

## CRN East Midlands COVID-19 update and Annual Plan 2020/21

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Trust Board paper G

### Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

### Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee		
Trust Board		

It has been agreed that it is no longer a requirement for this paper to be presented to the Executive Performance Board (EPB) unless there are any specific issues that require EPB consideration.

## 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 and Social Care to take overall responsibility for the monitoring of governance and performance of the network.

Under our normal reporting cycle, we would request that the Trust Board reviews and formally approves our 2020/21 LCRN Annual Plan. It is recognised that the Board will currently be focussed on the COVID-19 response, therefore formal discussion and review is not required this year. Accordingly, our Annual Plan is submitted to this Board meeting for information and sign-off only.

In addition, for the information of the Board, we have prepared a short summary on CRN East Midlands' response to COVID-19 and how we are supporting the national research effort.

## Questions

1. What has been the CRN regional response to COVID-19 and does the Board require any further information or assurance in relation to this?
2. Does the Annual Plan provide sufficient information and assurance to the Host organisation of compliance with the Host Contract and are plans in line with the expectations of the UHL Trust Board?

## Conclusion

1. This paper outlines how CRN East Midlands has been working closely with partners to coordinate the delivery of COVID-19 research studies and the deployment of resources to support this. In addition, the CRN is undertaking a collaborative partnership with the Centre for Black and Minority Ethnic Health to explore differences in incidence, severity and mortality of COVID-19 across ethnic groups.
2. CRN East Midlands Annual Plan 2020/21 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 2020/21 (POF). This document has been considered by the CRN East Midlands Partnership Group and was submitted to the NIHR CRN Coordinating Centre on 27 March 2020. Please note, our plans were largely developed prior to the escalation of the COVID-19 outbreak and following discussions with the NIHR, we have not been asked to amend these plans to account for the impact of this. We will review our plans during the year, however, our primary focus at this time is supporting the COVID-19 response in line with the national priority, which is to focus on NIHR COVID-19 studies.

## Input Sought

Due to the current circumstances relating to COVID-19, it is recommended that our Annual Plan is submitted to the Board for information and sign-off only. Formal review is not required.

We would be happy to address any comments or queries from the Board in relation to our COVID-19 response.

**For Reference**

**This report relates to the following UHL quality and supporting priorities:**

**1. Quality priorities**

Safe, surgery and procedures	Not applicable
Safely and timely discharge	Not applicable
Improved Cancer pathways	Not applicable
Streamlined emergency care	Not applicable
Better care pathways	Not applicable
Ward accreditation	Not applicable

**2. Supporting priorities:**

People strategy implementation	Not applicable
Estate investment and reconfiguration	Not applicable
e-Hospital	Not applicable
More embedded research	Yes
Better corporate services	Not applicable
Quality strategy development	Not applicable

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? N/A - This report does not relate to a business case/business decision making process.
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required - N/A
- How did the outcome of the EIA influence your Patient and Public Involvement ? - N/A as this report provides an update on the CRN and does not relate to a UHL business case/decision making.
- If an EIA was not carried out, what was the rationale for this decision?

**4. Risk and Assurance****Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <i>Principal Risk</i> on the BAF?	N/A	
<b>Organisational:</b> Does this link to an <i>Operational/Corporate Risk</i> on Datix Register	N/A	
<b>New Risk</b> identified in paper: What <i>type</i> and <i>description</i> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: July 2020
6. Executive Summaries should not exceed **5 sides** My paper does comply

## CRN East Midlands COVID-19 Response - 30 April 2020

For the information of the Board, we have prepared this update on CRN East Midlands' response to COVID-19 and our role in supporting the national research effort.

The Government's action plan on COVID-19 has highlighted the vital importance of research in combating the infection. As the UK's leading funder of medical and healthcare research, the NIHR has partnered with UKRI to fund rapid research into vaccines, treatments and diagnostics for COVID-19. Using international evidence and UK expertise, the most promising studies have been identified and assigned Urgent Public Health Research status. The Chief Medical Officer and NIHR Co-Lead, Professor Chris Whitty has made clear the urgency of setting up these studies and the need for patients to be recruited as quickly as is reasonably possible. As such, the Clinical Research Network (CRN) is playing a vital role in supporting the delivery of COVID-19 research studies and this remains our primary focus at this time.

In accordance with national requirements, the CRN has paused the site set-up of any new or ongoing studies at NHS and social care sites that are not urgent COVID-19 studies. This has enabled our research workforce to focus on delivering Urgent Public Health studies or enabling redeployment to front line care where necessary. The deployment of CRN resources during this emergency period has been managed in following order of priority:

1. Must support the rapid set up and delivery of the nationally prioritised Urgent Public Health Research studies ("Category 1").
2. Deployment of CRN staff to front line clinical care ("Category 2")
3. Continue to support other CRN Portfolio studies still open to recruitment or otherwise requiring CRN resources ("Category 3"). This support **MUST NOT negatively impact** delivery of the nationally prioritised Urgent Public Health Research studies (i.e. Category 1)

Over recent weeks, we have been working very closely with our partner organisations to coordinate a breadth of COVID-19 research activity across the region, both in the acute and primary care settings, both commercial and non-commercial in nature. As of the end of April, we are delivering nine COVID-19 studies, which have in total, recruited over 2,250 participants in the East Midlands, demonstrating a significant achievement in a short time period. Moreover, we have six further studies in set-up, with additional studies in the pipeline across acute, community and mental health settings. We expect this to expand further over the coming months as new studies are regularly reviewed by the national Urgent Public Health Research panel.

We would like to acknowledge there has been an excellent collaborative response from our partners, with successful mobilisation of the research workforce across organisational boundaries and swift delivery of research under challenging circumstances. This has been facilitated by

sharing best practice and flexible management of resources across organisational boundaries. During this time we have continued to support the workforce by offering COVID-19 related learning, training opportunities and signposting to wellbeing advice and support.

Emerging evidence appears to show that incidence, severity and mortality of COVID-19 appear to differ across ethnic groups. As such, there is a need to ensure that COVID-19 studies are available and accessible widely, and to promote equity of access to coronavirus research and potential treatments. The NIHR CRN is undertaking a collaborative partnership with The Centre for Black and Minority Ethnic Health. The Centre is part of the East Midlands NIHR Applied Research Collaboration (ARC), and the partnership and project work is being supported by CRN East Midlands.

We are incredibly proud of the enormous contribution that East Midlands partner organisations and staff are making to the national research effort into COVID-19. The scale of this challenge is unprecedented in our lifetimes, and we have been inspired to see how hard people across the region are working to deliver essential research in extremely challenging circumstances. We recognise that the weeks and months ahead will be difficult, but we have every confidence that the research community in the East Midlands will continue to play a vital role in the response to this pandemic.

If you have any questions or require any further information, please contact:

- Elizabeth Moss, Chief Operating Officer, [elizabeth.moss@nihr.ac.uk](mailto:elizabeth.moss@nihr.ac.uk) or
- Professor David Rowbotham, Clinical Director, [david.rowbotham@nihr.ac.uk](mailto:david.rowbotham@nihr.ac.uk) or
- Carl Sheppard, Host Project Manager, [carl.sheppard@nihr.ac.uk](mailto:carl.sheppard@nihr.ac.uk)

# **Clinical Research Network East Midlands**

## **Annual Delivery Plan 2020/21**

Document date: 27 March 2020

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## Section 1: Performance and Operating Framework Requirements

### 1. General Management

Plan Ref	POF requirement	Description of actions to achieve / maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.1.1	Provide LCRN Host Organisation corporate support services for LCRN management. These should include: risk management, finance management, Human Resources, Information and Communication Technology, high-quality office premises and facilities, and legal and contracting support.	The host have excellent systems in place for the majority of these areas, and we are currently compliant with this element. During the year we intend to strengthen the links in relation to some elements of contracting, such as Information Governance & GDPR, which will also support increasing our knowledge within the core team, of this important area of work in relation to research delivery. This will be through improving the links with the Host Head of Privacy, and through attendance at relevant training events for at least two core team members.	Chief Operating Officer (Elizabeth Moss)	01/04/2020	01/09/2020
3.1.2	Maintain an LCRN leadership team comprising Nominated Executive Director, LCRN Clinical Director and LCRN Chief Operating Officer (the "LCRN Leadership Team") in compliance with the requirements and role outlines set out in CSD003.	At the beginning of the year we are compliant with this element. We have a Nominated Executive Director, Mr Andrew Furlong, who is the Host Medical Director; Prof David Rowbotham is Co-Clinical Director and Prof Steve Ryder is Co-Clinical Director; Elizabeth Moss is the Chief Operating Officer. With the exception of Steve Ryder, all staff are employed by the Host. Steve has an honorary contract for the Co-Director role. The JDs used for the CD and COO and consistent with the national templates.	Chief Operating Officer (Elizabeth Moss)	01/04/2020	01/04/2020
3.1.3	Maintain an LCRN management team that includes an identified manager for each of the functions listed below, who has relevant management experience and who has sufficient capacity to manage the full range of activities in the area. The role outlines / job descriptions for these posts must be consistent with National CRN Coordinating Centre role outlines, where provided - Business Intelligence - Communications - Continuous Improvement - Finance - Industry Operations - Information and Communications Technology - Patient and Public Involvement and Engagement - Study Support Service - Workforce Development	I can confirm that all of these elements are captured within the Senior Team for the CRN East Midlands. Some are dedicated roles, others form part of senior team roles where there is relevant interest, experience and capacity to undertake these important functions. However, we would not see that one manager would have a responsibility for Human Resources. We have a very supportive Human Resources department within the Host organisation for relevant support, and a named contact, additionally all managers across all grades have HR relates responsibilities for the staff they manage. In relation to General Management, further clarity around expectations would be helpful.	Chief Operating Officer (Elizabeth Moss)	01/04/2020	01/04/2020
3.1.4	Convene an LCRN Partnership Group that will meet a minimum of three times per year and in line with the model Terms of Reference as provided by the National CRN Coordinating Centre.	This is the process we currently undertake. In 2020/21 we will review the current approach and potentially amend the structure of the meetings to provide better engagement at a senior level, as this has been lacking for the past few years. We are also keen to see the report from CGI regarding network governance arrangements, and any impacts this may have.	Deputy Chief Operating Officer (Kathryn Fairbrother)	01/04/2020	01/09/2020



