NHS
National Institute for
Health Research

Northumberland, Tyne and Wear Comprehensive Local Research Network

Business Plan
2010/11

“Delivering on the investment”

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On behalf of the Executive and Board of NTW CLRN

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1 Executive Summary

1.1 This document

This business plan is submitted to the NIHR CRN Coordinating Centre (CRN CC) by the Board and Executive of Northumberland, Tyne and Wear CLRN. It has been produced by the senior management of the CLRN on behalf of our member organisations (MOs) and partner NIHR Clinical Research Networks. It sets out for CRN CC our strategy and spending plans for 2010-11. We seek the Coordinating Centre's agreement for this plan as a course of action over the coming year. The plan is also a public statement on behalf of the networks and member organisations of their commitment to delivering a step change in NHS research capacity and performance in NTW.

Throughout the plan we remain focused on delivering the primary research objective of the NHS Operating Framework: ***"to double the number of patients taking part in clinical trials and other well-designed research studies within five years"***. Previous business plans produced by the NTW team have stressed that stable, incremental progression is the key to both realising this national ambition and establishing our region as a destination of choice for delivery of NIHR portfolio studies in the NHS. In this document, as we exit the set-up phase and focus on outputs, we present a detailed, costed rationale for that progression. At this crucial phase of CLRN development we provide evidence that we are well placed to deliver both to the regional and national vision.

1.2 Our goals for 2010-11

The first NTW CLRN business plan, for 2008/09, stressed "*securing the baseline and building a platform*". The twin themes in the 2009-10 plan, mindful of the NHS Operating Framework, were "*creating capacity and embedding change*". This plan and our proposed work in 2010-11 recognise that this year's focus must be ***"delivering on the investment"***, and in particular, it is imperative that the infrastructure established delivers for industry studies.

The role and expectations of the CLRNs are now clear. The infrastructure and processes are in place and now we, our partner NIHR networks and our member organisations must deliver the world-class research infrastructure envisaged in "Best Research for Best Health".

Our primary objective, to have been achieved by the end of the period covered by this plan remains:

"To have doubled, relative to our 2008-09 baseline, accrual to NIHR portfolio studies"

To achieve this we will:

- Work with MOs and Specialty Groups (SGs) to identify strategic and study-specific

opportunities and target resource appropriately

- Support partner NIHR networks in the delivery of their targets and identify, with them, areas for expansion and collaboration
- Work with MOs, partner networks and SGs to retain and develop a research workforce capable of delivering the NIHR CRN's objectives
- Agree with member organisations, and then achieve, targets to reduce delays in CSP and HR processes
- Communicate effectively with MOs, TCRNs and SGs
- Establish mechanisms for rapid and accurate study feasibility in key areas of activity, based on the electronic identification of potential recruits
- Ensure that all of the above objectives are focused on delivering the NTW industry portfolio, with a minimum target of 10% industry studies by the end of 10/11
- Demonstrate appropriate, fair and transparent use of CLRN funding both within and between MOs

All of the above are necessary components of an integrated NHS research infrastructure supporting a highly functioning NIHR family of networks. Similarly, all map well to established work programmes within the CLRN.

1.3 The scale of the challenge

In 2008/09 10,704 patients were recruited in NTW. Meeting our obligation to the national commitment and doubling that figure requires that we recruit 21,408 patients per year. Our projections for 2009/10 are that we will recruit approximately 16,000 patients. Therefore, if we can further increase recruitment by 35% in the coming year, we will have doubled the baseline.

However, this business plan sets out detailed insights into NTW activity and provides a realistic assessment of the progress that will be possible. We will strive to achieve this additional 35% increase this year and thereby achieve the goal we set last year of doubling accrual within two years. However, due to the closure of one very highly accruing Diabetes study, we also provide a minimum target of 17,000 recruits so that the CLRN commits to replacing the five thousand recruits the study contributed to this year's figures.

1.4 The investment

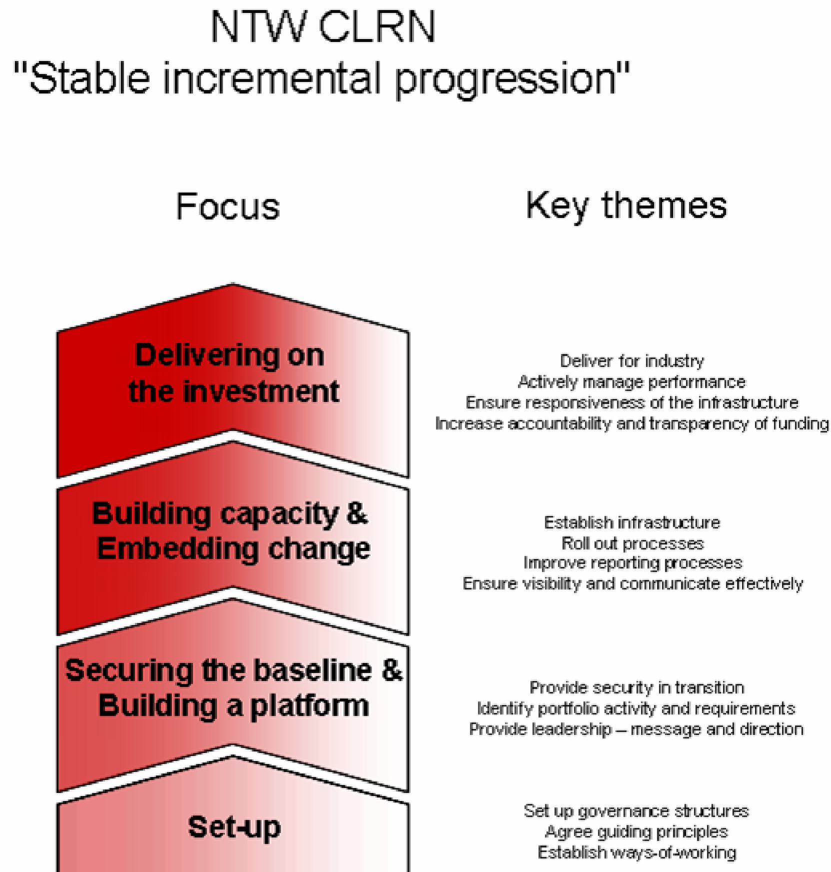
Central to the concept of ***"delivering on the investment"*** is a clear articulation of the purpose of that investment. The purpose of the investment is to create an NHS research infrastructure that is capable of delivering to the standards expected by pharma trials and to meet the NHS Operating Framework goal of doubling recruitment to portfolio trials. The outline use of resources (OuR)

submitted as part of this plan sets out the proposed spend for 2010-11 in order to meet these targets. The local targets and proposed spend have been agreed with MOs and partner NIHR Networks.

