholders. We will strengthen and further develop those relationships, including our two newly-designated NIHR Biomedical Research Centres and NIHR Clinical Research Facilities. We will be increasingly proactive in our partnership development including: working with our five regional STPs; embedding the role of the CRN in the East Midlands Cancer Alliance Board; expanding Public Health research; building relationships with the new Lincoln Institute for Health and the proposed Rural Health Centre.

Managing performance and ensuring efficiencies

Recruitment performance drives all of our business streams; in 2017-18 we will strive to meet our increased targets for both HLO1 and HLO7. We also intend to deliver NIHR recruitment activity across the whole portfolio of 30 clinical specialities. We have recognised the importance of maximising efficiency, especially with respect to recent communication from Prof Chris Witty indicating that research should be conducted "*with and in the populations most affected*". In 2017-18, we aim to reach 80% for HLO2b and have set a target of 90% for HLO2a. We will promote the East Midlands as a region that delivers research to time and target with: a large urban and rural population of affluence and deprivation; an excellent, high performing research workforce who deliver on the expectations of patients, funders, sponsors and NIHR. We will also build on our Life Sciences portfolios delivery excellence (e.g. three global firsts in 2016-17) and regional strengths; this is highlighted in our business development & marketing profile aimed at attracting more work which we will deliver to a first class standard.

Working smarter and sharing best practice

Some of our plans in this area are described under Improvement & Innovation (I&I). We will focus on accelerating digital priorities, including maximising the use of our LPMS, and in turn CPMS, delivering a project to improve data quality and accuracy, along with linking intelligence across LCRNs and the CC at a study level for both commercial and non-commercial studies. We will utilise fully the experience, skill and knowledge of our staff within the region supporting and sharing good practice with partners and stakeholders. This will also contribute to the one NIHR concept. We recognise also that working smarter will be essential for our Life Sciences portfolio in the post-Brexit era.

This plan sets out our ambitions and passion to succeed in 2017-18, in response to the many challenges that we face. Our overall aim remains the same – to ensure that as many patients as possible have access to clinical research and that the East Midlands is regarded as the best region for efficient research delivery.

Professor David Rowbotham
Clinical Director, CRN East Midlands

Elizabeth Moss
Chief Operating Officer, CRN East Midlands

CRN East Midlands Contribution to High Level Objectives

The NIHR CRN High Level Objectives (HLOs) remain in clear focus for 2017-18. The specific focus this year will be on achieving HLO2A and 2B, demonstrating that the East Midlands delivers efficiency and meets the expectations of Chief Investigators, Funders and Sponsors. Commercial performance remains important and we intend to build upon HLO2a and HLO6b attainment from 2016-17. The tables below set out our goals for next year and summarise key plans to achieve them. A full breakdown of 2016-17 outturn data, along with 2017-18 and 2018-19 targets, can be found in Appendix 2.

HLO 1	Number of participants recruited in a reporting year into NIHR CRN Portfolio studies
Goal: 44,000	Due to a dip in HLO1 attainment in 2016-17 and fall in the available pipeline we have estimated a goal which is realistic, but also stretching us from 2016-17 forecast outturn. This has been done in consultation with Specialty Leads.

Planned activities	Timescale
• Continue working with key partners: Specialty leads, research teams and R&D colleagues to increase portfolio activity	Q1-Q4
• Planned work on improving data quality and accuracy in LPMS as the systems shift nationally (I&I)	Q2-Q3
• Promotional/Comms work to promote the importance of research across all settings, see section with Comms/PPIE (I&I)	Q2-Q4
• To shift focus on HLO2a/b further ensuring the studies we have are operating to maximum efficiency (see related actions below)	See below
• Keen to work with CC on any pilot work around shifting delivery to appropriate populations, as per Prof Chris Whitty direction of travel	As work arises
• Through Early Contact and Engagement support we provide to CIs, seek more sites within the East Midlands where practical	Ongoing
• Strengthen links with partners through county-wide & regional initiatives, always promoting research input & role e.g. Sustainability and Transformation Plans (STPs), South East Midlands Oncology Centre (SEMOC), Alliance Board, East Midlands Partnership Organisations (EMPO)	Ongoing
• Ensure work with Independent Sector Healthcare Providers (ISHPs) is maximised to increase activity	Q2-4

HLO 2A — Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites

Goal: 90%

Achieved c.86% in 2016-17 and keen to build on this. We now have tight control of the site intelligence and site identification process and a robust process to support the performance management of studies. Our Industry team has an excellent reputation for support/training and advice which we will further build on to reach this stretch goal.

Planned activities	Timescale
• We intend to develop and integrate existing IT systems to streamline processes and support smarter working, including LPMS link to ODP.	Q4
• Increased engagement and support with primary care sites to develop the green shoots sites we have nurtured, including support with budget negotiations and training.	Q1-Q4
• Continue to raise the awareness of the importance of RTT through the Lifecycle of a Commercial Study, Cost Template Workshops and sessions aimed at specific research communities.	Q1-Q4
• Continued inclusion in site selection and site initiation visits where appropriate, in particular in areas of growth such as primary care.	Q1-Q4
• Raise awareness of the potential financial gains as a result of RTT at workshops and presentations across Partner Organisations.	Q1-Q4
• We will build on the local intelligence and established partnerships with research teams and wider trust structures to standardise the feasibility process.	Q1-Q4

HLO 2B — Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period

Goal: 80%

Goal to be in line with national HLO levels, considerable progress made in 2016-17, including a fully developed Study Support Service, with Early Contact & Engagement Service for all Chief Investigators in the East Midlands. Increasingly there is also a robust process to support the performance management of studies, which will be further developed to include RDMs and escalation route to COO/CD as necessary.

Planned activities	Timescale
• Improved monitoring and active management of Lead Studies as part of the fully established Study Support Service with dedicated resource for performance management. Establish a robust process to link Study Support Service Early Contact intelligence to the central Research Delivery teams.	Q1
• Develop systems and processes which utilise the local LPMS systems and CPMS to performance monitor studies.	Q1
• Implement an escalation policy for failing studies utilising Specialty Leads, RDMs and Clinical Leads.	Q1
• To target internal CRN team and delivery teams through the development and launch of a promotional campaign to highlight the importance of study recruitment to time and target.	Q1-Q2
• Scope the potential to utilise financial incentives for studies that recruit to time and target locally.	Q2
• Improved reporting to Partner Organisations to enable them to act quicker and support the delivery of studies.	Q2

HLO 3 — Increase the number of commercial contract studies delivered through the NIHR CRN, measured nationally

No local goal is required as this is national objective.

Planned activities	Timescale
• Continue to support new sponsors to progress via the NIHR portfolio	Q1- Q4
• (I&I) Increased awareness and support across the SME and medical technology sector through working along with Medilink East Midlands and the EMAHSN to increase exposure and engagement	Q1- Q4
• Please also refer to HLO2a, HLO5a, HLO6b and our plans in the later section in relation to the Life Sciences Industry work-stream	

HLO 4 — Number of participants recruited in a reporting year into NIHR CRN Portfolio studies

Goal: 60%

The changes in the regulatory environment and associated responsibilities of all parties have had a significant impact on our ability to deliver the required level of compliance with this measure. We can influence metrics where we are a CI site through the Early Contact Service; however, this is not the case for the majority of studies where we are a participating site for a CI outside of the region. The numbers of 'true' HRA studies that are included in the metric locally is quite small and therefore easily skewed; however, we remain committed to improving HLO 4 performance in the East Midlands.

Planned activities	Timescale
• Working with our Partner Organisations, to ensure that as soon as a site is selected, our HRA/SSS flow chart is followed to ensure timely set up (I&I). This is in early stages but the adaptation to changes in the national processes have been slow to be adopted locally. We expect that as the processes become further established performance will improve.	Q2
• We have implemented a Study Support Service across our Partner Organisations and Health Sectors that provides support both for the HRA and SSS processes. This has taken over 9 months to implement as not one size fits all; we feel that by aligning the process this prevents duplication and improves the timelines for study set up. As this service is now up to full staffing complement, performance will improve in the short to medium term.	Q2
• Dedicated resource for maintaining study records within LPMS/CPMS to ensure robust data which will assist our understanding of challenges in reaching HLO 4 goals, thus enabling adaptations to work streams within the service.	Q1
• Site selection is an ambiguous term and is being interpreted differently across the country, with significant fluctuations in reported performance, we are keen to work across the CRN community to confirm and clarify this term, thus harmonise the datasets.	Q1

HLO 5A&B	**Proportion of commercial (5A) and non-commercial (5B) contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited")**
5A Goal: 50% **5B Goal: 50%**	The majority of sponsors and funders have a strong focus on HLO2 RTT and this is where we have prioritised our activities to develop relationships and support performance. The lack of alignment between this 30 day metric and the Trust 70 day benchmark has meant that we have supported our Partner Organisations in the 70 day metric taking precedence to ensure the message does not get diluted through potentially conflicting information. It has been an extremely time consuming process to identify those non-commercial studies that are considered eligible/or excluded for this metric. We remain unclear on the correlation between first patient in 30 days and the study recruiting to time and target as we have performed very well on the HLO2A metric. We will look to significantly improve our 2016-17 outturn performance and work towards a 50% goal for both HLO5A and HLO5B.

Planned activities	**Timescale**
• Continue to offer a flexible proactive service to meet the needs of commercial partners.	Q1-Q4
• Continue to support the Trust 70 day benchmark and work with them on key communications for research teams.	Q1-Q4
• Act as a point of escalation for delays in study set-up to ensure sites are ready to recruit once given the green light by the sponsor.	Q1-Q4
• In 2016-17 we have had 3 First Global recruits in the region for commercial contract studies and intend to continue this performance excellence.	Q1-Q4
• It has been identified regionally with Partner Organisations that a consistent approach to data management within LPMS , therefore, we have been approached to take part in a regional group set up to address consistency in recording data to ensure robust reporting both for Performance and Initiating Data for Partner Organisations and HLO4/5 for CRN.	Q2
• Recognise those teams that achieve this metric with a 'mention' in our regular newsletter / writing to the teams to say thank you.	Q1-Q4

HLO 6A	Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies
Goal: 100%	Ensure continued participation from all partners by fully utilising the Senior Team Link role for each organisation.
Planned activities	**Timescale**
• Continue programme of engagement and communication with all NHS partners, paying particular attention to partners where studies fluctuate, e.g. EMAS	Q1
• During the regular meetings between the partner and the Link Manager, add an agenda item to focus on studies being delivered, end dates and potential pipeline	Q1-Q4

HLO 6B	Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies
Goal: 81%	Intention to maintain our delivery performance with all existing partners involved in commercial study delivery
Planned activities	**Timescale**
• Build on existing work linking experienced sites with expertise with commercially research naive areas	Q1-Q4
• Development of the model distributing dementia studies across the region to drive engagement and simplify the process	Q1-Q4
• Increase links across mental health and acute trusts through divisional and specialty events to facilitate engagement	Q1-Q4
• Continuation of the Commercial Lifecycle Workshop to new areas & Industry team tailored visits to potentially interested sites/teams	Q1-Q4
• Promotion & awareness in organisations with limited or just one study to ensure a pipeline of studies, specifically close working with Derbyshire Community Health Services to place their first commercial study	Q1-Q4

HLO 6C	Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies
Goal: 60%	Recognise and work with the changing landscape in Primary Care (formation of Federations / Super practices) to promote the benefits of undertaking research
Planned activities	**Timescale**
• Continuation of the Commercial Lifecycle Workshop to new areas Industry team tailored visits to primary care sites interested in commercial research	Q1-Q4
• Continue with RSI Level 1 and Level 2 Scheme with appropriate management	Q1-Q4
• Review and refine Leadership site scheme and provide extended support for Commercial Studies (as above)	Q1-Q4
• Continue to pilot and support community pharmacy initiatives in GP Practices	Q1-Q4
• Review and monitor the changing landscape in line with the current research schemes to ensure value for money	Q1-Q4

HLO 7	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio
Goal: 1,350	Dementia and Neurodegeneration studies are an important part of our portfolio, and we are expected to meet our 2016-17 target. This performance has informed our increased target for 2017-18. We have a very competent workforce, including well trained and experienced Rating staff to deliver studies across a range of settings. This is partnered with well-established resources and stakeholder relationships to deliver for this HLO in the East Midlands. We have some anxiety regarding the limited DeNDRoN study pipeline, although will be actively seeking opportunities to participate in these studies in 2017-18.

Planned activities	Timescale
• Continue to lobby for more studies for locally delivery	Ongoing
• Continue to strengthen the links between the acute trusts and Healthcare trusts to foster a collaborative working relationship and increase capacity and capability of delivering all available commercial and non-commercial DeNDRoN studies	June 2017
• Continue to support the Rater Development Leads Group at a local and national level to ensure we have a credible record of Rater experience and skills to support all potential studies coming to this region	Ongoing
• Continue the cross boundary working with neighbouring CRNs to increase the opportunities for us to take part in large national studies as they become available. An initial scoping exercise will be undertaken by the East and West Midlands RDMs and based on this information an action plan will be formulated to progress next steps (I&I).	August 2017
• Building on the excellent progress as top recruiting region into JDR through promotion and ongoing use of JDR by researchers and support staff across all healthcare settings	Ongoing
• Renew our investment in a focused Project Manager to actively support our Join Dementia Research and DeNDRoN activities; ensuring all opportunities for collaboration and promotion are exploited	Ongoing

Divisional Plans and Priorities

Supporting Specialties and Leads

Over the past two years, the East Midlands have actively recruited across all 30 Clinical Specialties; we provide first class support to our experienced and forward looking Divisional Clinical, Specialty and Sub-specialty Leads. Our management structure comprises three excellent and highly motivated Research Delivery Managers each working across two Divisions, supported by experienced and knowledgeable Research Operations Managers. We intend to continue to actively contribute to a broad portfolio, thus it is very difficult to describe one specialty as a priority over others. We have set plans in place which will aid us in reaching the objectives across all specialties to deliver a balanced portfolio; we have also identified potential challenges, some of which bring risk in the attainment of goals. The most significant challenge in the East Midlands remains a dwindling pipeline of available studies. With the development of the larger CRN regions it is an increasing challenge to identify non-lead studies which are prepared to open within our region. In 2017-18 we will continue to deliver studies to target and on time, thus making our sites increasingly attractive for any future initiatives to place research nearer populations with the relevant disease burden and where there is capacity and willingness to deliver.

In addition to the management support for Specialty Leads, we have established a supportive framework which provides direction to Leads in relation to the local engagement activities they undertake. As part of this, Specialty Leads set objectives for the year and discuss their support requirements including access to specific reports and other reporting options (including real-time); training; performance data analysis; regular meetings; the option to assist in establishing regular or on-off focused regional meetings; discussion of site/trust intelligence etc. We also hold bi-annual meetings for all the Leads with CPD points. These meetings provide an update and direction from the CRN team to frame the work undertaken; there is always time set aside for feedback and discussion of burning issues lead by the Clinical Director and there is an opportunity to hear from other regional leads both in formal sessions and through informal networking. As part of the performance framework we expect Leads, or in their absence assigned deputies, to attend the National specialty meetings, supported with travel costs, and request feedback be disseminated and actions supported.

In relation to the role local Specialty Leads could undertake in national activities such as commercial early feedback and non-commercial adoption, our understanding is that currently this is a nationally-led service. However, we would actively support local involvement in this from local Leads as it dovetails well with the SL involvement in relation to local intelligence with SLs approached and supported regionally by the Industry team to gather site identification and early feedback intelligence. We provide access to "*Lifecycle of commercial trial*" workshops which we run locally and will assist in running through the process and offering context, including early feedback. We have a single point of contact for the Leads involved in commercial studies through the industry inbox which we run and mange locally.

Appendix 3 includes the full details of our local contribution to national Clinical Research Specialty Objectives; however, in the table over page we highlight some important developments across all Divisions.