3.1.5	Maintain a fully executed contract with each LCRN Partner organisation using the Category A, Category B, or Category C LCRN Partner form of contract as included within the DHSC / LCRN Host Organisation contract.	We have a well-established process, with a dedicated staff member to support this important compliance area. It is also well understood by the finance team that payments are not made until a contract has been fully executed. In 2019/20 we established a new Partner contracts tracker. This process is for the implementation and management of Category A, Category B and Category C Partner contracts and associated variations.	Project Manager (Carl Sheppard)	01/04/2020	30/03/2021
3.1.6	Maintain an LCRN Business Continuity and Disaster Recovery Plan, and test this plan a minimum of once per year.	Business Continuity Plan is in place. In Q2 2020/21, we will conduct an 'incident scenario' test exercise and update the plan based on any recommendations emerging from the test. We are also keen to receive any feedback on the plan recently submitted, and suspect we may also need to refine this plan alongside the Public Health plan, as the current situation evolves with respect to coronavirus.	Project Manager (Carl Sheppard)	01/04/2020	30/10/2020

## 2. Financial Management

Plan Ref	POF requirement	Description of actions to achieve / maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.2.1	Implement and maintain measures that provide evidence and assurance that LCRN funding provided to LCRN Partners is used solely for the Work Programme as set out in the Category A, B and C contracts.	We undertook an exercise in 2016 following a recommendation from the financial health check from CRN CC to the Host to design and distribute a questionnaire asking for partners to provide evidence and assurance of how LCRN funding was utilised. Following this questionnaire we commenced a program of partner finance health checks (approx one per quarter) to provide detailed assurance. In 2019/20 we updated the questionnaire and have continued with the visits, providing a copy of the report to the CC after each visit. In 2020/21 we will continue to undertake these health checks	Deputy Chief Operating Officer (Kathryn Fairbrother)	01/04/2020	31/03/2021
3.2.2	Ensure that LCRN funding that is 'top-sliced' to support the delivery of national initiatives is spent specifically on these initiatives. The LCRN must notify the National CRN Coordinating Centre of any underspends arising from this 'top-sliced' funding at the earliest opportunity to allow funding to be appropriately redistributed by the National CRN Coordinating Centre.	Top slicing of the Specialty Lead payment happens clearly though a direct invoice to Leicester University, as the employing organisation. ETC funding is separately provided and reported quarterly, this is managed as a separate stream.	Deputy Chief Operating Officer (Kathryn Fairbrother)	01/04/2020	01/04/20
3.2.3	Set out an annual local funding distribution model which will clearly describe the basis on which LCRN funding is allocated to LCRN Partners. The local funding model must be publicly available in a stand-alone document.	2019/20 is available on the website, document for 2020/21 will soon be added into the same website section	Chief Operating Officer (Elizabeth Moss)	01/04/2020	01/04/20
3.2.4	Ensure that all payments made to distribute LCRN funding to LCRN Partners are valid, complete, accurate and appropriately authorised.	Individuals who authorise invoices for payments have sufficient information to cross check each invoice and are aware of contractual values and any variation to the contract,	Host Finance Lead (Martin Maynes)	01/04/2020	TBC

		thus ensuring appropriate authorisation. Where invoices are activity based, all invoices are reconciled against Edge report before they can be authorised for payment. If an invoice is above an individual's authorisation limit then the invoice is escalated to the next level. Host finance team members ensure invoices are correctly coded on the ledger and monitor payment to Partner Organisation.			
3.2.5	Implement a budgetary control system to monitor actual expenditure against the LCRN Annual Financial Plan, and ensure that a forecast is produced at least quarterly for the remainder of the financial year. This forecast must be managed to ensure a breakeven position at year end.	We have a robust approach to monitoring spend against plan, which is supported by the monthly returns we receive from the POs. Income and expenditure transactions are correctly coded on the ledger by the host finance team, and are reviewed at month end. Monthly forecast and YTD reports are produced by Host finance team and discussed with DCOO. Bimonthly finance meeting are held between COO, DCOO and Host Finance Lead to ensure breakeven position is achieved at year end. COO has delegated budgetary controls to some RDMS to manage some specific working streams.	Host Finance Lead (Martin Maynes)	01/04/2020	TBC
3.2.6	Implement a system to ensure that financial reports provided to the National CRN Coordinating Centre are accurate, complete and up to date.	Partner Organisation are required to submit monthly returns detailing utilisation of funding allocation. Host finance team initially review each return, validate for accuracy and any discrepancies identified are raised with Partner Organisation. The return is then reviewed with the Senior Team Link (STL) at the CRN and DCOO to ensure funding is used in line with AFP submission and any agreed variation. These returns are then incorporated to the quarterly returns to the National CRN Coordinating Centre. Centrally managed YTD expenditure and forecast is reviewed at each month by DCOO and quarterly by COO.	Host Finance Lead (Martin Maynes)	01/04/2020	TBC
3.2.7	Report to the National CRN Coordinating Centre: a) the forecast outturn for the financial year which agrees to the Annual Financial Plan together with quarterly financial returns, via the NIHR CRN Finance Tool or any other system specified by the National CRN Coordinating Centre, to agreed deadlines b) all LCRN funding and expenditure, for all organisations in receipt of that funding, and agree to the year-end figures in LCRN Partners' accounts by the deadlines specified by the National CRN Coordinating Centre c) the end-of-year financial return including a signed disclosure statement from the LCRN Host Organisation Director of Finance and LCRN Chief Operating Officer as specified by the National CRN Coordinating Centre.	We are compliant with this element. All financial returns are completed via the NIHR CRN Finance Tool as per guidance and by agreed deadlines. As part of our financial health checks, we do examine partner organisations accounts to ensure that they agree with Nationally reported figures and ASTOX forms are completed for all Partner As.	Deputy Chief Operating Officer (Kathryn Fairbrother)	01/04/2020	01/04/2020
3.2.8	Obtain written assurance that the financial information provided by LCRN Partners is accurate and complete and that all costs are valid and appropriately authorised, including a signed disclosure statement from each LCRN Partner	We are compliant with this element and received all appropriately signed ASTOX statements for 2018/19. We will be sending out the ASTOX for 2019/20 in June/July 2020 and would expect these to be returned by end Q2	Chief Operating Officer (Elizabeth Moss)	30/09/2020	30/09/2020

	organisation signed by the Director of Finance (or equivalent authority) of the LCRN Partner organisation.				
3.2.9	Implement and maintain Standard Operating Procedure(s) specifically to ensure that NIHR CRN funding is not used to subsidise commercial contract research delivery in the LCRN Host and Partner Organisation, and that commercial research is supported on a 'full cost recovery' basis.	We are compliant with this element, we have guidance documents regarding how LCRN funding can be used specifically stating not to support commercial activity unless on a cost recovery basis. This includes the use of the LCRN flexible workforce, and costs are recovered for any staff that are actively supporting commercial studies.	Deputy Chief Operating Officer (Kathryn Fairbrother)	01/04/2020	31/03/2021
3.2.10	Undertake an internal audit at least once every three years in respect of LCRN funding to review the LCRN Minimum Financial Control standards. The costs incurred by the LCRN Host Organisation in undertaking an internal audit can be charged against LCRN funding.	Audit is scheduled for 2020-21. Host Finance Lead has requested this to be included with the Host's audit programme, likely December 2020 or January 2021	Project Manager (Carl Sheppard)	31/03/2021	31/03/2021