The mechanisms for determining the allocation of resource between and within MOs are described, as are the mechanisms by which the CLRN Executive monitor accrual returned against resource invested. A significant development this year is that we are formalising the reporting of budget changes and actual expenditure within member organisations.

We believe that the priorities and investment recommended in this business plan are consistent with ensuring continued progress within NTW CLRN. We request that NIHR CRN CC approve the investment and work proposed.

Figure 1



2 Overview of the CLRN

2.1 Regional infrastructure and engagement

The demographics and geography of the CRLN are as described in previous business plans. There have been no significant changes to the MOs, SHA or HEIs with whom we interact. The nationally and locally important units that support clinical research have not changed.

The only NIHR Clinical Research Network which has not previously been represented in our region is Medicines for Children (MCRN). Discussions with MCRN CC have taken place to establish and formalize a presence in NTW and CDTV (County Durham and Tees Valley) CLRNs. It has been agreed with CDTV that Dr George Rylance should provide the strategic input for this across the two CLRNs. George has been invited to attend the MCRN Board. In NTW, the operational elements are being put in place through substantial investment in the Pediatrics SG, led by Professor Allan Colver.

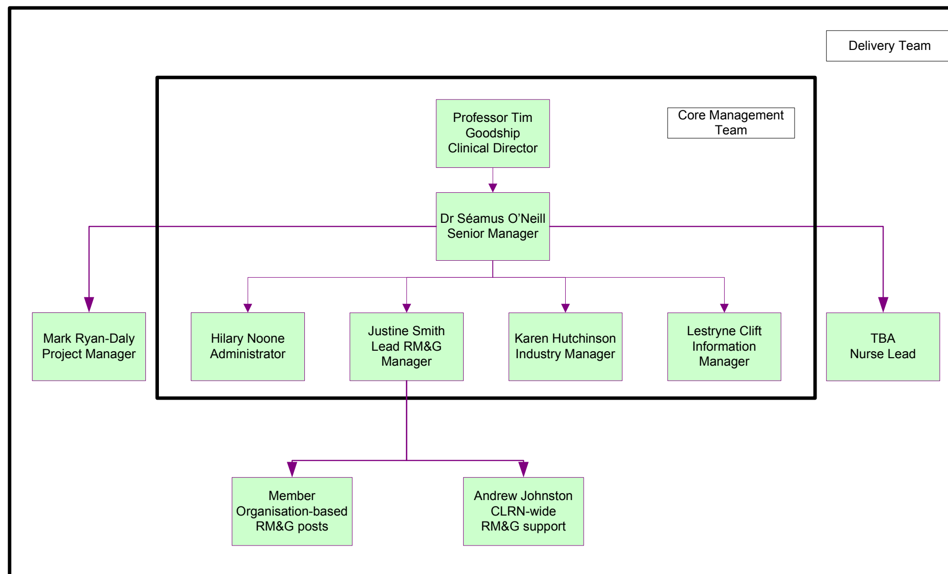
In addition to the, very welcome, engagement with MCRN there have been changes to the leadership of three of our LRNs. Dr Anne Lennard now leads the NCRN LRN; Dr Chris Price has taken over as CD for the North East Stroke Research Network; and a new appointment is to be made to the CD position of our local PCRN. We have already engaged with those new to post and will do the same when an appointment is made in PCRN N&Y.

There is evidence that the CLRN is becoming accepted as a constructive force within the local R&D environment. CLRN and NIHR portfolio priorities are being written into strategies of MOs and Professor Tim Goodship, the NTW CLRN Clinical Director, has been invited to be part of the appointment panels for LRN Clinical Director posts within NCRN and PCRN. Tim has also recently been asked to be on the appointment panel for the R&D Director post of one of our MOs.

2.2 The Core Team, Executive and CLRN Office

The NTW CLRN core team is now well established. We do not envisage major changes to it in the coming year. The appointment of the lead nurse was delayed but is now under way.

Figure 2: The Core Team



There has been one change within the CLRN Executive. Dr Alan Thomas has replaced Dr Roger Paxton as Mental Health representative. Alan will also take on Roger's remit for RM&G at Exec level.

One material issue to be highlighted is the cost of our accommodation. As discussed with CRN CC at our review meeting in 2009, an opportunity arose for the CLRN to co-locate with other NIHR Networks at the Centre for Life in Newcastle. This was agreed to be an appropriate development and Network Central at Newcastle has now been established. SRN, DRN, PCRN and the national SG in Genetics are all represented in open plan office space. The collaborative opportunities afforded by co-location are rapidly becoming evident. The down side is the cost. The CLRN's estates charges will be £47k in 2010-11. We seek the CRN CC's agreement to this.

2.3 Distribution and management of support staff across the member organisations

2.3.1 Management of devolved resource

NTW CLRN operates a devolved model. We have no plans to change this approach. Almost 70% of our funding, approximately £5.9m in 2009/10, was devolved to MOs and they were given a

degree of autonomy as to how this was used. This autonomy is an important factor in gaining MO buy-in to the process.

