



NHS
**National Institute for
Health Research**

CLRN Joint Staff Meeting

18th Nov 2010

Churchgate Hotel, Old Harlow

Aims of the Meeting

- Progress since 22nd April 2010
- Keep talking to each other: what works, what does not and what is in a pipeline
- Share news, ideas and experience
- Find answers and make suggestions
- ENJOY THE DAY!



Day Structure

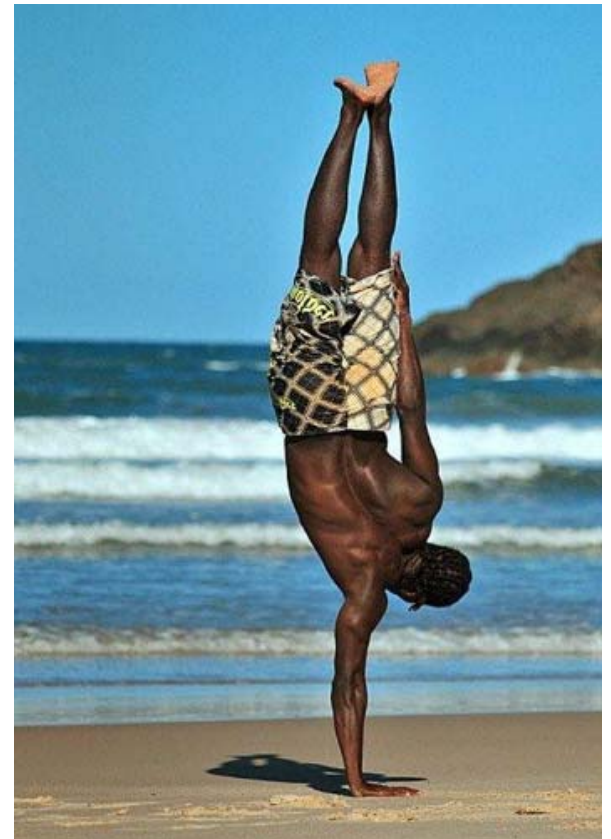
- 'Who, Where & How' Exercise
- Presentations
- Group Work
- Feedback
- Personal Reflection

Interactive!



Focus & Themes

- Innovation and Creativity
- Competency and Performance
- Perceptions and Reality
- Reflection
- Taking Action





Exercise 1

WHO, WHERE & HOW 10 MIN



NHS
*National Institute for
Health Research*

Presentations

Reflection 1: Busting bureaucracy starts from

BUSTING JARGON!

CLRN has grown and is successful!

- Less working in silos but still more to do!
- In numbers, performance, skills, processes and ... terminology
- **CUOA**
 - Compulsive Use Of Acronyms

- I always new that CLRN had a **DREAM**
 - Dedication, Responsibility, Education, Attitude, Motivation
- Essex & Hertfordshire R&D set up is very smart and we suffer very few **NFEHs**
 - ‘Normal For Essex & Herts’
- Because everything we do is done with **PRIDE**
 - Personal Responsibility In Delivering Excellence
- New White Paper for NHS presented everyone with some **FORCE** dilemmas
 - Focus On Reducing Costs Everywhere

- Using **GAAPs**, Tina and I set ourselves on a mission to meet with all trusts as part of the mid year review
 - Generally Accepted Accounting Principles
- With the view to assess **ROI**
 - Return On Investment
- Filled with confidence that only very minor **SPOFs** be found
 - Single Point Of Failure
- Because all Clusters have **7Ss**
 - Skills, Strategy, Structure, Style, Systems, Staff, Shared values

- In addition, I have started **MBWAL**
 - Management By Walking Around and Listening
- To see what is **NQR**
 - Not Quite Right
- This caused some **ERICs**
 - Emotional Reaction Impedes Control
- But I insisted on having as much **TED** time as possible
 - Tell me, Explain to me, Describe to me