### 3. CRN Specialties

Plan Ref	POF requirement	Description of actions to achieve / maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.3.1	Put in place a named Local Specialty Research Lead (LSRL) for each National Specialty Group (NSG). The LSRL role must conform to the NSG Terms of Reference.	At present (March 2020) all Specialty Lead posts are currently filled with appropriately skilled individuals based within the region. We are aware of a several upcoming vacancies, all of which are progressing through the appointment process described below at 3.3.2. These include Surgery in Div 6, Ageing (part region) in Div 5 and Skin Sub-specialty in Div 1.	Research Delivery Managers (Karen Pearson, Hannah Finch and Harpal Ghattoraya)	01/04/2020	TBC
3.3.2	Inform the National CRN Coordinating Centre of any changes to LSRLs, and involve the CRN National Specialty Leads in the appointment or replacement of LSRLs, prior to confirmation of appointment.	We have a formal process for reappointment, which has been agreed in discussion with the Host HR rep; all posts are advertised on the recruitment system TRAC via a Standard Operating Procedure Process (see link attached). During 2020/21, we will notify the relevant contact at the Co-ordinating Centre (please advise) of any movement across the SLs, and invite the National Specialty Group Lead to be involved in the interview process, if required.	Research Delivery Managers (Karen Pearson, Hannah Finch and Harpal Ghattoraya)	01/04/2020	TBC
3.3.3	Maintain a documented mechanism locally to ensure LSRLs deliver their role in accordance with the role description. LCRNs are expected to report on SRL involvement in the following as part of the LCRN Annual Plan <ul style="list-style-type: none"> <li>- Attendance at NSG meetings</li> <li>- Contribution to NSG strategic projects locally and nationally</li> <li>- Mentoring, training and communication of local Investigators, particularly those new to research</li> <li>- Promotion of the CRN and its activities</li> <li>- Engagement with external stakeholders including Royal Colleges and professional bodies</li> </ul>	All Speciality Leads are subject to a Speciality Framework Review each Summer (July-Sept). This review looks at; Attendance at NSGs and LCRN Steering Group Meetings, performance against local targets and T&T, Regional work and interaction with RDMs, as well as PPIE. This information is collated by the RDM who liaises also with the National CC Coordinators for that speciality. The reviews are undertaken by the Divisional Clinical Lead and RDMs. These reviews not only look at the past years performance but also plans for the current year target delivery and National Speciality Objectives for that speciality.	Research Delivery Managers (Karen Pearson, Hannah Finch and Harpal Ghattoraya)	TBC	TBC

3.3.4	Support LSRLs to complete expert feasibility reviews for which they receive requests and ensure their compliance with the study support process (minimum 50% of agreed LSRL reviews completed within the required timeline).	All Speciality Leads have been made aware at the Divisional Steering Group meetings in 2019/20 about the new process, feedback has been received and incorporated where necessary. Two week deadlines are set for receipt of completed feedback forms.	Research Delivery Managers (Karen Pearson, Hannah Finch and Harpal Ghattoraya)	TBC	TBC
3.3.5	Undertake analyses to identify disparities between local health and care needs and the local research portfolio in all CRN Specialties; and, in consultation with the Specialty Clusters / National Specialty Leads / LSRLs, develop plans to address any such disparities. Any projects undertaken in this area should be reported through the LCRN Annual Report.	In 2019/20 through the use of the 2% funding scheme, we worked with our local Public Health specialty lead to identify the regional health needs of the East Midlands population. In 2020/21, we intend to strengthen this work to compare the regional health needs and the current research portfolio being delivered locally. We intend to identify those areas where there is a lot of need with little research and hold targeted calls for local support to ensure growth in these areas with regards to research delivery and development of locally led studies. We will do this with the support of RDM and LSL community, and development of local ECR communities. We will use ODP/Public Health Data sources to develop an understanding of this.	Deputy Chief Operating Officer (Kathryn Fairbrother)	TBC	TBC
3.3.6	Develop and support national and local initiatives to expand research in multimorbidities. Any projects undertaken in this area should be reported through the LCRN Annual Report.	Multi-morbidity research is a fairly new concept, and not always well defined, however we are seeing more development in this area. Our regional health needs funding in 2019/20 did support one project looking at chronic multi-morbidity support through rehabilitation. We have two or three clinicians currently working together on projects in diabetes/cardia/renal disease projects and have supported the development of these through SSS. We intend to grow this area through support via 2% funding scheme locally.	Chief Operating Officer (Elizabeth Moss) and Deputy Chief Operating Officer (Kathryn Fairbrother)	01/04/2020	TBC
3.3.7	All LCRN Partner organisations must report participant year of birth within LPMS for all studies.	We are not currently compliant with this element. In East Midlands we have two LPMS and one does not have the capacity to record participant level detail. The other system does have this function but is not used by all partners. One partner already has this in place and we are working with them to identify the best way to role this process out across the region.	Deputy Chief Operating Officer (Kathryn Fairbrother)	01/10/2020	31/03/2021
3.3.8	Establish a process to identify and communicate with those new to research, and report through the LCRN Annual Report how those new to research have been mentored and supported to increase involvement in NIHR CRN Portfolio research.	A lot of this has been reported through the recent submission to the medical directorate re ECR work, and thus will not be repeated here. In addition we would like to confirm our support in 2020/21 to collaborate with and support our excellent GP Champions work with trainee engagement throughout the year. We will continue to support trusts with their new to research green shoots schemes; we have and will further support the Associate PI Scheme (8 x buddy scheme). We intend to review the evaluation forms from our targeted ECR event in March 2019 to follow up on any areas of interest and shape our future offer. In addition we will be creating an ECR tag on the CRNEM	Chief Operating Officer (Elizabeth Moss)	01/04/2020	TBC

		mailchimp registration form so that we can easily identify our ECR's and communicate relevant and targeted information.			
3.3.9	Put in place a named Local Imaging Champion (LIMC) in liaison with the NIHR Imaging Group or Specialty Cluster C and inform them of any changes to the LIMC. The LIMC role must conform to the Imaging Champion role description.	We have a local named champion, Professor Dorothee Auer who has attended all National meetings to date. We are working on an imaging event in the coming year, we have so far had numerous meetings and communications with teams across the region to identify what the local community of imaging professionals looks like and would like to support an imaging strategy for delivering clinical research by the end of the year.	Deputy Chief Operating Officer (Kathryn Fairbrother)	01/04/2020	TBC

#### 4. Research Delivery

Plan Ref	POF requirement	Description of actions to achieve / maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.4.1	<p>Deliver the Study Support Service in accordance with the national Standard Operating Procedures to enable customers to experience a 'one Network' service. This must include support for local confirmation of Capacity and Capability. Compliance will be assessed against a set of research delivery compliance indicators.</p> <p>To support the UK in being a more cost-efficient place to conduct commercial contract research, LCRNs should develop and implement plans / projects to reduce the number of zero (and low recruiting) sites. This should not include rare disease- or low recruiting studies (where the number of participating sites exceeds the UK target), or extension studies. LCRNs are asked to include this information in Section 3.4.1 of their Annual Plan.</p>	<p>CRN East Midlands is currently compliant with the Study Progress Tracker at the time of Annual Planning. A change to the way in which the Study Support Service (SSS) in CRN East Midlands is managed and delivered has been implemented during Q4 2019/20. The majority of the core SSS Team members are now operationally aligned within our Divisional structure and an SSS Cross-Cutting Team has been created to provide oversight and assurance in relation to SSS delivery and aspects of performance (Lead non-commercial and commercial contract studies and study set-up) . As the new team structures become embedded during 2020/21, compliance with the delivery of the SSS in terms of consistency and quality will be assured by:</p> <ul style="list-style-type: none"> <li>- Regular (6-8 weekly) Study Support Service Operational Meetings to highlight and discuss updates to national SSS SOPs and review current local processes in line with changes.</li> <li>- Regular (4 weekly) meetings with the SSS Managers (Divisional and Acord Attribution) to consider in more detail any changes to national SOPs, to determine local impact and to build in quality assurance mechanisms. Also to review current workload and performance.</li> <li>- Training and development (as staff roles evolve within the divisional structure). To be achieved through national and local training provision and other opportunities.</li> <li>- Process review to determine what elements of the service sit better in the Divisional structure and what should be retained by the cross-cutting team e.g. identification of appropriate touch-points and hand-over opportunities to</li> </ul>	Roz Sorrie-Rae (SSS Compliance & Assurance Manager)	01/04/2020 - but this will continue to be monitored on a monthly basis in 2020/21 as the new structures bed-in.	31/03/2021

		<p>ensure these are as seamless as possible for both researchers and internal CRN staff.</p> <ul style="list-style-type: none"> <li>- Review how we are using our LPMS (Edge) to support SSS activity and data capture so that intelligence about studies is of a high quality and timely. Undertake regular audits of this information.</li> <li>- Alongside this, explore the development of appropriate dashboards etc. using a range of different apps to provide timely SSS business intelligence. This will draw on information from different systems, as required, to support better transparency of SSS activity e.g. early contact and engagement, performance elements, commercial contract study performance. This will be as required and dependent on technical feasibility, but the aim is to provide good oversight of how the SSS is performing and where the workload falls.</li> <li>- Work with Partner Organisations to review what SSS activities are supported locally and to determine in more detail how local confirmation of Capacity and Capability supports a good researcher experience (see 3.4.3). This will build on a review undertaken in 2017. Please note at time of writing not all Contract Support Documents detailed in column D were available, and thus there may be a need to review activity in-year as these are made available.</li> </ul>			
3.4.2	<p>Ensure the LCRN and its Partner organisations work to meet the local population's health priorities engaging with, and optimising delivery and performance in, all appropriate research settings and endeavouring to deliver studies in areas of the greatest health need.</p>	<p>During 2019/20 we have discussed the importance of understanding and seeking to address regional health needs and priorities. We have and will continue to engage with our Public Health Specialty Lead, Derek Ward, who has helped us to understand these priorities. To achieve this effectively it needs to be in partnership across organisations and across systems, such as through ICS/P and STPs, which is an area we intend to further explore. We recognise and value research across all health and social care aspects, both within and outside of NHS settings. We will continue to invest in primary care settings, and as the PCNs emerge we will work with and support research delivery through these new networks. We are also due to complete the first phase of our social care scoping work in 2019/20, and will look to move this into a second engagement phase in 2020/21. Other aspects which are part of this POF element include understanding the importance of Equality, Diversity and Inclusion in relation to research, and where we see some of our 2% targeted investment is likely to flow in 2020/21. Further details can be found in Appendix 2.</p>	<p>Chief Operating Officer (Elizabeth Moss)</p>	<p>30/03/2021</p>	<p>TBC</p>
3.4.3	<p>Develop and implement an engagement and communication plan with local stakeholders involved in the research delivery pathway. The purpose is to ensure a shared understanding of</p>	<p>As referred to in 3.4.1, work with Partner Organisations will be undertaken to review what SSS activities are supported by R&amp;I/D staff. This will involve scoping out what activities are</p>	<p>Roz Sorrie-Rae (SSS Compliance)</p>	<p>30/09/2020</p>	<p>30/09/2020</p>