The RM&G staff embedded in MOs (costing *ca* £950k *per annum*) are line-managed within the MOs but are responsible for the delivery of the CLRN RM&G agenda. They are expected to contribute to working groups such as the CSP implementation group and the Passports working group. These are chaired by the Exec lead for RM&G and this link provides guidance to the Exec on how the initiatives should be taken forward. Monthly meetings between the embedded staff and the Lead RM&G Manager outline the priorities and discuss the approaches to be taken.

The delivery budget is managed largely within the MOs. Approximately 80% of the devolved CLRN funding is used for salaries and the process for managing these staff is overseen by the R&D Clinical Directors. Ultimately the performance management of the delivery investment in each discipline is on the basis of accrual with the Blue Report (appendix 4) being the official and widely disseminated record of that accrual.

2.3.2 Management of centralised resource

The exceptions to the devolved model are

- The award of clinical sessions – a process managed by the Executive and
- The creation of a small team of centrally managed staff deployed to support cross-organisational initiatives

Sessional support for junior doctors: The principles and rationale underlying the approach to clinical sessions have been reported in previous business plans. The current commitment is approximately £1.4m *per annum.* This commitment will, funding permitting, increase by approximately £550k this year as we

- Identify and support junior doctors who will provide a significant contribution to portfolio studies (£300k)
- Issue a further call for applications for sessional support (£250k)

The junior doctors call is a significant additional strategic initiative and it is being planned in collaboration with HEIs, representatives of the relevant academic training pathway leads and Schools within the Deanery. We believe it is an essential step in capacity building for expertise in support of NIHR studies. It has been triggered by needs identified through SGs and also through F&S bids within MOs.

Centrally managed staff deployed across member organisations:

We have identified instances where support across MOs is essential and we will continue to invest in posts to facilitate cross organizational working. Posts established thus far have been aligned to the CLRN core team and have included: a project manager to support the work of the SGs, PPI and CSP implementation; expert RM&G cover to facilitate study set-up in some MOs; and the nurse lead post. We will also soon be seeking to appoint some trials coordination posts in support of SGs (cost approximately £100k *per annum*).

Each of the initiatives involved is described elsewhere in this business plan. The cost will be covered from top-sliced delivery budget (total commitment *ca* £250k *per ammun*). With most of the CLRN budget deployed thorough the MOs, these appointments allow us to both retain capacity and expertise centrally and also to intervene across single or multiple MOs as required.

3 CLRN Development Plans for 2010-11

In this section we explain the areas of work on which we will focus in 2010/11 in order to grow research activity across our MOs. The development plans include details of the main objectives and priorities for the network and sets out how these will be addressed via specific action plans.

3.1 Developing, embedding and enhancing RM&G systems and processes

We believe that 2010/11 is a crucial time in the change process necessary to establish high quality research as a core activity in our NHS MOs. CLRNs are now becoming accepted and understood as part of the fabric of the NHS research infrastructure. Awareness and expectations have risen and NTW CLRN is committed to promoting a culture of support and inclusivity that is to the long-term benefit of NHS-based research in the region. To this end the Executive have noted the need for a continued investment of effort in streamlining and harmonising processes around study set-up and employee mobility within the NHS.

CSP and Research Passports have been established as processes within the CLRN. The focus, from this point, on delivery requires that these processes and the principles that underpin them become a facilitative element of the NHS research environment. Rapid set-up of studies and flexible movement of staff within the NHS are fundamental elements of our vision of NTW as a destination of choice for high quality clinical research. Below we set out how we aim to deliver significant improvements in these areas.

3.1.1 Facilitating rapid study set-up

In 2009-10 CSP was embedded as a core process within MOs. In 2010-11 we will work with MOs to reduce set-up times for studies. We see this as a fundamental element of creating a truly competitive NHS research environment in NTW. To deliver this we must:

- Monitor progress of each study at each site and intervene where delays occur
- Identify and address recurring delays in processes within each MO

Local insights into turnaround times have been gained from a database set up within NTW CLRN to capture data on both study progress towards sign-off and the reasons for delays. A report generated from the database (The Rainbow Report – appendix 5) presents the mean time to sign-off for studies going through each MO. It is monitored by the CLRN Exec and Board and is circulated to R&D Clinical Directors each month to demonstrate average times for the process.

The reporting is continually refined and recent developments have extended reporting capability:

- Frequency distributions of time to sign-off within MOs have been added so that the effect of outliers can be seen and strategies adopted to intervene in studies that are having a significant adverse effect on metrics
- Time series analyses have been added for the CLRN and by MO to show trends and demonstrate improvement

Recent progress in this area is encouraging. Discussions with MO RM&G staff on targets for CSP provided a set of proposals for discussion at the R&D Clinical Directors' Forum. The GANTT chart in figure 3 illustrates the targets agreed for sign-off on non-commercial studies. The target for commercial studies is 30 days (from validation of the SSI forms).

The objectives for this work programme in 2010-11 are:

- Implement the agreed metrics and targets for MOs for the mean time to sign-off
- Provide MOs with a better understanding of their performance through insightful reporting and analysis
- Work with MOs to develop local improvement plans so that targets can be met

Figure 3: Agreed targets for sign-off within CSP for non-commercial studies

CSP Target Timelines - Non-commercial Studies

Task	Days																																													
	0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92
R&D Form validated and funding confirmed (global clock start)	▼																																													
Trust staff request SSI and corresponding docs		▼																																												
Trust staff chase SSI and docs required																																															
Core team chase SSI and docs																	▼																													
SSI validated (local clock start)																	▼																													
Governance checks undertaken by Trust staff																																															
Checks complete																																										▼					
QA review																																										▼					
NHS letter uploaded																																															

The RM&G component of the OuR sets out the resource that MOs believe is required to deliver to these targets. Our objective for 2010-11 is to move to a position where 80% of studies are set up within target.

3.1.2 Ensuring HR processes are responsive to research needs

The process by which metrics will be defined and implemented for HR turnaround of requests for access to NHS patients is less advanced than that for CSP. There is, however, a local imperative to monitor and actively performance manage the issuing of research passports, honorary clinical contracts and, in particular, letters of access.