Table 1 – 2017-18: Divisional Priority and Plans Summary

Key Priorities	Summary plans	Concerns	Opportunities
Division 1: Cancer			
• Grow Divisional activity, with recruitment plans at 10% above last year's outturn data • Maintain performance in green rated sub-specialties (7 of 13) • Improve performance in the remaining 6 to the required levels in terms of recruits per 100,000 population served	• Continue to engage with the cancer networks and the Expert Clinical Advisory Groups (ECAGs) in the region. Following a scoping exercise, a new CRN activity report will be launched at the beginning of 2017-18. We will look to continue to improve this relationship, including development of an Information Pack and participation in key events. • Analyse the current portfolio across each subspecialty, then use this data to work with the subspecialty leads to decide which areas to target to grow activity in alignment with the target. • Monitor and flag any subspecialties at risk at the beginning of the year (based on the final performance figures for 2016-17), and then every quarter. We will then work with the Subspecialty Leads and appropriate leaders in the partner organisations to address any red rated subspecialties. • We will commit to working with partners to review visibility of research at MDT meetings, make recommendations and work with Trusts as appropriate.	• Important to acknowledge and address some cultural challenges in the research delivery arm of this sector at PO level and link in with all delivery, R&D & wider staff to address	• Further explore opportunities to expand Palliative care research across hospice settings • Exploit opportunities through South East Midlands Oncology Centre (SEMOC) • Use our role on the East Midlands Cancer Alliance Board, to influence service delivery changes whilst safeguarding and enhancing recruitment.
Division 2: Renal, Diabetes, Cardiovascular, Metabolic & Endocrine, Stroke			
• Maintain and grow relationships with 2 emerging BRCs, building on former BRUs • Mentoring of Primary Care colleagues to undertake commercial studies will continue.	• Work with the EM Centre for BME Health to identify hard to reach populations, and link with and pilot the BME Toolkit being devised in Primary Care; we will also work across other divisions with this important initiative • Increase recruitment of younger type 2 patients is part of the local priorities for the area and will be a key driver in studies going forward. To achieve this we will continue to build on plans to engage Schools in studies. • Within Stroke we will continue to support the sites that are doing well along with offering more support/mentorship to sites that have struggled. We will identify more simple studies and ensure they deliver • We will provide more support and training to new PIs so they feel able to take on studies, e.g. monthly PI contact and support. • In renal medicine research we are keen to expand activities further in Northamptonshire and Lincolnshire satellite sites; work is needed with Pharmacy to support and develop appropriate SOPs to allow this	• Significant pipeline concerns, especially within Stroke • Although not unique to Div 2, the squeeze on NHS resources is making it harder to engage with full-time NHS clinicians	• Build on the Cardiovascular theme of the Leicester NIHR BRC to further initiate novel studies and roll-out to collaborators within EM • Expansion of Genvasc study across to other East Midlands counties • Continue to capitalise on HSRC status in Notts • Recently appointed M&E Lead with links outside of the region

Key Priorities	Summary plans	Concerns	Opportunities
Division 3: Children, Genetics, Reproductive Health & Childbirth, Haematology			
• Commence an initiative to engage, establish a community of interested colleagues and to identify blocks and enablers at DGH sites in relation to research in this Division • Endeavour to capitalise on the "buzz" around the 100,000 Genome Project, with cross working arrangements/patient referrals for NIHR portfolio studies.	• We will organise and hold three meetings in the first half of 2017-18, involving DGH sites – KGH & NGH; SFH & CRH and Lincolnshire. An output of these meetings will be to plan to address the blocks and opportunities, and identify studies suitable for delivery in these organisations. • Continue with research support and training initiatives through CRN WFD team and HEEM for trainees; also to scope potential involvement of other healthcare professionals, for example Genetic Counsellors. • Keen to work with key partner (UHL) who has agreed to invest in research infrastructure in haematology in 2017-18; we will link with engaged consultants in this Specialty who are keen to deliver. • We will work with colleagues both regionally and nationally to support work around the development of genomics and the genetics specialty. • The Research Delivery Manager and Clinical lead will work with the CRN Information Team to pilot real time reporting in line with the Information Team's project plan.	• Finding suitable studies for the DGHs to run is an increasing challenge despite wide portfolio searching and horizon scanning. • The 100,000 Genome Project will continue to challenge the delivery of portfolio research, as despite mitigating actions	• New 'Research Space' in Leicester dedicated to Children's research, opening early in 2017-18 • Further opportunity to work with IHSP providing NHS fertility services, to try to grow the research portfolio, and patient opportunity.
Division 4: Mental Health, Dementias and Neurodegeneration, Neurological Disorders			
• Aim to develop a relationship with the CAMHS service providers and the Department of Child and Adolescent Psychiatry at Nottingham University with a view to developing local CI's and increase study throughput • Maintain momentum with JDR, currently EM is the fastest growing JDR region and leading overall in terms of numbers	• Support local initiatives for Dementia Awareness week such as the upcoming Dementia conference at the DTHFT (17/05/17) and LPFT (19/05/17) • Further collaborate with Primary care to promote JDR, including an initiative with GP Practices in Derbyshire to promote JDR via text message services; collaborating with East Midlands Clinical Networks and Clinical Senate to promote JDR via shared learning events and working with memory services to promote JDR and include leaflets in post diagnosis packs. • Plan to hold a " Division 4 Workshop" in June 2017 with a specific focus on CAMHS research with a view to raising awareness, developing and supporting local PI's and increasing the number of CAMHS studies delivered across EM. • CRN Workforce development team will continue to roll out GCP training to trainees in order to facilitate involvement in delivering portfolio research. Build on this further through our matching scheme with local PI's in the specialty trainees are rotating to.	• We remain concerned about the pipeline in this Division, as also highlighted last year; very few in region CIs, and lack of available studies will impact on delivery in this Division	• Identified an opportunity to engage with the nominated dementia matrons in all acute trusts to raise awareness of JDR to staff and patients • Exploit the ongoing collaboration with HEEM to involve trainees more actively in research

Key Priorities	Summary plans	Concerns	Opportunities
Division 5: Primary Care, MSK, Dermatology, Ageing, Oral & Dental, Public health, Health services & delivery research			
• Continue to build links with Circle Treatment Centre, where Adult Dermatology is run from in the north of the EM • Build on successful RSI scheme for GPs, and increase the scope and scale of the pilot Leadership scheme run last year • Build on the previous investment made in Public Health to raise awareness at pace and scale	• Co-opt an afternoon at a Trent British Geriatrics Society Meeting to enable newly appointed academic trainees to share current & proposed research • Run at least 2 public forums for EnRiCH in Derbyshire in 2017-18. Collate data on how these contributed to building understanding & activity of CRN research. • To review RSI & Leadership schemes in primary care, considering how we can best support emerging care models, including GP Federations to improve output • Deliver a range of initiatives to support trainees and emerging PIs, across all specialties, although specifically within Dermatology, incl. regular email bulletins for PIs to aid networking & host engagement sessions at monthly SpR training • Regional HSR Lead is contributing to a national toolkit for researchers in HSR, to be launched at HSRUK symposium in June 2107; it is hoped this will provide an opportunity to engage HSR researchers in the region with the CRN • Facilitate PH practitioners & researchers to identify opportunities for research and evaluation projects, those which are commencing, to actively identify projects in the East Midlands and where appropriate to seek portfolio adoption.	• Concerns that PH studies are not well understood or easily adopted • Concerns that MSK portfolio is primarily commercial studies with low numbers, thus not significantly increasing patient opportunity • Lack of dentistry hospital will impact on ability to generate & deliver in this specialty	• Opportunity to build on the strong East Midlands Enabling Research in Care Homes (EnRICH) network by extending this into Lincs. & Derbyshire • Opportunity to use recent success in recruiting academic posts to raise the profile of ageing research amongst trainees in the region • Keen to work with RCGP GP STR scheme regionally
Division 6: Anaesthesia, Critical care, ENT, Gastroenterology, Hepatology, Respiratory, Ophthalmology, Surgery, Infectious diseases, Injuries & Emergencies			
• Further capitalise on the newly awarded BRCs, with existing and new Divisional themes; Hearing, respiratory, hepatology & gastroenterology • Build on the effective and fruitful collaboration work between East Midlands Ambulance Service (EMAS) and the Injuries and Emergencies research teams across the region • Further develop trainee initiatives (e.g. gastro, surgery, CC) and develop in new areas: respiratory	• Increase the profile of our Study Support Service for clinicians developing their own research proposals. Equally ensure all clinicians across the region know about the support the CRN provides at a local site level • In Gastroenterology, we will continue to work hard to increase engagement with the smaller DGH's , forging new links with clinicians and trainees with face to face meetings identifying potential challenges and recognising their strengths; we will continue to match the right studies to patient populations & demographics • In Hepatology we will ensure all relevant sites have a simple database of patients with HCV/HBV & Autoimmune Hepatitis/ PSC/PSB, to aid recruitment • Plan to hold a regional East Midlands Emergency Medicine Conference in May 2017 with keynote speakers attending from across the country to raise research awareness in Adults, Paediatrics and Trauma. • We will increase engagement in NHS community settings, esp. at sites with visiting ophthalmologists undertaking clinics to increase potential PIC activity. • Increase baseline recruitment which is at least 1 patient/100,000 population into 4 of the 14 surgery subspecialties; to 6by raising awareness of the cross divisional pipeline available to colleagues and supporting study delivery	• Concerns over the small available pipeline into the region in some specialties, specifically Anaesthetics/POM/ PM, Critical care and Surgery, this was highlighted last year and remains a concern and area of risk in these specialties	• CRN funded Research Audiologist at Notts BRC, thus clinical expertise now available to support, facilitate & identify opportunities for research studies across the region • Opportunity to build on collaboration between the CRN and the East Mids Infectious Disease Research Network (EMIDRN) led by Dr Mathew Diggle (CRN SL, ID), also now NIHR National Specialty Lead (Diagnostics in ID&M)

CRN East Midlands Contribution to NIHR CRN Strategic Priorities

To assist in attaining the HLOs, we have established a number of important work-streams which are well aligned to the NIHR CRN strategic priorities. We have visible leaders across these work-streams whose role it is to guide the work required; always questioning how the activities will contribute to the CRN East Midlands reaching performance excellence across Specialty and High Level Objectives.

The next few pages summarise the key deliverables and planned approach for the following work-streams in 2017/18:

- Patient and Public Involvement and Engagement (PPIE)
- Workforce Development
- Life Sciences Industry
- Communication and Engagement
- Information & Knowledge
- Continuous Improvement

Appendix 4 provides the required compliance with the related LCRN Operating Framework Indicators for 2017/18 and Appendix 5 details clear action plans for each work-stream.

Patient and Public Involvement and Engagement (PPIE)

Vision

The PPIE workstream will ensure patients and the wider public are able to make meaningful contributions to research delivery. We will continue to support the national initiatives of Building Research Partnerships (BRP), Patient Research Ambassadors (PRA) and Questionnaires closely working with colleagues in Comms. There will also continue to be an emphasis on locally driven initiatives, against a well-defined budget, to maximise impact and address local issues around PPIE in collaboration with our Trust and regional NIHR partners.

Management Lead

Harpal Ghattoraya,

Research Delivery Manager, Divisions 2 & 5

Key Deliverables

- Continue to deliver Building Research Partnerships workshops for participants, researchers and staff and as this evolves, review how this could perhaps integrate the training required to promote Patient Research Ambassadors which encompasses the same audience
- Potential to hold regional engagement event: 'People are Messy' event in collaboration with other NIHR partners
- Continue building the PPIE working group and identifying local initiatives specific to our LCRN that will help engagement with patients and the public and link directly to research delivery outcomes
- Link closely with local Comms Lead to support and facilitate good PPIE news stories and events
- Further explore regional NIHR collaboration around this important theme to maximise the benefit for patients
- Pilot Patient Experience Questionnaire and review of data and process to see how this can be implemented around the region

Planned Approach

Continue with bi-monthly PPIE working Group meetings, through which the regional budget and related initiatives are managed

Work collaboratively with Comms, Workforce Development and other regional NIHR partners

Create contacts lists for all organisations and PPIE speciality groups around the region to facilitate dissemination of information

Specific plans to deliver the Patient Research Ambassadors (PRAs) project

- Attend PRA workshop to review format and compare against BRP Workshop
- Identify and map current PRA in organisations and create contact list (either via org or individuals)
- Review organisations that do not have PRAs and see how we can link in and run workshops to help organisations to recruit PRAs across the patch
- Feedback to National group through regular PPIE meetings and forums
- Ensure any PRA work is proportionate with our role in the regional research landscape and is in collaboration with others, especially 2 emerging BRCs

Workforce Development

Vision

Our vision is to enable a highly motivated, well skilled and responsive workforce to deliver a balanced portfolio of studies across the East Midlands. This requires the promotion of clinical research as a core activity of the NHS and the value of a well trained workforce to achieve this. By year end we need to have the right people with the right skills in the right place to deliver on our strategy, adding value and continually improving our service offering. We will communicate our vision and organisational culture to the workforce.

Leads

Management Lead:

Daniel Kumar, Industry Delivery Manager

Operations Lead:

Michele Eve, Workforce Development Lead

Key Deliverables

- Deliver specific GCP training sessions to Trainees to promote the benefits of becoming involved in portfolio research and introduce a matching scheme that informs the Trainees of relevant portfolio studies running in the hospitals they rotate to and the contact details of the local PI. Inform PIs of the specialty trainees rotating to them who are trained and ready to act as a sub-investigator on a portfolio studies.
- Run pilot CRN internship programme to develop the role of Research Envoy and evaluate effectiveness (I&I)
- Produce an information leaflet to go into New Starter packs within 1 organisation
- Run 1-2 Research Forums for the non-medical delivery workforce to promote collaborative working across the East Midlands, share information, learn from each other and generally to create an opportunity for networking
- Arrange up to 4 meetings a year for delivery team leaders. Set up a group to provide information and receive feedback from the local delivery team leaders, to share experiences, identify local blocks to recruitment and problem solve (I&I). By having a meeting specifically for the delivery staff team leaders the aim is also to offer them a level of support from both their peers and the Network Senior Nurse.
- Establish a service delivery model for the Research Support Team to enable a proactive approach to deploying this agile and responsive workforce (I&I)
- Senior team links to include workforce planning as a regular agenda item (I&I) when meeting with their linked organisations
- Evaluate feedback from training survey sent to the research delivery workforce, which will inform implementation plan
- Share induction video and associated induction manual widely (I&I) with Partner Organisations and other stakeholders
- Run an event for our non-registered delivery workforce to share national messages, celebrate the work of our practitioner workforce across the East Midlands and start to create a practitioner community
- Manage local selection process for national advanced leadership course and support those selected for involvement
- Run an annual research awards and showcase event

Workforce Development

Planned Approach

Deliverables will be achieved by scheduling quarterly workforce development working group meetings to drive forward the planning and delivery, attending national workforce development meetings, continually monitoring performance against the action plan and feeding up to the Senior Team, Partnership Group and R&D Leads as appropriate to ensure the workforce development work stream activity is supported.

We will set up task and finish working groups as required to lead and deliver discreet workforce initiatives. We will host engagement events to inspire learning, share best practice and to act as a platform to bring the workforce together. We will also host an annual awards ceremony to recognise and celebrate the excellent work that is taking place across the region.

Profile of the LCRN Workforce

The CRN East Midlands is keen to develop specific roles within our delivery workforce

- We have a significant and diverse workforce of non-registered research professionals (Research Practitioners) and intend to celebrate and develop this role by running an engagement event to share national messages, celebrate the work of our practitioner workforce across the East Midlands and start to create a practitioner community.

- We will work collaboratively with HEEM (I&I) to explore ways of engaging with the undergraduate workforce to embed research within their learning pathways

- We will run a pilot scheme to develop the role of Research Envoy through a CRN Internship Programme. This programme aims to improve engagement with our clinical colleagues to promote research.

- Once the material has been piloted we will deliver training for new principal investigators.

The CRN East Midlands Research Support Team (RST) is a flexible and agile workforce that can be deployed to support delivery across the region, this works along with a range of other flexible and generic research delivery models at an organisational level.

Our Learning Technologist will work closely with the Business Intelligence function to better understand the profile of the CRN East Midlands funded workforce and produce a report which details skill mix within delivery teams (I&I). Whilst these staff are identified as a CRN resource, they also well identify as members of Partner Organisation NHS staff, and we must acknowledge this.

Planned Educational Activities

We will continue to support delivery of national training programmes across the East Midlands using our pool of trained Facilitators. An evaluation of a training survey sent to the research delivery workforce will be used to inform the 2017/18 training plan. CRN East Midlands is committed to supporting the NIHR CRN Advanced Leadership programme. The programme will be promoted widely across the East Midlands and a 2-stage selection process comprising application form and interview will be led by the Workforce Development Lead. Successful candidates will be supported throughout the programme and members of the WFD team will act as mentors for the programme.

Life Sciences Industry

Vision

The East Midlands will continue to actively contribute and drive forward the model of one network within the national setting through continued sharing of best practice and supporting the development of key initiatives. We intend to be recognised as a key area of delivery of Recruitment to Time and Target by achieving 90% RTT by year end (I&I) and contributing to an increased number of research studies on the NIHR portfolio through engagement with SMEs and other commercial sponsors. To raise the profile of commercial research and the key drivers through Partner Organisation engagement as well as with commercial partners, utilising the quarterly Industry Working Group to set the direction. By year end to contribute to the Implementation of a robust mechanism to provide feedback to sites on reasons for non-selection to support a plan for growth in this sector. Development of the strategy linking Partner Organisations with commercial sponsors through the continually evolving Industry Working Group.

Management Lead

Daniel Kumar,

Industry Delivery Manager

Key Deliverables

- Recruitment to Time & Target at 90% for year end
- 3 GP practices being selected to take on their second commercial study (I&I)
- Single source of information for the Coordinating Centre and all LCRNs on study specific issues
- Commercial Study Life Cycle Workshop continued rollout
- Increased presence with SMEs across the East Midlands
- A robust mechanism to give feedback on reasons sites are not selected for commercial studies(I&I)

Planned Approach

Continue our existing initiatives in relation to the above deliverables, all to be co-ordinated and reported through the regional Life Sciences Working Group and as required through the relevant Divisional Steering Group

Increased presence with SMEs across the East Midlands providing support and signposting to increase the number of portfolio studies. Measure of engagement with at least 5 SMEs to progress towards at least 2 research studies on the NIHR portfolio

A robust mechanism to give feedback on reasons sites are not selected for commercial studies, so that partner organisations can use the feedback to develop services in line with sponsor expectations

Life Sciences Industry

Plans to contribute to the National Biosimilar Project
• Increase the awareness of biosimilars through promotion in regional newsletters and at workshops run by the Commercial Team • When requests for biosimilar studies are received from the national team, if we have a lack of interest to focus on key research teams for feedback on reasons for this. To send a study specific email to the relevant specialty lead to ask for feedback on the reasons the study is not of interest if this is the case. • To utilise the specific biosimilar contacts list to promote at a study level and relevant updates from the Business Development Team or other sources with regard to biosimilars. • To raise on the agenda of the regional PPI group to facilitate the most streamlined approach to raising awareness in the patient community.