- Found lots of good practice and enthusiasm mixed with some **TOIS**
 - Task Oriented Instructional System
- And some useful **TAPES**
 - Technique And Practice Equals Skill
- But unfortunately alongside duplicate **WINDOWS**
 - Will Install Needless Data On Whole System
- That really should be **JEEPs**
 - Just Enough Essential Parts

- Encourage staff to be do as much **KEY** as possible
 - Keep Extending Yourself. A reminder of the importance of striving to improve yourself, and always to be seeking new challenges!
- So we can deliver best support for research applying **LAST** approach
 - Listen, Advise, Solve, Thank. (Good customer care tip!)
- And we become even greater CLRN **TEAM!**
 - Together Everyone Achieves More

Reflection 2:

**HOW FAR HAVE WE
PROGRESSED SINCE APRIL
2010?**

Efficiency Group - 'Things To Start Doing'

1. Sales and Marketing

- a. Having a research study ready for accreditation for clinicians and research teams
- b. Focus on commercial studies; get involved with Paul Roberts/Tracey Johns project
- c. Feedback loop - effective one completed study
- d. Working better as a network, everyone can be a sales rep!

2. Focus on quality

- a. Quality of information - fit for purpose, consider relevance and volume
- b. Patient safety - perceptions improvement, reducing risk, effective policies and procedures

3. Processes - Best Practice - Standardisation

- a. Avoids duplication
- b. Consistency
- c. Right first time ethos
- d. Training and right information tools available to them

Other 'Start ideas' - invoicing sponsorship income, direction, spell checking, monitor follow up, screening, moving on/working as a network, new processes, accessible GCP training records, new process, accountability/responsibility, CV database, closing studies not recruiting, getting more commercial income

Efficiency Group - 'Things To Stop Doing'

1. Duplication

- a. Approval process
- b. Database of essential information (CVs/all studies, pool information & knowledge, use weekly news more)

2. Too much information

- a. Consider purpose, relevance and volume
- b. Long emails - say what you see!

3. Making excuses

- a. Look for the solution rather than focusing on the problem
- b. Other 'stop ideas' - Waste, barriers between roles, dithering, long emails, reply to all, having to chase people for responses, work in silos

Efficiency Group - 'Things To Continue'

1. SharePoint/Tracker

- a. Central Repository - avoiding duplication
- b. 24/7 access
- c. Security
- d. Improvements

2. Research Activity Costings

- a. Consistency
- b. Visibility/ Transparency
- c. Robust - everything included
- d. Accurate

3. Training

- a. Scheduling in house training
- b. Practical Training for nurses
- c. Rolling process - be ahead of the game
- d. IT/Process/Pharmacy

Other 'Continue ideas' - Sharing information, better use of KPIs, process groups, recruiting, costing, tracker fit for purpose, relevancy, process working groups, approvals, recruitment (monitor volume & diversity), reporting.

Perceptions Group

<p>Participants</p> <p><u>How participants view us</u></p> <ul style="list-style-type: none"> • Face of research vs Faceless <p><u>How we view participants</u></p> <ul style="list-style-type: none"> • Starting point of studies • Funding vs Recruitment totals • Fodder <p><u>Solutions</u></p> <ul style="list-style-type: none"> • Marketing DVD • External website • PPI – strategy • Give feedback of studies to participants 	<p>Department of Health (DoH)</p> <p><u>How the DoH view us</u></p> <ul style="list-style-type: none"> • Implementation tool • Their employees & R&D experts <p><u>How we view the DoH</u></p> <ul style="list-style-type: none"> • Barrier, Money or not • Brilliant strategist and Changer makers <p><u>Solutions</u></p> <ul style="list-style-type: none"> • National ‘streams’ • Increase profile – good relationships • Increase recruitments – key stakeholders
<p>Researchers</p> <p><u>How researchers view us</u></p> <ul style="list-style-type: none"> • Barrier vs Supportive • Let them down vs Source of all knowledge <p><u>How we view researchers</u></p> <ul style="list-style-type: none"> • Sensitive vs Out of touch • Can be innovative vs Can be blinkered <p><u>Solutions</u></p> <ul style="list-style-type: none"> • Communication – networking (monthly meetings) • MDT involvement • Lead CLRN – communication pack 	<p>Industry</p> <p><u>How Industry views us</u></p> <ul style="list-style-type: none"> • Slow and Insignificant • A new opportunity <p><u>How we view Industry</u></p> <ul style="list-style-type: none"> • Money and Helping Health Economy • Business like vs Out of reach • Work differently to us <p><u>Solutions</u></p> <ul style="list-style-type: none"> • Approval times • Marketing – participants groups • Read lessons learnt
<p>Trusts</p> <p><u>How trusts view us</u></p> <ul style="list-style-type: none"> • Threatened by being replaced by R&D • Controlling • Extra work <p><u>How we view trusts</u></p> <ul style="list-style-type: none"> • New friend vs Client • Obstructive 	<p>Solutions</p> <ul style="list-style-type: none"> • Proactive – effect to attend meetings • Participants – feedback • Mixing funding for CLRN and Trusts • Demonstrate what is in it for them • Eventually saving money