- Delays in issuing HR documents allowing access significantly slow the NHS approval process
- Delays experienced by researchers, topic network staff and visiting researchers have a significant adverse effect on the region's reputation as a site for conduct of clinical research
- We need to be able to demonstrate a return on funding for HR capacity

We do not yet have an established process for reporting HR turnaround times. Metrics and IT systems are being developed to show turnaround times and trends in sign-off for each type of access document.

We have identified some generic themes around RM&G delivery within the devolved model. These are not uniformly applicable across MOs but illustrate the issues we will seek to address so that the CLRN RM&G agenda can be delivered.

Two areas to be considered by the Exec and MOs are:

Now that the essential elements of RM&G are established we need to work towards a common understanding of roles and responsibilities. This is particularly relevant to interaction between the roles of the Core Team and those of the CLRN-funded R&D staff within MOs.

We also need to retain a commitment amongst key staff in each MO to improve the systems and their operation. We will be looking for RM&G staff to become more proactive with the specific goal of improving turnaround. This may require a change in practice so that MO-based staff routinely seek timely contact with CIs and PIs to ensure documents contain the information needed for review and are submitted in a timely manner

If there are resource or training implications arising from the targets set, then these need to be addressed. Local leadership in the writing of improvement plans will be vital to achieving this. The CLRN Senior Management will support local initiatives to resource and implement improvements.

3.2 Embedding and utilising the study delivery infrastructure

3.2.1 Embedding service support

Throughout the development of the NTW CLRN infrastructure we have encouraged MOs to concentrate on establishing infrastructure rather than unpicking costs. We have advocated block funding of service support capacity rather than a recharge or payment system. Based on the local knowledge of the service support requirements, funding for staff and other resource has been devolved from MO budgets to the relevant departments. The funding and flexibility afforded in its use allow the service departments to ensure coverage of the workload associated with the portfolio

studies they support. If the service support departments believe that they require additional funding to carry out the workload expected of them, then they make a case to the R&D Department and if necessary to the CLRN Executive.

In primary care, research infrastructure support and service support are provided as per the national infrastructure and costing templates. Again, the mechanism for delivery of these costs and this infrastructure is via the MOs.

3.2.2 Embedding delivery teams

A number of models have emerged through which MOs deliver the support required by studies. These have not been dictated by the CLRN and the models favoured are dependant largely on the scale of local research activity. A single centralized team is common within those MOs with relatively few studies. The more active MOs may have a combination of central teams and, if necessary, small teams embedded in highly research active units. The embedded team model is most fully developed in Newcastle Hospitals Trust where teams of nurses, trials coordinators and data managers are deployed to cover the active disciplines.

The Executive have reviewed and are satisfied that the approaches taken are appropriate to the needs of each organisation. The arrangements seem responsive to the needs of the studies supported and flexible enough to deal with the challenges that arise. The CLRN senior management discuss with MOs any concerns or issues raised by PIs and all issues raised thus far have been successfully resolved.

3.3 Maximising cross-network and cross-organisation opportunities

3.3.1 Facilitation of study set-up through cross-organisational working

There is much that the CLRNs can learn from the TCRNs' experience in dealing with the challenges of supporting studies across organizational boundaries. The Specialty Groups are now taking on the challenges of setting studies up across multiple sites and some of the learning previously encountered can help. We will, for example, look to appoint a number of clinical trials coordinators (*ca* £100k *per annum*), specifically to assist highly active SGs in setting up studies. These CTCs will be managed centrally by the CLRN and will add horizontal (cross-organisational) capacity to complement the vertical (MO-specific) resource that predominates in the use of devolved allocations. Both are required.

Similarly, in the provision of RM&G support to MOs, most of the personnel are funded through the devolved allocations. However, we have also identified a need for additional support, particularly to MOs that do not have large R&D Departments. Cover for prolonged absences and provision of

expertise for complex studies is difficult for some of the smaller R&D Departments. Andrew Johnston, a recent appointment to the central CLRN team, is an experienced trials coordinator and will provide expert RM&G and CSP support across the MOs.

3.3.2 Cross-network working

Most of the focus of our cross-network activity is in facilitation of the LRNs' agendas through funding, training and facilitation of processes such as CSP and Research Passports. Relationships between the networks are good and there have been instances of:

- Joint funding of posts by LRNs
- Transitional agreements for transfer of service support costs from LRNs to the CLRN
- Agreements between MOs to part-fund LRN posts from F&S or CLRN funding
- Moves to share space between LRNs and MO embedded teams – creating opportunities for cross-cover on issues such as adverse event reporting

The benefits of co-location of multiple networks are also becoming evident from the recent move to site the CLRN, DRN and PCRN presence within NTW at the Centre for Life (along with the National SRN CC). The benefits of this move are still being collated and will be highlighted in the Annual Report. However, greater understanding of the processes led by each network in relation to, for example: data collection and accrual reporting; CSP; or the placing of studies in Primary Care are already making joint-working a reality rather than an aspiration.

3.4 Plans for the development of Local Specialty Groups

Details of the SGs active in NTW are provided in section 4. Here we describe the principles that govern the management of SGs.

3.4.1 Principles guiding SG formation

Inclusivity has been a guiding principle for SG management throughout the set-up phase. Specialty Groups have been established locally where there is deemed, by the local clinicians, to be benefit in contributing to the national SG agenda. If there are studies active in the region that are not covered by an established SG then we will consider creating one.

The provision of support for studies is not dependent on there being an active local SG. The CLRNs' remit is to support all portfolio activity. As a consequence, if a study is open in NTW, we require that appropriate support is provided for it by the MOs in which it is active.

We have 21 SGs locally and, if there is a need to do so, we will seek nominations to lead in the other areas. However, we have found that there can be value in some of the SGs with lower levels

of activity creating critical mass through engagement with other SGs locally or in forming alliances with the same SG of another CLRN. For example the Critical Care SG has little recruitment at the moment, but has significant potential for growth. It is using an established regional Critical Care forum to identify interested clinicians: the forum in question spans NTW and CDTV. We will continue to seek opportunities to develop alliances where critical mass can be established. Another example of successful collaborative working is the Reproductive Health and Childcare holding joint meetings with several MOs specifically to look at CLRN wide implementation of new large studies.