Communication and Engagement

Vision

Our vision is to engage and inform all of our key stakeholders, both internally and externally. This is to facilitate the smooth delivery of research within the East Midlands by creating long-term, effective relationships. The communications function is a cross cutting theme which runs through all work-streams to aid the Network in its strategic aims. The Network was borne from a need to foster excellent working relationships to serve research within the NHS and to benefit the health and the wealth of the nation. With this in mind, the communications function will act as a purveyor of openness and trust to support the aim of making the region the best in the country to conduct research.

Leads

Management Lead:

Elizabeth Moss, Chief Operating Officer

Operations Lead:

Kiran Dhillon, Communications Lead

Key Deliverables

- Production and delivery of 4 quarterly newsletters in a new format to raise profile and CRN awareness
- Produce 3 patient stories and 3 staff stories and publish these on the NIHR website
- Produce 2 media stories a year in either local or national press
- Deliver 1 feature article and accompanying patient story based on a nationally allocated Impact Case Study
- Deliver on the aims of the national Comms pilot work (I&I), as an LCRN coming from a low baseline in terms of media exposure
- Contribute to an uplift in HLO 2b - recruitment to time and target for non-commercial studies, though a targeted campaign (I&I)
- Produce a minimum of 3 local leaflets which can be used at events and conferences
- Delivery of improved and more localised content on the website.
- Creation and production of a CRN East Midlands guide

Planned Approach

To help achieve the deliverables, we will continue with the bi-monthly Communications Working Group and review membership to ensure that the right people are being engaged. We will also work more closely with PPIE under the umbrella of stakeholder engagement and communications directorate. We will also work collaboratively with Workforce Development, SSS, BI, RDMs, and other regional NIHR Partners. We will create a communications contacts list, which will include lists of communications channels for specific organisations around the region to facilitate dissemination of information and campaigns. Performance will be monitored and fed back to the Senior Team, Partnership Group and R&D Leads as appropriate to ensure the communications activity is fully supported by everyone. We will also take part in a National Media Pilot to gain the right support to achieve the deliverables around media coverage. All national Comms meetings will be attended by the Comms Lead or a deputy to ensure that locally we reflect the wider CRN and NIHR values and approach.

Information & Knowledge

Vision

A proactive approach to Business Intelligence to enable business delivery for the CRN East Midlands. We would expect reporting to move towards a self-service model, allowing individuals to ask questions and answer them in their own time. We intend to showcase performance as a Lead Network, setting up and delivering studies within a timely fashion and on target. We will use innovative tools, techniques and technologies to add value to CRN East Midlands business delivery.

Management Lead

Kathryn Fairbrother,

Business Intelligence Lead

Key Deliverables

- Self Service Reporting for Divisional and Specialty Delivery Teams (I&I)
- Deliver improved data quality and accuracy across CRN and Partner instances of Edge (I&I)
- Streamlined use of Edge across the region working with a jointly agreed minimum dataset
- Improve performance using Edge to support delivery of the Study Support Service
- To use business intelligence as a more effective route to stakeholder and partner engagement

Planned Approach

We will be identifying a programme of work which will be broken into manageable projects, with clear leadership. Regular updates will be provided to the CRN Leadership team and relevant stakeholders with strict timelines for delivery of projects to enable quick set up. We will work with partner organisations and stakeholders to ensure a customer focused service is provided and end user needs are considered at the heart of the project/ task.

Maximising use of Central Portfolio Management System (CPMS)

East Midlands are keen to maximise the potential of CPMS. We will build upon the work we have done in the last three months in ensuring where we are the lead CRN, the study records are managed and accurate - particularly ensuring that all documentation and performance data for each study are captured within the system to enable a 'One Network' approach to study management. We will have a dedicated resource for record management for the Study Support Service to enable accurate and timely reporting of HLO 4 & 5 data. We will continue to work with the National team as part of working groups, particularly with LPMS/CPMS collaboration. In relation to LPMS, we will launch a formal data quality project in Q1 (I&I) to refine and formally agree a regional MDS, linked to the national requirement. We will establish a local Edge Forum for all users and R&D/I Leads in the region to better harness the power of our local systems and improve clarity over its utility and potential. We will undertake regular compliance audits (I&I) against the MDS to ensure we are ready for this to be the true data source.

Continuous Improvement

Vision

It is our vision that in 2017-18 the Continuous Improvement workstream will become an organic and vibrant part of the culture of working within the CRN East Midlands. By the end of the year, we will have an established working group, which will have crafted a re-launch of the workstream and a communication plan to keep the workstream current. We will have a CI strategy that sets out the intention to embody both 'every day' CI and special projects into the practice of the Network, and CI champions across the core team to support this cultural change.

Co- Leads

Hannah Finch,
Research Delivery
Manager, Divisions 1 & 3

Karen Pearson,
Research Delivery
Manager, Divisions 4 & 6

Key Deliverables

- Re-launch the CI workstream through a communications & engagement plan in May 2017, including 'reward and recognition' schemes and active support of CI ideas
- Identify CI champions, who will complete the national self-directed learning modules and develop an identifier (lapel badge).
- Investigation and implementation of 3 accelerating digital initiatives selected by the CI Working Group, as seen at the Accelerating Digital Showcase event in March 2017
- Introduce quarterly ‘Creative Space’ sessions, where staff can drop in and take some time to suggest continuous improvement ideas
- Introduce a Continuous Improvement objective in all CRN core team Appraisals, to measure CI awareness, knowledge and skills (as per 8.2.3 of host contract)
- Hold a mid-year event (Oct/Nov) to hear the needs of the CRN stakeholders and formulate a plan to respond (as per 8.2.2 of the contract)
- Establish a bi-monthly meeting with the CI leads in CRN West Midlands and CRN Eastern to scope and implement any potential for joint working

Planned Approach

We plan to develop the Continuous Improvement Working Group, to allow the region to drive and capture the CI agenda across the region. We will continue to work with the Study Support Service Working Group to ensure a consistent development of the Study Support Service across the entire research community. We will identify senior leadership to drive the Continuous Improvement and Accelerating Digital initiatives, both at a regional and CRN level. We plan to implement 3 Accelerating Digital initiatives and will investigate opportunities to develop digital portfolio maps, social media marketing and use of a capacity audit tool. We will commit to attending all national workstream meetings to ensure the region is aware of and able to implement national innovation and improvement programmes and projects. We will strive to support the development of CI across the CRN, by linking with neighbouring CRNs, and supporting the workstream nationally. We will create and roll out a planned approach to cultural change. As per 8.2.4 of the host contract, the named CI Leads will work with the Network Leadership team to monitor HLO performance and harness CI initiatives to address any issues.

Financial management

Funding allocation model

Financial planning began for 2017-18 in early Q3 of 2016-17 and was initially based on local forecasting (I&I). This suggested a reduction of 3.5%; our finalised budget, which was confirmed in early March, was a reduction of 3.4%. Whilst we were disappointed with this reduction, we are pleased that our forecasting was very accurate and allowed us to do early work with partners.

The first step in planning the budget was to present a paper through the Finance Working Group, then the Partnership Group and wider stakeholders outlining intentions and assumptions (see Appendix 6). We began by reviewing centrally managed work programmes and associated resources, along with partner level budgets. Centrally managed resources comprise of a number of elements; some are passed directly to partners as further funding throughout the year, some are resources accessed and used by partners to deliver and support NIHR studies, others are to fund centrally managed work-streams, activities or posts. Each component was assessed to look for any savings; additionally, a vacancy factor was applied to the overall centrally managed resource.

In relation to partner budgets, the planning paper highlighted that various modelling would take place, but that broadly the intention was to update the approach used in 2016-17 whereby an activity driven model would be employed. For 2016-17 a comprehensive review was undertaken in collaboration with partners as to the approach and potential alternatives; further papers can be provided detailing that review, if required. The model selected for 2017-18 has a historical component (35%), activity driven (60%) and a performance premium (5%) which is focussed around recruitment to time and target for both commercial and non-commercial studies. Additionally, a cap and collar is applied to aid stability. The performance premium is added to allocations post cap and collar, thus performance is not capped or collared, in order to act as an incentive. The data set used to derive the activity based element of the budget reflects the national approach, using a rolling two year period which ended 30 September 2016. The complexity ratios used also draw on the national bandings of 1 : 3.5 : 11.

Once the model was run, indicative budget envelopes were provided to partner organisations, along with a local guidance document, to support planning. Partners then submit their plans, which are reviewed as described below. The activity of some organisations does not fit well with the model, and as such there remains opportunity for individual discussion of need throughout the year.

Primary care has remained as a regional budget for 2017-18, managed by the Leadership team for Division 5. The resource is defined using the same model as above, and then planned across the counties based on activity and need. We have a mix of embedded delivery and facilitation staff, along with support directly for practices.

Financial management

Good financial management is critical to the success of the CRN. In the East Midlands, we have a dedicated team of three core members of staff undertaking this on behalf of the Host trust and in constant dialogue with all partner trusts. This team are accountable through our Host Finance Lead, Martin Maynes and operationally supported and directed by Kathryn Fairbrother, CRN Business Intelligence Lead. The team review partner returns monthly and raise any anomalies for further discussion. As necessary, these can be resolved or escalated further, such as to the Finance Working Group or Host Executive. One of the team is also responsible for the central budget, which is again reviewed monthly to monitor spend and progress of required savings etc.

Effective relationships with partners are also important for understanding those budgets. Each partner has a named finance contact within the CRN team, alongside a nominated Senior Team Link (STL); equally at each partner organisation we have a named R&D/I Lead/Manager and R&D/I finance contact. The STL is an important support mechanism for the partners and following discussion with the COO and BI Lead, is the key decision maker on many aspects of partner working, including budget management. Partner trusts are aware this is the first port of call to them and increasingly this is being shown as an effective route to both budget management and broader partner engagement.

Into 2017-18 the following have been identified as potentially impacting up on our financial approach within the East Midlands:

- The risk of running with no contingency. A budget cut this year has resulted in no strategic funding call and no central reserve of funding. We recognise this as a risk, however, the CRN is a significant financial undertaking and it is our role to ensure the partner budges are invested well to support all new and emerging studies; the CRN retain the ability to alter PO payments should the need arise.

- A vacancy factor to be managed in-year. Many trusts have a vacancy factor which we have discussed with them as part of the budget setting; we have discussed how this might be met including staff turnover and use of other income sources; ultimately this is not a risk for the CRN or host, because this risk sits with each of the partners. There is however, a central vacancy factor which needs to be managed and met in-year, and has been achieved over the past three years, with central management costs reducing year-on-year.

- We are uncertain of central plans for future funding, especially with the changes to the ABF component and potential changes to the time period; we will await further news, and prepare next year’s forecasting with this in mind (I&I).

- The results and feedback from the CRN CC Financial healthcheck, following the planned visit in late March 2017, we recognise there may be feedback from this visit which might impact on our approach, and will be addressed as such (I&I).

Appendix 1: Compliance with the Department of Health / LCRN Host Organisation Agreement

1.1. Please confirm that the Host Organisation will deliver the LCRN in full compliance with the DH/LCRN Host Organisation Agreement Terms and Conditions in 2017/18:

Yes ☑
No ☐

1.2 If you have answered no to the above, provide a commentary below that highlights the specific clauses of concern and explain the reasons for potential non-compliance:

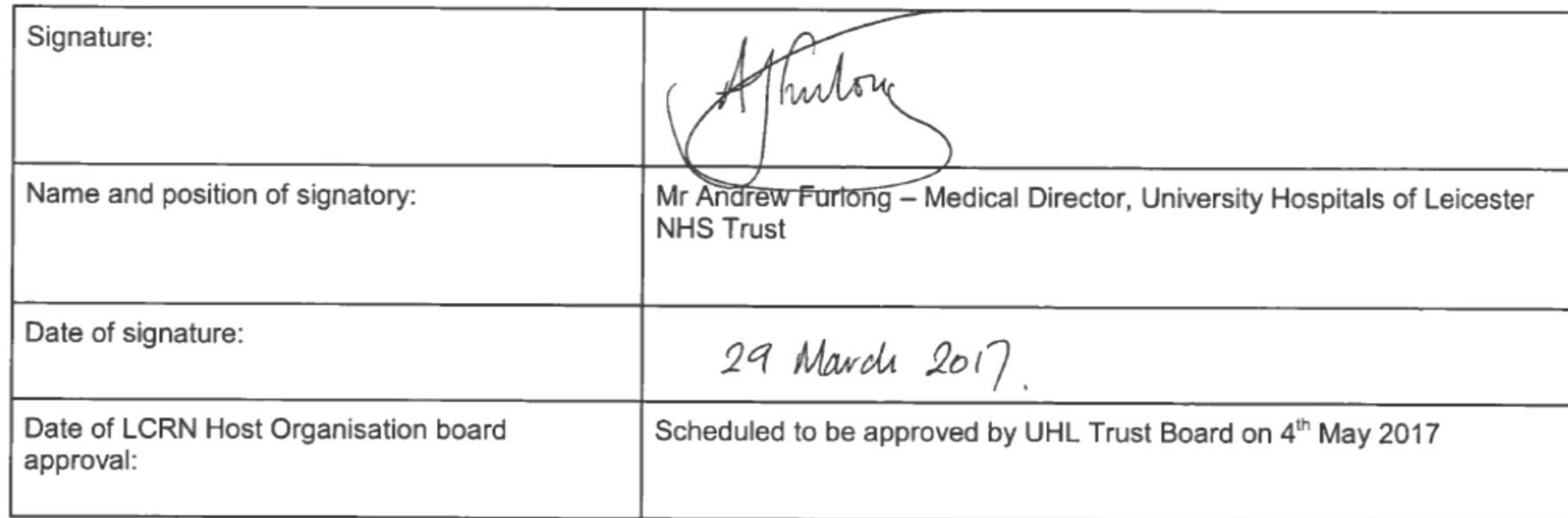
The Host is delivering the contract and is compliant with all aspects. We wish to ensure we draw attention to a change in the governance arrangements for the CRN. Following review of various groups in-year and in consultation with our partners, we discharge the requirements of the Operational Management Group (OMG) through a meeting we locally refer to as the Senior Team meeting; this meeting fulfils all of the requirements of the OMG. We have re-established the Clinical Leadership meetings which we hold through a combination of face to face and virtual meetings, additionally the Partnership Group operates in line with the contract, and we have a further important stakeholder meeting through regular attendance by CD and COO at the regional R&D Leads group which is essential for good engagement.