Communications Group

CLRN TODAY

Public awareness

Encourage New People

84/85 Next Year

GETTING THE MESSAGE OUT

Filing

OUR INFORMATIONAL SYSTEMS TODAY

Today's Working Environment

http://

Keith Giles Adrian

SharePoint Tracker Complete

ESSEX & HERTFORDSHIRE CLRN
SIRTS & PERFORMANCE FACTORS
Results (Priority 1, Mar. 2010, Cluster A5)

Item	Target	Actual	Score
SP101 No. of new studies (drafts & submitted)	100	14	14%
SP102 Number of CLRN CR	100	0	0%
SP103 LSP uptake	100%	100%	100%
SP104 All Small Practice Units	100%	100%	100%

CLRN 12 MONTHS

Increased standing within the NHS + Government

Team

MARK

Increased

Activity

The Road to Success

DIVERSITY

Conference Calls

Excellent office environment

The sky's the limit!

Celebrate

Cluster 1 Cluster 2 Cluster 3

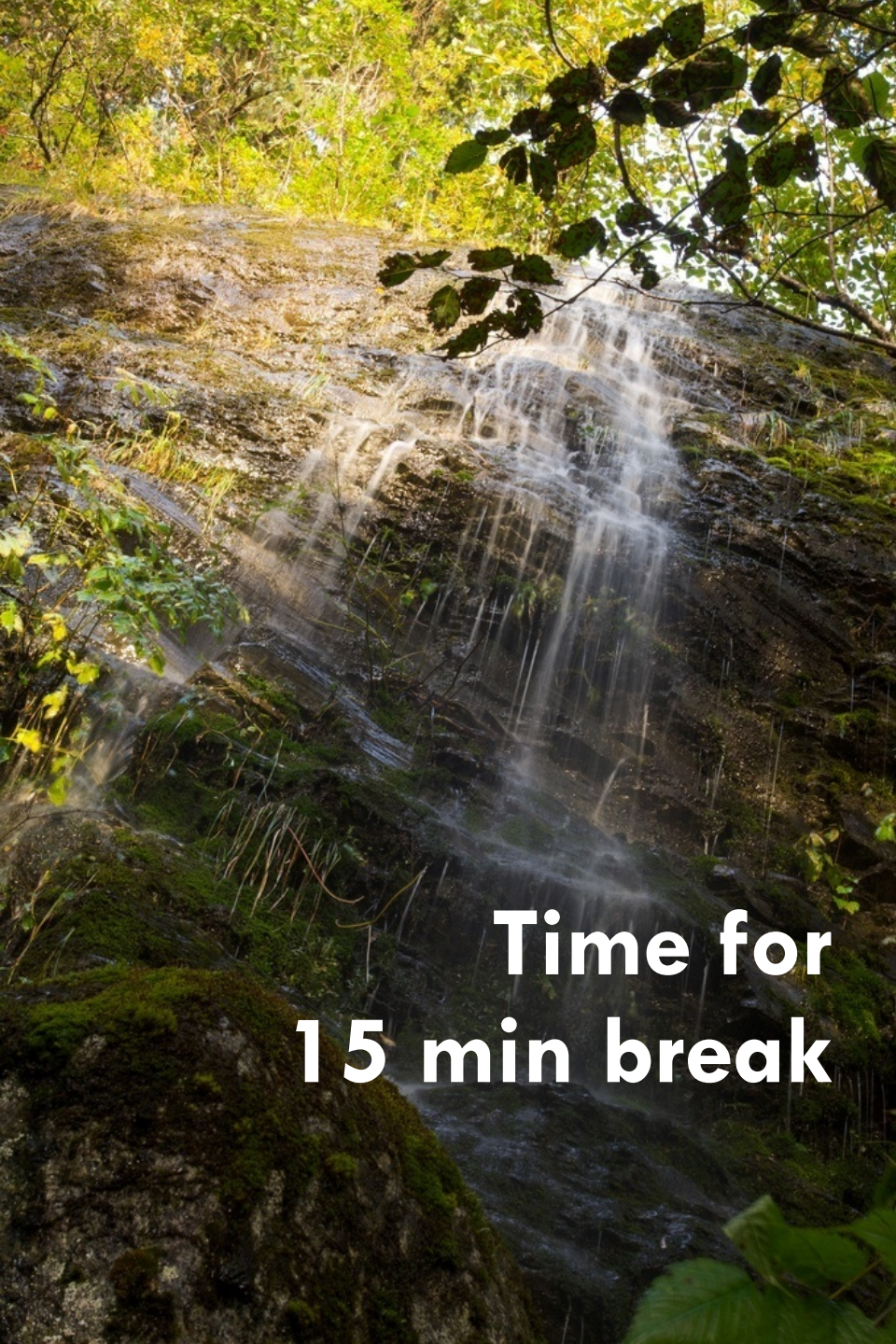
PROFUSION LOCAL PARTICIPATION IN HIGH QUALITY ETHICAL RESEARCH

CLRN 4



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MANY THANKS!



**Time for
15 min break**





*LUNCH and a
brain exercise!!!*

Do you know what any of these mean?

7 B F 7 B

101 D

3 B M

T 10 C

366 D I A L Y

6 W O H T E

T 7 W O T W

12 S O T Z

13 I A B D

26 L I T A

10 G B H O T W

A T W I 80 D

12 I I A F

24 H A D

S W A T 7 D

3 T A L



Exercise 2

EXPERIENTIAL LEARNING 60 MIN

Group Work Aim and Rules

- 4 Groups - creativity, talent display and humour
- **Aim:** to create an island of **perfect research support, management and governance** using real study scenarios
- **Rules:**
- Use skills of **everyone** around the table and 'switch roles' where possible;
- To represent a fuller set of NHS professions and departments, '**borrow skills**' from other group/s
- Maximise **study uptake across the rest of CLRN** – negotiate with other groups more sites and support
- Produce **complete governance and feasibility** reports
- Provide **Feedback**

Mindsets underpin performance



There are nine vital signs of organisational health



Direction	A clear sense of where the organisation is heading and how it will get there that is meaningful to all employees
Leadership	The extent to which leaders inspire actions by others
Culture and climate	The shared beliefs and quality of interactions within and across organisational units.
Accountability	The extent to which individuals understand what is expected of them, have sufficient authority and take responsibility for delivering results
Coordination and control	The ability to evaluate organisational performance and risk, and to address issues and opportunities when they arise
Capability	The presence of the institutional skills and talent required to execute strategy and create competitive advantage
Motivation	The presence of enthusiasm that drives employees to put in extraordinary effort to deliver results
External orientation	The quality of engagement with customers, suppliers, partners and other external stakeholders to drive value
Innovation and learning	The quality and flow of new ideas and ability to adapt and shape the organisation as needed

Thank You and Safe Journey!