3.4.2 SG strategy formulation

Professor Steve Robson is Exec lead for SGs. The local leads of the SGs meet quarterly to share and develop the collective strategy. At their most recent meeting the leads agreed the format and timescale for production of a strategy statement on behalf of their SG. The template used was one closely based on that produced by the West Yorkshire CLRN.

Steve Robson is also the Chair of the local Reproductive Health SG and produced the appended exemplar (appendix 7) to demonstrate what was required of each group. The purpose of the document is for the SG leads to prospectively identify:

- Studies (existing *and* new) to which they can recruit
- The target accrual they will achieve
- The support and investment they will require from each MO to achieve that target accrual

SGs are strongly encouraged to engage with all potential sites of accrual in the CLRN and to invite to the SG meeting all the professions and sectors relevant to delivery. The membership of the Reproductive Health SG in the exemplar above demonstrates this.

The template for each SG will be pre-populated by the CLRN core team using data held centrally and the SG leads will return details of the studies they will undertake, the resource they will require and the engagement they will undertake amongst the relevant organisations and professions. Targets for each SG will be set when the local lead has analysed the national portfolio for studies to which the SG could recruit. The targets set for the SGs will be informed by the possible recruitment to available studies that the leads have identified.

3.5 Enhancing staff/management and systems performance

3.5.1 Patient and Public Involvement

In 2010-11 the development and scoping work carried out on PPI in NTW will begin to be applied to the benefit of delivery. The starting point for this is the scoping work carried out, on behalf of both

NTW and CDTV CLRNs, by colleagues at The University of Northumbria. This work was presented to the Board and the recommendations in the paper were adopted. The paper has been shared with the PPI lead for NIHR CRN.

Recommendations relevant to this business plan included a collaborative approach with CDTV, and the RDS we share, in developing PPI initiatives in the North East. Each organisation's PPI budget is likely to be limited and the beneficial effect of joint investment could be significant. The primary practical issue identified in the report was the need for a support and advice mechanism for investigators around PPI. Mark Ryan-Daly is taking this concept forward, on behalf of NTW CLRN, through participation in the CRN CC-led Action Learning Set on PPI. This initiative will allow facilitation and development of the local PPI strategy while ensuring that the objectives and practice remain aligned to national PPI priorities. Our priority for 2010-11 is to establish a regional forum for development of PPI practice and to initiate a shared resource for PPI good practice which provides access to theory, case-studies and exemplars for those preparing funding applications or seeking to develop well-informed strategies for engaging patients and carers.

3.5.2 Information Systems

Thus far, most of our work with information systems has focused on ***compiling and distributing information on research activity and funding***. The information and analyses provided to our MOs and partner networks has played a major role in establishing a shared understanding of the environment and issues. Figures 4 and 5 illustrate this approach.

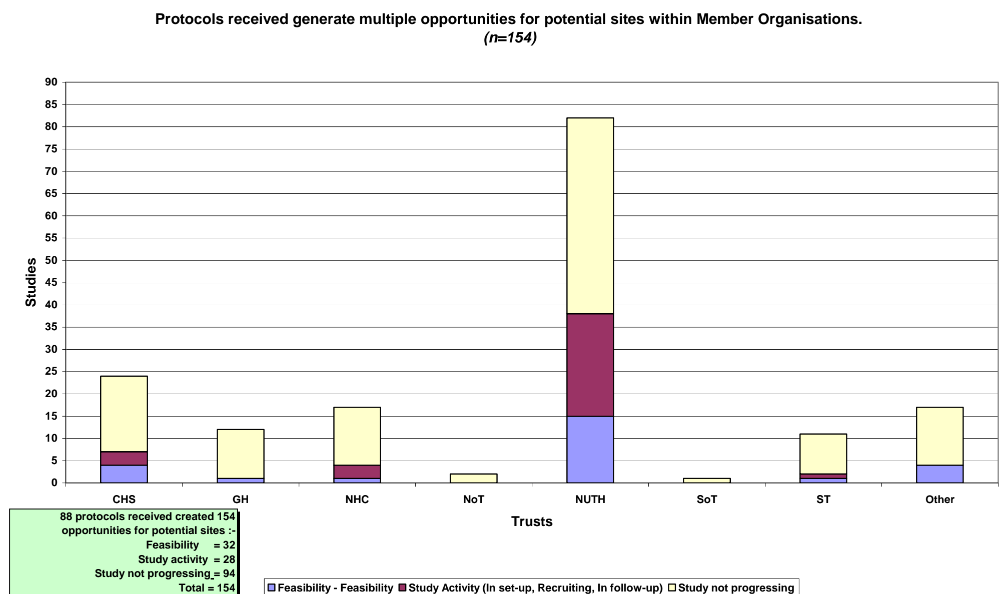
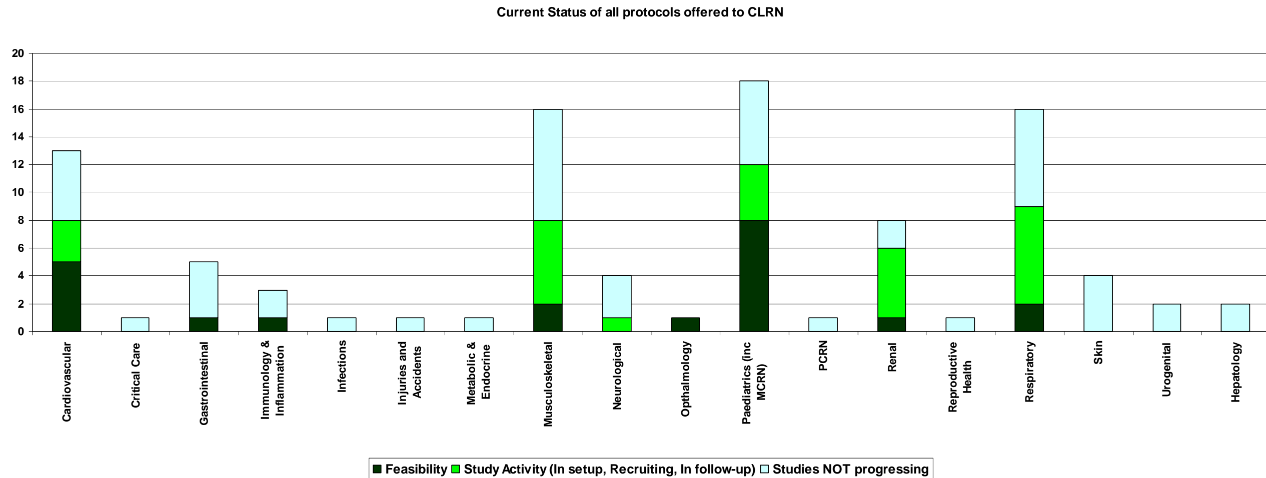