1.3. Please confirm that all LCRN Partner organisations will operate in full compliance with the CRN Performance and Operating Framework 2017/18

Yes ☑
No ☐

1.4 If you have answered no to the above, provide a commentary below that highlights the specific clauses of concern and explain the reasons for potential non-compliance:

LCRN Host Organisation Approval



Please confirm that this Annual Plan has been, or is scheduled to be, approved by the LCRN Host Organisation board:

Signature:	[signature]
Name and position of signatory:	Mr Andrew Furlong – Medical Director, University Hospitals of Leicester NHS Trust
Date of signature:	29 March 2017.
Date of LCRN Host Organisation board approval:	Scheduled to be approved by UHL Trust Board on 4th May 2017

Appendix 2: CRN HLO Performance Estimates

Objective		Measure	CRN National Target 2017/18	LCRN estimated outturn performance 2016/17	LCRN estimated performance in 2017/18	CRN National Target 2018/19 (Indicative)	LCRN estimated performance in 2018/19[1]
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	41,000	44,000	650,000	46,500
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%	86%	90%	80%	90%
		B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	67%	80%	80%	85%
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	675	N/A	N/A	700	N/A
		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	N/A	75%	N/A

4	Reduce the time taken for eligible studies to achieve set up in the NHS	Proportion of eligible studies achieving NHS set up at all sites within 40 calendar days (from “Date Site Selected” to “Date Site Confirmed”)	80%	40%	60%	80%	80%
5	Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies	A: Proportion of commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from “Date Site Confirmed” to “Date First Participant Recruited”)	80%	25%	50%	80%	60%
		B: Proportion of non-commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from “Date Site Confirmed” to “Date First Participant Recruited ”)	80%	25%	50%	80%	60%
6	Increase NHS participation in NIHR CRN Portfolio studies	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%	100%	100%	99%	100%
		B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%	81%	81%	70%	88%
		C: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	40%	60%	60%	45%	65%
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	22,500	1,250	1,350	25,000	1,450

Appendix 3: Local contribution to national Clinical Research Specialty Objectives

#	Specialty	Objective	Opportunities/Challenges	Local contribution and plans to support the objective and grow the Specialty in 2017/18	Timescale
1	Ageing	Each LCRN to have an Ageing Local Specialty Lead who demonstrates leadership in their region and can provide examples of leadership of initiatives aimed at increasing recruitment and research capacity in their regions	Opportunity to build strategic pan-regional collaborations in with academic colleagues based in Lincolnshire, Northamptonshire and Derbyshire – aiming to increase recruitment to portfolio studies in these parts of the region. Opportunity to build on the already strong East Midlands Enabling Research in Care Homes (EnRICH) network by extending this into Derbyshire and Lincolnshire. Opportunity, with large care home studies ongoing in the region, to demonstrate the centrality of the EnRICH initiative to local accruals). Opportunity to use recent success in recruiting ACFs (Nottingham and Leicester), Clinical Lecturer (Nottingham) and ACL (Nottingham/Derby) to increase the profile of ageing research amongst trainees in the region	North and South appointments now in place. Initial meetings with academic colleagues interested in ageing research at Universities of Lincoln, Derby and Northampton to discuss portfolio research and how it might work for colleagues at these institutions. Seek opportunities for pan-regional bids and collaborations. Co-opt an afternoon at a Trent British Geriatrics Society Meeting in late 2017/early 2018 to enable newly appointed academic trainees to share current and proposed research as a way of developing interest more broadly across the region. Run at least two public forums for EnRiCH in Derbyshire in 2017-18. Collate data on how these contributed to building understanding of, and accruals to, portfolio research.	Q1 - Q2 Q4 Q2 - Q4
2	Anaesthesia, peri-operative medicine and pain management	Establish links with the Royal College of Anaesthetists' Specialist Registrar networks to encourage and	<u>Opportunities</u> Forge stronger links with the Midlands (East) Research by Critical Care and Anaesthetics Trainees (MERCAT) Network. Signpost and support all local Anaesthesia, POM and PM research ideas with the help	The MERCAT Network is affiliated with the Research and Audit Federation of Trainees (RAFT) and has successfully taken part in the iHYPE (intra-operative hypotension in the older surgical patient) study. We will continue to work closely with the Trainees and the Deanery, Head of Schools and Training Programme Directors to further facilitate	

		support their involvement in recruitment into NIHR CRN Portfolio studies	of the Study Support Service teams to seek portfolio adoption status where possible <u>Challenges</u> There are a limited number of studies in the pipeline.at present	involvement in clinical trials. Due to the small pipeline of Anaesthesia, POM and PM portfolio studies coming to the region at this time, we need to increase" homegrown" studies, therefore this year we need to continue to raise an awareness through specific LCRN events around the portfolio adoption process, and continue to support upcoming CI's with our robust Early Engagement and Early Contact services delivered by the SSS team.	Q3-4
3	Cancer	Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties	<u>Challenges</u> Local delivery staff report they work on studies regardless of the subspecialty category allocated. The CRN East Midlands encourage and applaud that approach, however, we then face a challenge from the teams when we look to increase activity by a particular sub-specialty. This will be managed by continuing to encourage flexible delivery across specialties and subspecialties, with close central monitoring of performance against sub-specialties, utilising ODP resources. The Research Operations Manager will then escalate to the RDM, clinical links and partner organisations if a sub-specialty is not performing as required, providing the detail of studies in that sub-specialty that could be focussed upon. In addition, the clinical leadership in the	The CRN East Midlands experienced a sharper than anticipated drop in recruitment from 2014-15 to 2015-16. Our plan in 2016-17 was to halt the reduction in recruitment. We are currently on target to achieve a stable level of recruitment (currently 2460 end of year target 2,500). We will face a significant challenge in the region, as we embark upon trying to increase recruitment activity, in order to achieve the specialty objective. One of our large recruiting Trusts is predicting static recruitment figures in 2017-18. However we plan to achieve an overall recruitment level of 2,750 an increase on 2016-17's target of 10%. Our baseline against the specialty objective shows we are currently rated green in terms of recruits per 100,000 population served in 7 of the 13 subspecialties. We will plan to maintain the levels of activity in those 7 that are currently achieving the green rating. There are 6 subspecialties not currently meeting the required rate per 100,000 population.	Q1, Q2, Q3 and Q4

			region will continue to advise nationally if an incorrect subspecialty allocation has been made. There are still some cultural challenges evident linked to this specialty and embedded within partner organisation cancer teams. We have seen evidence of this through different behaviours and results between cancer and non-cancer delivery teams; this challenge will be addressed. We have made progress with some partners, through support provided by the CRN Lead Nurse during 1617, with a key report and recommendations to the Trust. We will continue to offer this targeted support to partners, with a view to ensuring best practice in research delivery is being achieved across the region. We move into 2017-18 with no Subspecialty Leads in place for Skin and Paediatric. The RDM will continue to try to recruit to these roles, whilst taking extra steps to ensure activity continues in these Subspecialties. Opportunities There is currently no Division 1 Clinical Lead, or Specialty Lead for Cancer in the East Midlands. This has been the case since October 2016. Clinical support is offered to the RDM, and Leadership to the Subspecialty leads by the LCRN's Clinical	We will analyse the current portfolio across each subspecialty, taking into account the end dates, and making an assumption of recruiting to time and target. Using this data we will work with the subspecialty leads to decide which areas to target to grow activity in alignment with the target. We will centrally monitor and flag any subspecialties at risk at the beginning of the year (based on the final performance figures for 1617), and then every quarter. We will then work with the Subspecialty Leads and appropriate leaders in the partner organisations to address any red rated subspecialties. This will take place during the regular Subspecialty Lead meeting with the Division 1 Operations Manager, the monthly Division 1 teleconference and if appropriate at the ECAG. These are now well established forums. The Div 1 Research Delivery Manager has identified some areas for continued focus and potential growth this year: - - SPCPS - Hospice Research Readiness Programme. During 2016-17 a scoping and engagement exercise was conducted to investigate any appetite to develop and roll out a programme of research readiness in hospice settings. The finding of this exercise are currently being considered by the CRN Leadership team. 2017-18 will see continued focus on this priority area for development. It is hoped that a package of research readiness will be: -	May 2017, then ongoing Q1, Q2, Q3 and Q4 June 2017

			Director. We have taken a decision to continue with this interim arrangement as we go into 2017-18, and review in-year. Efforts will be made to engage more directly between the Research Operations Manager and the Subspecialty Leads, with regular focus on HLO1 and HLO2, along with the specialty objective. A clear pathway of escalation to the RDM and Clinical Director will be established by the Research Operations Manager. We will meet with the Subspecialty Leads in May and November 2017, as a group to set the direction of the Division, and assess and take stock of performance, any threats and opportunities and devise action plans as appropriate. The LCRN is a member of the East Midlands Cancer Alliance, with the Clinical Director of the LCRN attending the Strategy Board meetings. Other senior members of the LCRN Cancer team may attend operational groups as necessary. The LCRN will maximise this opportunity to engage with the Alliance and to support the members as work begins to improve survival rates, reduce variation and improve patient experience. As the Alliance supports providers with cancer targets, developing and implementing cancer pathways, the LCRN will make sure clinical research is on the radar.	● Developed ● Delivered to a number of pilot sites across the region. Once we have a number of hospices with 'research ready' status, the CRN team will support in sourcing suitable studies to be delivered. - Improved regional clinical engagement Leadership and senior management effort will be invested in further developing connections between the LCRN and the clinical community, specifically through continued work with the Subspecialty Leads, the ECAG & Cancer Network, the East Midlands Cancer Alliance and the local community of Cancer research team leaders. We will commit to working with partners to review visibility of research at MDT meetings, make recommendations and work with Trusts as appropriate. We will work with our team of Subspecialty Leads to scope how we can support them to deliver the role of Subspecialty Lead, with effective engagement across the region and nationally. We will arrange visits to the LCRNs neighbouring the East Midlands to see what lessons we can learn from their operations.	Sept 2017 Dec 2017 Ongoing Ongoing through programme of meetings Scope Dec 17 May 17 Jan 18

			We will also continue to engage with the cancer networks and the Expert Clinical Advisory Groups in the region. Over the past year we have established a regular management presence at the ECAG meetings, and have conducted an exercise in refreshing the research data presented to the Group. The new report will be launched at the beginning of 2017-18. A key focus of the CRN will be to instigate further improvements in this link (including an Information Pack, research Q&A sessions, and participation in any other events as organised by the East Midlands Clinical Networks and Senate NHS England (Central Midlands). Some of the Trusts in the East Midlands region are about to undertake the formation of the South East Midlands Oncology Centre (SEMOC). The vision is to create one clinically led team, made up of the expertise and services at University Hospitals of Leicester NHS Trust, Northampton General Hospital NHS Trust and Kettering General Hospital NHS Foundation Trust. The LCRN have already attended, and contributed to a stakeholder event, which gave considerable focus to the delivery of research. Part of the SEMOC vision is to provide all patients with access to the latest treatments and clinical trials, in a location that is convenient. SEMOC is pledging to streamline pathways which will support seamless care delivered as close to home as possible. The Division 1 Research Delivery Manager of the CRN		

			East Midlands is working with the SEMOC Project Manager to support the formation of this centre over the coming years.		
4	Cardiovascular disease	Improve patient access to Cardiovascular Disease studies on the NIHR CRN Portfolio	<u>Opportunities</u> Recent award of NIHR BRC (Cardiovascular theme) status will allow novel studies to be initiated in region and rolled out to collaborators within the network Large number of clinical academics involved in initiation and progress of clinical studies Recent BHF Award for large study of NSTEMI (RAPID) led by UHL, Leicester <u>Challenges</u> Although performance has fallen in year we are holding up relatively well against the National drop in recruitment The squeeze on NHS resources appears to be making it harder to engage with full-time NHS clinicians who are swamped with clinical work Engagement with NUH is still slow due to a change in lead. BRU/C changes are still underway and will take time to bed in. No pulmonary hypertension units within EM	East Midlands has already established good links via the existing BRU, the aim will be to ensure these are maintained under the BRC. At least one BRC study rolled out to another hospital(s) We will continue with the EM wide networking meetings. Increasing and supporting links with NUH and other sites. Cardiovascular is also one of the objectives for the EM Sustainability and Transformation Plan and we will continue to link in as necessary. Establishment of cross speciality working within the Division (Diabetes Writing Group) to work more collaboratively with the aim of rolling studies out EM wide. At least one study linking with another specialty within division 2 and 1 grant submitted Maximising cardiovascular prevention study recruitment across DGHs and Primary Care. Have at least 1 study recruiting in primary and secondary care Develop links with public health around obesity and cardiovascular risk. Extend RAPID to at least 1 other EM site	Q3 - Q4 Q2 onwards Q1 - Q4 Q3 - Q4 Q4 Q2 - Q4 Q4 Q4 Q4

5	Children	Increase NHS participation in Children's studies on the NIHR CRN Portfolio	<u>Opportunities</u> Two well established teams in the two large teaching hospitals New 'Research Space' in Leicester dedicated to Children's research, opening early in 2017-18 Specialty Lead actively working with HTA & CSG to set priorities for research. Hopeful direction of travel will allow the development of grant bids for studies that can be rolled out in the 'district general hospitals'. <u>Challenges</u> Engaging with the smaller Trusts and DGHs. Finding suitable studies for the DGHs to run is an increasing challenge despite wide portfolio searching and horizon scanning; this is very difficult as a PI site.	Specialty Lead and RDM/Ops manager will scope with DGH and Community Trust R&D offices and clinicians who would be interested in trying to grow Children's research in their Trust. 3 meetings will be organised and held in the first half of 2017-18, 1 inviting Kettering and Northampton General Hospital; 1 inviting Kings Mill, Derby and Chesterfield, and 1 for Lincolnshire. The purpose of the meetings will be to launch an initiative to engage, establish a community of interested colleagues and to identify blocks and enablers. An output of this meeting will be to plan to address the blocks, and identify studies suitable for delivery in these organisations. This will be followed up with a second meeting in the second half of the year, to discuss progress. Throughout the year the Operations Manager will monitor the EOI and other work to bring new studies to the region, and will work to match studies with the breadth of our sites.	Q1 - Q2 Q1 - Q2 Q3 - Q4 Ongoing
6	Critical care	Increase intensive care units' participation in NIHR CRN Portfolio studies	The challenge is that there is a mall pipeline of Critical Care studies coming to the region which has reflected in a reduced recruitment goal. Signpost and support all local Critical Care research projects and researchers via the Study Support Service (Early Engagement and Early Contact)	Encourage a balance of both commercial and non-commercial portfolio studies, as well as looking at the potential of supporting local CI's with developing "homegrown" studies that cater for the needs of our local population. Increase the profile of our Study Support Service to support those clinicians who may wish to consider developing their own research proposals. Equally ensure all clinicians across the region know about	

				the delivery and support that the CRN network can provide at a local site level in conjunction with the trust R&I/D leads Plan to hold a Critical Care stakeholder event at the start of the year in order to raise the research profile of critical care studies and to increase engagement with both the research active and research naive ITU clinicians across the East Midlands.	 Q1
7	Dementias and neurodegeneration (DeNDRoN)	Optimise the use of "Join Dementia Research" to support recruitment into Dementia studies on the NIHR CRN Portfolio	Opportunities Continue to grow JDR database as an effective recruitment tool across both secondary and primary care settings. Engaging with the nominated dementia matrons in all acute trusts across the region to raise awareness of JDR to staff and patients Challenges Small pipeline of "home grown" dementia studies where we can influence the use of JDR as a recruitment tool Small pool of local CIs	We have increased the JDR database from 1,161 (Mar-16) to 2,145 (Feb-17). The network continues to be the fastest growing JDR databases and currently lies in second position, with the aim of being the number 1 LCRN by the end of the year. With support from the dedicated Dementia Challenge Project Manager and division 4 teams the initiatives include: • Linking in with the designated Dementia matrons in our acute trusts across the region to promote JDR. • Supporting local initiatives for the Dementia Awareness week such as the upcoming Dementia conference at the DTHFT on May 17th 2017 and LPFT on the 19th of May. • Continue to promote JDR as a recruitment tool with PIs, especially since its use as a successful recruitment strategy was identified in the PRAISED study. • Promote JDR champion role in the East Midlands, presently a new JDR Champion national process is being piloted in Lincolnshire. • Collaborate with Primary care to promote JDR: (i) 2 GP practices in Derbyshire plan to promote JDR via their text message services.	Q1-Q4 May 2017 Ongoing Q1-2 Q1-Q4 Q1

				(ii) Collaborating with East Midlands Clinical Networks and Clinical Senate in promoting JDR via shared learning events. (iii) Working with memory services to promote JDR and including leaflets in post diagnosis packs.	Q1 Q1-Q2
8	Dermatology	Develop the Dermatology Principal Investigator (PI) workforce	Continue to build on links with Circle (IHSP) Treatment Centre in Nottingham, where Adult Dermatology is now provided. Build on previous events for the speciality linking Nurses and best practices Explore opportunities to engage SpRs	Linking in with Circle to embed research into day to day clinical care: particularly income generating industry studies Develop regular email bulletins for PIs across the EM to aid the networking opportunities in this specialty Building on the training event in November 2016, we will formally link research nurses across the EM to share best practice and more importantly recruitment strategies Investigate opportunity to pre-populate site feasibility forms centrally before sending out to individual departments to minimise delays and barriers to having studies accepted at smaller sites (to include information such as staff, pharmacy contacts, recruitment records etc), may consider rolling this out in other specialties Host research engagement sessions at the monthly SpR training events	Q1 - Q4 Q1 Q4 Q1 - Q4 Q3
9	Diabetes	Increase primary care recruitment into Diabetes led and supported studies on the NIHR CRN Portfolio	<u>Opportunities</u> Increasing engagement with BME Communities remains a high priority for STPs across the East Midlands.	Work with the EM Centre for BME Health to identify hard to reach populations. Link with and pilot the BME Toolkit being devised in Primary Care.	Q1 - Q4 Q1 - Q4

			Challenges We are already engaged with a high number of community services and maintaining these sites even before growing is a challenge.	Increase recruitment of younger type 2 patients is part of the local priorities for the area and will be a key driver in studies going forward. To achieve this we will continue to build on plans to engage Schools in studies. Continue with the Diabetes Writing Group to look at engaging across the specialities within the Division to identify synergies for studies going forward that address the co-morbidities associated with Diabetes. Mentoring of Primary Care colleagues to undertake commercial studies will continue. 1 GP Practice (Castle Street, Bolsover) has been allocated an Industry Study under this mentorship plan.	Q1 - Q4 Q1 - Q4 Q2 - Q4
10	Ear, Nose and Throat	Develop research infrastructure (including staff capacity) in the NHS to support clinical research	Opportunities There is evidence of a small increase in the pipeline of ENT studies coming into the region. CRN funded Research Audiologist in post within the Nottingham Hearing BRC and therefore clinical expertise now available to support, facilitate and identify opportunities for research and evaluation projects across the region	A successful year we have met our Speciality target and have increased the number of Trusts recruiting to ENT studies to 50%; Specialty Lead has proactively managed a small but well balanced portfolio. We continue to build and maintain positive relationships with the life science industry through successful outputs. Specialty Lead has and will continue to strongly support local investigators directly and any pan working collaborations. Named Audiology Champion identified as Krysta Siliris who is CRN funded and based with the NIHR Nottingham BRC Hearing theme. This new appointment will target building and strengthening positive relationships between the NIHR Nottingham BRC Hearing theme and the CRN-EM. The Audiology Champion will work flexibly, supporting across the whole region, with a particular focus on identifying personal contacts and supporting areas with limited infrastructure (e.g. United Lincolnshire Hospitals NHS Trust; Kettering	Q1-2

