



Norfolk & Suffolk  
Comprehensive Local Research Network

**BUSINESS PLAN 2011/12**

## CLRN BUSINESS PLAN 2011/12

### Cover Sheet

<b>CLRN:</b>	Norfolk & Suffolk
<b>Host Organisation:</b>	Norfolk & Norwich University Hospitals NHS Foundation Trust
<b>Member Organisations:</b> <i>(NHS Trusts only)</i>	East of England Ambulance Service NHS Trust (EEAST) Great Yarmouth and Waveney PCT (GY&W PCT) Ipswich Hospital NHS Trust (IH) James Paget University Hospitals NHS Foundation Trust (JPUH) Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) Norfolk and Waveney Mental Health NHS Foundation Trust (NWMHT) Norfolk Community Health & Care NHS Trust (NCH&C) Norfolk PCT (NPCT) Suffolk Mental Health Partnership Trust (SMHP) Suffolk PCT (SPCT)
<b>CLRN Population:</b>	1.354m

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## 1. Executive Summary

The Business Plan 2011/12, together with the Outline Use of Resources, set out how the N&S CLRN aims to deliver on key objectives for the coming year. The activities that will be undertaken by the network are outlined and clear, attainable targets are presented within the plan as part of the Comprehensive Clinical Research Network (CCRN) Performance Management Framework (PMF).

As part of the National PMF and associated Local Performance Measures 2011/12, the N&S CLRN aim to achieve the following:

- **To increase the number of participant recruits on to NIHR portfolio studies by 10%** compared to 2010/11. An informed estimate of activity has been made for the forthcoming year and all Trust recruitment targets will be reviewed in the period leading up to the June 2011 as final recruitment figures for 2010/11 become apparent.
- **To increase the number of live industry studies on the network's NIHR portfolio by 12** by the end of 2011/12 and to draw upon best practice principles from the North West Exemplar programme.
- **To monitor recruitment into NIHR portfolio studies across Member Organisations** against realistic, challenging, and locally agreed targets, and to make timely and appropriate interventions if studies fail to recruit to time and target.
- **To increase the number of actively recruiting NIHR portfolio studies locally.**
- To implement an action plan to **achieve reduced timelines for R&D approval** through the Co-ordinated System for Gaining NHS Permissions (CSP), incorporating a review of current barriers and delays. The network is committed to working with the R&D offices to move towards a **median time of 30 calendar days for local checks** to be completed and NHS permission issued.
- To initiate locally the new RD-Management Information System (RD-MIS) CSP module during the first half of 2011/12.
- To carry out a **local review of the Local Specialty Groups framework** in the network to ensure that it plays an effective role in achieving recruitment to time and target.
- To strengthen **engagement with our NHS partners** through the promotion and discussion of CLRN goals and objectives. Levels of engagement will be discussed and reviewed at Board level.
- To ensure that CLRN funding allocated to Member Organisation is working efficiently to improve patient participation in research and provide **value for money**.

N&S CLRN continue its commitment to the national ambition to double participant recruitment into clinical research by 2013/14 and this will only be possible with the full engagement of our Member Organisations. Challenges will include the retention and continued development of a skilled workforce, getting portfolio research started in a timely way and meeting local recruitment targets, and maximising the effectiveness of Local Specialty Groups. Delivery of the action plan outlined the N&S CLRN will be in a good position to meet the targets set in the Performance Management Framework and the national high level objectives.

## **2. Overview and management of the Norfolk & Suffolk CLRN**

### **2.1 *Member Organisations, Geography and Demographics, Local Research Networks and Infrastructure***

The demographics and geography of the CLRN are as described in the N&S CLRN Business Plan 2010/11.

On 1 November 2010 the newly established Norfolk Community Health & Care NHS Trust joined the N&S CLRN as an additional Member Organisation. From 1 April 2011 the community providers for Suffolk and Great Yarmouth & Waveney will become separate organisations. From Autumn 2011 there is also a planned merger of the two mental health trusts.

The N&S CLRN engage with NHS Trusts in a variety of ways but mainly through quarterly review meetings, board meetings, LSG membership and RM&G interactions. More detail on NHS engagement activities is described in section 3.2 p.6. HEI and T/PCRN LRNs all have representation at Board level and there are regular meetings organised between CLRN Senior Manager and TCRN managers.

### **2.2 *The Core Team and CLRN Office***

An organisational chart of the Norfolk & Suffolk CLRN Core Team is set out in Fig. 1 on page 7.

Dr Andoni Toms became CLRN Clinical Director on 1 January 2011, with Professor David Price and Professor David Scott becoming Co-directors.

From 1 July 2011 Professor David Scott will be retiring from the NHS and Professor David Price will be stepping down from the Co-directorship role. This will leave a 2 PA co-directorship vacancy that the CLRN will be seeking to fill.

Mary Cubitt, Lead RM&G Manager has been on full-time secondment to NIHR CRN CC since May 2009. It is anticipated that she will return to her substantive role in September 2011. During 2011/12 the N&S CLRN will experience its third change in Lead RM&G Management arrangements in 3 years.

During 2011/12 the N&S CLRN will continue working with the R&D Management of the Host Organisation to overcome previously identified and unresolved accommodation issues for the Core Team.

The current Chair of the Network Board, Richard Watts, will step down from his role as Chair of the Network Board from 1 April 2011. A selection process for a new Chair is currently on-going at the time of submission of this Business Plan and it is anticipated that a new Chair will be in place by the start of 2011/12 or shortly after.

### **2.3 *Distribution and Management of Support Staff across the Member Organisations***

The infrastructure model for the CLRN is a combined model with a combination of devolved support staff, embedded and managed in existing teams in the Member Organisations. Other positions based at the CLRN Host Organisation are centrally managed and often generic. This applies to a team of CLRN research nurses (generic and specialised) who are managed by the CLRN Senior Research Nurse Manager post.