Figure 4: Commercial portfolio studies offered by MO

This work will continue as an evidence-based approach is a fundamental principle of how NTW CLRN operates. Increasingly we are looking to provide MOs and SG leads on local insights into industry opportunities and their uptake.

Figure 5: Commercial portfolio studies offered by SG



Two additional elements are being added to our Information Systems work programme in 2010/11. Both reflect the shift in emphasis from set-up to delivery.

We will work with MOs, their RM&G teams and the embedded research teams to establish ***performance management processes for individual studies*** so that studies struggling to recruit can be identified at a stage when, if support is provided, recruitment targets can still be reached.

We plan an investment of approximately £50k in 2010/11 to pilot the use of information systems within MOs for the ***identification of patient cohorts*** suitable for inclusion in trials. The initiative will be trialed initially in Newcastle Hospitals NHS FT and seek to develop a process for linking information on diagnoses contained in the Mermaid system for letter writing and the e-record system. The pilot phase in 2010-11 will seek a proof-of-principle using a small number of industry-relevant diagnoses. The goals for the year are to:

- Develop a system whereby, if the CLRN is approached with a study (commercial or non-commercial), rapid and detailed feasibility could be carried out for specific areas of interest
- Collate and share the experience gained from this so that the concept can be rolled out to other MOs as there are likely to be similarities in the processes involved

To facilitate this, the CLRN will provide funding (*ca* £50k in 2010/11) to facilitate investigation of the practicalities involved in this. The funding will be used to appoint an individual to explore and implement coding and database requirements.

Increasingly, pharma companies are asking for potential sites to provide anonymised lists of patients as part of the feasibility process. Our intention is to concentrate efforts on areas of significant CCRN industry opportunity – see figure 5. As this initiative becomes established, and we cover more of the high-interest areas for CCRN industry activity, we will create a resource which

both meets a need for commercial studies and provides a significant strategic advantage for the CLRN.

The primary care research practices initiative we have established also provides us with an opportunity in this area. We will work with the practices we support to create a population profile in terms of frequently-researched patient groups. We will establish both the numbers of patients likely to be available for potentially significant cohorts and also establish processes for contacting them through their GP.

3.5.3 Training and Workforce development

Our priorities for the year in training and workforce development are set out in two documents.

The first is our training programme for the year (appendix 6) which has been published, promoted and is now being delivered. The development of the programme was informed by consultation with our MOs, partner networks and other key stakeholders. Our aim is to provide a core set of high-quality local training events that are open to all staff involved in portfolio research. Additional, bespoke, events are provided where sufficient on-site demand is obvious.

Training is provided on issues critical to study delivery such as GCP, consent, ethics and the Human Tissue Act. Processes such as CSP and IRAS are also covered. A further, and valued, training stream is management training. Projects, teams and change management events in 2009 have been well attended and feedback has been excellent. This management training is open (and free) to both LRN personnel locally and to study teams. As well as providing individuals and teams with insights and skills helpful to them in delivering their work, the events have also been a valuable team-building exercise in their own right.

The second relevant document is a report commissioned by the Board on research support staff (available on the CLRN website) and it deals with wider issues around workforce development. The recommendations of this report included coordination of training requirements for support staff. These are largely dealt with in the programme described above. However, it is also clear that we need to address non-training aspects of workforce development such as security of tenure for research staff, the provision of appropriate and responsive management structures and cross-MO support and mentoring of staff in small research groups. These issues and others are part of a work programme to be undertaken by the CLRN Nurse lead once s/he is appointed.

3.5.4 Communications

The set-up phase of the CLRNs was typified by a promotional and explanatory approach to communications. The delivery phase will focus on using exemplars and best practice to help generate improvements in delivery.

Valued initiatives will continue such as: the Clinical Directors' Forum; regular meetings with LRN and R&D managers; the newsletter; joint management training events for CLRN, LRN and MO staff; widespread dissemination of the business plan and OuR. These initiatives have served us well in establishing open and truly collaborative ways of working within the region.

For a recent review by the coordinating centre of how we communicate with our MOs we conducted an analysis of the work we do to share, with stakeholders, our understanding of the research activity. This approach, based on transparency, remains central to our creation of a shared understanding of the activity. Metrics on funding, accrual, CSP and industry studies are all compiled and circulated widely. This approach will continue but will be augmented by Core Team interventions to encourage analysis, particularly by MOs, of what they need to do to improve processes, identify further studies to which they could recruit or promote engagement with industry studies.

3.6 Enhancing relationships and engagement with R&D community

The objective of our communications strategy is that we achieve and maintain effective working relationships with our stakeholders. This means understanding, and being understood by, the NHS R&D community. The senior management of NTW CLRN invest much of their time in establishing and maintaining the requisite network within the CLRN and beyond. As well as the formal communication channels described above, meetings and informal discussions aid the mutual understanding between the CLRN and key stakeholders such as partner networks and MOs. This ongoing contact is evident at both managerial and directorial level.