	NIHR CRN processes and to develop a culture that encourages early contact between the parties to facilitate the successful set-up and delivery of research.	being undertaken and what needs to be implemented within POs, once the core SSS Team activities are taken into account, to provide a consistent service to researchers and more comprehensive intelligence about the challenges that are being faced locally in setting up studies. The main focus will be on study start-up and the delivery of local confirmation of Capacity and Capability to support a consistent and quality experience for researchers and will build on a review undertaken in 2017. A key output will be a mutual understanding of handover points between CRN SSS staff and PO R&D/I and study delivery teams and better information sharing so that researchers can be supported appropriately as challenges arise. This will be underpinned by local SOPs and improved information sharing via LPMS (Edge).	& Assurance Manager)		
3.4.4	Deliver all support activities throughout the research delivery pathway in line with the AcoRD guidance. In particular, where the LCRN Host Organisation or any LCRN Partner determines it cannot carry out the role set out in the AcoRD policy for any 'high priority' CRN Portfolio study (as defined in the CRN Eligibility Criteria) on grounds other than non-feasibility, then they must advise the National CRN Coordinating Centre in advance of communication of this decision to the investigator via supportmystudy@nihr.ac.uk. Please mark your message 'Unable to support high priority study FAO RDD leadership team'. Any such refusal of a high-priority study also must be reported in the LCRN Annual Report to the National CRN Coordinating Centre.	In line with the changes to the way SSS is being locally delivered (as outlined above), a new SSS Manager role (AcoRD Attribution) has been created and will be instrumental in quality assuring studies to ensure that costs are attributed in line with the AcoRD policy and to support the SoECAT validation process. This SSS Manager will also be responsible for developing and delivering a local blended learning approach to relevant CRN staff to extend the number of AcoRD Specialists we have in the East Midlands. Training will also be provided to external stakeholders on AcoRD attribution and associated activities as there is high demand for this.  It is understood that nationally there will be a new system/process developed to help identify non-supported studies, which can be locally triaged, and we will welcome this system as it offers further opportunities to engage with our researchers and other key stakeholders. This will also be shared with R&D/I colleagues within the region so they are aware that there is an escalation process. We have historically flagged such studies to the CRN CC as they arise, but having a more robust process in place is a welcome step forward.  iCT completion will continue to be supported as part of the Lead CRN/PRL role. This will be led by the IOM and undertaken by Commercial Performance Facilitator and SSS team who have received relevant training. Training materials have been widely disseminated and will continue to be used during 2020/21.	Roz Sorrie-Rae (SSS Compliance & Assurance Manager)	01/06/2020	01/06/2020
3.4.5	Promote and support delivery of commercial contract research in line with the requirements of the NHS England and Improvement's National Directive for Commercial	In the East Midlands we remain committed to supporting the delivery of commercial contract studies, and are keen to foster all interest across our partners to grow this work. We	Industry Delivery Manager (Daniel Kumar)	01/04/2020	TBC

	Contract Research linked to the NHS Standard Contract requirements.	<p>have a number of processes and a dedicated team in place to support this work.</p> <p>These documents include:</p> <ul style="list-style-type: none"> <li>- Standard Operating Procedure and Guidance</li> <li>- CRN Portfolio Commercial Contract Research Income v.1.0 June 2019</li> <li>- National Contract Value Review and ICT Readiness framework Jan 2020</li> </ul>			
3.4.6	<p>Put in place arrangements to support the rapid delivery of urgent public health research, which may be in a pandemic or related situation. This will include:</p> <p>a) an LCRN Urgent Public Health Research Plan which can be immediately activated in the event the DHSC requests expedited urgent public health research</p> <p>b) the nomination of an active clinical investigator who will act as the LCRN's public health champion and the key link between the LCRN and the National CRN Coordinating Centre and in the event that the LCRN Urgent Public Health Research Plan is activated.</p>	<p>At this particular time the LCRN is continually reviewing the Urgent Public Health Plan which has been in place for some years, and does go through a formal annual review. The plan has currently been activated due to the emerging Coronavirus outbreak. Prof. Martin Wiselka is the LCRN nominated Public Health Champion and is a pivotal link between the National CRN Coordinating Centre and the LCRN during the current activation. We are sending out regular updates to partners, as necessary, and reinforcing the importance of good communication with partners at this time. As a hosted service we will be following advice of our host organisation, and also ensuring appropriate support measures are in place for our staff.</p>	<p>Research Delivery Manager (Karen Pearson) and Project Manager (Carl Sheppard)</p>	01/04/2020	TBC
3.4.7	<p>Promote Join Dementia Research in LCRN Partner organisations, the purpose being to improve recruitment to NIHR CRN Portfolio dementia studies.</p>	<ul style="list-style-type: none"> <li>- Work with the Community Pharmacy Champion to incorporate JDR promotion throughout community pharmacies; in line with changes to the National Pharmacy contract</li> <li>- In collaboration with the Comms &amp; Engagement lead, create a regional &amp; county focused JDR news article to be released during Dementia Awareness week</li> <li>- Engage with the local ambulance service (EMAS) and University of Northampton to scope the feasibility of incorporating JDR into a dementia friendly ambulance study</li> <li>- Engage with all NHS trusts to increase the uptake of the online JDR learn tool completion - Increase the number of volunteers registered on JDR with a diagnosis of dementia, and scope effective processes that are being implemented within community NHS trusts with a view to implement these across other trusts within the region.</li> <li>- Review JDR materials used within all trusts and work with trusts ensure these are available for eligible volunteers - Increase the number of volunteers registered on JDR from the BAME community via a targeted action plan</li> </ul>	<p>Research Delivery Manager (Karen Pearson) and Research Operations Manager (Kate Gilmour)</p>	TBC	TBC
3.4.8	<p>Increase access to research for people living in care homes, including delivery of dementia research, by developing and supporting a network of research-ready care homes and liaising with the NIHR School for Social Care Research and NIHR partners involved in the ENRICH project.</p>	<ul style="list-style-type: none"> <li>- Continued support for the current well established regional Forums</li> <li>- Support setting up Forums in new areas within the region</li> <li>- Collaborate with HSR Lead and Care homes Lincolnshire</li> <li>- SSS team, to work with researchers to promote the use of care homes for recruitment</li> </ul>	<p>Research Delivery Manager (Karen Pearson) and Research Operations</p>	TBC	TBC



		<ul style="list-style-type: none"> <li>- SSS team to support Academic researchers and Early career researchers within this area</li> <li>- Continue to attend national ENRICH meetings and engage with the School for Social Care Research</li> <li>- Registration and re-registration of Care Homes continues.</li> </ul>	Manager (Kate Gilmour)		
3.4.9	Identify an appropriately skilled Teenage and Young Adult Cancer Research Nurse, in line with the objectives of the NIHR CRN Teenage and Young Adults (TYA) Cancer Strategy. The TYA Cancer Research Nurse will work across all relevant organisations within the LCRN to improve the access of Teenagers and Young Adults to NIHR CRN Portfolio cancer studies.	We have worked with a TYA regional coordinator over the past years on a less formal basis; however the plan this year is to make this a more formal arrangement. The current postholder is a nurse and along with our local subspecialty leads will be formulating a plan of how we can manage the portfolio across the region to ensure equal access to TYA studies in all relevant partner organisations. We will aim to identify a 'champion' nurse in all acute partner organisations to work in conjunction with the regional coordinator to work together to deliver the national strategy for identification and recruitment to TYA studies. The YTD recruitment for TYA in East Midlands is 10 and we plan to increase this by 5% in 2020/21.	Deputy Chief Operating Officer (Kathryn Fairbrother) and Research Operations Manager (Penny Millward)	01/08/2020	TBC

## 5. Information and Knowledge

Plan Ref	POF requirement	Description of actions to achieve/maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.5.1	Ensure appropriate, well-functioning, and well maintained CRN information systems and services are in place and up-to-date.	<p>Appropriate, reliable and well maintained information systems are in place and fully operational in line with the National CRN Coordinating Centre's Information Security Policy and the Acceptable Use Policy for the NIHR.</p> <p>Support for the LPMS in the East Midlands is provided through the contract for Edge via University of Southampton including updates regarding system testing etc. Local financial systems are provided via the HOST for managing LCRN budgets outside of the NIHR CRN CC finance tool, the system in use is eFinancials.</p>	Business Delivery Operations Manager (Goizeder Aspe Juaristi)	01/04/2020	TBC
3.5.2	Maintain a contract with the Local Portfolio Management System (LPMS) provider which covers all system requirements and allows for appropriate change management to support continual improvement.	We are fully compliant - a rolling 12 month contract is in place with our LPMS provide Edge. This is reviewed on an annual basis to ensure fit for continued business purpose.	Deputy Chief Operating Officer (Kathryn Fairbrother) and Business Delivery Operations Manager (Goizeder Aspe Juaristi)	01/04/2020	31/03/2021