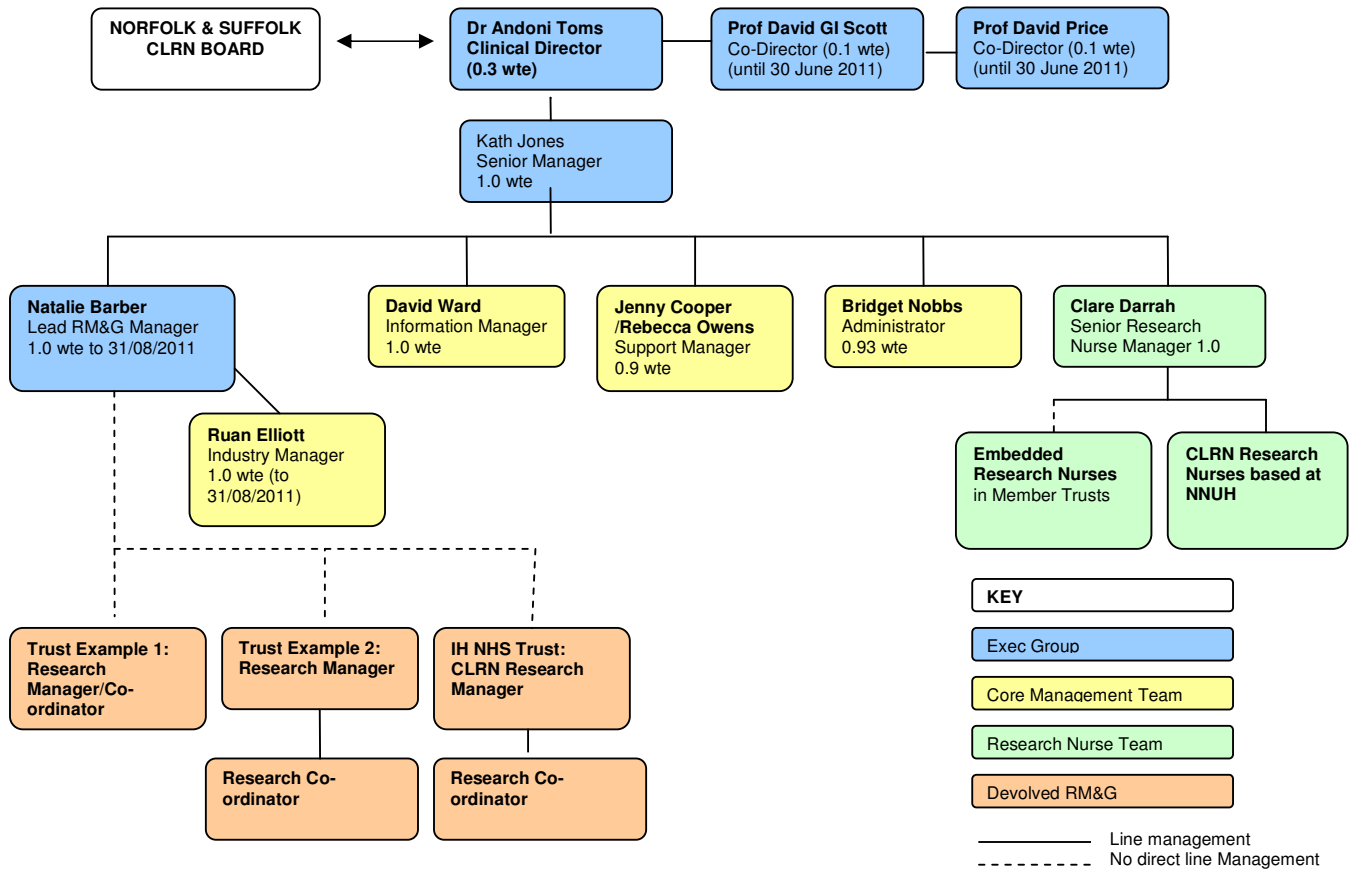


Fig.1 N&S CLRN Core Team Organisational Chart

### 3. NHS Engagement

#### 3.1 Board Level Review of NHS Engagement

Since May 2010 the N&S CLRN Board has asked that Member Organisation supply a report at each meeting which acts as an indication of the level of engagement with the CLRN delivery and from January 2011 this has been made a mandatory requirement. These reports cover the following areas:

- Use of clinical sessions resource and success at incorporating into job plans
- How other areas of funding, e.g. block allocations for service departments have been put to use
- Overview on any issues or barriers that are preventing research progression
- Overview on how R&D approval for portfolio studies is progressing in Trust
- Example of positive impacts as a result of CLRN funding

A process will commence in May 2011 to undertake a more formal Board level review which will report back to the Network Board by October 2011. This review will build on aspects of the existing regular reporting with the expectation that MOs will be given the opportunity to supply evidence of engagement with the CLRN.

The following indicators will be used:

Basic Level	Source of information
Attendance at Network Board (NB) by nominated representatives at senior level	CLRN Core Team
Supplying a written report for NB	CLRN Core Team
Signed off Membership Agreement	CLRN Core Team
Participation in NIHR portfolio studies and meeting recruitment targets	CLRN Core Team
Meeting R&D approval times	CLRN Core Team
<b>Supplementary Level</b>	
Resources vs. Outputs review	CLRN Core Team
Transparent information on use CLRN funding of clinical sessions	Member Organisations
Overview on how barriers to progressing NIHR portfolio research are being handled in Trust	Member Organisations
Examples of positive impacts	Member Organisations

#### 3.2 Actions in Progress, and Planned, to Improve NHS Engagement

Activity	Stakeholders from CLRN	Stakeholders from NHS
Quarterly CLRN/MO review meetings (to discuss current issues, barriers to research delivery, finances, use of resources)	CD / SM / LRM&G M	R&D Director/ R&D Manager
Quarterly activity reports sent to NHS Chief Executives and R&D Directors	Produced by CLRN Core Team	To CEOs cc. R&D Departments
Regular representation at Trust R&D/Research Governance Committees or equivalent	Senior Manager or Lead RM&G	Trust R&D, Investigators
Ad hoc presentations at Trust Boards or Trust Executive Groups, or one-to-one meetings with CEOs as required	Clinical Directorship	CEO/ Trust Senior Management
Communication activities such as annual event, regular CLRN newsletters, website	CLRN Core Team	To Research active audience
CLRN Participation in Trust-led R&D events such as NWMHT "Big Research Days", involvement in Trust Open Days	CLRN Core Team CLRN nurses	Trust R&D, Investigators
CLRN training events, e.g. NIHR GCP events is a chance to make contact with research active staff in the NHS	CLRN Core Team	Member Organisations
Interactions at CLRN Board meetings. Now includes an invited featured presentation by one MO each meeting	CLRN Board Membership	Member Organisations
Adhoc meetings with Trust R&D staff as required	CLRN Core Team	Trust R&D staff
Establishing contacts with new Commissioning Groups	Clinical Directors	Commissioning consortia/groups

## 4. Supporting Life Sciences Industry

Involvement in NIHR Industry studies started from a low baseline within this region but through the work of the specialty groups, supported by the CLRN, activity has grown steadily over the last 2 years (see Appendix 5 on page 30). In 2011/12 the objective is to ***maintain a linear growth rate by increasing the number of live Industry studies within Norfolk and Suffolk by 12 compared with 2010/2011:***

- Increasing the number of live studies by 4 across the Primary Care Trusts within the CLRN.
- Increasing the number of live studies by 2 across the Mental Health Trusts within the CLRN<sup>1</sup>.
- Increasing the number of live studies by 2 at each of the 3 Acute Trusts within the CLRN.

Additionally, through our efforts to improve recruitment to time and target (as set out below and elsewhere in the plan), we will aim to increase the proportion of open studies that recruit during the year. It is felt that this presents a reasonably ambitious target for the locality as it is predicated on studies being available.

To achieve these goals, the Industry Manager will:

- Continue to work with the specialty groups already engaged in Industry sponsored trials identifying opportunities to participate in new studies whilst ensuring that study delivery is not compromised by the increased workload.
- Analyse the NIHR Industry study portfolio and the track record of calls for expression of interest to identify those specialties that have the greatest opportunity for participation in Industry studies but currently have no/limited involvement in Industry work locally.
- Work with the leads for these specialty groups to:
  - Evaluate opportunities in relation to the available investigators, facilities and resources.
  - Develop documents for each local specialty group targeted at Industry to submit with expressions of interest that set out particular regional strengths and specific working practices put in place locally to support commercial trials.

Continued growth will be dependent on consistently rapid study setup within the region as well as dependable study delivery in term of recruitment to time and target. With this in mind, the CLRN is already engaging with the Chief Executives of our member organisations, seeking senior level support for, and prioritisation of, Industry research to drive implementation of best practice from the Exemplar Programme.

The goal of achieving first patient first visit (FPFV) within 30 days of NHS permission being granted for commercial study sites within the CLRN presents a new challenge. This metric has not been routinely captured at the individual site level to date and will not always be possible to achieve in view of study design in some cases. Therefore, we will:

- Evaluate potential processes for capturing this information at the site level through discussions with the Information manager, research teams and TCRN teams.
- Pilot a system to determine local times for this metric for NIHR adopted Industry studies.
- Identify studies where the target time was exceeded and collate reasons for delays through discussions with the investigators, research teams, companies and R&D departments.
- Based on the findings from this work, define best practice locally and overcome common barriers and streamline study delivery.
- Continue to support PCRN-East led initiatives in the development of the Hub & Spoke model for delivery of commercial research in primary care.
- Develop the work already in progress in primary care, in liaison with Diabetes Research Network, to establish a best practice guide for working as Patient Identification Centres (PICs) to ensure effective recruitment in commercially-sponsored studies locally.

<sup>1</sup> The two Mental Health Care Trusts within the CLRN will merge during the coming year.

## 5. The Role of Specialty Groups

### 5.1 *Local Specialty Groups*

• Age & Ageing	Dr Helen May (NNUH)
• Anaesthetics & Pain Management	Dr Willy Notcutt (JPUH)
• Critical Care	Dr Simon Fletcher (NNUH)
• Dermatology	Dr Nick Levell (NNUH)
• Gastroenterology	Dr Ian Beales (UEA) Dr Jamie Dalrymple (GP)
• Metabolic and Endocrine	Dr Ailsa Welch (UEA) Dr Frankie Swords (NNUH)
• Musculoskeletal	Professor David Scott (NNUH)
• Injuries & Emergencies	Professor Simon Donell (NNUH)
• Paediatrics	Dr Richard Reading (NCH&C)
• Reproductive Health & Childbirth	To be appointed
• Respiratory	Professor David Price (NNUH) Dr Andrew Wilson (UEA)
• Infectious Diseases	Dr Silke Shelenz (NNUH)
• Ophthalmology	Dr Clive Edelsten (Ipswich Hospital)

The opportunity has also been made available for representatives from N&S to attend the national specialty group meetings for Cardiovascular, and Ear, Nose & Throat. At the end of 2010/11 Public Health and Health Service Research LSGs were disbanded. A new Reproductive Health & Childbirth LSG will be established in 2011/12 and the appointment process for a lead is currently underway.