The mechanisms by which the CLRN engages with the local R&D community include:

Engagement of MO Chief Executives is important to many of our initiatives. When launching major initiatives such as CSP or Research Passports we seek CEO agreement on our implementation plan. To keep CEOs informed of activity and progress towards national targets, detailed reports are sent, annually, to CEOs setting out the activity for each MO and their contribution to the CLRN's figures. We also describe for them the CLRN funding the organization has been awarded and what it was used to support. We include a report for them on accrual attributable to SGs and session-holders within their Trust.

We send a similar set of reports on each MO to ***the Strategic Health Authority***. We also provide the SHA with a collated report for the CLRN as a whole. SHA links are *via* representation on the CLRN Board and the CLRN Board Chairman Professor Oliver James' position on the Board of NHS North East.

Clinical Director level engagement between the Networks and the MOs is facilitated through the CLRN Board and through 6 monthly Clinical Directors' meetings. Both meetings have Clinical Director representation from MOs and LRNs, but if the former is rather governance-focused, the latter is specifically around strategy formulation and identification of areas of mutual opportunity.

Chief and Principal investigator engagement is facilitated formally through the Specialty group meetings. The local leads chair meetings of their own SG and the Exec lead for SGs, Professor Steve Robson, chairs a quarterly meeting of all the local leads. This provides a formal structure for collating the views of those involved in CCRN studies and integrating the insights obtained into the Executive's development of strategy.

Managerial engagement with peers is formalized through meetings hosted by the CLRN with MO RM&G managers (monthly), R&D managers (quarterly) and LRN managers (quarterly). These meetings are the primary channel for communicating the expectations of the CLRN to the MOs and for allowing input from all the NIHR networks into the planning and budgeting process. We have also, in the 2010/11 planning cycle, had our first joint meeting of MO R&D personnel and LRN managers. This was considered by those present to have been a very successful event and our intention is to continue with these as 6 monthly, half-day meetings.

CLRN-wide engagement by the Core Team, is delivered through the Roadshow. These monthly events, one at each of our MOs provide a broad platform for presentation of the CLRN's role and the opportunities for involvement in portfolio research. The programme is widely publicised and the feedback has been positive.

Maintaining stakeholder engagement is crucial for the success of the change to be conducted through the CLRNs. To gauge the extent to which we are meeting the needs of our stakeholders, we conduct an annual 360° review of our performance. In this we ask all the stakeholders listed above (plus all the CLRN session holders) what their experience of dealing with the CLRN has been. We will continue to do this and to act on the feedback. The Roadshows were a direct result of feedback received in last year's 360° review.

3.7 Setting objectives and targets

3.7.1 Principles applied in setting objectives and targets

The overall objectives for the CLRN are set by the Board and recorded in the business plan. The responsibility for operationalising these objectives lies with the Executive and Core Team. As described above, the Core Team and Executive engage widely with MOs, partner networks and SGs in conducting the business of the CLRN. Targets for delivery are set in consultation with these groups and with reference to national requirements.

The examples cited previously for setting CSP and HR sign-off targets is typical of the way we seek to work. Where change or improvements need to be made we seek the agreement of the organisation involved (at all necessary levels) and agree with them realistic targets for improvement. We then monitor the process through agreed metrics and intervene as appropriate.

3.7.2 Setting accrual targets

We take a similar approach to setting recruitment targets for SGs. We consult with those involved and agree targets and appropriate support to achieve them. Discussions currently under way with the SG leads will report the expected recruitment by SG in each MO. We have received the same data from each of our partner networks (all returns are in except for PCRN) and we will be able to map ***expected*** activity in the same way as we do for reported activity, by MO and discipline. Then we, and our MOs, will be able to plan the distribution of resource accordingly.

Collating these projections gives us an estimate of likely accrual for the coming year – the projection results in the “prospective Blue Report” shown in figure 6.

This process is rather different from the arithmetic approach adopted for deriving targets in appendix 3. However, building the projections in this way allows greater insights into the accrual required of the MOs.

It is clear that the estimates given by the Topic Networks tend to be conservative and the figures do not match the percentage-based uplifts cited in the overall targets for the CLRN. However, we believe that this prospective approach is consistent with the overall aims of the CLRN and we will work towards a bottom-up approach to forecasting activity. At this stage, we are encouraged by the willingness of partner networks and SGs to make these projections.

Figure 6 is a first pass at compiling the activity projection by Topic and SG. It takes partner Network figures as submitted and presents targets for SGs based on based on a 35% uplift for those where the recruitment increases or remains roughly static in 2009/10 (status green or amber in the supplementary table of SG targets within appendix 3). For those SGs in which accrual has fallen

(status red) the target set is to regain 2008 levels The figures resulting from the 35% uplift will be replaced with the detailed estimates of activity returned by the SGs once their strategy documents have been returned.

Figure 6: A prospective Blue Report for 2010/11

Combined projections for 2010/11 in NTW

	CHS	GH	N'bria	NEAS	NoT PC	NUTH	NTW	SoT PC	STyne	Total
NCRN	132	132	144			660			96	1164
DeNDRoN			176		2414	547	200			3337
DRN	20	50	30		300	80		15	20	515
MCRN										135
MHRN							600			600
PCRN					684			684		1368
SRN	196	49	142			131			47	575
Age & Ageing										259
Anaesthetics										0
Cardiovascular										1434
Clinical Genetics										63
Critical Care										77
Dermatology										178
ENT										56
Gastrointestinal										663
Health Services Research										255
Hepatology										269
Immunology & Inflammation										61
Infectious Diseases & Microbiology										149
Injuries & Accidents	**To be completed once SG strategy returns are compiled**									11
Metabolic & Endocrine										43
Musculoskeletal										1323
Nervous System Disorders										31
Non-malignant Hematology										4
Opthalmology										81
Oral & Dental										62
Paediatrics										255
Public Health Research										30
Renal										174
Reproductive Health										1665
Respiratory										385
Surgery										0
Urogenital										2083
Total										**17305**

3.8 SWOT analysis

The analysis below summarises key, high-level issues we perceive to be material to our capacity to contribute to the CCRN's overall aims and objectives.