3.5.3	Ensure that the LPMS solution meets the latest version of the published Minimum Data Set in support of Research Activity, HLO reporting, and local performance management.	The local LPMS solutions (Edge and Documas) support CRN EM Partner Organisations to capture the currently defined minimum dataset. Please note Documas is not managed through a direct contract with the CRN, as this is the LPMS used by one of our partners (NUH) through a separate contract (not CRN funded)  MDS data quality is locally monitored, 3 monthly.	Business Delivery Operations Manager (Goizeder Aspe Juaristi)	01/04/2020	TBC
3.5.4	Ensure that any CRN-specific Information Systems meet all legal requirements such as Accessibility and relevant GDPR Information Security requirements.	We are fully compliant, with recent contract updates to reflect recently updated legal requirements as per LPMS contract.	Deputy Chief Operating Officer (Kathryn Fairbrother)	01/04/2020	TBC
3.5.5	Ensure an appropriate Exit Plan is in place for all Information System suppliers.	We have an exit plan via the contract for LPMS (Edge), however there is no locally defined process, therefore this will be developed by Q2. We are working with NUH NHS Trust to ensure that this is in place for the other LPMS in the region, Documas, although we do not have a contractual relationship.	Deputy Chief Operating Officer (Kathryn Fairbrother) and Project Manager (Carl Sheppard)	01/10/2020	31/03/2021
3.5.6	When sharing or citing LCRN performance data (e.g. in LCRN Annual Reports, plans, and local communications) the data used must be the official data as produced or issued by the National CRN Coordinating Centre.	At present the reports we produce for Executive or Partnership meetings is drawn from different elements of the Integrated Research Intelligence System, thus LPMS' or CPMS, depending on the purpose of the report. All data sources are always listed along with the date stamp of data extraction. We will continue with this transparent approach	Chief Operating Officer (Elizabeth Moss)	01/04/2020	TBC
3.5.7	Provide appropriate business intelligence (BI) tools and systems to allow the Business Intelligence Lead and supporting staff to provide a modern BI Service to the Host Organisation, LCRN staff and Partners.	We currently support all internal CRN staff and all Partner staff to use Open Data Platform for performance information, through the local BI function we have a variety of reports using other tools to enhance the display of this information to ensure local business needs are met. We are continuously striving for better ways of support business delivery using BI and learning/sharing with other Networks nationally.	Deputy Chief Operating Officer (Kathryn Fairbrother)	01/04/2020	TBC

## 6. Communications

Plan Ref	POF requirement	Description of actions to achieve/maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.6.1	Promote research opportunities to patients and public in line with the NHS Constitution for England (available at <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf</a> on page 8), including informing patients about research that is being conducted within the LCRN area. Engagement opportunities offered by the National CRN Coordinating Centre-managed services such as Join	We will continue to provide support to partners and stakeholders to promote opportunities to take part in research and to raise the profile of research, including via the Be Part of Research and Join Dementia Research campaigns, in addition to local materials. We will build on existing relationships with NHS Trusts, GP Practices and other non-NHS providers, and leverage those relationships to work with them to promote research, prioritising activity aligned to campaigns such as	Communications and Engagement Lead (Steve Clapperton)	01/04/2020	31/03/2021

	Dementia Research (JDR) and Be Part of Research should be communicated to all appropriate stakeholders.	International Clinical Trials Day. We will use tools such as our website, social media platforms and newsletters to maintain a consistent profile of research throughout the year. We will work with partners, Research Champions and patient groups to identify any opportunities that are being missed and seek to identify and trial new approaches to maximise our reach and impact.			
3.6.2	Develop and deliver a local communications plan that recognises the LCRN's position as part of a national system, and that supports: a) the development and maintenance of the LCRN's positive reputation b) transparency of local performance on research delivery c) strong external and internal stakeholder relationships including effective working with other parts of the NIHR d) local delivery of national NIHR and CRN campaigns and initiatives.	We will produce and publish a local communications plan, setting out how the CRN East Midlands will implement and enable national Communications initiatives, and establish local priorities to grow the profile of research in the region. This will include information about key communications projects and priorities, how we will make information about both research and performance accessible to members of the public, and which priority partners we will work with in order to deliver the local communications plan.	Communications and Engagement Lead (Steve Clapperton)	30/07/2020	30/07/2020
3.6.3	Ensure the whole LCRN operates in line with the brand guidelines, operational requirements, website and social media guidelines and national messaging as advised by the National CRN Coordinating Centre.	We will continue to reinforce the brand guideline across region, building on the successful implementation of the new brand in 2019. This will include disseminating information to key stakeholders and audiences, carrying out regular audits in partnership with communications colleagues to identify any areas in need of further clarification, and working with national colleagues to implement any updates or development. Key areas of priority will include ensuring the accessibility of websites owned by the CRN East Midlands, and providing guidance and suggested language about the CRN for use on materials and websites produced by partner organisations.	Communications and Engagement Lead (Steve Clapperton)	01/04/2020	31/03/2021
3.6.4	Promote the acknowledgement of NIHR support in publications and press releases, in communications with local researchers and LCRN Partners in receipt of funds or support from the NIHR.	We will produce guidance for researchers and LCRN partners outlining how they can work with the CRN to support communications priorities, including acknowledging the NIHR in publications and press releases. We will provide local opportunities with the opportunity to attend training in order to provide them with access to information about communications and engagement projects that might align with their work, and to reiterate how communications activity can complement and enhance their research.	Communications and Engagement Lead (Steve Clapperton)	01/09/2020	31/03/2021

## 7. Patient and Public Involvement and Engagement (PPIE)

Plan Ref	POF requirement	Description of actions to achieve/maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.7.1	Create an annual Patient and Public Engagement (PPIE) Plan, to be included as a section within the LCRN Annual Plan.	We will create an annual Patient and Public Engagement (PPIE) Plan, comprising part of the CRN East Midlands Annual Plan.	Communications and Engagement Lead (Steve Clapperton)	01/04/2020	01/04/2020
3.7.2	Assign appropriate resources, including the minimum of a 1.0 Whole Time Equivalent (WTE) PPIE lead, to enable effective delivery of the PPIE Plan.	Complete.	Communications and Engagement Lead (Steve Clapperton)	01/04/2020	TBC
3.7.3	Ensure representation at the PPIE Leads Forum by a relevant LCRN representative.	We will continue to ensure that an appropriate LCRN representative attends the PPIE Leads Forum.	Communications and Engagement Lead (Steve Clapperton)	01/04/2020	31/03/2021
3.7.4	Ensure engagement in National CRN Coordinating Centre PPIE initiatives by relevant local representative(s).	We will promote national PPIE initiatives locally, encouraging local representatives to take part.	Communications and Engagement Lead (Steve Clapperton)	01/04/2020	31/03/2021
3.7.5	Deliver the Research Champions initiative.	We will work with partners to deliver the Research Champions initiative, providing partners with materials to promote the campaign and working with them in order to support Research Champions, providing them with opportunities to engage with public audiences and promote research, and ways to feedback to the CRN so that we can record their impact. We will create a platform to equip partners and Research Champions involved in the initiative with access to the tools that they need, and identify opportunities to bring Research Champions together in the East Midlands to discuss best practice and skill development.	Communications and Engagement Lead (Steve Clapperton)	31/03/2021	31/03/2021
3.7.6	Conduct the Participant in Research Experience Survey (PRES) with Partners, providing quarterly data returns to the National CRN Coordinating Centre.	We will build on the success of PRES in 2019/20 and work with partners to deliver the new national question set, aiming for a successful regional launch on 1 April. We will explore different approaches to increase PRES responses, such as embedding the PRES within the study process, exploring further digital usage and encouraging new partners, including non-NHS delivery sites, to integrate the PRES into their research processes.	Communications and Engagement Lead (Steve Clapperton)	31/03/2021	31/03/2021
3.7.7	Develop and implement a PRES Action Plan showing how PRES results have been acted upon by Partners. Progress against the PRES Action Plan should be tracked and reported via the National CRN Coordinating Centre PPIE Impact Framework.	We will work with partners to review improvement comments and feedback provided via the PRES, and explore how those suggestions can be enacted to improve the research experience. We will collate information about all improvement suggestions that partners are acting on at a regional level and monitoring their successes, providing this information via the	Communications and Engagement Lead (Steve Clapperton)	31/03/2021	31/03/2021