### 5.2 *Support for Specialty Group Leads*

Since December 2008 the N&S CLRN has provided dedicated LSG support from a Band 6 0.5wte Support Manager. The postholder organises and minutes meetings, guides LSGs on agenda setting, provide reports and papers to the LSG meetings and also briefs the CLRN Executive on the business of the LSGs. The Support Manager post is on a fixed term contract until 31 May 2012.

The LSG leads all meet together at least twice a year and this group is lead by one of the Co-directors who is also LSG lead for Respiratory (David Price). There are plans this year to find another leader for this group as David Price wishes to step down from this role. The purpose of this meeting is:

- to share best practice,
- to assess progress made,
- to identify any barriers to research and discussing solutions,
- to highlight current topics that need to be taken forward by LSGs, e.g. recruiting to time and target.

### 5.3 *Chairs of National Specialty Groups*

Professor David Crossman, who is currently National Chair for Cardiovascular joined the UEA in January 2011 from the University of Sheffield. N&S CLRN plan to cover the costs of supporting Professor Crossman's time to carry out this role and have been liaising with SYCLRN and the UEA.

### 5.4 *LSG Leads Interaction with CLRN Management*

In addition to LSG leads meetings there will also be the opportunity for LSG leads to meet individually and face-to-face with a Clinical Director and the Senior Manager on an annual basis.

In October 2010 the Executive considered a paper on developing LSGs and an outcome of this was to require LSG leads to report on their activity. It will now become a annual requirement for LSG leads to submit an Annual Report on previous year's activities to CLRN Executive. This report is to be submitted in

January each year and coincides with budget setting exercise to enable the LSG to feed into this process and set out their resource requirements for the year ahead.

The reporting requirements for Annual Reports will be:

- Brief overview of overall progress made during the previous calendar year, including a list of key achievements
- Identification of priorities for the forthcoming year
- Provide an overview of current and forthcoming studies that are on the NIHR portfolio and active locally in your specialty
- Identification of realistic objectives for further development of local research portfolio
- Overview of membership and plans to develop membership
- Highlight ways in which the LSG Lead or the LSG as a whole has been involved in a) removing barriers to the effective delivery of research and b) generally making a difference locally
- Input into feasibility assessments for commercial studies and how the LSG have supported commercial studies
- Request for resources for forthcoming year.

In early 2011/12 there will be an Executive Group review of the impact CLRN resources vs. outputs at LSG level. This will consider the amount of PA support and operational staff assigned to health research area against the number of studies being undertaken (live studies either in recruitment phase or follow-up), number of participants recruited in clinical research studies, participation in commercial research, and examples of positive impact. Also there will be consideration of examples of the positive interventions made by the LSG to improve levels of recruitment, overcome barriers, and improve recruitment to time and target.

Criteria have been developed by the Executive Group on what minimum requirements would need to be met to create a new LSG group in the future. This in turn will provide a benchmark for existing groups and those groups that do not meet the minimum requirement will be considered for disinvestment.

### ***5.5 Contribution of LSG Leads to Identification of Studies that can be Undertaken Locally***

The LSGs leads are encouraged by the CLRN management groups to engage with the portfolio. The Information Manager regularly scans the national portfolio database and informs the relevant LSG leads of new studies as they arise. The leads are expected to review the protocol which has been acquired by the Information Manager and confer with their LSG membership as to whether the study is feasible in the locality. The LSG leads are also expected to fully participate in Level 1 feasibility meetings for commercial studies and work with the industry manager during Level 2 feasibility.

As part of LSG meetings and interim business the LSG leads are expected consider how existing studies can be rolled out in new sites in the network.

### ***5.6 Performance Management of LSGs***

As highlighted in 5.4 above the Executive Group will be carrying out an in depth review of LSG outputs in 2011. This will expand on previous reviews which have included monitoring the viability of LSG including an assessment of how many studies are being undertaken, membership of groups and regularity of meetings.

The N&S CLRN will continue the practice introduced in 2010/11 of conducting small meetings with a selection of LSG where there are crossovers in research interest, e.g. Age & Ageing, Injuries & Emergencies, Musculoskeletal, in order that common themes and areas of best practice can be explored. There will also be LSG leads meetings 3 times per year.

During 2011/12 the Executive Group intend to establish a 2-year term of office for the local LSG lead role.

## **6. Increasing Recruitment and Delivering to Time and Target**

### **6.1 *Development of Goals for Increasing Recruitment in N&S CLRN***

The network continues to work towards its goal to increase recruitment to clinical research each year in line with the NHS Operating Framework ambition set out in 2008/9. This has been challenging in the last two years due to the fall off in recruitment numbers in primary care brought about by the change in the types of studies that are being undertaken (low numbers that are difficult to recruit to rather than large sample size, easy to recruit to). Our Member Organisations are also committed to working towards this goal and realise that the new investment from the networks must enable them to achieve these goals.

There have been quarterly review meetings with each of the Member Organisations prior to the development of this Business Plan and agreement has been made on the individual trust targets for 2011/12. In most cases each trust has agreed to an increased target compared to 2010/11. For primary care trusts the CLRN have worked with PCRN-East and the MOs to analyse the prospective studies on the portfolio to work out what the realistic recruitment will be for the year. Growth in recruitment is expected in the following areas:

- 'Developmental' trusts – James Paget and Ipswich Hospitals. The portfolio in these organisations was predominantly in Cancer Research Network but both are now taking on a variety of studies across different health areas, e.g. Rheumatology, Orthopaedics, and Dermatology.
- Research activity in GP practices in Suffolk also continues to expand.
- UEA/NNUH partnerships are anticipating the recruitment of 12 new clinical academic posts by 2013.

### **6.2 *The Management of Delivery to Time and Target***

Recruitment to Time & Target will be a high level priority for the CLRN over 2011/12 and it is recognised that there are multiple areas where action needs to be taken in order to improve current levels of delivery to time and target. During 2011/12 N&S CLRN will work on the following areas:

- Continue to collect accurate local study/site recruitment targets onto CLRN portfolio database.
- Working directly with NHS Trusts and investigators to encourage accurate assessment of study targets in order that realistic targets are devised before they are entered onto Site Specific Information (SSI) forms. Feasibility exercises and spot audits (carried out by research nurse staff) will be needed in order that this can be achieved which will mean a new way of working for many investigators.
- Working with LSG Leads to ensure that they are fully aware of their role in monitoring recruitment to target and for LSG meetings to troubleshoot issues as they arise and create appropriate actions.
- The Lead Network Service, which is untested in N&S CLRN in 2010/11 due to lack of locally generated multicentre studies, will be a mechanism by which recruitment targets can be looked at critically with Chief Investigators at an early stage.
- CLRN Management to work with CLRN-funded Research Facilitators (and their line management) to ensure that they are aware of their role in monitoring study recruitment.
- The CLRN Executive Group will continue to monitor recruitment on a monthly basis.

### **6.3 *Active Management of the Local CLRN Portfolio***

In order to fulfil recruitment targets and increase recruitment levels across the network it is a priority that the portfolio is proactively managed. The CLRN will continue to be committed to supporting all NIHR portfolio studies, irrespective of whether it falls within an LSG or not, where there is a local enthusiasm and commitment to actively participate. This will involve ensuring that adequate workforce planning is in place, that opportunities to participate in new studies are identified and followed-up, and those ongoing studies that need special intervention in terms of resources are identified quickly.

For 2011/12 the key mechanisms for portfolio management will be:

- In secondary care the role of the Senior Research Nurse Manager (SRNM) is key to ensuring that the CLRN-funded workforce is deployed in the most efficient and effective manner. SRNM will provide a

'hands-on' view on what difficulties are being encountered with study delivery and be able to proactively manage issues as they arise using embedded and generic research staff. For example, the SRNM has been working with the Generic Research Nurse team to arrange 'twilight' working hours to ensure that patient recruitment can be maximised in those health areas where patients are available in evening hours or in the early morning.