				General Hospital and Northampton General Hospital) and using expertise to enhance and drive HLO 2a/b and pivotal in developing research capacity. We will continue to ensure all studies eligible for the portfolio are pursued as standard practice and invest in the support offered through Study Support Service. Home grown research is a fundamental driver as pipeline remains small. Regular dialogue between our academics/clinicians is a prerequisite, and dialogue is likely to continue to be greatest with those CIs and PIs based in the research active centres of BRC, MRC Institute of Hearing Research, and NUH ENT.	
11	Gastroenterology	Increase the number of patients recruited into Gastroenterology studies on the NIHR CRN Portfolio	Forge stronger links with the Gastroenterology consultants in the smaller DGH's. Build on the collaborations of our clinicians and academia experts to forge stronger links between the local BRC's and trusts to ensure all relevant trusts can take part in Gastroenterology studies	We've had a successful year meeting target and have had, within year 100% of acute Trusts recruiting to Portfolio studies, however we need to continue to maintain this level of activity and achievement with the support of the specialty lead The specialty lead and team will continue to work hard to increase engagement with the smaller DGHs, forging new links with clinicians and trainees with face to face meetings identifying potential challenges and recognising their strengths. We will continue to highlight the simple, observational and database studies such as IBD Bio-resource to the smaller trusts and continue to support these sites to build the portfolio of studies according to their patient populations and demographics. The Specialty Lead and CRN plan to meet with newly appointed Gastroenterology Consultants	Q1-2 May 2017 Q4

				within a large teaching Trust in May to assess research interests and offer training, support and mentorship. Plan to scope and if viable set up an East and West Midlands joint Gastro CRN speciality meeting for the regions PIs.	
12	Genetics	Increase early career researcher involvement in NIHR CRN Portfolio research	<u>Opportunities</u> The CRN has issued strong encouragement for the Genomics teams within Nottingham and Leicester, and the CRN Genetics Specialty in those locations to work closely, supporting the referral of patients into the 100,000 Genome Project or NIHR Portfolio Research studies as appropriate. The region continues to maintain a small but enthusiastic research delivery population. The steer of the 2017-18 objective will provide an opportunity to bring a new generation of doctors and genetic counsellors into the team. Medical students choosing to specialise in Genetics in the East Midlands can rotate around various clinics: National Paediatric Ataxia-Telangiectasia Clinic; Skeletal Dysplasia Clinic; Cardiac Genetics Clinic; Dysmorphology Clinic; Endocrine Genetics Clinic (will start from June 2015); Joint Lymphoedema/Genetics Clinic; Urgent Prenatal Genetics clinics; Von Hippel Lindau clinic; Inherited Breast and Bowel Cancer Susceptibility Clinics.	Working with the Specialty Lead, CRN Workforce Development Team and Health Education East Midlands, we will identify early career doctors and initiate a programme of delivering ICH GCP training, and supporting them in identifying research being delivered in their placement hospital. Once they are trained and matched to a PI / Study, we will support a culture of involvement in research delivery within the department. By regular contact from the Research Operations Manager and the Specialty Lead. The RDM will work with the research leads in each organisation to ensure they are added to the delegation log and are supported in delivering the study. We will also work with the Trusts to ensure we can evidence this activity. We will also scope potential involvement of other healthcare professionals, for example Genetic Counsellors.	Q1 & Q2 Q1, Q2, Q3 & Q4 Q3 & Q4 Q1 onwards

			<u>Challenges</u> The 100,000 Genome Project will continue to challenge the delivery of Portfolio research in our region, as the staff are feeling service pressures around 100,000 Genome Project, and their usual clinical work.		
13	Haematology	Establish links with the relevant Royal College or national society to encourage and support trainee involvement in NIHR CRN Portfolio studies	<u>Opportunities</u> Following a period of working with partner Trusts, we believe there will be some dedicated Research Nurse resource being invested in the non-malignant haematology clinics in one of our large teaching hospitals. The Research Manager has worked hard to develop links with commercial partners, and we are hopeful that these investments will increase patient opportunity and increase recruitment figures. We are also working with other Trusts in the region to open two specific studies. <u>Challenges</u> There are some very engaged consultants working in this specialty, however, they are clinically very stretched. They are interested in delivering research, however, they cannot achieve this without some infrastructure around them. Even then they do struggle with time.	In 16-17 we have a named trainee in the region. During 17-18 we hope to increase this to a named trainee in the north and the south. As with Genetics, we will work with the trainees in the region to encourage involvement in research training and delivery. We will also work with the Cluster office to investigate the opportunities for linking the East Midlands trainee with the national Specialty (for example through an NIHR specialty trainee lead network, or through joining the National Haematology Specialty Group meeting.	Q2 Ongoing Q1 and Q2

14	Health services research	Develop research infrastructure (including staff capacity) in the NHS to support clinical research in Health Services Research	An HSR lead has been appointed (Andrew Wilson).	AW is contributing to a national toolkit for researchers in HSR, which will be launched at HSRUK symposium in June 2107. The toolkit will also provide an opportunity to engage HSR researchers in the region with the CRN.	June 2017
15	Hepatology	Increase access for patients to Hepatology studies on the NIHR CRN Portfolio	Forge stronger links with the newly appointed Hepatology consultants in one of the large acute trusts. Build on the collaborations of our clinicians and academia experts to forge stronger links between the local BRCs and trusts to ensure all relevant trusts can take part in hepatology studies	CRN East Midlands is currently recruiting into studies in 4 of the 5 main subspecialty areas highlighted in the measure, thus achieving this goal, which we will seek to maintain going forwards. The Specialty Lead has been instrumental in helping the RDM to forge stronger relationships with the clinicians in some of our Partner Organisations and this work will continue in the coming year such as: • Ensure all relevant sites have a simple database of patients with HCV/HBV and Autoimmune Hepatitis/ PSC/PSB set up. • Support one of the large acute hospitals in getting their newly appointed hepatology consultants research active with the buy in from the Trust R&D department by providing a small amount of dedicated research infrastructure to increase delivery of portfolio studies in this department.	Q1
16	Infection	Increase participation in Infection studies on the NIHR CRN Portfolio	Build on the collaboration between the CRN and the East Midlands Infectious Disease Research Network (EMIDRN) led by the CRN Specialty Lead for Infectious Diseases Dr Mathew Diggle Dr Mathew Diggle has recently been appointed as the NIHR National Specialty Lead for Diagnostics in Infectious Diseases	Small pipeline of studies coming to the region, although we do have the capacity to take on more research activity should more Infectious Diseases and Microbiology studies become available. Work closely with the CRN East Midlands Specialty Lead for Infectious Diseases and Microbiology to support EMIDRN. The concept of this group was to encourage regular dialogue and collaboration from	Q1-2

			and Microbiology. This provides an opportunity to build collaborative relationships with researchers across the CRN Networks which may lead to an increased pipeline of studies in this specific area for patients to participate in the future.	Industry, academia and the clinical arena, who all have a specific interest and focus within the field of infection and look at ways of supporting these ideas to eventually becoming potential NIHR portfolio research studies.	
17	Injuries and emergencies	Increase participation in pre-hospital studies via Ambulance Trusts	Build on the ongoing collaboration work between East Midlands Ambulance Service (EMAS) and the Injuries and Emergencies research teams Provision of a consistent CRN funding stream to EMAS has helped to retain the experienced research paramedic and associated research infrastructure that is required to deliver these pre-hospital studies The availability of a consistent Study Support Service has aided the Assistant Clinical Director of EMAS in ongoing research funding bids	Currently EMAS is contributing to the delivery of 2 pre-hospital care NIHR CRN Portfolio studies led by Injuries and Emergencies. In addition they are also supporting the delivery of 1 study led by Stroke and 1 study led by Diabetes. Over 40% of the EMAS workforce are currently involved in delivering research across the region. The LCRN will continue to support and facilitate the ongoing quarterly meetings between EMAS and the Injuries and Emergency research teams. This collaboration has the potential to ensure the pipeline for local Injury and Emergency research studies continues. In addition this year there is a healthy pipeline of pending NIHR funded research proposals being developed by EMAS. If successful, these studies will ensure a CRN infrastructure is maintained within EMAS to help deliver studies to time and target. Plan to hold a regional East Midlands Emergency Medicine Conference in May 2017 with keynote speakers attending from across the country to raise research awareness in Adults, Paediatrics and Trauma.	May 2017
18	Mental health	Increase participation in Mental Health studies involving	Opportunities Nominated CAMHS champion Professor	Plan to hold a "Division 4 Workshop" in June 2017 with a specific focus on CAMHS research with a view to raising awareness, developing and	June 2017

		children and young people	Kapil Sayal now in post Opportunity to build on the regional CAMHS service provision with above local CAMHS research champion to integrate research. Potential for further collaboration between the department of Child and Adolescent Psychiatry at Nottingham University and the CRN with a view to developing CIs and increasing study throughput <u>Challenges</u> Small pipeline of CAMHS studies available	supporting local PIs and increasing the number of CAMHS studies being delivered across our region. Develop strong relationship between the CAMHS service providers and the Department of Child and Adolescent Psychiatry at Nottingham University with a view to develop local CI's and increase study throughput as reliant presently on studies coming in from other regions. Newly appointed Specialty Lead for Mental Health will be in post from March 1st 2017. Utilising his past experience and knowledge of research active clinicians and academia contacts from across this region we aim to promote and increase awareness and opportunities in this specific area across all relevant acute, mental health and community trusts.	Q1-Q2 Q1 then ongoing
19	Metabolic and endocrine disorders	Increase participation in studies on the NIHR CRN Portfolio relating to areas defined to be of national priority	<u>Opportunities</u> Speciality Lead appointed in Q4 for 16-17 with good links to other sites outside of EM.	At present bottom of league table and therefore opportunity for links to be created and support for local studies.	Q4
20	Musculoskeletal disorders	Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN	The changes to the approach to PA allocations is proving a challenge in this specialty, in some organisations. Pipeline for MSK studies are mainly commercial and lower numbers.	Link with Division 6 where Orthopaedics has been separated out in some trusts and ask Orthopaedic Lead to identify champion. Create a database of contacts and areas of interests to target EOIs and Study allocation more proactively. At present this is not as effective as it	Q1 - Q4 Q2 - Q3

		Portfolio		could be. Regional disease database is being discussed at an EM level which will require resource once agreed.	 Q3 - Q4
21	Neurological disorders	Increase the level of early career researcher involvement in NIHR CRN Portfolio research	<u>Opportunities</u> Build on the collaboration work between Research lead at HEEM and the CRN to ensure all interested Neurological trainees have access to GCP training. <u>Challenges</u> Small pool of local CIs Finding suitable studies for the DGHs to run is an increasing challenge despite wide portfolio searching and horizon scanning.	Ongoing collaboration with the Research Lead at HEEM to explore ways of engaging with the undergraduate workforce to try and embed research into their learning pathways. The workforce development lead and training team will continue to roll out GCP training to the trainee groups in order to facilitate Involvement where possible in delivering portfolio research. These sessions promote the benefits of becoming involved in portfolio research, and once they are GCP trained they are ready to become involved in portfolio study recruitment. To enable them to become proactive the team have introduced a matching scheme that informs the : • Trainees who have attended the training which relevant portfolio studies are running in the hospitals they rotate to and the contact details of the PIs • Local PIs of the specialty trainees rotating to them who are trained and ready to act as sub-investigators on a portfolio study	Ongoing Q1-Q4
22	Ophthalmology	Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio	Build on the engagement work that has been started this year with ophthalmology service managers and departments in several acute trusts across the region to find ways to embed research into patient clinical pathways. Transformational changes to current	Currently 5 acute trusts, 1 mental health & community trust and 4 CCGs are recruiting to 16 ophthalmology NIHR CRN Portfolio studies. In addition division 3 are supporting the delivery of a further 3 paediatric ophthalmology studies. Dependent upon the type of studies that are available to open in the region it is hoped we can increase the overall number of sites including where	

			service configuration in some smaller DGHs need to be explored and better understood to ensure all patients have access to NIHR portfolio studies	possible more community based sites taking part in research during 2017-18. SL and RDM plan to increase engagement and research awareness within the community based NHS trusts especially at sites who have visiting ophthalmologists currently undertaking OPD clinics as this could increase the potential PIC activity across the region.	Q3-4
23	Oral and dental health	To increase research awareness in the dental community and increase the research-trained workforce	There is an opportunity to support delivery of dentistry studies and recruit dentists as studies arise. The challenges are that there are very few studies in the pipeline.	No central teaching hospital / dentist nominated lead within the East Midlands (nearest Sheffield and West Midlands). Opportunities to link with these sites when studies are available are continually investigated.	Q1 - Q4
24	Primary care	Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research	Opportunities Work with GP Specialty Training scheme / RCGP to approve GP champions and support of GP STRs to undertake research activity. To develop model that can be translatable to other GP training schemes Challenges: Approval of GPSTR role with RCGP / Specialty training programme; securing appropriate funding	Work with Nottingham GP Specialty training programme and RCGP to approve trainees in practice to undertake research. Identification of one GP champion to support GPSTR to up-skill in research skills (e.g. GCP) and support delivery of research. Use this as a pilot to develop model of future delivery. Build outreach activity such as mentorship of other trainees in other roles. Feedback progress at national meetings	Q1 - Q4 Q1 - Q4 Q1 - Q4 Q1 - Q4 Q1 - Q4
25	Public health	Develop research infrastructure (including staff capacity and working	Opportunities Raise awareness of the NIHR and CRN offer to public health research.	Recruit a PH CRN manager to raise awareness at pace and scales across the East Midlands Organise and deliver a regional PH research	Jan 2017 April 2017

		with local authorities) to support research in Public Health	Increase recruitment into PH Portfolio adopted studies through PH consultants in LAs, PHE & NHS Increase number of good quality bids submitted from EM Public Health researchers to NIHR funding streams Facilitate PH practitioners and researchers to identify opportunities for research and evaluation projects Challenges PH studies are generally not carried out on NHS patients; this can lead to confusion around Portfolio Adoption nationally.	workshop Develop a SpR research network to engage more PH registrars in NIHR related research projects Actively identify research projects in the East Midlands that may be eligible for the portfolio and get them adopted Engage with SSS early to support new bids submitted.	July 2017 Ongoing Ongoing
26	Renal disorders	Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio	Northamptonshire and Lincolnshire satellite sites (UHL patients) are ready for research. Pharmacy issues are being addressed but once sorted we have the opportunity to tap into more patients for research.	To enable introduction of new commercial studies in haemodialysis units in Northamptonshire and Lincolnshire (which are not on hospital sites) we will review potential investment in trial pharmacy support and development of SOPs to cover movement of IMP from central pharmacy to trial site. Investigate bespoke GCP training for UHL HD Unit staff based in Northamptonshire and Lincolnshire; this will help to create a new pool of investigators.	Q1-Q2 Q1
27	Reproductive health and childbirth	Increase the proportion of NHS Trusts recruiting into Reproductive Health	Opportunities There is a good strong portfolio of studies in this Specialty. With a very engaged and	We have strong performance in three of our Trusts (although one is strong primarily because of 1 study).	