		Impact Framework. We will also seek to identify areas of best practice where we can recommend improvements to the research experience at a wider level as a result of projects that have been implemented locally.			
3.7.8	Implement the improvements to the PRES delivery system as introduced by National CRN Coordinating Centre throughout the year.	We will work with the NIHR CRN CC to better understand the planned changes in relation to PRES, and make local plans around their implementation	Communications and Engagement Lead (Steve Clapperton)	31/03/2021	31/03/2021
3.7.9	Deliver the National CRN Coordinating Centre PPIE Impact Framework, ensuring the return of all required data by quarterly deadlines.	As we have done during 2019/20, we will continue to return all required data for the PPIE Impact Framework in time to meet each of the quarterly deadlines.	Communications and Engagement Lead (Steve Clapperton)	01/04/2020	31/03/2021
3.7.10	Promote the Be Part of Research service to patient groups and the public.	We will identify opportunities to promote the Be Part of Research service to patients and the public, including by working with partner organisations to identify opportunities to maximise reach and impact. We will work with Research Champions to conduct an audit of non-research settings where we might be able to promote the service, and seek to approach these setting to explore their collaboration.	Communications and Engagement Lead (Steve Clapperton)	31/03/2021	31/03/2021
3.7.11	Support the involvement of local Research Champions and other public contributors with national opportunities within the NIHR as such opportunities arise.	We will liaise with our Research Champions to identify the most effective ways to keep them updated with news, opportunities and information relevant to the initiative, and use this as the vehicle to communicate information about national opportunities as and when they arise.	Communications and Engagement Lead (Steve Clapperton)	31/03/2021	31/03/2021
3.7.12	Put in place a structure for involving public contributors in the governance and leadership of their LCRN.	We will continue to include Lay Representatives as members of both the Partnership Group and Engagement Working Group, as well as seeking opportunities to involve public contributors to specific projects on an ad-hoc basis when the opportunity arises. Additionally lay members are also involved in a number of the Divisional steering groups, which we will continue to support.	Communications and Engagement Lead (Steve Clapperton)	31/03/2021	31/03/2021
3.7.13	Deliver PPIE capacity building activities, to Research Champions and any other public contributors, as specified in the Research Champions Contract Support Document.	We will engage with Research Champions and other public contributors to identify areas where we can provide support, training and opportunities to develop their skills and opportunities to contribute in the role. We will use their input and insight into shaping our activity in this area, being led by the areas that they determine as priorities.	Communications and Engagement Lead (Steve Clapperton)	31/03/2021	31/03/2021
3.7.14	Deliver a programme of PPIE capacity building activities to Partners.	We will work together with our partners to identify opportunities to deliver PPIE capacity building activities, seeking to strengthen existing programmes and provide them with tools, training and support to increase local PPIE involvement and activity. This will include liaising with partners to explore the most effective ways to provide them with information on an ongoing basis, and creating a platform that provides them with the resources and information that they will require based on their needs.	Communications and Engagement Lead (Steve Clapperton)	31/03/2021	31/03/2021

## 8. NHS Engagement

Plan Ref	POF requirement	Description of actions to achieve/maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.8.1	<p>Develop and deliver a Local NHS Engagement Plan for continued engagement of LCRN Host and Partner organisation staff in line with the Care Quality Commission (CQC) Well Led Framework, the NHS 10 Year Plan, and the NHS Constitution for England.</p> <p>The Local NHS Engagement Plan should involve CRN Local Research Specialty Leads and LCRN Partners' Research and Development Directors and teams.</p>	<p>As part of the core business of the network, in supporting the delivery of portfolio research, we have very strong links with our NHS partners through a whole range of routes. This would include formal and informal meetings, meetings across individual trusts or specialties and larger meetings with a range of partners, Specialty Leads etc. Our intention for raising the profile of Well-led is to capitalise on all opportunities rather than establish a separate approach. Equally, although we have a very capable lead for this work, Karen Pearson, we also see that it is important for all of the team to have an awareness of this work, and utilise all engagement opportunities which present themselves.</p> <p>As the CQC Well Led Champion, Karen is committed to working with all NHS Partners to share the tools, communications and processes developed by the NIHR CRN CC to embed a more cohesive approach to research across the NHS. Our aim is to work with partners to make research a more "business as usual" expectation for patients and staff.</p> <p>During this year our first steps in this work have included: Engaging with R&amp;D Leads to promote awareness; distribution of the Frontline Survey to Trusts and CCG's; delivery of an awareness session with all CRN funded Band 7 Team Leaders so they can disseminate this resource to their local delivery staff. It is hoped that this cascade approach will support the delivery teams to start the conversation around research with their non-research colleagues. Our intention for 2020/21 is to continue this work to update and share information through our many existing routes - Partnership Group; our programme of Senior Team Links which we run with all partners; one-to-one meetings with individual partners; R&amp;D Leads meetings; specific plans with individual trusts as necessary and through our regular newsletter.</p>	Karen Pearson, Well-Led Champion, supported by the CRN Senior Team	01/04/2020	TBC
3.8.2	<p>Support the role of the LCRN Well Led Champion(s) in catalysing high quality collaborations that help fulfil the Local NHS Engagement Plan.</p>	<p>We are supportive of the LCRN Well Led Champion, Karen Pearson, who is a key member of the Leadership Team. Karen attends the regular calls and feeds back to the team. She also shares all available resources and ensures the research element of the CGC Well Led inspections is raised with key NHS colleagues. Karen has attended the R&amp;D Leads meetings to offer advice and support, and ensure all Senior Team Links</p>	Karen Pearson, Well-Led Champion, supported by the CRN Senior Team	01/04/2020	TBC

		for all NHS Partner Trusts are well versed on the support and resources available to facilitate key conversations around embedding research within the NHS. I anticipate that she will continue to do this into 2020/21. However, this is not solely Karen's role, and she ensures all of the senior team are appraised of this programme of work, and cascade information as it becomes available.			
3.8.3	Develop an LCRN Action Plan based on the results of the research question in the 2019 CQC inpatient experience survey as it applies to supporting partnership organisations to improve patient access to research.	Our understanding is that this will report after the submission of this Annual Plan, thus we will develop a more formal response, on the publication of that data. Looking at last years' results (2018), we would intend to ensure our NHS partners are aware of the feedback, and discuss, through appropriate engagement routes, (e.g. Partnership Group) how we can seek to ensure more patients are aware of research opportunities within NHS organisations, and are offered the opportunity to participate, as appropriate.	Karen Pearson, Well-Led Champion, supported by the CRN Senior Team	31/03/2021	TBC

## 9. Workforce Learning and Organisational Development

Plan Ref	POF requirement	Description of actions to achieve/maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.9.1	Develop and implement a comprehensive LCRN Workforce Plan for LCRN staff ensuring a responsive and flexible workforce to deliver NIHR CRN Portfolio studies.	The Workforce Development Lead responsible for the LCRN Workforce Plan is Michele Eve. As a qualified nurse with a background in learning and development and over 25 years' experience of clinical research in both the NHS and commercial sector, Michele is suitably qualified and positioned to undertake this role. A workforce plan was produced on 26/09/2018 and approved by the NIHR CC, this will be updated annually to ensure a responsive and flexible workforce to deliver NIHR CRN Portfolio studies.	Workforce and Development Lead (Michele Eve)	01/04/2020	31/03/2021
3.9.2	Establish, maintain and report on a profile of NIHR CRN funded staff employed within the LCRN geography.	A workforce profile will continue to be produced quarterly using information obtained from the finance tool. A report will be produced at the end of 20/21 showing trends over the year.	Workforce and Development Lead (Michele Eve)	01/04/2020	31/03/2021
3.9.3	Nominate a senior leader as Wellbeing Lead with identified responsibility for the wellbeing of all LCRN-funded staff, having oversight of wellbeing initiatives across the LCRN.	Michele Eve is the nominated Wellbeing Lead for the LCRN. Michele is supported by a wellbeing working group. Our wellbeing activities are primarily focussed on our central team as the LCRN-funded delivery workforce are supported by their employing organisation's wellbeing teams. However, we plan to have a wellbeing theme in our research forum for delivery staff and have also included a wellbeing section on our WFD site, which signposts to our partner organisations wellbeing sites and also include many wellbeing resources and an e-learning package. We also include information on wellbeing in	Workforce and Development Lead (Michele Eve)	Not anticipated to be fully compliant	Not anticipated to be fully compliant