- Cross-network working continues to be a key factor in the management of the portfolio in both mental health and primary care sectors. For example, the N&S CLRN and MHRN hub will continue to work very closely to review the local portfolio across the two mental health trusts and to assess what resources need to be put in place to meet the requirements of forthcoming portfolio studies. The CLRN Senior Manager and LRN managers meet at least quarterly to discuss the local portfolio and its associated resource issues.
- Local Specialty Groups need to be encouraged to play a greater role in managing local portfolio issues, i.e. indentifying failing studies and following this up through a variety of means available including Study & Recruitment Facilitation staff, research nurses and investigators.
- Continuation of the local system in place to indentify and roll out new Comprehensive portfolio studies that are open to new sites. This involves regular scanning of the portfolio by the CLRN Information Manager who, working in liaison with the CLRN Support Manager, acquires study protocols and these are passed on to the appropriate LSG leads and/or suitable local investigators.
- The regular quarterly review meetings between CLRN and MOs will provide opportunities to discuss resource requirements which will be key to enabling the portfolio to progress and develop.

## **6.4 Identification Barriers to Successful Study Delivery**

### **6.4.1 Senior Research Nurse Manager Role**

It is part of the SRNM role to be in touch with what is happening 'on the ground' with study delivery and therefore it is likely that most barriers to recruitment will be reported to the CLRN via this route. The SRNM will work with CLRN colleagues, R&D Management in member organisations and local teams to overcome these recruitment problems and devise local solutions. Mentorship and training is being provided to research nurses on activities such as recruitment planning.

### **6.4.2 Local Specialty Groups**

A key activity for LSGs is the monitoring of recruitment onto studies within their Specialty's portfolio. The CLRN management team will continue to work with LSG leads to emphasise this as a priority and to ensure that recruitment to time and target is featured on all agendas throughout 2011/12. In order to make this activity as effective it is vital that key staff who can troubleshoot recruitment issues are drawn into this process. Therefore involvement and engagement of Study & Recruitment Facilitators is vital as it will be these staff who actually make things happen between meetings.

### **6.4.3 Study & Recruitment Facilitators**

The CLRN will continue to provide funding for facilitator (or clinical studies officer for Mental Health) presence at all Member Organisations.

## **6.5 Monitoring of Resource Allocation vs. Output**

The following actions will be taken to monitor resource allocation:

- Quarterly meeting system between CDs/SM and R&D at each Member Organisation. In secondary care and mental health there will be analysis presented at every meeting on resources allocated by department and recruitment achieved in that department.
- Information on use of PAs is fed back to Executive Group who discuss decisions to disinvest in areas where clinical sessions are not being used effectively.
- Discussions will take place at these meetings about how any underutilised clinical sessions can be reassigned or 'given back' to the CLRN.
- The Senior Manager will continue work closely with Trust's R&D management to ensure that there is sharing of information of resources that are allocated to operational staff in order to be satisfied that vacancies are being managed and to seek surety that staff are working on portfolio studies.

## 7 Research Management & Governance

### 7.1 RM&G Model

Research Management & Governance within the N&S CLRN runs a devolved model and RM&G function is distributed out to member NHS organisations.

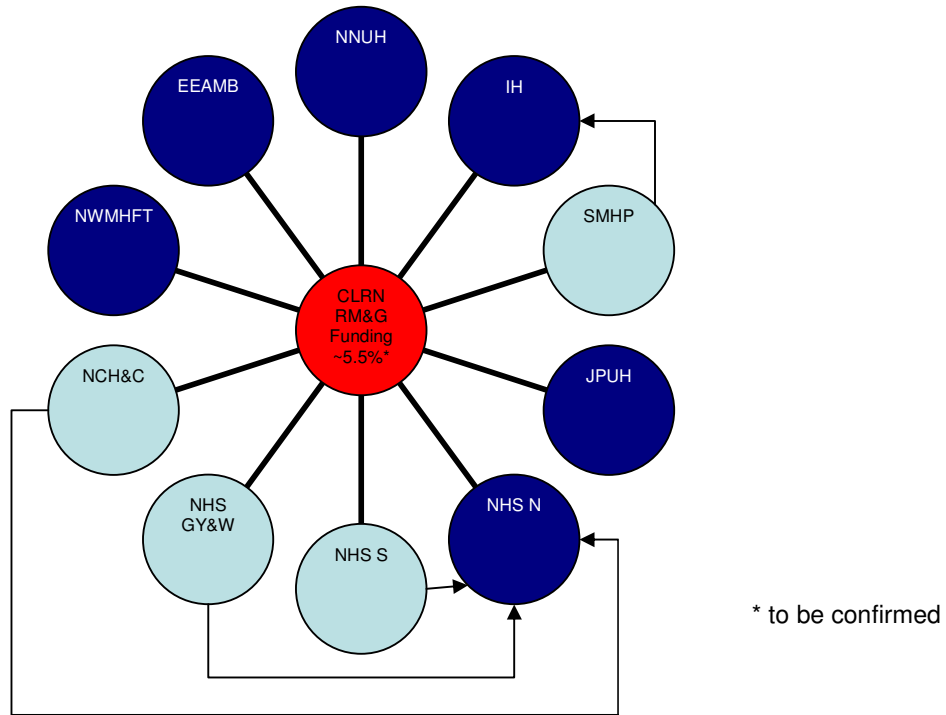


Fig 2 – Norfolk and Suffolk CLRN RM&G Model

- = RM&G function within own organisation
- = RM&G function provided by another organisation (shown by arrows)

The use of the devolved model has been discussed recently by the CLRN Executive and currently it is considered to be the most appropriate arrangement. This is because the model functions effectively for the majority of trusts and works in well-established R&D departments that are best placed to carry out RM&G for NIHR portfolio trials. However, it is acknowledged that a more complex review could be undertaken towards to end of 2011/12 once RDMIS CSP module has been introduced and when new R&D approval time performance metrics have had a chance to embed. To consider a centralised model would be challenging as this would require a team much larger than the current CLRN core team and there is no available office space. In order to overcome the current issue of not having any direct line management responsibilities for devolved RM&G staff the CLRN proposes the implementation of Service Level Agreements (SLAs) on the delivery of RM&G with the Member Organisations during 2011/12. This will form the basis of performance reviews of RM&G, the mechanism for which will be quarterly reviews.

The frequent changes in Lead RM&G Manager personnel has brought with it challenges to the network as each person brings their own individuality and approach to the post and RM&G staff across Norfolk and Suffolk have also had to adapt while carrying out business as usual. In September 2011 the substantive postholder will return to the network after over two-years absence from the Lead RM&G role and the network will take the necessary measures to ensure that the transition from previous postholder is as smooth as possible, not only for the CLRN Core Management Team staff members, but also for the member organisation we are working with on RM&G.

## **7.2 Delivery of Performance Management Framework**

In order to deliver on the objectives in the Performance Management Framework in a devolved model will require buy-in from the MOs R&D departments and a determination from the Trust that internal bureaucracy can be commensurate with risk. There has proved to be mixed in response to previous objective setting with some MOs e.g. some that are happy to work in line with CLRN objectives and others that set their own independent objectives and targets. In 2011/12 the CLRN will continue to work closely with devolved RM&G units to work on ways in which R&D approval time lines can be reduced. In 2011/12 the N&S CLRN will work with the Trusts to agree on objectives and where blocks occur implement an escalation plan. In order for Trusts to work efficiently and provide the best service possible the N&S CLRN will provide support and training to RM&G staff as required and ensure these groups feel part of the changing environment that is anticipated during the next reporting year. See appendix 4 for action plan on achieving these deliverables.

## **7.3 Research Study and Recruitment Facilitators**

With funding provided by the N&S CLRN, Trusts have employed Research Study and Recruitment Facilitators to troubleshoot recruitment issues on NIHR portfolio studies and to play a role in helping studies to meet recruitment targets. Throughout 2011/12 the CLRN will ensure that these posts are kept trained and informed of NIHR developments and initiatives so that they can play their part in achieving the high level objective of recruiting to time and target. This is also important to keep a good relationship with these posts as they too are devolved to Trust R&D offices. Refer to Action Plan –Appendix 3.