		and Childbirth studies on the NIHR CRN Portfolio	active research midwifery teams in the two large teaching hospitals. We continue to work with organisations providing NHS fertility services, to try to grow the research portfolio, and patient opportunity. The extension of the BBS is a further opportunity for the region. Challenges Gynaecology research is not as well-resourced in the region, and the specialty objective has the potential to push focus even further onto obstetrics studies.	We recognise this objective is encouraging participation from the breadth of hospitals. The Specialty Lead and RDM/Ops manager will scope with R&D offices and clinicians potential interest in trying to grow Reproductive Health & Childbirth research in their Trust. 3 meetings will be organised and held in the first half of 2017-18, 1 inviting Kettering and Northampton General Hospital; 1 inviting Kings Mill, Derby and Chesterfield, and 1 for Lincolnshire. The purpose of the meetings will be to launch an initiative to engage, establish a community of interested colleagues and to identify blocks and enablers. An output of this meeting will be to plan to address the blocks, and identify studies suitable for delivery in these organisations. This will be followed up with a second meeting in the second half of the year, to discuss progress. Throughout the year the Operations Manager will monitor the EOI and other work to bring new studies to the region, and will work to match studies with the breadth of our sites.	Q1 - Q2 Q1 - Q2 Q3 - Q4 Ongoing
28	Respiratory Disorders	Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio	Potential this year for 4 large respiratory disorder study programmes to come out of the Leicester BRC (Respiratory theme). These are currently pending NIHR funding decisions if successful these will require support and infrastructure from the acute trust to deliver to time and target. Explore possible Trainee Research Network Initiative based on the similar	Respiratory Disorders have successfully met the target for 16/17. The Specialty Lead and RDM have been instrumental in forging closer links with the respiratory departments/colleagues in the acute trusts across the region and this will be maintained throughout the coming year. The Specialty Lead is currently working on 4 large respiratory disorder study programmes that will be run across the region If they should come to fruition	Ongoing Q3-Q4

			model to the Anaesthetic, Surgical and Gastro Trainee Networks set up in the region	then this will definitely mean a step-up in recruitment and promote cross site working across the East Midlands region. We are currently recruiting participants in three of the four main respiratory disease areas of Asthma, COPD and Bronchiectasis. We need to continue to support and expand the infrastructure to ensure the focused research clinics in these areas are maintained, as these clinics help contribute not only to the commercial activity but also to PI- initiated and University/Trust sponsored portfolio studies.	
29	Stroke	CRN recruitment to Stroke RCTs should be at least 8% of the 2016/17 Sentinel Stroke National Audit Programme (SSNAP)-recorded hospital admissions	<u>Opportunities</u> Strong site at Nottingham, ensure they lead the other sites Changes happening in some stroke services, ensure this is used positively <u>Challenges</u> No acute studies. No large studies in pipeline locally. Fewer local PIs	Continue to support HSRC objectives Continue to support the sites that are doing well Offer more support/mentorship to the couple of sites that have struggled. Support them with a few more simple studies and ensure they deliver Ensure studies are open at all available local sites Give more support and training to new PI's so they feel supported and able to take on studies. Monthly PI contact and support.	Q1 - Q4 Q1 - Q4 Q1 - Q4 Q1 - Q4 Q1 - Q4
30	Surgery	Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties	Forge closer links with the nominated 11 out of the possible identified 15 surgery subspecialty leads. Working together more closely will provide an opportunity to support delivery of surgical subspecialties studies across the region as studies arise. The challenges are that there are very few studies in the pipeline at the current time.	A. Currently recruiting to 12 out of the 14 surgical subspecialties which we will continue to maintain although this is dependent upon having a pipeline of new studies which has been relatively small this year coming to our region. SL and RDM plan to continue the biannual face to face surgery subspecialty lead meetings to help raise awareness around the cross divisional surgical studies currently taking place in the region, but also	Q2

			Continue to support and signpost the Surgical trainee network to the relevant NIHR services such as RDS, SSS and funding opportunities to enable them to develop their own research ideas	to scope and develop the areas that are currently not supporting portfolio studies dependent of course upon suitable study pipeline open to additional sites there is the required clinician expertise available to support delivery. The next meeting is scheduled for March 2017. B. As a baseline the current estimate is that we are recruiting at least 1 patient/100,000 population into 4 of the 14 subspecialties. Over the coming year the SL, RDM and nominated surgical subspecialty leads will facilitate an increase in recruitment into 6 of the 14 subspecialties by raising awareness of the cross divisional pipeline of surgery studies available to colleagues and support the delivery of said studies as they arise. Meeting the national objective target will be dependent upon having access to a pipeline of available studies coming to this region.	March 2018

Appendix 4: LCRN Compliance with LCRN Operating Framework Indicators 2017/18

Indicator		Compliance plan	Timescale
2.1	LCRN has an identified Lead for each CRN Specialty	All clinical Specialties are covered with appropriate leadership for that specialty. Currently the Clinical Divisional Lead role for Division 1 is being covered on an interim basis by the CRN Clinical Director; we are keen to make the best appoint for this role during 2017/18 and will review towards the end Q1 as to the best approach.	Review any changes in-year Review end Q1
2.3	Each LCRN provides evidence of support provided to their Local Specialty Leads (LSLs) to enable them to undertake national activities in respect of commercial early feedback and non-commercial adoption	This can be seen above in the section which describes our Specialty plans and Divisional priorities (page 11)	Listed above
5.2	Each LCRN has a defined approach to communications and action plan aligned with the national communications strategy	Please refer to page 21 for an overview of our Communications priorities in line with the Communications guidance and in Appendix 5 (page 59) for a breakdown of planned activities.	See page 59 for timescales
5.5	The LCRN has collaborative work PPIE plans across CRN and partners with measurable outcomes for delivery of learning resources	Please refer to page 16, for an overview of our PPIE priorities in line with the PPIE guidance and in Appendix 5 (page 54) for a breakdown of planned activities.	See page 54 for timescales
5.6	Each LCRN delivers the Patient Research Ambassadors (PRAs) project	As above, please refer to page 16 for detailed PPIE activities, which includes our approach to Patient Research Ambassadors	See page 54 for timescales
6.1	The LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff	As per recent guidance, the name and contact details will be confirmed following national feedback regarding this role. At present however there are clear arrangements in place for staff employed across our NHS and wider community to obtain the relevant support through their employers.	TBC

6.2	Each LCRN has an agreed programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all	Please refer to page 17 for an overview of our planned activities to engage the wider workforce in promoting clinical research, promote research awareness and understanding and the role of the NIHR Clinical Research Network. A further breakdown of planned activities can be found in Appendix 5 (page 55).	See page 55 for timescales
6.3	The LCRN has a defined approach to developing a culture of Continuous Improvement (Innovation and Improvement) support by an action plan aligned to local and national initiatives and performance metrics	Please refer to page 23 for details of planned CI projects and initiatives. Where activities are outlined in other sections of this plan, these have been highlighted with the identifier '(I&I)'. A further breakdown of planned activities can be found in Appendix 5 (page 63).	See page 63 for timescales
7.1	Each LCRN has a completed business development and marketing Profile using the template provided by the National CRN Coordinating Centre	Addressed via completion of the network's business development and marketing Profile	
7.2	The LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy	Please refer to page 19 for details of planned activities to promote the industry agenda. A further breakdown of activities can be found in Appendix 5 (page 57).	See page 57 for timescales

Appendix 5: Work-stream Action Plans

Patient and Public Involvement and Engagement (PPIE)			
Objective	**Actions required to achieve objective**	**Action owner**	**Action deadline**
1. As part of the Stakeholder Engagement and Communications Directorate both PPIE and Comms will now work closer to deliver the national message of informing patients about research within the LCRN.	We will be 1 of the 10 LCRNs to host 'People are Messy' Initiative in collaboration with other NIHR organisations in the EM, including CLAHRC, RDS, AHSN, REPP.	PPIE Lead/ Comms Lead	September 2017
	Dissemination of the newly created EM PPIE Video and Poster funded in 2016/2017 to Partner Organisations and GP RSI Sites.	PPIE Lead	Q1-Q2
	Continue to meet bi-monthly as a PPIE Working Group and produce reports as necessary to inform partners of outcomes.	PPIE Lead	Ongoing
	Continue to have active Lay member representation on PPIE Working Group, Partnership Group and Divisional Steering Group Meetings as is required.	PPIE Lead/ CD/ RDMs	Ongoing
2. Schedule a Building Research Partnerships (BRP) workshop to roll-out the model, this initiative may also link into the Patient Researcher Ambassador (PRA) promotion	Review the BRP workshop and attendance following roll-out. Led by Workforce Development	PPIE Lead/ WFD Lead	Q1
	Attend PRA workshop to review format and compare against BRP Workshop	PPIE Lead	Q1-Q4
	Identify and map current PRAs in organisations and create contact list (either via org or individuals)	PPIE Lead	Q1-Q4
	Review organisations that do not have PRAs and see how we can link in and run workshops to help orgs to recruit PRAs across the patch.	PPIE Lead	Q1-Q4
	Feedback to National PPIE work-stream Lead through regular PPIE meetings and forums	PPIE Lead	Ongoing
3. Pilot and review outcomes of running the Patient Experience Questionnaire in Host Organisation Research areas	Run pilot and collect data	PPIE Lead	Q1-Q4
	Review outcomes and see how this can be refined to run as a standalone questionnaire or incorporated with existing Organisation Patient Surveys.	PPIE Lead	Q1-Q4
4. Creation of a network of contacts for all specialities to enable swift two way dissemination and collection of both PPIE and Comms information across the East Midlands	Contact all key stakeholder organisations to identify PPIE group leads at organisational level and speciality level.	PPIE Lead / Proj Supt. (MO)	Q1-Q4
	Feedback to National PPIE work-stream leads through regular PPIE meetings and forums.	PPIE Lead	Ongoing
	Continue to engage with Public Face as the local newsletter for PPIE.	PPIE Lead / Proj Supt.	Ongoing

		(MO)	
5. Continue to identify locally driven initiatives via the local PPIE Working Group to address local issues around engagement with research.	Actively promote the existence of the CRN East Midlands defined budget for PPIE work, and work with the group to allocate this in a transparent and open manner	PPIE Lead / Proj Supt. (MO)	Ongoing, managed quarterly
	Promotion of opportunities to bid for funding via business case proposal to the group	PPIE Lead / Proj Supt. (MO)	Ongoing, managed quarterly
	Aligning of business cases awarded to the national and local priorities	PPIE Lead	Ongoing

Workforce Development

Objective	Actions required to achieve objective	Action owner	Action deadline
1. Evolvement of the Workforce Development Working Group	Review the terms of reference of the group to ensure the membership reflects the continually changing environment and needs of the workforce.	WFD Lead	Ongoing
	At quarterly meetings review the Action Plan from the Annual Plan and other priorities as they occur	WFD Lead	31/03/2018
	To ensure relevant actions are communicated to the Leadership Team, R&D Leads and Partnership Group	WFD Lead	Ongoing
2. Increase the profile of clinical research across the NHS in the East Midlands	Work collaboratively with HEEM to explore ways of engaging with the undergraduate workforce to embed research within their learning pathways	WFD Lead	31/03/2018
	Deliver specific GCP training sessions to Trainees to promote the benefits of becoming involved in portfolio research and introduce a matching scheme that informs the Trainees of relevant portfolio studies running in the hospitals they rotate to and the contact details of the local PI. Inform PIs of the specialty trainees rotating to them who are trained and ready to act as a sub-investigator on a portfolio studies.	WFD Lead	Ongoing
	Promote the benefits of Trainees becoming involved in research by sharing the CRN promotional video that was developed with HEEM	WFD Lead	Q1 – Q2 & Ongoing, as needed
	Run pilot CRN internship programme in two trusts (UHL & LPT) to develop the role of Research Envoy and evaluate effectiveness	WFD Lead	30/09/2018
3. Improve standards of research delivery and practice	Run 1-2 Research Forum's for the non-medical delivery workforce to promote collaborative working across the East Midlands, share information, learn from each other and generally to create an opportunity for networking	WFD Lead	31/03/2018

	Arrange up to 4 meetings a year for delivery team leaders. Set up group to provide information and receive feedback from the local delivery team leaders, to share experiences, identify local blocks to recruitment and problem solve. By having a meeting specifically for the delivery staff team leaders the aim is also to offer them a level of support from both their peers and the Network Senior Nurse.	Sr Nurse	31/03/2018
	Continue to support delivery of national training programmes utilising the pool of trained Facilitators across the East Midlands	WFD Lead	Ongoing
	Establish a service delivery model for the Research Support Team to enable a proactive approach to deploying this agile and responsive workforce	RST Lead Nurses	By end Q2
4. Establish better workforce intelligence and support partner organisations with workforce modelling/planning to ensure we continue to have the right people in the right place to deliver portfolio research within a changing NHS landscape	Senior team links to include workforce planning as a regular agenda item when meeting with their linked organisations	Senior team links	Ongoing
	Learning Technologist to work with Business Intelligence/finance teams to explore ways of building up a better profile of the workforce	Learning Tech.	31/03/2018
	Evaluate feedback from training survey sent to the research delivery workforce, which will inform implementation plan	Learning Tech.	31/07/2018
	Support national initiatives reviewing workforce intelligence	WFD Lead	Ongoing
5. Develop and promote career pathways in the research workforce	Share induction video and associated induction manual widely with partner organisations and other stakeholders	WFD Lead	Q2 - Q3
	Run an event for our non-registered delivery workforce to share national messages, celebrate the work of our practitioner workforce across the East Midlands and start to create a practitioner community	WFD Lead	25/04/2017 & ongoing
	CRN East Midlands is committed to supporting the NIHR CRN Advanced Leadership programme. The programme will be promoted widely across the East Midlands and a 2-stage selection process comprising application form and interview will be led by the Workforce Development Lead. Successful candidates will be supported throughout the programme and members of the WFD team will act as mentors for the programme.	WFD Lead	Ongoing
6. Recognise and reward workforce achievements and excellence across the region	Run an annual research awards and showcase event	WFD Lead / Proj Supt. (MO)	12/05/2017 & Ongoing
	Include a WFD update in quarterly CRN East Midlands newsletter to recognise and reward workforce achievements	WFD Lead	Each Qly edition

Life Sciences Industry			
Objective	**Actions required to achieve objective**	**Action owner**	**Action deadline**
1. Ensure a single source of information for the Coordinating Centre and all involved LCRN's for each study, for intelligence on study activity, issues and plans as a live data source. This will prevent duplication at a site and LCRN level.	To ensure relevant updates in CPMS are implemented to facilitate the workflow by raising at relevant IOM national forums and offering support where appropriate to drive this forward.	IOM	31/03/2018
	Support guidance on how this is used at a regional and national level for a streamlined approach	IOM	31/03/2018
2. Education of regional teams underperforming and new to research on the importance of targets and to support a First Global recruitment drive	Continued roll out the commercial study life cycle workshop so that training is available across the region for those interested in commercial research	IOM	31/03/2018
	Increased education & discussion around the importance of robust target setting via the quality of the information provided by research teams on the site intelligence and site identification forms. Supported by queries at an appropriate level where confidence is required to ensure the target is achievable	IOM	Ongoing
	Implementation of the newly developed guidance on reasons for non-submission of site identification forms to focus sites on the importance of achieving targets and the implications for future research if they are not addressing quality issues	IOM	Ongoing
	Continue targeted attendance at research events and other forums across the region to talk about commercial research and the drivers of performance at a site, regional and national level. To target areas of growth, primary care and mental health trusts in particular.	IOM	Ongoing
	Include an Industry update in quarterly CRN East Midlands newsletter to recognise and reward achievements	IOM	Each Qly edition
3. Focus on areas not delivering to time and target to ensure future targets can be delivered	Full implementation in LPMS using attributes at a study level to record reasons studies did not recruit to target as live data for quarterly review. Data to be discussed at the quarterly Industry Working Group and at the Divisional Steering Groups.	IOM	Quarterly review
	Integration of the local LPMS as a source of performance updates. To focus on aligning data cross CRN and Partner Organisations to streamline the flow of data and give increased efficiency	IOM	31/03/2018
	Targeted attendance at relevant site selection and site initiation meetings	IOM	Ongoing

	Continued utilisation of the relevant specialty lead to make informed decisions with increased specialist clinical input where uncertainty or conflict exists	IOM	Ongoing
4. To support implementation of a robust mechanism to give feedback on reasons sites are not selected for commercial studies, so that partner organisations can use the feedback to develop services in line with sponsor expectations. To build on the national process already incorporated into the study milestone schedule	To write a paper on Feedback on Non-selected sites process to be taken to the quarterly regional Industry Working Group to detail a plan that compliments and improves the national process to increase the feedback received to research teams nationally and regionally. Implementation dependent on the recommendations of the group.	IOM	31/10/2018
	To raise at all forums with commercial partners where the Industry team is present	IOM	Ongoing
	To encourage research teams to provide us with feedback where the lack of reasons for non-selection will impact negatively on the research culture	IOM	Ongoing
5. The national strategy focuses on the ability for the NIHR CRN to be flexible and apply the service and tools appropriately and/or signpost to other areas of expertise, to further engage with 'New' customers e.g. Academic Health Science Networks, Medilink and linking with the growth of the Medical Technology strategy	To have at least one collaboration on an initiative with Medilink East Midlands to increase the exposure of their members to the offering of the CRN	IOM	31/03/2018
	Further development of links through the EMPO (East Midlands Partner Organisations) forum to integrate research within the fabric of initiatives that work across the East Midlands	IOM	Ongoing
	Development of the strategy through the continually evolving Industry Working Group	IOM	Ongoing
	Measure of engagement with at least 5 SMEs to progress towards at least 2 research studies on the NIHR portfolio	IOM	31/03/2018
6. Continued growth in Primary care	Building on workshops and visits to GP sites to provide support for sites that are taking on first commercial studies to ensure they achieve recruitment to target and also invest in infrastructure to support the delivery of commercial research. To achieve a minimum of 3 new practices that were selected for their first commercial study getting selected for further commercial studies.	IOM	31/03/2018
	Support leading to an increase in the percentage of RSI Leadership sites that are delivering commercial research	IOM	31/03/2018
	Support for new sites from experienced commercially active investigators, through mentorship and other mechanisms	IOM	Ongoing