		our LCRN induction. It is important to highlight that we do not anticipate being fully compliant with the POF specifics, as it is not appropriate for the CRN team (via the Host) to take on the responsibility for the wellbeing of all CRN funded staff within other organisations. If you would like to further discuss, please raise with Elizabeth Moss, COO.			
3.9.4	Provide LCRN-funded staff with opportunities to engage with the strategic initiatives of the NIHR CRN, including the continuing development of learning resources in support of the NIHR CRN.	The LCRN is committed to the continuing development of learning resources in support of the NIHR CRN. Our WFD Lead, Michele Eve, sits on the National Learning Directory and the GCP Content Advisory Group, providing input into the development of GCP and other learning resources. Our Learning and Development Manager, Victoria Fowler, works with colleagues across our supra-region to co-create, update and share learning material. Our Learning Technologist, Nigel Upton, sits on the NIHR Learning Content Creators group. We will also be developing a community of creators across the region to help develop blended learning solutions that meet the development needs of our delivery workforce. These will be submitted for adoption onto the National Learning Directory. The East Midlands currently has the highest level of CRPs on the Directory and are keen to continue to support this national initiative.	Workforce and Development Lead (Michele Eve)	01/04/2020	01/04/2020
3.9.5	Identify a Good Clinical Practice (GCP) Programme Lead who is a suitably qualified individual responsible for the strategic oversight of GCP education across the LCRN.	Our L&D Manager, Victoria Fowler, is the GCP Programme Lead for the LCRN, supported by the WFD Lead. Victoria also acts as the supra regional GCP Programme Lead supporting the national Facilitator Development Programme. Victoria is an experienced GCP Facilitator and L&D professional with many years clinical research experience and therefore suitably qualified and positioned to undertake this role.	Workforce and Development Lead (Michele Eve)	01/04/2020	01/04/2020
3.9.6	NIHR Learn must be used to manage all GCP and NIHR learning directory courses.	The NIHR Learn moodle platform is being used by the LCRN for managing all of our GCP workshops and NIHR Learning Directory content, it is also used for managing most of our local courses such as <ul style="list-style-type: none"> <li>- Feasibility</li> <li>- Informed Consent</li> <li>- Next Steps in Delivering Clinical Research</li> <li>- PI Essentials</li> </ul> The only exception to this is our site file management e-learning course which is hosted on the Articulate server for technical reasons.	Workforce and Development Lead (Michele Eve)	01/04/2020	01/04/2020
3.9.7	Promote and sustain a culture of Continuous Improvement (innovation and improvement) across all areas of LCRN activity to develop the NIHR CRN and its services including optimising performance. The LCRN will be required to identify examples of Continuous Improvement through the LCRN Annual Report and ensure staff have the knowledge	We have an active program, of CI which we have delivered as a supra-region with Eastern and the West Midlands. We will seek to continue opportunities for learning and sharing, such as the sharing of case studies across the workforce, joint events and workshops, along with sharing tools and training for CI. Within the LCRN CI is part of business as usual, with the fundamentals of improvement embedded in what we do. Often	Outgoing Research Delivery Manager (Hannah Finch) and Incoming Workforce and Development	01/04/2020	01/04/2020



	and skills required to support Continuous Improvement and the sharing of activities and outcomes.	it can be difficult to pick out case studies to share, as it is just part of "what we do around here". Through Annual reporting we will endeavour to share examples.	Lead (Michele Eve)		
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## 10. Business Delivery and Marketing

Plan Ref	POF requirement	Description of actions to achieve/maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion
3.10.1	Include any LCRN business development and marketing plans in the LCRN Annual Plan and ensure they are aligned to national NIHR CRN business development objectives.	-Development of a Memorandum of Understanding with the EMAHSN to support SMEs and pipeline of work, plus continued contribution to the EMAHSN Innovation Surgeries leading to an increased volume of research. -Continuing evolution of relationships with Medilink East Midlands and CHEATA. -Increased involvement of the Specialty Lead Group with SMEs.	Industry Delivery Manager (Daniel Kumar)	01/07/2020	01/07/2020
3.10.2	Work with the national Business Development and Marketing (BD&M) team to support national business development initiatives.	-Regular attendance and contribution at IOM/BD national meetings. -Support national initiatives through responses to requests for intelligence and provision of case studies to support comms strategies where appropriate.	Industry Delivery Manager (Daniel Kumar)	01/04/2020	31/03/2021
3.10.3	Provide the national BD&M team with intelligence on LCRN interactions with NIHR CRN customers.	-Regular bi-monthly calls with national BDM link, including supra regional contacts.	Industry Delivery Manager (Daniel Kumar)	01/04/2020	31/03/2021
3.10.4	Ensure that life sciences companies are appropriately briefed about the national NIHR CRN Study Support Service.	-Continued support for Early Contact calls and taking on all Performance Review Lead requests. -Attendance and active contribution at the EMAHSN Innovation Surgeries the front door for SMEs. -Maintenance and development of relationships with key contacts in the Pharmaceutical Industry.	Industry Delivery Manager (Daniel Kumar)	01/04/2020	31/03/2021
3.10.5	Use the template provided by the National CRN Coordinating Centre to include a LCRN marketing profile in the LCRN Annual Plan.	Marketing profile has been developed.	Industry Delivery Manager (Daniel Kumar)	01/04/2020	N/A
<b>3.10.6</b>	Provide details of a named individual responsible for producing the LCRN marketing profile.	Daniel Kumar Industry Operations Manager	Industry Delivery Manager (Daniel Kumar)	01/04/2020	01/04/2020

## Section 2: High Level Objectives

Plan Ref	Objective		Measure	National Ambition	LCRN Target	How target has been determined and supporting rationale	Additional initiatives to achieve the objective	Lead
4.1	Time and Target	Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period	(A) Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed CRN sites	80%	80%		<ul style="list-style-type: none"> <li>- Wider SSS team incorporated within the divisional structure to further develop relationships with research teams and ensure robust feasibility.</li> <li>- Review of current infrastructure with potential for a more targeted cross cutting post focussed on commercial HLO performance to mirror the success of a similar post for HLO2B.</li> </ul>	Industry Delivery Manager (Daniel Kumar)
4.2			(B) Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	80%		Strengthen the current post that we have in place to provide oversight of all Lead CRN studies by ensuring that all SSS/RDM staff are aware of processes locally and nationally to ensure maintenance of the target. We have seen a significant growth in the number of locally led studies and wish to ensure that local CIs are fully supported to deliver their studies successfully.	Deputy Chief Operating Officer (Kathryn Fairbrother)
4.3	Participant Recruitment	Deliver significant levels of participation in NIHR CRN Portfolio studies	(A) Number of participants recruited to NIHR CRN Portfolio studies	TBC	54,000	Each year, we manage our overall recruitment target by working with our local specialty leads to define targets per specialty. This is done using knowledge around local pipeline in each clinical area via SSS, SLs and RDMs. It is impossible to know the exact portfolio outside of East Midlands led studies and therefore historically we have seen an approx. 20% increase on what our pipeline knowledge shows at planning stage. The attached link shows the planning information per specialty and challenges faced.	Activities described throughout the plan will contribute to this objective.	Deputy Chief Operating Officer (Kathryn Fairbrother)

4.4			(B) Number of participants recruited to commercial contract NIHR CRN Portfolio studies	TBC	1,650	- This is above the median overall recruitment over the last 5 years, and is significantly higher than 2019/20 YTD activity, giving a stretched target. - Number of recruits per study is decreasing as interventional trials become more stratified, but ambition to increase overall commercial recruits.	-Nationally 58% of commercial recruitment over the last 3 years has come from the top 3 recruiting trials which impacts significantly on the spread of recruitment across LCRNs, we will target high recruiting trials received through the national system. - We will work with SMEs to support development of high recruiting trials entering the portfolio, although this improvement is more likely to be reflected in a future financial year. -Proactive engagement with sponsors through the Performance Review Lead Role, Early Contact and existing relationships with large pharma to support selection of high recruiting studies at East Midlands sites.	Industry Delivery Manager (Daniel Kumar)
4.5	New Commercial Studies	Increase the number of studies delivered for the commercial sector with support from the NIHR Clinical Research Network	(A) Number of new commercial contract studies entering the NIHR CRN Portfolio	750	N/A		-Work with the EMAHSN to agree a MoU to increase the portfolio of studies with SMEs. -Awareness raising of the importance of studies progressing via the NIHR CRN Portfolio.	Industry Delivery Manager (Daniel Kumar)
4.6			(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			TBC
4.7	Provider Participation	Widen participation in research by enabling the involvement of a range of health and social care providers	(A) Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies	99%	99%		We have met this target since the inception of the LCRN and do not expect this to change in 2020/21. There are always challenges in ensuring that there are studies for particular types of organisations such as community Trusts but we work very closely with all partners to ensure opportunities are available where services are delivered.	Industry Delivery Manager (Daniel Kumar)
4.8			(B) Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies	70%	70%		-Increased focus on commercial research at Healthcare and Community Trusts through working groups, support for set-up and delivery, from further development of Expressions of Interest forms, attendance at pre-site selection visits,	Industry Delivery Manager (Daniel Kumar)

							Senior Nurse to provide guidance and expertise and use of our Research Support Team of flexible delivery staff. Due to the make-up of the trusts in the region with a high number of separate mental health and community trusts (which is not replicated nationwide) we do struggle with this metric, although are very focused towards it's attainment	
4.9			(C) Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies	TBC	As per CRN Target	From discussion with our Primary Care Specialty Leads, there is acknowledgement of system pressure and reorganisation in PCNs which may impact on engagement with Research. We are aware of only one pipeline study with wide reach (online) - we will aim to engage as many RSI and non-RSI sites as possible in simple online questionnaire studies as possible. Additionally, we are mindful that the current situation re. Coronavirus could well impact on primary care research delivery as we are seeing GPs focus elsewhere from research, also it will not be appropriate to continue to deliver all primary studies at this time.	<ul style="list-style-type: none"> <li>- Close working with PCNs as they evolve, and understanding the research opportunities they present</li> <li>- Working closely with all levels of RSI sites, and continually reviewing pipeline studies which match well to these sites</li> <li>- Further consideration of super practices and how to support, especially reflecting on PCNs</li> </ul>	Research Delivery Manager (Harpal Ghattoraya)
4.10			(D) Number of non-NHS sites recruiting into NIHR CRN Portfolio studies	TBC	CRN target		We have successfully engaged with numerous non NHS sites to deliver research, having particular success with schools, dental practices and hospices. We are continuing this programme of work and seeking out opportunities with wider health and social care providers to ensure there is equity of access to research regardless of where care is delivered. Following our recent scoping & mapping exercise, we will continue to engage with researchers and providers to support the delivery of research at sites within social care settings.	Deputy Chief Operating Officer (Kathryn Fairbrother) and Project Manager (Carl Sheppard)