## **7.4 Reducing Bureaucracy**

Across the N&S CLRN the Co-ordinated System for Gaining NHS Permission (CSP) is embedded and part of normal day-to-day process within the R&D offices. The Lead RM&G Manager and CLRN Research Manager is on hand to troubleshoot any unusual issues which may arise, but in general these are now few and far between and the R&D offices have come to learn how to work with the frustrations that CSP can sometimes bring. Any CSP training needs will continue to be rolled out within each local R&D office by an experienced colleague.

Reducing the CSP approval times still poses a problem; R&D offices were requested to meet the target set by the N&S CLRN in the last reporting year of a target of 28 days and maximum of 50 days.

The issue at the NNUH of the complex and lengthy legal and financial review is ongoing. The CLRN will continue to work with NNUH in 2011/12 to encourage there to be a review of these internal processes in order to achieve a sub-50 day approval time. This will need the commitment of Trust R&D and Trust Management to achieve this.

From the CSP improvement programme and the change in key performance indicators it is hoped that there will be improvements in CSP approval times across Norfolk and Suffolk and so far has been welcomed by MOs. The Lead RM&G manager will play a key role in ensuring the implementation of CSP improvements. The CLRN Research Manager will be tasked with ensuring the follow through of the CSP improvement programme. See Action Plan - Appendix 4 for how this will be managed.

## **7.5 Delivery of National Development Activities**

The Lead RM&G manager is taking an active roll in the CSP Improvement programme objective 'Improve the process for handling R&D amendments' by joining the Amendments working group. This process is now up and running and through the CLRN Research Manager the implementation of this process will be monitored during 2011/12.

During 2011/12 any new developments from the NIHR will be cascaded to the R&D managers by the Lead RM&G Manager as follows:

- Lead RM&G Manager attendance at the monthly R&D managers meetings where the R&D managers from the Member Trusts and HEIs meet. At these meetings there is always an agenda item for update from the CLRN. Any news or initiatives from the NIHR CRN CC will be feedback to this group at this meeting.

- Where information requires immediate notification this will be communicated via email and as needed followed up at the R&D managers meeting or one to one meetings.
- One-to-one meetings to be held between the individual R&D managers and the Lead RM&G manager as required. For the NNUH these will be scheduled monthly.
- Provide individual or group training on new developments and initiatives to RM&G staff.
- Any national developments are also reported to the Executive group and Network board (as appropriate) by the Lead RM&G Manager.

### **7.6 *RM&G Advice and Support***

The first port of call for researchers is usually through their local R&D office, rarely is the Lead RM&G manager called upon for advice directly from a researcher. For the R&D offices, any operational RM&G advice is usually sought via the Lead RM&G Manager. The wealth of experience within the local R&D offices means they are self supporting. Best practice and sharing of lessons learnt will be reported through the local monthly R&D managers meetings. Through this network they will also call upon each other for adhoc advice. There is no formal process in place for capturing this within the CLRN as it is felt not necessary and over burdensome to the already stretched R&D offices. However the process outlined in the Clinical Research Network Research Management & Governance Advice and Support Proposal v2 which details mechanisms for advice provision and intelligence gathering and sharing shall be followed and co-ordinated by the CLRN Research Manager in 11/12.

### **7.7 *HR Good Practice***

A key role of the CLRN Research Manager is implementation and monitoring of streamlined HR arrangements through the HR Good practice pack. As this process is now implemented across the N&S CLRN through 2011/12 the CRLN Research Manager will be responsible for monitoring that the process is functioning effectively and develop and support the effective delivery of other streamlined HR arrangements as they occur. They will also be responsible for keeping abreast of changes to the HR good practice process and informing NHS organisations Human resources departments and other relevant departments and individuals of changes and the implications thereof. Ref action plan – Appendix 3.

## **8 Patient & Public Involvement**

Following N&S CLRN attendance at the four stage Action Learning Set for CLRNs in the South East of England in 2010 the Executive Group have considered if there is scope for further development of PPI activities within the CLRN.

### **8.1 Patient & Public Involvement in Research (PPIRes)**

The N&S CLRN will continue during 2011/12 to provide funding support for the “Patient & Public Involvement in Research” initiative, which has been established since 2004/5, and now covers both Norfolk & Suffolk. The service provides a support and advice mechanism for investigators around the PPI aspects of development of research protocols and study delivery. This support for the study delivery aspects of the service will constitute the main strand of PPI activity in the network over the coming year. Funding is provided for the implementation aspects of the work carried out by PPIRes which involves the provision of PPIRes Panel members to steering groups for portfolio studies and to add value to research through documentation review.

Through these activities it is expected that there will be a positive impact on recruitment and retention of patients onto local NIHR portfolio studies being undertaken in the area. For example, this year PPIRes members have been actively involved in developing a questionnaire to ascertain why recruitment and retention on a particularly successful study (ScoRD – UKCRN ID 4055) was well above average. The members are planning to contribute to the study reporting and a lay version of study outcomes.

PPIRes will be required to submit a report annually to the N&S CLRN Exec Group to set out how the funding has been used, what studies have been supported and what the impacts have been.

The PPIRes group already has very strong collaborative links with the Research Design Service locally, especially on the study proposal and developed side of its work. However, the CLRN share the concerns of the Primary Care Trust who are hosts for PPIRes that funding for the development aspects of the group is lacking and the CLRN are unable within their remit for PPI activities to fund development work.

In the coming year the CLRN will consider supporting more awareness raising amongst the public and patients in relation to research. The PPIRes Co-ordinator (Norfolk & Suffolk) and the West Anglia PPI Co-ordinator are planning to organise a ‘patient experience’ day to raise the profile of PPI in research generally. It is hoped that the N&S CLRN can make a positive contribution to this event which is in an early stage of development.

### **8.2 PPI Representation on Network Board**

The N&S CLRN Board has had two PPI representatives on the Network Board since October 2008. The presence and contribution of our two representatives is valued by the Board, however, the nature of the business of the meeting is such that it is difficult for these experienced and capable board members to make a full contribution. During 2011/12 it is proposed that the CLRN Board should review this arrangement and try to either ensure that the role of the PPI representatives can be refined further or used in other ways.

### **8.3 Other PPI activities**

Work has been progressing locally on developing patient recruitment tools (PowerPoint presentation) for GP surgeries and it is hoped that this will come to fruition during 2011/12. The aim of the presentations will be to increase the public’s understanding of what it means to take part in research and to supply information on what studies they could potentially get involved in. Pilot work has involved the CLRN, PCRN, RDS and PPIRes locally as well as collaboration with the E&H CLRN.

Other minor initiatives that have been suggested by the LSGs in N&S CLRN have included the inclusion of wording in outpatient letters to remind patients of opportunities to become involved in research. It is hoped that during 2011/12 these can be rolled out more widely across the member organisations in the network.

## **9 Workforce Deployment and Development**

### **9.1 Workforce Deployment**

N&S CLRN will continue to provide funding, at a similar level to 2010/12, to train and develop the generic research nurse pool during 2011/12 as this is felt to be the most effective means of flexibly resolving workforce issues in relation to study recruitment issues. A core generic team has worked effectively at the NNUH and it has been possible to deploy staff from that group to other member organisations. In order to ensure that the two secondary care trusts have adequate resources to resolve time and target issues it will be necessary to strengthen their flexible workforce appropriately.

Retention of staff is an ongoing challenge, but significant resources have been allocated to developing appropriate training and development programmes for many of the new staff who have come into post since the inception of the CLRN. The input of the a Senior Research Nurse Manager role with experience of conducting clinical research trials will be vital in ensuring that workload issues are addressed in a timely way for both generic and specialist nurse groups.

Recruitment and retention will continue to benefit from the encouragement of secondment opportunities and employment through Staff Bank to give potential research nurses an introduction to working as a research nurse.

### **9.2 Workforce Capability - Training and Development**

**9.2.1 A summary of training events** organised and funded by the CLRN has been included in Appendix 3, listing the plans for the coming year.

**9.2.2 Training gaps** that have been identified include:

- Clinical research skills training for newly recruited novice research nurses. To be covered by Research in Practice programme.
- Research investigator knowledge and expertise on how to devise realistic local recruitment targets and recruitment strategies. To be considered by Training Group on 2011/12.
- Training needs on new RD-MIS CSP Module in late Spring 2011. Training programme to be delivered by CSP Trainers.

