

NOTES FROM THE ESSEX & HERTFORDSHIRE CLRN JOINT STAFF MEETING

Thursday 18th November 2010
Churchgate Hotel, Old Harlow

Attendees

The meeting was well attended, with 42 staff present. A list of attendees is available on SharePoint:

Opening Words

Adam Young (Clinical Director), opened the meeting, with a welcome and thanks to all for coming and thanks also, to the organisers. He congratulated everyone on their hard work and contributions to the E&H CLRN achieving a NIHR excellent RAG rating (all 'Green').

Communication

Caroline Gunnell (Co-Director), followed; emphasising the opportunity for improving communication across the E&H CLRN and urging everyone to use the day to make contacts & gain a good understanding of who's who.

Who, Where & How

Oksana Hoile (Senior Manager), then spoke to everyone and explained the structure for the day. This was followed by an interactive exercise, designed to help everyone introduce themselves to one another, to learn who is who and understand their roles and area of expertise.

Jargon Busting

Oksana then made a short Jargon busting presentation to help staff avoid unnecessary acronyms and abbreviations that often crop into daily working.

Feedback from CLRN Staff Meeting held 22nd April 2010

Following this, Oksana reviewed the items discussed in the last Staff meeting; namely, the ideas for things we should stop doing, continue doing and start doing.

In revising past ideas it was agreed that PPI awareness efforts have much increased, that there are far fewer complaints about RMG and that Clinicians' view of us is now much more positive. Also, that the diversity of research is increased and recruitment growing.

In general discussion, suggestions for improvements we could implement now, included:

- introduce a CLRN Research Nurse meeting
- collate and use more real life stories in the Newsletter and other publications

- improve 'head's up' communications about what is happening in the wider world which may affect us - encouragement to everyone to remember to pick up the phone and communicate one to one with colleagues.

CLRN-wide key developments and performance

Philip Smith (Lead RM&G Manager), made a presentation with Lorna Gray (Information Manager), on some of the CLRN developments and about the CLRN function and responsibilities. Lorna presented activity reports, showing 'where we are now' and demonstrating that approval times are improving and that we are on target for Industry study percentage.

Supporting Industry Research

Paul Roberts (Cluster 3 Manager & CLRN Industry Lead), made a presentation to explain our current situation and plans for supporting Industry research. Paul explained that we can offer a lot to Industry and now need to be more proactive and promote ourselves further to the commercial sector. One angle we will be taking is to exploit our knowledge of the local demographic. We also need to be more aware of the sites which can really deliver and promote these whilst others grow and improve.

Paul presented charts showing our performance in the Industry sector. Study set up times and recruitment to time and target on some studies are much better than the national average and exceed even the NW Exemplar targets, we need to shout about this and make people more aware of what we can offer.

In his summary, Paul said that ways of working 'smarter' have been identified to ensure more CCRN Industry studies become operational locally and that there is now a need for improved and central recording of key metrics in order to drive even better standards in study delivery.

Clinical Research Practice matters

Charlotte Mahuma (Research Nurse Lead), made a short presentation about the importance of research participant experience. Charlotte stressed the need to capture the patients' experience and Caroline Gunnell suggested that this could be linked to the RfPB funded project PEBLE she is involved with.

Discussion followed about some networks collecting patient questionnaires but few responses get returned. Some of that was due to questionnaire to patients might have been badly timed. Carol Keel mentioned experiences at the PAH where they are putting in place research participant diaries, also explained that Joy Manju have been conducting a very interesting project about patient experience of research.

Charlotte announced that she would be forming a working group to address the issues and all staff are invited to contact her if they would like to be involved.

Solutions found & help needed

Each of the Clusters made a presentation, focusing on one thing they felt they had done well as a team and one that they would like assistance with.

Cluster 1

Margaret Jones (Cluster 1 Manager), reported how proud she was to see the wonderful co-ordination within her team. She suggested that this success was due to commitment, knowledge and co-operation. She described how this is assisted by a good generic research nurse base and the addition of an Assistant RMG Facilitator, as well as things such as early

dialogue with research teams, comprehension of document requirements, clarity of roles and the availability of clinical/non clinical input.

Some of the areas where Cluster 1 felt they needed help were with further training, a more consistent approach across the CLRN and better sharing of knowledge.

Cluster 2

Nhlanhla Mguni and Christopher Khuoge (Site Co-ordinators), presented for Cluster 2, speaking about how they had overcome problems with capacity and awareness in clinical sciences. They reported that this had been addressed with regular meetings and increased involvement and communication

Cluster 2 asked for help with the fact that research practitioners are often isolated. They felt that things such as resistance to change and lack of understanding about the role of clinical research led to delay in approvals and resources and reduced recruitment activity.

This issue was discussed generally and the suggestion was made that speaking to the lead nurses and asking them to be involved more may help to address this; as would involving other prominent research active staff and also use of the TV screen shots to increase awareness of their role and existence.

Cluster 3

Paul Roberts spoke for Cluster 3. In his presentation he celebrated the success of the clusters' activity performance and especially that of Musculoskeletal research at PAH. Positive factors such as support of the LSG lead, learning from colleagues, the engagement of service support departments, regular team meetings and a study action plan had led to this success.

The area which Paul felt they needed help was in increasing NHS Hertfordshire's patient recruitment numbers. Everyone then participated in an open discussion and it was agreed it was hard to meet the high targets resulting from involvement in swine flu study recruitment last year. The suggestions which were made included encouraging the LSGs to adopt more studies, to work at pushing study approvals through more quickly so that the momentum of people's interest was maintained and talking more to Lead Facilitators so that earlier and better understanding of potential blocks in the approval process could be highlighted and addressed.

CLRN Team Operations

Oksana introduced everyone to an interactive session, where 4 teams used real research support scenarios to create an 'island of perfect research support, management and governance'. This was aimed at finding out more about different roles and skills each person contributes to achieve high standard of study delivery.

The exercise was greatly enjoyed and each team produced some fantastically creative, thoughtful and knowledgeable work. Lots of serious issues were raised about studies' management and governance and how we could work better as a CLRN Team. Photographs of the work can be found on the SharePoint (see link at the end of this document).

Close

Oksana rounded up the day by reviewing the signs of organisational good health and reminding everyone about the importance of noticing and modifying some behaviours and mindsets that could interfere with the quality and effectiveness of the CLRN services. The meeting was then closed with a summary of the day and thanks to all for their enthusiastic participation.

Link to Documents, Presentations and Photographs

A copy of all presentations can be found in the Staff Meeting file on the Sharepoint Front page:

<https://portal.nihr.ac.uk/sites/ccrn/ehclrn/clrndocs/Forms/StaffEvent.aspx>