4.11	Dementia and Neurodegeneration Recruitment	Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, each year	TBC	1,000	At present, our comprehensive review of both the local and national pipeline suggests this HLO will be a challenge for us in 2020/21 due to study availability. We think that reaching 1,000 recruits will be a significant stretch, despite this being lower than our previous year's out turn.	<ul style="list-style-type: none"> <li>- Regular study review: review Dementia studies in set-up weekly, review studies seeking additional sites; the divisional SSS team will contact the study team and send out the relevant EOI's to local Trusts.</li> <li>- Through early contact &amp; engagement, the SSS team will continue to flag new studies to the team as a priority.</li> <li>- Focus on Neurodegeneration studies and building capacity for delivery to support this.</li> </ul>	Research Delivery Manager (Karen Pearson)
4.12	Participant Experience	Demonstrate to people taking part in health and social care research studies that their contribution is valued	(A) Number of NIHR CRN Portfolio study participants responding to the Participant in Research Experience Survey, each year	12,000	We would like to propose 1,250 see PPIE Plan for explanation		See sections 3.7.6 - 3.7.8	Communications and Engagement Lead (Steve Clapperton)
4.13	Site Set-up	Reduce intra-study site set-up times for NIHR CRN Portfolio studies	(A) Median intra-study site set-up time for commercial contract studies, at confirmed Network sites (days)	TBC	As per CRN target		During 2020/21, review set-up time taken by Partner Organisations for qualifying studies to ensure this is within the CRN target for 2020/21. Work with R&D/I staff in POs to develop an insight into reasons for non-achievement where this occurs, with the aim of reducing study set-up as a percentage of the HLO9 baseline. Work closely with colleagues in the Supranetwork region (CRNs Eastern and West Midlands) to share good practice and identify general trends and themes that may require escalation. See further details in Initiatives section	Industry Delivery Manager (Daniel Kumar)
4.14			(B) Median intra-study site set-up time for non-commercial studies (days)	TBC	As per CRN Ambition		During 2020/21, review set-up time taken by Partner Organisations for qualifying studies to ensure this is within the CRN target for 2020/21. Work with R&D/I staff in POs to develop an insight into reasons for non-achievement where this occurs, with the aim of reducing study set-up	Roz Sorrie-Rae (SSS Compliance & Assurance Manager)

							as a percentage of the HLO9 baseline. Work closely with colleagues in the Supranetwork region (CRNs Eastern and West Midlands) to share good practice and identify general trends and themes that may require escalation. See further details in Initiatives section	
4.15	Local Specialties	Improve access to research by increasing recruitment in priority specialties (including difficult to reach groups)	(A) Percentage increase in the number of participants recruited to NIHR CRN Portfolio studies within local priority areas	5%	5%	To be provided under separate cover, directly to the Medical Directorate, as requested	Elizabeth Moss (Chief Operating Officer)	
4.16			(B) Proportion of LCRN local priority areas with an increased recruitment of 5% or more	80%				

## Section 3: Financial Management

6.1	Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2020/21. (For example particular studies that require large investment, concentration on a particular Specialty)	Currently there are some aspects of the Specialty Priorities which remain unclear. There may be a need for some more targeted investment, once this clarity is provided, which may shape some of our investment decisions. We continue to be challenged by our NHS Trust partners to meet the AfC pay grade uplifts, which does remain a challenge, and does have an impact on the volume of research staff we are able to fund, purely due to financial constraints. Our partners are however working with us, to try to manage this burden together. Another impact which is of concern for partners is the reduction in RCF funding, alongside the reduction in real terms CRN funding, which trusts reflect is creating a squeeze across some areas of research.	
6.2	In respect of the LCRN 2020/21 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this		
*Notes	1. It is assumed that the Local Funding Model is net of any National Top Slice as these are pass through costs		
	2. If the funding element category is not applicable to your Local Funding Model, please enter 0%		
	3. The percentages (%) entered in the table should equate to 100%		
<b>Funding Element</b>	<b>Examples</b>	<b>Description of model</b>	<b>% of Total CRN Funding Budget 2020/21 Budget (Please note that these should total 100%)</b>
Host Top sliced element	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team	This element includes the cost of our LPMS (Edge), Costs for Speciality & Divisional Clinical Leads, our Workforce Development team, costs for the delivery of SSS (incl commercial), Leadership & Management, Host supporting costs, Comms/Engagement and PPIE, Information Management/BI and our Research Support Team (flexible workforce of delivery staff). We can split across these different groups, if helpful.	20.19%
Block Allocations	Primary care, Clinical support services (i.e. pharmacy), R&D contributions	We do not have a block allocations element of our methodology. Primary care is funded in the same way as all other POs, all supporting services too. The only R&D contribution we make is for the delivery of elements of the SSS across the region, through embedded staff, and each year we discuss and agree the need at these site, thus it is not a block allocation, but a more refine approach.	0%
Activity Based	Recruitment HLO 1, number of studies, activity weighting	Organisations do not receive budget elements which they could draw out and reference as "Activity" or "Historic", however these elements factor into the overall budget model used to define PO envelopes. An activity based element is used, considering recruitment overall and complexity, our paper detailing the approach is published on our website each year. When reflecting on the activity based element we reference the 2 preceding financial years, ending 31 March 2019	55%

Historic allocations	PO funding previously agreed	Organisations do not received budget elements which they could draw out and reference as "Activity" or "Historic", however these elements factor into the overall budget model used to define PO envelopes. Our local funding model uses the historic funding as a baseline and overlays activity and performance	19.10%
Performance Based	HLO performance, value for money metric	Our model does use a Performance Based element, for 2020/21 budgets we included both HLO2 (recruitment to time and target for commercial and non-commercial studies at the site level) and HLO4 (set up times within the 80% target), at a ratio of 2:1. This element is added after the cap and collar, which aids in demonstrating the value of HLO attainment, outside of the main HLO1 target.	2.29%
Population Based	Adjustments for NHS population needs	This does not feature within our model as a separate category	0%
Project Based	Study start up	This does not feature within our model as a separate category	0%
Contingency / Strategic funds	Funds to meet emerging priorities during the year, including targeting local health needs	We have top sliced this element before the calculation of our funding model to partner organisations. During the year the amounts will be allocated to our partners (existing and emerging), and we do have a paper which outlines our approach to the allocation of this funding, which can be found in Appendix 2. Also in this category is an allocation of £200k for unmet service support costs in settings outside of NHS trusts	3.42%
Other funding allocations		None	0%
<b>Total</b>			100.00%
Cap and Collar	Please provide your upper and lower limits if applicable		7% CAP -3% COLLAR
<b>Comments</b>			
6.3	If the 2020/21 local funding model methodology has changed since 2019/20, please give a brief description of the changes and the implications for Partner organisations' allocations	The main change is that we no longer have a separate funding stream for unmet service support costs for NHS Trusts, although it is still in place for GPs, and wider NHS and non NHS sites. We evaluated this funding stream in 2019 (see appendix 3), and have concluded it did not offer VFM. This separate stream has been incorporated into the main allocation approach, thus distributed to all partners. The network remains committed to meeting all NHS Support costs (as defined by AcoRD), through our existing funding routes.	
6.4	Please confirm whether monitoring visits will be taking place over the course of 2020/21. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion (by spend) of your Category A Partner organisations are being monitored	We do intend to continue our monitoring visits, as they are proving very helpful at attaining assurance, and opening a useful two way discussion. We visit one organisation per quarter, as this allows sufficient time for planning, submission and review of evidence, the visit itself and write up of findings. The programme of visits is set by the Finance Working Group, early in the year, and this year includes: Sherwood Forest Hospitals NHS Foundation Trust, Chesterfield Royal NHS Trust, East Leicester Medical Practice and United Lincolnshire Hospital NHS Trust which equates to 11.33% by value.	



6.5	Please confirm if an amount of funding is being set aside to address local health needs and if so which applicable diseases will be prioritised. This should be highlighted as 'strategic funding' in the CRN Finance Tool	Yes, we have allocated 2% of total funding again for this initiative. We realise this was not a contractual requirement; however this is a useful and valuable investment to make for our region. Through our approach last year, we were able to engage with a good range of organisations, and invest in some areas which have aided us in meeting wider objectives around health need, social care and public health. We have a targeted call which considers issues such as prevalence and health need; it does not specifically target certain diseases.
6.6	What are the key financial risks and mitigations for 2020/21? Please include cost saving initiatives / measures	We have retained a separate funding line for unmet service support costs in non-NHS settings, including primary care. This is forecast at the beginning of the year, and then allocated throughout the year based on activity. There is risk of both under/overspend against this, however it is reviewed quarterly and funding can be moved around from other areas of the budget, if required. Recently discussed at the Finance working group was the impact of COVID-19 and associated uncertainty, with research potentially being hampered due to diverting staff to clinical and front line duties.
6.7	In which financial year did your previous internal audit take place? Have all of the auditor's recommendations been implemented and, if not, when will they be implemented?	Our last Host Trust audit was in 2017/18, and all actions have been completed. The report and action plan was shared with the Co-ordinating centre previously.
6.8	If the next internal audit is due in 2020/21, please give the estimated date of the audit	Our next Host Audit is due in 2020/21, and a date is currently being planned. It is likely to be January 2021, although we will confirm once it has been arranged.