Communications & NHS Engagement			
Objective	**Actions required to achieve objective**	**Action owner**	**Action deadline**
1. Increase brand awareness of CRN EM with research community within partner organisations (Trusts, CCGs, IHSPs, charities).	As highlighted in the PPIE plans above, we will be 1 of the 10 LCRNs to host 'People are Messy' Initiative in collaboration with other NIHR organisations in the EM, including CLAHRC, RDS, AHSN, REPP.	Comms Lead PPIE Lead	Sept 2017
	As highlighted in the PPIE plans above, we will disseminate the newly created EM Video funded in 2016/2017 to Partner Organisations and GP RSI Sites. We will also develop an accompanying leaflet/ poster for use in places where video is not immediately available, using QR code or similar technology.	Comms Lead PPIE Lead	Q1 – Q2 2017-18
	Create & distribute CRN EM booklet to explain the constituent parts of the network, with contact details etc.	Comms Lead	Q3
	Scoping of all materials in use by CRN teams when attending meetings, events, conferences both internally and externally, patient and non-patient facing. This is with a view to producing more local information. This will be done for each individual work-stream as well as CRN wide.	Comms Lead / Proj Supt. (MO)	Q1- Q2
	Production of a library of infographics for use on website, in stakeholder communications, internal communications, newsletters, bulletins, campaigns, as office collateral, in press releases, social media	Comms Lead / Proj Supt. (MO)	Year end
2. Devise, develop and deliver a local campaign to support the Network to achieve HLO 2b - recruiting studies to time and target. The campaign will be designed to see a rise in studies recruiting to time and target.	Devise the campaign outline in conjunction with the BI Lead Kathryn Fairbrother and create an initial campaign outline document.	Comms Lead / BI Lead	Q1
	Procure materials for use during the campaign	Comms Lead / Proj Supt. (MO)	Q1 – Q2
	Measure behaviour, attitudes and understanding in relation to Time and Target before and after the campaign to identify any change in attitude and subsequently behaviour in the target groups for the campaign	Comms Lead	By year end
	Work with the BI service to gather intelligence around campaign points to identify any shift in studies closing to time and target	Comms Lead / BI Service	Ongoing
3. Promotion of comms function within the Network to facilitate better working within Network and to support the delivery of key pieces of work from other work-streams	Produce a presentation on what the Comms function can deliver and assist with, both strategically and tactically	Comms Lead / Proj Supt. (MO)	Q1
	Deliver presentation to WFD/ SSS/ RST/ Industry/ BI and any other interested parties, with a view to facilitate joint working on projects.	Comms Lead	Q2
	Develop a Communications 'portal' on CRN EM intranet (Google site) to digitalise and	Comms Lead	Q3

	streamline the process to order marketing collateral		
	Continue to meet bi-monthly as a Communications Working Group and produce reports as necessary to inform partners of outcomes, and feed up to Leadership Team and Host Executive with key priorities and messages.	COO	Ongoing
4. Improve internal communications and engagement	Run lunch and learn sessions to educate central CRN staff on G+ community to help encourage them to foster the idea that the platform is for all to share news, information and ideas and to increase engagement.	Comms Lead	Q2 – Q3
	Ensure all teams have a team video and find appropriate channels to disseminate this. Look to develop this later for further content to develop the website.	Comms Lead	Q1 – Q2
	Work with the WFD team on new starter process and feed into the development of a pack, which includes name badge and any other appropriate materials which aid engagement and add to the team culture of the Network.	Comms Lead	Ongoing
	Continued support of the CRN EM social newsletter as a 'silent' partner and mentor the production team to aid the delivery of a professional style of newsletter	Comms Lead	Ongoing
5. Stakeholder Communications and engagement	Website review and refresh across all work-streams.	Comms Lead with Work-stream Leads input	By mid-year
	As part of website refresh, undertake scoping of BI access on website, potential to create a website portal for partner organisations to see performance information. The portal will link into the intranet with closed access. This will be a joint project with BI	Comms Lead / BI Lead	Year end
	Total revamp and update of current Newsletter offer - develop a new look newsletter which will be digital using MailChimp. Produce on a quarterly; basis, discuss content and design through Comms WG	Comms Lead / Proj Supt. (MO)	New format by end Q1 & quarterly thereafter
	Explore possibility of introducing a 'bulletin' which will be sent out between quarterly publications and pilot this before March 2018	Comms Lead	Q3
	Undertake review of CRN Distribution lists more broadly, involving other stakeholders and work-streams; how we use the lists and how maintains etc.	Proj Supt. (RS)	Mid-year
	Review and develop specific distribution list for newsletter, in due course MailChimp will allow us to track trends within MailChimp	Proj Supt. (MO)	By end Q1
6. Increase research awareness outside of Network - i.e. with media, healthy population, NHS service users, patients, industry	Building on the above planning with PPIE, ensure a robust plan is put together to disseminate the PPI animation and any other external facing media which is produced in this financial year, to maximise ROI.	Comms Lead	Ongoing
	Create and send press releases to media to support campaigns and to celebrate ground breaking results, outputs, and studies, as part of digital media pilot, led by	Comms Lead	Ongoing

	Chelsea Drake at CC		
	Create a catalogue of patient and researcher stories which can be drawn upon for website, social media, local and national campaigns and for marketing collateral	Comms Lead	Ongoing throughout year
	Ensure recognition of First Globals in the region by using all appropriate local channels and creation of a logo/graphic so that First Globals have a recognised emblem to create importance around the need to strive for a First Global	Comms Lead	Q1

Information and Knowledge			
Objective	**Actions required to achieve objective**	**Action owner**	**Action deadline**
1. All delivery work-streams within the CRN East Midlands to use LPMS to manage the service.	Primary Care Instance of Edge to monitor and manage delivery and performance of studies within all GP practices across the East Midlands.	SSSM-PM / Information Team	September 2017
	Industry team to use Edge for oversight of all the whole commercial process from Expression of Interest to Time and Target	Industry Team/Information Team	01/07/2017
	Study Support Service to use Edge to oversee study activity from concept to dissemination	SSSOM / SSS Team / Info. Team	10/07/2017
	Explore and work towards ways to manage delivery funding, particularly Service Support Costs, through Edge building upon the trigger payment process implemented in 2016/17	Business Supt. Officer / BI Lead	March 2018
2. Enable accurate performance monitoring and management of studies, both as Lead and local site.	Dedicated resource for performance monitoring and management of studies from Study Start Up to completion, using Edge and CPMS	SSSOM /SSS Team	May 2017
	Support to RACs across the region, to ensure accurate and timely reporting	Information Team/SSS Team	Ongoing
	Design and launch local campaign with Comms function to outline the importance of time to target, see Comms Work-plans	Comms Lead & BI Lead	Q2- Q4

	Enable predictive analysis to better understand our pipeline and set appropriate targets for both HLO 1 and individual specialties/divisions.	Business Support and Intel. Analyst / BI Lead	Ongoing
	Enable local study reporting identifying trends and improving solutions of delivery management	Info. Team / SSS Team	Ongoing
3. Enhance the knowledge of LPMS/CPMS across Partner Organisations, building upon progress made during the implementation programme.	Continue Quarterly updates to avoid duplication and share best practice	BI Progrm. Manager	Ongoing
	Named support for each Partner Organisation	Information Team	April 2017
4. Improve Data Quality in LPMS	Launch formal project in Q1 to address shortcoming in data quality and look for performance improvement with POs into Q2	Project Manager	Q1 – Q2
	Work with Partner Organisations to ensure a minimum dataset is completed within Edge at site level and study level.	Project Manager / Info. Team / BI Lead	Q1
	Re-fresh Edge Forum meetings with partners to cover key issues of data quality and accuracy and work together to discuss strategies and best practice to achieve this	Project Manager / Info.Team / BI Lead	Q1 – Q2
	Provide a toolkit for using Edge, to ensure consistency across all instances within East Midlands	BI Progrm. Manager / Info. Team	July 2017
5. Build upon Self Service Reporting Programme of work	Work with West Midlands to create an East Midlands study application for clinicians to use to keep up to date with studies currently recruiting participants.	BI Progrm. Lead	June 2017
	Expand current pilot work for Divisional and Specialty Self Reporting	Business Supt. & Intel. Analyst	September 2017
	Enable users to use CRN reporting on a range of devices, anywhere at the simple touch of a button	BI Progrm. Lead	March 2018
	Work with our partners and stakeholders to ensure reporting is fit for purpose	BI Lead	July 2017
6. Scope the potential of developing a local volunteer database for the East Midlands.	Identify other systems in use across the LCRN's and evaluate experiences elsewhere, identify associated resources and evaluate if a viable option for increasing recruitment for the East Midlands.	BI Lead	June 2017

Continuous Improvement			
Objective	**Actions required to achieve objective**	**Action owner**	**Action deadline**
1. Embed a culture of innovation and improvement across the CRN	Establish the Continuous Improvement Working Group	CI Leads	Completed
	Develop a 12 month communication and engagement plan beginning with a relaunch of the Continuous Improvement work-stream via a showcase event	CI Leads	Q1
	Introduce CI as an agenda item in team meetings	CI Leads	Q2
	Revamp the CI capture form	Project Manager	Q1
	Develop a CI Community of practice as a Google community	CI Leads & Learn. Tech.	Q2 – Q3
	Introduce quarterly Creative Space" sessions/cafes for staff to drop in and take time out to suggest CI ideas	CI Leads	Q3 – Q4
	Scope the possibilities for a "reward and recognition" scheme and provide active support to deliver CI ideas and innovations	CI Leads	Q3 – Q4
	Hold a mid-year event to hear the needs of the CRN customers and for the CI Working group to formulate a plan to respond and deliver	CI Leads	Mid-year
Ensure we have in place a highly trained workforce with respect to CI knowledge and tools	Identify CI Champions who will have completed the national self-directed learning modules	CI Leads	Q2
	Develop an identifier for CI champions (lapel badges)	CI Leads	Q3
	Introduce a CI objective in all CRN core team annual appraisals to measure CI awareness, knowledge and skills	CI Leads	Ongoing
	Develop a local CI training programme to support training and development via a mixture of self-directed learning and facilitated sessions once the national "Bite-size" modules are made available.	CI Leads / WFD Lead	31/03/2018
3. Establish a mechanism for cross boundary working and sharing of CI initiatives with neighbouring LCRNs	Set up bi-monthly meetings with the CI Leads in CRN West Midlands and Eastern to scope and implement any potential for joint working on CI projects	CI Leads	01/06/2017
	Model behaviours of sharing CI initiatives with the wider CRN community	CI Leads	Ongoing
4. Deliver on national programmes and initiatives	Investigate and implement 3 of the accelerating digital initiatives selected by the CI Working Group, as seen at the accelerating digital Showcase event held March 2017	CI Leads	Ongoing
	CI Leads will ensure that they attend all national CI meetings to ensure that this CRN is fully aware of the national drivers and ensure that all CI programmes are delivered in a timely manner	CI Leads	Ongoing

Appendix 6: 2017-18 Forecast Budget Paper

2017-18 Forecast Budget Paper

Elizabeth Moss

Chief Operating Officer

December 2016

Introduction

At present (December 2016) the annual budget for the CRN is unknown, and unlikely to be confirmed until March 2017 at the earliest. This paper sets out the approach taken to date in planning and forecasting our annual budget for 2017-18, and the partner organisations indicative budget envelopes as part of that. A number of planning assumptions have been made when preparing this indicative budget; these are further detailed within the paper. The overall budget and partner budgets are therefore subject to change, and as at such time we are notified by the NIHR, further work and communication will take place.

The approach taken to budgets is in line with the previous 2017-18 budget planning document which has been circulated and follows the budget principles originally established 2014-15. Please refer to these documents separately. This paper is intended solely to explain how the budgets have been derived, and does not describe how budgets should be planned or managed. That is detailed within a separate guidance document, to be circulated to key stakeholders on confirmation of the budget envelopes.

Much of the intention of the budget planning was outlined within the Budget Paper 1, circulated in September 2016. This was reviewed by the Partnership Group, Operational Management Group and circulated widely to stakeholders. The Finance Working Group have had significant input to this, with a small sub-group supporting much of the modelling work. The final budget plan and PO envelopes will be reviewed by the group on 21st December, prior to notification to all required stakeholder groups and to partners.

Planning assumptions

National budget setting to inform the regional budget

Each year the CRN Co-ordinating centre reviews the approach to planning the national budget, which includes individual regional CRN budgets. Currently the proposal for 2017-18 has been discussed with the Department of Health, however remains subject to further discussion and formal agreement. As such, we can anticipate some elements of the approach, however until this has been finalised, cannot be certain. Currently our planning assumptions to inform the 2017-18 budget forecast are:

a) The model will continue to use a recruitment data set of a rolling two year period ending 30 September 2016 when deriving the activity based element of the budget
b) The previously adopted approach to complexity banding of studies will be used, with ratios of 1 : 3.5 : 11 relating to large sample size : observational : interventional studies
c) The national model will continue to include a performance premium element, focused around recruitment to time and target for closed studies
d) The national model will continue to include a population based element, at broadly the same levels
e) The cap and collar will remain around the same levels of +/-5%; Market Forces Factor (MFF) will also remain constant, and applied in a consistent manner
f) The nationally top sliced elements will remain at similar levels for Radiotherapy Trials Quality Assurance, Paediatric Pharmacy and Formulations, Chemotherapy & Pharmacy Advice Service and National Specialty Leads

g) Local allowances will remain for Host Corporate Support Services and Leadership and Management

Through applying these assumptions and analysing the East Midlands performance alongside the relative performance of other regions, we forecast an indicative budget of £20,047,352. This represents a c3.5% reduction from 2016-17. This is due to a reduction in our activity over the activity funding period, and relative increase in activity of other LCRNs.

Regional budget setting to inform partner budget envelopes

Next focusing on the regional budget, the overall approach is similar to that first introduced when planning for 2015-16, and refined for 2016-17. As with the above section, there are some assumptions which have been made, most of these have been previously articulated, however are listed again below for clarity:

1) Assumptions a) and b) above will also apply to the regional planning approach
2) Partner budgets will be based on elements of activity, historic funding and a performance premium (also activity driven); the direction of travel is to move closer to an activity driven model
3) Performance premium to continue to focus on recruitment to time and target for closed studies, both commercial and non-commercial.
4) To again apply a cap and collar to prevent destabilisation, which will be applied through a banded approach with those organisations who have performed closer to fair-share to see a more modest impact
5) No strategic funding has currently been incorporated as this will only be considered if a budget uplift from 2016-17 levels is provided; currently we are forecasting a reduction.
6) An allowance for centrally managed budgets is included, this is lower than 2016-17 levels, and is subject to a vacancy factor, which needs to be saved-in year
7) Unmet Service Support Cost funding will continue to be managed through a separate funding stream from the infrastructure budget, with an applications process, against the relevant DH guidance; the budget for this has been reduced due to falling recruitment, more accurate forecasting and guidance changes with more studies following the AcoRD principles, thus lower levels of SSCs can be met by the CRN.

Modelling options & rationale

In the preparation of this budget, various models have been considered. The intention was always to move towards a more activity driven model. Difference levels of activity and historic budget were modelled, along with varying levels of performance premium; the following options were considered:

Table 1: budget scenarios modelled

	Performance premium	Activity based component	Historic element
Scenario 1, model 1	5%	60%	35%
Scenario 1, model 2	5%	65%	30%
Scenario 2, model 1	10%	57.5%	32.5%
Scenario 2, model 2	10%	62.5%	27.5%

As part of this modelling, flow-through funding was not included. Flow-through funding has never formed part of the CRN funding model in the East Midlands, as the network acts solely as a "banker" paying the required sum to the relevant organisation, and then reporting as is required.

When reviewing the historic element of the model, the reference figure used to derive this was 2016-17 partner budgets at the end of Q2, with the exception of flow-through and any SSS/hosted central network staff funding. As such, this funding specifically included core CRN infrastructure budget, any strategic funding awarded, unmet SSCs and any vacancy factor or further adjustment which partners may have been in receipt of during 2016-17, confirmed prior to Q2 cut-off. All elements were included in order to get a realistic picture of what each organisation had been in receipt of, despite the fact some elements of this were clearly provided on a one-off, in-year basis. This was important to consider, because the historic element is intended to capture the total funding each organisation was in receipt of previously; it is that total funding which was invested to generate the total activity at that organisation.

To ensure organisations which were not in receipt of strategic, or other additional funding, were not unfairly disadvantaged, those elements were stripped out of the baseline figures, which are referenced when reviewing the cap and collar.

One of the challenges made through the OMG, and considered by the Finance Working group this year, was the treatment of Research Support Team (RST) resource in relation to budget calculations. There was concern that some organisations may have more access to the RST than others, and thus some organisations may be unfairly benefiting from this resource. The RST is open to all organisations, however it is not always suitable to place resource to meet that need. As part of budget setting we have reviewed RST requests throughout the year and ascertained that there were only two occasions where it was not possible to meet the request in any way. For all other requests, some level of support has been offered, although it may not have been identical to the initial request, due to RST capacity and staffing changes. The placement of resource was also analysed against the proportion of budget each organisation received with the highest amount of RST resource placed in those organisations with the highest existing budgets. This was anticipated as higher budget also represents the largest amount of activity, with most frequency for

maternity cover and cover for leavers/joiners due to a larger workforce. It was also reported that some organisations have not accessed the RST throughout the year; however it was clear that the RST is open to all partners.

Overall, it is felt that it would be unfair to penalise organisations for requesting and receiving RST resource by way of budget adjustment. This is largely due to the fact only two requests have been turned down, and often RST has been placed in organisations to boost overall regional activity (which all partners benefit from) and to aid flexibility, which is indeed the role of the CRN. Additionally, the intention in 2017-18 is to review the way RST resource is utilised, with more prospective placement anticipated, which will be CRN-led, in order to aid the CRN in attaining our High Level Objectives.