**9.2.3 Collaborative workforce capability development with local community**

Aside from the formal structured training programme the CLRN plans to continue to engage with other organisations to further the research workforce development as it has done in 2010/11. Plans for 2011/12 will include continuation of the bi-annual cross-network CLRN/TCRN/PCRN workshops, collaboration with other LRN on workshops and seminars, e.g. MHRN/DeNDRoN/N&S CLRN support for Mental Health Research Days, Sharing of Best Practice events.

**9.2.4 NIHR CRN GCP Initiative**

N&S CLRN has engaged with this initiative and will have 3 trained GCP facilitator staff going into 2011/12. The network would like to get more GCP facilitators trained; however, it has been difficult to find staff with the suitable clinical research background, training skills, and the time available, to deliver this training to a high standard. Despite the trainer resource constraints it is hoped that we will be able to deliver regular monthly GCP sessions across the network in 2011/12 (see Appendix 3).

**9.2.5 Network Support for Continuing Personal and Professional Development**

The network is committed to supporting identified CPD needs through the KSF appraisal system. The budget will provide funding for training and will also support NIHR Associate backfill costs through the strategic use of Flexibility & Sustainability funding. The main staff group where the CLRN feels it can make an impact is the development of the research nurse workforce and will continue to spearhead initiatives such as Research in Practice, and the research nurse forums and training events to help research staff gain a wider understanding of clinical research.

## **10 Financial Management Information**

### **10.1 Allocation of resources across the N&S CLRN**

As part of the quarterly review meetings with Member Organisations management information is prepared on research output (recruitment) versus CLRN resources provided, broken down to department level. This provides the foundation for discussions with the MOs on how the resources are working and how these may need to be adjusted or reconfigured. It has been emphasised during 2010/11 that any resources that are not proving to be effective, i.e. not resulting in NIHR portfolio activity at the appropriate level, will be cut or removed.

Budget allocations to each Specialty area have been put onto the agenda of all Local Specialty Group leads meetings and they have been asked to assess infrastructure needs. All LSG leads have had the opportunity to make a case of revisions to the current funding levels for their area.

The CLRN Senior Manager has regular quarterly meetings with all Local TCRN/PCRN management and there is an ongoing dialogue on financial support. Ad hoc requests for additional funding by the CLRNs are accepted throughout the financial year and considered by the Exec Group.

### **10.2 Delivering a balanced budget**

The main risks to delivering a balanced budget will be influenced by the following factors:

- adoption of additional portfolio studies throughout the financial year that have not been anticipated, requiring significant additional service support costs.
- failure of member organisations to recruit to new posts due to internal process delays, e.g. Agenda for Change, HR and Finance processing delays.
- occurrence of post vacancies in established posts beyond a manageable level
- delays in receiving CLRN budgets for 2011/12 which will affect Member Trust ability to release funding for posts.

N&S CLRN also recognise the financial risks involved of adopting studies where patients are referred into sites that do not reside in the geographical boundaries of this CLRN. This will mean that any recruitment activity that is not recognised by the requisite recruitment will present a financial burden to the network in future years through loss of ABF. This is something that the CLRN need to work with the NIHR CRN CC in order to find a workable solution. The alternative is for the CLRN to give low priority to PIC-type studies and to prioritise activity where there will be recognition through ABF.

A modest local contingency fund will be held at the start of the financial year to cover the cost of additional studies that are taken on throughout the course of 2011/12. However, as the budget for 2011/12 is substantially less than 2010/11 the amount of contingency will be minimal (no more than 7%) and there will not be a national contingency to fall back on. This increases the need for the CLRN to provide value for money with all allocations that will be made once the budget is issued.

### **10.3 Budget monitoring**

Active management of the budget will take place as part of the planned schedule of quarterly review meetings with Member Organisations. The budget presented to each Member Organisation sets out the itemised activity, through the presentation of detailed payment schedule, and it is expected that any variance to these items are discussed fully and agreed with the CLRN Management team prior to any change taking place. Each Member Organisation will be expected to provide accurate information on how the funding provided has been spent (as set out in the Membership Agreement) which will include details of names of staff, the costs incurred and a description of the NIHR portfolio activities undertaken.

**Appendix 1 - CCRN Performance Management Framework 2011/12**

	Objective	Measure	Primary Source	Assesment criteria (to be used at year end)			Supporting management information and source
1	To increase the number of patients recruited into NIHR CRN Portfolio studies, working towards the NHS Operating Framework goal to double the number of patients recruited to studies over the next five years (2009/10 – 2013/14)	Increase in patients recruited into NIHR CRN Portfolio studies	Monthly activity report	Meet or exceed goal	90-99% of goal	< 90% of goal	1. Comparison of CLRN recruitment with local population 2. Recruitment by Topic or Specialty Group 3. Recruitment into Interventional and Observational Studies (All from monthly activity report)
		Increase in proportion of studies reporting recruitment	Monthly activity report	≥ 95%	90-94%	< 90%	
2	To increase the number of commercial studies on the NIHR CRN Portfolio	Increase in the <b>number</b> of commercial studies undertaken within the CLRN	Monthly activity report	Meet or exceed goal	80-99% of goal	< 80% of goal	1. Number of live studies in each CLRN (by whole number) 2. Interim Industry Tracker (Monthly activity report)
3	To ensure efficient & effective RM&G infrastructure and systems (such as CSP) and research delivery models are in place nationwide, facilitating the speedy set-up of NIHR CRN Portfolio studies	Median time in calendar days for <b>local</b> checks to be completed and NHS permission issued	Monthly CSP reports	≤ 30 days	31-36 days	>36 days	
		Median time in calendar days for <b>global</b> checks to be completed and NHS permission issued	Monthly CSP reports	≤ 30 days	31-36 days	>36 days	
		% of studies achieving NHS permission within 40 days of receipt of a valid application	Monthly CSP reports	≥ 60%	50-59%	< 50%	
4	Demonstrate robust financial management	Balanced budget	Financial returns (OUR, Mid-Year and Year-End)	Balanced budget	≤ +/- 0.1% variance from balanced budget	> 0.1% variance from balanced budget	1. Financial returns submitted on time 2. Effective financial allocation & monitoring models 3. Effective management of financial risks
5	Maximise engagement in NIHR CRN Portfolio research	Proportion of member organisations reporting recruitment into NIHR CRN Portfolio studies	Monthly activity report	All member organisations	1 member organisation not reporting recruitment	>1 member organisation not reporting recruitment	Process to be developed in collaboration with the Network Management Lead
		Qualitative assessment of member organisations engagement with the CLRN	Review of levels of member organisation engagement undertaken by CLRN	Review undertaken, action plan developed, agreed and implemented	Review undertaken	Review not undertaken	

**Appendix 2 Local Performance Measures**

Measure title	Measure Definition	2009-10 data	2010-11 data	2011/12 Target	Commentary
Increase in number of Portfolio studies	Number of 'live'* p/f studies that are being undertaken by CLRN. *Live = actively recruiting, open to recruit, or in f/up	191 Recruiting	187 Recruiting 7 set –up 277 open 133 follow-up	200 Recruiting	This PM is problematic to record due to the dynamic nature of the portfolio. Studies moving between statuses during the course of the year. Will also include open studies that may be dormant. The best way of recording is as a snap shot on an annual basis.
Engagement in NIHR portfolio recruitment activity where activity is not recorded in recruitment figures	No. of portfolio studies where N&S CLRN MOs have contributed as PICs a) for local sites b) for sites outside N&S			None set	There is not target for this measure, other than to record the number of PIC studies and recognise that this is a valid contribution to the delivery of national performance measures and to report activity.
CLRN Board meeting attendance	Percentage membership attendance per Network Board meeting and achievement of quoracy.	Average = 63%  1 out of 3 meetings not quorate	Average =72% (not including January 2011 meeting forthcoming)	All meetings to be quorate and minimum of <b>75%</b> Member Trust Attendance at each Board meeting	A change in quoracy level from 50% as in current Terms of Reference to 75%. The Exec will continue to monitor Board attendance and will be communicating the benefits of attending these meetings to our MOs. Checks will be run in the fortnight preceding Board meetings and if the meeting is not likely to be quorate it will be cancelled and rearranged.
Participation in LSG meetings	Attendance levels at LSG meetings.	2 meetings (5) 3 meetings (5) 4 meetings (4)	2 meetings (2) 3 meetings (8) 4 meetings (4)	<ul style="list-style-type: none"> <li>o 4 meetings per year</li> <li>o Minimum 5 attendees (<i>non-CLRN</i>)</li> </ul>	Membership of LSGs is wide due to an 'open door' membership policy. The Exec will continue to monitor the level of interest in LSG through the attendance at meetings over 2011/12.
Attendance at LSG Leads meetings	Percentage attendance per LSG Lead at LSG Leads meetings	n/a	Only one full meeting held in 2010/11.	2 full meetings planned. All LSG leads expected to attend. Target 75% attendance.	Not all LSGs have deputies and it is not widely encouraged that the role can be delegated to a deputy. However, where some LSG leads are struggling to get to meeting due to other diary commitments this is recognised as the most pragmatic solution.
LSG Performance	<ul style="list-style-type: none"> <li>- Provision of Annual Report</li> <li>- Identification of under recruiting studies</li> <li>- Evidence of LSGs taking action that improves performance in their area</li> </ul>	n/a	11 of 14  In most cases  Not in all cases	100%  100% with examples  100% with examples of interventions taken	

**Appendix 3 – Training Plan**

<b>Course</b>	<b>Provider</b>	<b>Dates in 2010/11</b>	<b>Number of trainees</b>	<b>Outcomes</b>	<b>Plans for 2011/12</b>
IRAS training	Infonetica	12 May 2010 11 October 2010 19 January 2011 17 February 2011	11 9	Increase in quality submissions to R&D offices. Reduced submission times	May October January
Paediatric Informed Consent	Dr Margaret Fletcher, Co-Director, South West MCRN	July 2010	40 (across region)	Improved skills & expertise in Paeds and capacity to recruit effectively to these studies	To be considered
Commercial Contracts Training	Morgan Cole Solicitors	October 2010	17	R&D office more confident with commercial contracts and reduced processing times	None planned
NIHR Introduction to Good Clinical Practice	In house	15 June – NWMHT 27 Sept – NNUH (6) 12 October – JPUH 16 November - JPUH Nov to Dec – NICU, NNUH – (modular) 29 November - UEA 2 December – NCH&C	90-100	Increased number of trained staff to undertaken clinical research. Improves research capacity.	Monthly  Also to run modules on GCP in paediatric setting
GCP for Pharmacists	London Pharmacy Education and Training (in partnership with James Lyddiard, UCL Hospitals NHS Foundation Trust)	October 2010	17 (across region)	Increased number of trained staff to undertaken clinical research. Improves research capacity.	None
Research in Practice	In house	April & May 2010  September 2010 October 2010 November 2010 December 2010	53  29 27 26 27	Increased number of trained staff to undertaken clinical research. Improves research capacity.	April 2011  Autumn 2011 (4 sessions)  Spring 2012 (4 sessions)
Advanced Communication for recruiting participants with comm <sup>n</sup> difficulties	Onion Communications	September 2010	24	Outcomes used directly for TOMAS study.	If required

**Appendix 4 Table of Actions**

Action	Description	Person/Team responsible	Timeframe for completion
<b>INDUSTRY</b>			
Increase commercial portfolio activity	<ul style="list-style-type: none"> <li>Analyse opportunities for participation in NIHR Industry studies by specialty group to identify and focus on specific groups with greatest opportunities.</li> <li>Industry Manager to work with specialty groups to prepare documentation that sets out track record and regional strengths relevant to Industry trials for attaching to expressions of interest.</li> </ul>	Industry Manager / LSG leads and Specialty Group members	<ul style="list-style-type: none"> <li>April 2011</li> <li>June 2011</li> </ul>
Implement best practise from Exemplar programme for streamlining study setup	<ul style="list-style-type: none"> <li>Continue to engage with Chief Executives to obtain/sustain high level support for, and prioritisation of, Industry research at Trust level.</li> <li>Work with R&amp;D, finance, legal and support service departments to agree and implement study setup streamlining procedures.</li> <li>Monitor study setup times to determine impact of new streamlining procedures.</li> </ul>	Industry Manager / CLRN Exec Group	<ul style="list-style-type: none"> <li>March 2012</li> <li>December 2011</li> <li>March 2012</li> </ul>
Delivering to time and target for commercial portfolio	<ul style="list-style-type: none"> <li>Evaluate and select method for capturing first patient first visit (FPFV) dates for Industry studies at individual site level.</li> <li>Setup pilot data system to capture local FPFV dates.</li> <li>Identify Industry studies where the target time from local permissions to FPFV was exceeded. Collate and report on reasons for delays.</li> <li>Develop local strategies and overcome common barriers to FPFV and streamline study delivery.</li> <li>Work with the relevant R&amp;D contacts, Research Facilitators and the lead RM&amp;G manager to track progress.</li> <li>Liaise with the Information manager to ensure the recruitments reported are accurate.</li> </ul>	Industry Manager / Research Facilitators / CLRN Exec group	<ul style="list-style-type: none"> <li>April 2011</li> <li>May 2011</li> <li>December 2011</li> <li>March 2012</li> <li>March 2012</li> <li>March 2012</li> </ul>

Action	Description	Person/Team responsible	Timeframe for completion
	<ul style="list-style-type: none"> <li>Where issues arise, these will be discussed with the relevant personnel.</li> <li>Work with the Senior Nurse Manager together with the PIs as needed to discuss any recruitment issues or staffing problems.</li> <li>Report to sponsor any issues that have arisen and how these are being dealt with.</li> </ul>		<ul style="list-style-type: none"> <li>March 2012</li> <li>March 2012</li> <li>March 2012</li> </ul>
<b>RESEARCH MANAGEMENT &amp; GOVERNANCE</b>			
<p>To ensure efficient &amp; effective RM&amp;G infrastructure and systems (such as CSP) and research delivery models are in place locally, facilitating the speedy set-up of NIHR CRN portfolio studies.</p>	<ul style="list-style-type: none"> <li>Agree delivery on PMF metrics (Appendix 1) with individual Trusts. Where it is felt that it is not possible to meet these metrics, discuss reasons for this and devise an action plan to overcome the issues. Where any barriers cannot be overcome by an action plan, escalate issue to next managerial level for discussion and resolution. <i>For example:</i> <ul style="list-style-type: none"> <li>- discuss at CLRN/Trust quarterly meetings; if no resolution take to Executive Group to be escalated at CD level to Trust Executive Level.</li> </ul> </li> <li>Provide support and suggestions on how to achieve PMF Metrics.</li> <li>Produce CSP metrics monthly and share with member Trusts. Discuss issues as needed with individual Trust R&amp;D managers.</li> <li>Work with CLRN funded Research Study and Recruitment Facilitators to unblock blocks in study approval and set-up. Reports from Research Study and Recruitment Facilitators to be provided monthly to Lead RM&amp;G manager.</li> <li>Roll out to RM&amp;G staff CSP improvement plan objectives and provide training as needed.</li> <li>CLRN to arrange and provide training to researchers and RM&amp;G staff on IRAS.</li> </ul>	<p>Lead RM&amp;G Manager/RM&amp;G Staff</p> <p>Lead RM&amp;G Manager CLRN Executive Group</p> <p>Lead RM&amp;G Manager</p> <p>Lead RM&amp;G Manager</p> <p>Lead RM&amp;G Manager/ R&amp;D Manager</p> <p>Lead RM&amp;G Manager / CLRN Research Manager</p> <p>Lead RM&amp;G Manager</p>	<p>Implementation by April 2011</p> <p>Continues to Year-End</p>