In 2016-17 there was one organisation whose activity did not fit well into the model, and thus an individual discussion was required to confirm budgets, specifically this was East Midlands Ambulance Service (EMAS). Recruitment activity at EMAS can fluctuate year on year from no recruits to thousands. As such there will need to be an ongoing discussion with EMAS into 2017-18, as the pipeline emerges. Additionally, we have some new organisations who do not well fit the model, they have little or no historic funding, and are in the very early days of generating activity data. These include Nuture, Circle, CityCare, LOROS and St Andrews Healthcare; each of these organisations will require individual discussions as to how their needs are met. As such the budget envelopes listed here may not be an accurate reflection of their final resource allocation.

As in previous years, a separate regional budget for Primary care has been defined, which will be set in partnership between the Division 5 Leadership Team (Prof Azhar Farooqi, Harpal Ghattoraya and Debbie Jeffrey) and the various organisations involved in delivering in that sector. As the primary care landscape continues to evolve, we anticipate resource will be placed in a number of organisations to support the CRN in achieving its objectives. Ongoing management of the resource in primary care will remain as this year and be through the usual monthly returns and discussion with the CRN for any variation in resource.

Final approach

As highlighted above, the regional budget includes both centrally managed elements and partner infrastructure budgets. The total forecast funding is £20,047,352, of which £4,325,466 is for centrally managed elements with £15,721,866 for partner infrastructure. Despite an overall forecast budget reduction of c.3.5%, the partner infrastructure budget remains higher than 2016-17 baseline levels. This demonstrates that centrally managed network budgets have taken the total budget reduction this year, with no pass through of budget reduction to partners. Additionally, the central budget does include a vacancy factor.

Centrally managed budget

This budget is comprised of a number of elements. Some of these are passed directly to partners as further funding throughout the year, e.g. service support costs; some are resources accessed and used by partners to deliver and support NIHR studies, e.g. RST, Study Support Service, LPMS; others are to fund centrally managed work-streams, activities or posts, e.g. Finance support, host fees, Specialty & Clinical leads. Appendix 1 provides

more detailed commentary and planned budget for each of these clearly distinct areas. This budget is also subject to a vacancy factor, with the central team needing to demonstrate cost savings during the year, again this is further detailed in the attached appendix.

Indicative partner envelopes

In preparing these budgets the scenarios detailed in the above section were all modelled, initially the focus is on the historic and activity based elements, as the largest budget components. We also chose to model the performance premium both before and after the application of the cap and collar.

The final model sees the relative proportions as 60% activity based, 35% historic and 5% performance premium. This moves us further towards an activity driven model, as performance now accounts for 65% of partner infrastructure budgets. As outlined last year, the relative apportionment of activity and historic balance is less relevant than the cap and collar which in effect drives the budget. We have selected a 60:35 split as this brings the model closer into line with the national approach, and closer to fair-share. By adding the performance premium after the cap and collar, there is added incentive and reward for organisations who, arguable, have more ability to influence this HLO2a & b performance, than HLO1. Any more than a 5% performance premium was significantly skewing the data, with fluctuations too far from last year's baseline. The breakdown of the historic and activity driven budgets, by organisation, can be found within Appendix 2 and 3.

The maintenance of a cap and collar is important, as there is no desire to significantly destabilise organisations. Equally, rewarding organisations for performance remains important. This forms the primary reason for taking the decision to add the performance premium in at the end of the modelling, after the cap and collar has been applied. This results in a genuine incentive, as there is the potential for organisations budgets to be demonstrably influenced by their performance in recruiting studies to time and target. The performance premium is a relatively small proportion of total budget; however recruitment efficiency is a very important driver for the Clinical Research Network.

The performance premium is calculated taking the total number of studies which closed in the activity funding rolling two year period and dividing that by the 5% funding amount available, £777,499. This gives a per study premium of £1,383, which is then multiplied for each organisation, depending on the number of studies which closed to time and target. Further details can be found in Appendix 4.

When modelling the different proportions of historic and activity-based funding, the resultant budget is described as "fair-share". This budget is what organisations would expect to receive based primarily on the activity each has contributed to, if there were no cap and collar applied. Fair-share budgets are then compared to baseline budgets, and the level of difference between these is used to define the cap and collar to be applied. The following banding approach has been used

Table 2: cap and collar ranges

Factor difference (Fair-share to baseline)	Cap and collar to be applied
over 5 different	8%
between 2.5 and 4.99 different	5.00%
between 1.01 and 2.49	3.5%
between 0 and 1.0	0.50%
no difference	0 (flat budget)
between -1 and 0 different	-3.50%
between -1 and -2 different	-5.00%
between -2 and -3 different	-8%
between -3 and -4.99 different	-12%
over -5 different	-15%

The relevant cap and collar is then applied to the fair-share budget, to give a capped/collared envelope, pre-performance premium. The performance premium is then added, to give an overall indicative budget envelope. The full breakdown of these partner indicative budgets can be found in Appendix 5. For reference, a further column is added which shows each organisations variance from 2016-17 baseline budgets, and which further demonstrates the impact of the performance premium, when referenced to the cap and collar percentages applied.

Budget preparation and next steps

As outlined in the associated guidance document, there is an expectation for Partner Organisations to work with Divisional leaders (managers & clinical leads) when preparing the draft budget for submission to the CRN. This should build on existing relationships to consider activity, infrastructure, future plans, pipeline studies, organisational strategy for research and meeting the goals for the CRN: East Midlands. This discussion and dialogue should be evident in the planned budgets, when reviewed.

Organisations are also expected to work closely with their designated CRN Senior Team Link when preparing their budget to aid swift sign off.

Appendix 1: Centrally managed budget summary

Work-stream/activity	2016/17 costs (£)	2017/18 proposed costs (£)	Commentary	Vacancy Factor applied
Host	325,000	325,000	This remains significantly below the maximum £400k threshold	No
Divisional & Business Support	328,474	287,869	Reduced over the past year due to a reduction in cost as staff have left without replacement	Yes
Clinical Lead	146,778	147,395	Remains static, assumes continuation of current leads and agreed payments, plus replacement for Div 1	Yes
Comms & PPI	60,235	62,170	Remaining static based on current resource	Yes
Industry	147,399	205,313	Increased cost due to changes in staff profile, need to ensure we continue to meet HLO2a and 6b	Yes
Information	191,022	203,836	Information Management and business intelligence support, small increase due to high staff turnover in 2016-17	Yes
Management	642,406	646,412	NIHR provide prescriptive guidance on posts to include here with a maximum budget envelope of £782,383, to include CD,COO,RDMs, Industry Manager and cross cutting manager (BI Lead)	Yes
RST	509,985	595,425	Cost increase planned due to high turnover in 2016-17; intention to use RST next year in more proactive manner.	Yes
Specialty Leads	267,571	286,504	Remains static, assumes continuation of leads and agreed payments; ranges 0.5 – 1 PA. these leads are a contractual requirement	Yes
Study Support Service	735,341 (250,896 to POs)	771,818 (375,960 to POs)	A mix of central (51%) and embedded (49%) staff	Yes
Workforce Development	218,958	234,092	WFD supports a wide range of training programmes and events across the East Midlands. Increase in costs due to appointment of WFD Lead in 2016-17	Yes

LPMS	156,582	156,582	Ongoing costs of Edge (VAT in charged, and subsequently re-claimed, not shown here)	No
Unmet Service Support Costs	325,728 (Forecast)	300,000	SSC budget is centrally held, however is paid to Trusts/primary care as the year progresses. Reduction due to falling recruitment	No
Non Pay	202,708 (6.2%)	143,490 (4.17%)	This has reduced significantly, although is still subject to VF.	Yes
Overheads	81,065 (3.1%)	131,449 (4.7%)	Increase due to forecast based on full-year effect, however last year some vacancies in-year; still below the 8% threshold	No
Totals	4,339,252	4,497,355	2017-18 figure is subject to a VF of £171,870, thus overall **£4,325,485**, an overall reduction.	

Appendix 2 – Historic budget information

Organisation name	Historic total (all elements)	% of 2016-17 budget	Historic element of 2017-18 budget
Primary Care	1,072,746.55	6.61%	360,015.25
Chesterfield Royal Hospital NHS Foundation Trust	502,067.51	2.87%	156,379.66
Derby Teaching Hospitals NHS Foundation Trust	1,561,526.89	9.03%	491,660.71
Derbyshire Community Health Services NHS Foundation Trust	95,485.64	0.03%	1,756.86
Derbyshire Healthcare NHS Foundation Trust	265,176.46	1.62%	88,396.73
East Midlands Ambulance Service NHS Trust	71,637.97	0.44%	24,041.80
Kettering General Hospital NHS Foundation Trust	439,443.79	2.59%	140,831.10
Leicestershire Partnership NHS Trust	480,518.87	2.95%	160,582.96
Leicestershire & Rutland Hospice (Loros)	31,826.61	0.12%	6,307.08
Lincolnshire Community Health Services NHS Trust	128,669.06	0.02%	1,287.32
Lincolnshire Partnership NHS Foundation Trust	348,134.61	2.15%	116,834.47
Various non-NHS - East Midlands (Circle/Citycare/Others)	0.00	0.00%	0
Northampton General Hospital NHS Trust	889,831.19	5.23%	284,906.56
Northamptonshire Healthcare NHS Foundation Trust	348,196.53	1.52%	82,788.37
Nottingham University Hospitals NHS Trust	3,937,294.59	24.04%	1,308,491.86
Nottinghamshire Healthcare NHS Foundation Trust	986,637.31	4.50%	244,807.12
Nurture Fertility	17,546.38	0.11%	5,888.59
Sherwood Forest Hospitals NHS Foundation Trust	732,242.62	4.49%	244,609.54
St Andrews Health care	10,544.00	0.07%	3,538.58
United Lincolnshire Hospitals NHS Trust	1,186,267.01	6.66%	362,393.97
University Hospitals of Leicester NHS Trust	4,307,213.35	24.93%	1,356,980.36
Total		**100.00%**	**5,442,498.89**

Appendix 3 – Activity driven budget information

Organisation name	Average weighted recruitment	% Average weighted recruitment	Activity driven element (£)
Primary Care	56,674.25	28.21%	2,631,855.27
Chesterfield Royal Hospital NHS Foundation Trust	2,013.25	1.00%	93,491.89
Derby Teaching Hospitals NHS Foundation Trust	11,695.75	5.82%	543,130.63
Derbyshire Community Health Services NHS Foundation Trust	193.75	0.10%	8,997.42
Derbyshire Healthcare NHS Foundation Trust	2,910.75	1.45%	135,170.25
East Midlands Ambulance Service NHS Trust	8,960.50	4.46%	416,110.30
Kettering General Hospital NHS Foundation Trust	2,155.75	1.07%	100,109.34
Leicestershire Partnership NHS Trust	3,777.00	1.88%	175,397.42
Leicestershire & Rutland Hospice (Loros)	0.00	0.00%	0
Lincolnshire Community Health Services NHS Trust	231.5	0.12%	10,750.46
Lincolnshire Partnership NHS Foundation Trust	1,797.50	0.89%	83,472.83
Various non-NHS - East Midlands (Circle/Citycare/Others)	362.5	0.18%	16,833.88
Northampton General Hospital NHS Trust	2,545.50	1.27%	118,208.67
Northamptonshire Healthcare NHS Foundation Trust	2,335.25	1.16%	108,445.02
Nottingham University Hospitals NHS Trust	34,292.00	17.07%	1,592,461.85
Nottinghamshire Healthcare NHS Foundation Trust	4,147.50	2.06%	192,602.81
Nurture Fertility	0.00	0.00%	0
Sherwood Forest Hospitals NHS Foundation Trust	4,179.25	2.08%	194,077.22
St Andrews Health care	0.00	0.00%	0
United Lincolnshire Hospitals NHS Trust	5,860.25	2.92%	272,139.99
University Hospitals of Leicester NHS Trust	56,779.50	28.26%	2,636,742.90
Total		**100.00%**	**9,329,998.15**

Appendix 4 – Performance premium calculation

Organisation Name	Number of studies	Total premium (£)
Primary Care	14	19,368.30
Chesterfield Royal Hospital NHS Foundation Trust	16	22,135.20
Derby Teaching Hospitals NHS Foundation Trust	35	48,420.75
Derbyshire Community Health Services NHS Foundation Trust	2	2,766.90
Derbyshire Healthcare NHS Foundation Trust	11	15,217.95
East Midlands Ambulance Service NHS Trust	0	0.00
Kettering General Hospital NHS Foundation Trust	15	20,751.75
Leicestershire Partnership NHS Trust	21	29,052.45
Leicestershire & Rutland Hospice (Loros)	0	0.00
Lincolnshire Community Health Services NHS Trust	2	2,766.90
Lincolnshire Partnership NHS Foundation Trust	19	26,285.55
Various non-NHS - East Midlands (Circle/Citycare/Others)	0	0.00
Northampton General Hospital NHS Trust	21	29,052.45
Northamptonshire Healthcare NHS Foundation Trust	9	12,451.05
Nottingham University Hospitals NHS Trust	155	214,434.75
Nottinghamshire Healthcare NHS Foundation Trust	17	23,518.65
Nurture Fertility	0	0.00
Sherwood Forest Hospitals NHS Foundation Trust	28	38,736.60
St Andrews Health care	0	0.00
United Lincolnshire Hospitals NHS Trust	68	94,074.60
University Hospitals of Leicester NHS Trust	129	178,465.05
Total	**562**	**777,498.90**

Appendix 5 – Partner organisation indicative budget envelopes

Organisation Name	Fair-share budget	Fair-share %	Baseline	Baseline %	Difference between fair-share and baseline	Cap and Collar applied	Performance Premium	2017-18 Indicative budget	for reference % comparison with envelope and 2016-17 baseline
Primary Care	2,991,870.52	20.25%	1,033,924.01	6.62%	13.63	8.00%	19,368.30	1,136,006.23	8.99%
Chesterfield Royal Hospital NHS Foundation Trust	249,871.55	1.69%	429,440.04	2.75%	-1.06	-5.00%	22,135.20	430,103.24	0.15%
Derby Teaching Hospitals NHS Foundation Trust	1,034,791.34	7.00%	1,423,442.80	9.12%	-2.11	-8.00%	48,420.75	1,357,988.13	-4.82%
Derbyshire Community Health Services NHS Foundation Trust	10,754.28	0.07%	5,234.97	0.03%	0.04	0.50%	2,766.90	8,028.04	34.79%
Derbyshire Healthcare NHS Foundation Trust	223,566.98	1.51%	263,397.98	1.69%	-0.17	-3.50%	15,217.95	269,397.00	2.23%
East Midlands Ambulance Service NHS Trust	440,152.10	2.98%	47,523.24	0.30%	2.68	5.00%	0	49,899.40	4.76%
Kettering General Hospital NHS Foundation Trust	240,940.44	1.63%	419,638.00	2.69%	-1.06	-5.00%	20,751.75	419,407.85	-0.05%
Leicestershire & Rutland Hospice (Loros)	6,307.08	0.04%	0	0.00%	0.04	0.50%	0	18,793.37	100.00%
Leicestershire Partnership NHS Trust	335,980.38	2.27%	464,322.97	2.97%	-0.70	-3.50%	29,052.45	477,124.12	2.68%
Lincolnshire Community Health Services NHS Trust	12,037.78	0.08%	3,835.87	0.02%	0.06	0.50%	2,766.90	6,621.95	42.07%
Lincolnshire Partnership NHS Foundation Trust	200,307.30	1.36%	337,131.92	2.16%	-0.80	-3.50%	26,285.55	351,617.85	4.12%
Various non-NHS - East Midlands (Circle/Citycare/Others)	16,833.88	0.11%	0	0.00%	0.11	0.50%	0	16,833.88	100.00%
Northampton General Hospital NHS Trust	403,115.23	2.73%	806,169.18	5.16%	-2.43	-8.00%	29,052.45	770,728.10	-4.60%
Northamptonshire Healthcare NHS Foundation Trust	191,233.39	1.29%	246,686.60	1.58%	-0.29	-3.50%	12,451.05	250,503.62	1.52%
Nottingham University Hospitals NHS Trust	2,900,953.71	19.64%	3,862,725.43	24.74%	-5.10	-15.00%	214,434.75	3,497,751.37	-10.43%

Nottinghamshire Healthcare NHS Foundation Trust	437,409.93	2.96%	729,457.98	4.67%	-1.71	-5.00%	23,518.65	716,503.73	-1.81%
Nurture Fertility	5,888.59	0.04%	0	0.00%	0.04	0.50%	0	17,546.38	100.00%
Sherwood Forest Hospitals NHS Foundation Trust	438,686.76	2.97%	728,869.22	4.67%	-1.70	-5.00%	38,736.60	731,162.36	0.31%
St Andrews Health care	3,538.58	0.02%	0	0.00%	0.02	0.50%	0	10,544.00	100.00%
United Lincolnshire Hospitals NHS Trust	634,533.96	4.30%	1,079,834.47	6.92%	-2.62	-8.00%	94,074.60	1,087,522.31	0.71%
University Hospitals of Leicester NHS Trust	3,993,723.26	27.03%	3,732,684.74	23.91%	3.13	5.00%	178,465.05	4,097,784.03	8.91%
Total	**14,772,497.04**	**100.00%**	**15,614,319.42**	**100.00%**			**777,498.90**	**15,721,866.95**	