Action	Description	Person/Team responsible	Timeframe for completion
	<ul style="list-style-type: none"> <li>Facilitate local involvement of RM&amp;G staff in NIHR initiatives. In particular testing and training in RDMIS CSP module.</li> </ul>	Lead RM&G Manager	
Improve processes at NNUH to expedite study approvals	<ul style="list-style-type: none"> <li>Highlight issues to Executive group so that may escalate to next managerial level depending on where issue originates.</li> <li>Work with NNUH R&amp;D Manager/Director to suggest new approaches of working that need to be made to the study review processes in their Finance &amp; Legal Depts.</li> </ul>	Lead RM&G Manager / Executive Group	June 2011
Recruiting to time and target	<ul style="list-style-type: none"> <li>Hold workshop(s) with Research Study and Recruitment Facilitators to ensure their understanding of their role in recruiting to time and target and establish action plan for taking this forward.</li> <li>Follow-up on action plan quarterly to ensure targets are being met and if not put in place corrective actions</li> </ul>	Lead RM&G Manager / Research Study & Recruitment Facilitators	End April 2011  Quarterly from April 2011 until year end
RM&G Advice	<ul style="list-style-type: none"> <li>In line with Clinical Research Network Research Management &amp; Governance Advice and Support Proposal v2               <ul style="list-style-type: none"> <li>Devise method of collating and sharing lessons learnt and best practice.</li> <li>Set up process for providing advice with CRLN Research Manager being first port of call.</li> </ul> </li> </ul>	CLRN Research Manager	June 2011
CSP Improvement Plan Implementation	<ul style="list-style-type: none"> <li>Ensure changes to processes are being implemented and followed.</li> <li>Provide advice and troubleshoot to R&amp;D offices</li> </ul>	CLRN Research Manager	Ongoing until year end
Ensure HR Good Practice is being followed and working effectively to reduce bureaucracy	<ul style="list-style-type: none"> <li>Devise a monitoring system to include an action plan for resolving issues which will ensure HR Good Practice is functioning effectively.</li> <li>Provide advice to NHS Organisations relevant departments on HR Good Practice queries.</li> <li></li> </ul>	CLRN Research Manager	June 2011  Ongoing until year end

Action	Description	Person/Team responsible	Timeframe for completion
Ensure continuity of RM&G through Support and Training	<ul style="list-style-type: none"> <li>• Hold training sessions where CSP Improvement programme requires a change in current practice.</li> <li>• Provide support to R&amp;D Offices during busy times and particularly when there are vacant posts.</li> <li>• Provide access to national or local training for any changes in working practice, e.g. RDMIS.</li> </ul>	Lead RM&G Manager CLR N Research Manager	
<b>INFORMATION SYSTEMS</b>			
Development of N&S CLR N Information Database (contacts)	Maintenance of comprehensive information to be available from CLR N Information Database on CLR N research workforce	CLR N Information Manager	On going
“Research & Development Management Information System” RD-MIS CSP Module	To fully engage with all RD-MIS developments as they are rolled out to CLRNs	CLR N Information Manager/ Lead RM&G Manager	June 2011 and beyond
Delivery of timely, accurate management information throughout network which is fit-for-purpose	Regular set of management information reports to defined and to be made available for the following stakeholder groups: <ul style="list-style-type: none"> <li>❖ Executive Group</li> <li>❖ CLR N Board</li> <li>❖ Member Trusts (Chief Executives)</li> <li>❖ LSGs</li> <li>❖ Senior Manager</li> <li>❖ Industry Manager</li> </ul>	CLR N Information Manager	Ongoing

Action	Description	Person/Team responsible	Timeframe for completion
<b>LOCAL SPECIALTY GROUPS</b>			
Effectiveness of LSG meetings	<ul style="list-style-type: none"> <li>❖ Provide regular reinforcement of LSG lead role.</li> <li>❖ Improving accessibility to LSG meetings (video conferences)</li> <li>❖ Providing accurate and user-friendly management information for LSG meetings</li> <li>❖ Carry out full review of LSGs using recommendations from Annual Report 2010, including an inputs vs. outputs review, and follow-up with 1-to-1's with LSG Leads and CD.</li> <li>❖ Regular performance management of LSG activity by the Annual Report process which started in November 2010.</li> </ul>	Senior Manager/ Co-director/ CLRN Support Manager	ongoing
Monitoring of Portfolio Activity at LSG level	<p>LSGs to monitor development of their portfolio in terms of</p> <ul style="list-style-type: none"> <li>▪ number of studies opened</li> <li>▪ achievement of local recruitment to time and target</li> <li>▪ assessment of local barriers and taking actions to overcome barriers</li> <li>▪ consideration on how existing studies can be rolled out in new sites.</li> </ul>	LSG leads	March 2012
Encourage involvement from non-LSG topic areas	<p>To monitor the involvement from Urology, Cardiovascular, Reproductive Health and ENT in National LSG meetings. To establish if the model of sending someone to attend these national meetings is effective.</p> <p>To monitor if any of these 'novice' areas would meet the criteria for establishment of a new Specialty Groups.</p>	CLRN Support Manager	Follow-up with relevant staff.
Re-establish the meeting up of LSG leads	Identify a Chair for the LSG leads group More regular LSG leads meetings in 2011/12 (2 per year, plus attendance at Annual Event)	Clinical Director	1 July 2011

Action	Description	Person/Team responsible	Timeframe for completion
<b>TRAINING &amp; WORKFORCE DEVELOPMENT</b>			
Quality Provision of CLRN-led Good Clinical Practice Training	A schedule of GCP courses (one per month to be delivered across network).  To work on getting at least one more GCP facilitator trained in 2011/12 depending on training opportunities available from NIHR CRN CC WDT.	Senior Manager and CLRN Senior Research Nurse Manager (and other 2 GCP trainers)	On going throughout 2011/12
To address staff training needs for delivery to time and target	Strategy to be considered and developed by Training Strategy Group.	Senior Manager	May 2011
Research Nurse /operational staff induction training in clinical research skills	Delivery of two Research in Practice programmes for 3 CLRNs	Senior Manager/CLRN SRNM	April 2011, Early autumn and possibly new year 2012.
RD-MIS training	To train CSP user in the RD MIS CSP module	Lead RM&G Manager (with Trained trainers)	June 2011
IRAS training	To organise local delivery of Infonetica IRAS training course and to evaluate course and consider future provision	Lead RM&G Manager	April 2011
<b>PATIENT AND PUBLIC INVOLVEMENT</b>			
Support for Patient and Public Involvement in Research – PPIRes	To continue the study delivery (implementation) aspects of the work carried out by Patient & Public Involvement in Research (PPIRes) across Norfolk & Suffolk.  To support PPIRes led 'patient experience day'	Senior Manager	Ongoing
Review PPI representation on Network Board	Current 2 members' term of office on Network Board finishes after 3 years in August 2011. To review how this can be taken forward for the future.	Exec Group	August 2011
Patient Recruitment tools in primary Care	Continuing to support projects to develop patient awareness raising tools in GP surgeries in the network area.	Senior Manager	Ongoing

Action	Description	Person/Team responsible	Timeframe for completion
<b>COMMUNICATIONS, ENGAGEMENT WITH NHS AND R&amp;D COMMUNITY</b>			
Promote network success in terms of industry studies	Publicise progress, including success with participant recruitment, for industry studies using the following media: <ul style="list-style-type: none"> <li>❖ Local Newsletters</li> <li>❖ LSG meetings</li> <li>❖ Reporting to NIHR CRN CC as appropriate</li> <li>❖ Network Board reports</li> <li>❖ Conference and other training events</li> <li>❖ (possibly) an industry-focussed event</li> <li>❖ Research Nurse Forum meetings</li> </ul>		Ongoing
Improvement of Communication mechanisms between N&S CLRN and Member NHS Organisation Trust Boards and Trust Executives	Continuation of quarterly CLRN/ MO review meetings that have been going on formally since May 2009.	Clinical Director/ Co-director	Ongoing
	Regular (quarterly reports) to be sent to Trust Chief Executives and R&D Directors, and SHA Executives	Information Manager/ Senior Manager	Jan, April, July, October.
	Ensure that CLRN Board members are engaging with performance data with reference to the Performance Management Framework.	CLRN Board Chair/ Senior Manager	Ongoing
	Continue with "Featured Member Trust" presentation at each CLRN Board meeting throughout 2011/12	CLRN Board Chair / Senior Manager	Ongoing
	Carry out Board level review of NHS Engagement (see section 3.1)	CLRN Board Chair	October 2011.
Delivery of N&S CLRN Annual Event	To discuss what type of event we wish to run in 2011 and establish working group to develop and run.	Senior Manager and members of Core Management team	October 2011
Local Recruitment Targets	Collection of accurate local recruitment targets by study needs to be captured using CLRN Information Database. Information to be disseminated to LSG meetings as part of recruitment to time and target.	CLRN Information Manger	Ongoing

**Appendix 5 – Number of N&S CLRN Industry Studies by Year (showing target for 11/12)**