3.8.1 Summary SWOT analysis

Strengths

S1. Strong accrual, funding and strong relative position nationally has made change easier to agree.
S2. Executive, Board and Core Team continue to function in an effective and collegiate manner.
S3. Agenda of the CLRN is supported by R&D Clinical Directors within R&D Departments.
S4. CLRN has established values and ways of working that are fair, transparent, inclusive and sustainable.
S5. Positive or very positive feedback (via an annual 360° review) from almost all partner networks on both our performance and our support for their work.
S6. Co-location with SRN, DRN and PCRN personnel allows greater mutual understanding and support.

Weaknesses

W1. CLRN remit and opportunities still need to be communicated widely within NHS.
W2. Certain concepts and processes still in development (e.g. lead Network, RDMIS) and therefore expectations are difficult to manage.
W3. Devolved model of operation leaves us vulnerable to lack of control over staff and resource (but has hugely enhanced buy-in from MOs!)
W4. Ability to attract studies in some areas: a number of Networks and SGs struggle to persuade CIs to open sites in NTW. (Cited as a major concern by MHRN, DRN and PCRN and to a lesser extent by others. Some SGs now also encountering this).
W5. Approval times need to be improved, particularly for industry studies.

Opportunities

O1. Many signs that the CLRN agenda has been adopted by MOs and this provides an impetus and opportunity for change.
O2. Quality and tone of interactions with MOs and partner networks gives excellent platform for delivering sustainable change.
O3. Transparent use of a funding stream dedicated to research infrastructure described by some R&D Departments as a once-in-a-career opportunity.
O4. Emergence of visible, effective leadership in a number of SGs is creating opportunities for engagement of previously research-inactive staff and sites.
O5. Pediatrics SG taking on the role of supporting MCRN allows us to engage fully in an area of significant opportunity (particularly for commercial studies).
06. Emergence of activity in previously research inactive MOs gives a broader research base.

Threats

T1. Major changes in funding levels will create instability and both threaten the engagement of MOs and make it harder to recruit and retain staff.
T2. The perception of CLRN funding as impermanent remains a barrier to effective long-term planning within MOs.
T3. Expansion beyond current levels will require that we address issues of space in a number of MOs. We lack a formal mechanism for doing this.
T4. Responsiveness of HR systems to the NHS research agenda remains a concern (specifically on the issues of delays in appointments and cross-organisational working).
T5. Headline figures on accrual remain vulnerable to loss of high volume studies.
T6. Doubling recruitment will require an increase in the number of studies available.
T7. Cuts in research funding will mean research funders will fund fewer studies.
T8. Overly rigid interpretation of governance requirements is still deemed by investigators to be a barrier to study set-up.
T9. Failure of IT systems to identify patient cohorts in a timely manner will limit our potential to conduct rapid and accurate feasibility.

3.8.2 Issues arising from the SWOT

Having conducted a SWOT analysis as part of strategy development it is useful to look at how strengths and opportunities can be used to the advantage of the organisation and what can be done to address weaknesses and mitigate threats.

Building on our strengths

S1. Build on the CLRN's role as a facilitator of study adoption. Continue role of enabling SG expansion and continue to support initiatives arising with the potential to expand or increase activity.
S2 and S3. Team building and succession planning is being put in place and (6 monthly) Clinical Directors' meeting now established as a strategic forum.
S4. Maintaining our standards of fairness, transparency and inclusivity will be crucial if funding and opportunities are squeezed. Sticking to these values will add to the reputation of the CLRN as an honest broker.
S5. We will continue to seek constructive feedback from our stakeholders, both informally and via an annual 360° review.
S6. Co-location with partner NIHR Networks is a unique opportunity to demonstrate the value in CLRN and LRNs having close working relations and a real understanding of each other's roles.

Addressing our weaknesses

W1. Continue to present at all appropriate fora. Use website, newsletter and distribution lists to keep the CLRN agenda visible.
W2. Work with CRN CC to refine new developments and continually communicate the detail and implications to stakeholders.
W3. Devolved model of operation is, on balance, hugely beneficial. Influence over staff and resource ***is*** possible with support of MOs (and most importantly the R&D Clinical Directors).
W4. Canvass aggressively at national level for access to studies. Publicise successes and create an environment that will attract studies to the region. Work with RDS, HEIs and research active personnel in MOs to support funding applications.
W5. Concerted efforts to improve approvals times are being made. This will make NTW increasingly attractive to Pharma.

Taking the opportunities

O1. Continue to convince the NHS community that the CLRN agenda is in their interest, from CEOs and the quality accounts to PIs and the research infrastructure available to them.
O2. Continue to work hard on maintaining working relations with MOs and partner Networks.
O3. Continue to ensure that CLRN funding is used for the purposes intended within MOs.
O4. Support and incentivise SG activity and leadership, highlighting best practice through newsletter articles on exemplars.
O5. Continue to invest in Paediatrics and build links at network level with MCRN LRNs, such as recent fruitful links with the Liverpool-based LRN.
O6. Continue to engage with and encourage portfolio research activity in emergent MOs.

Minimising the threats

T1. Lobby nationally for a degree of stability in funding formula.
T2. Build a maximum 5% annual fall in MO allocations into the local ABF model.
T3. Use Board, and if necessary CEO and SHA contacts to lobby for space to be made available to researchers.
T4 and T8. Performance of research-critical HR systems to be monitored and reported at Board level.
T5. High volume studies will come and go, local assessment of performance will not fixate on total numbers.
T6 and T7. The CLRN has limited influence here, but other avenues for maintaining activity levels, notably through promotion and adoption of industry studies will be pursued as a compensatory mechanism.
T9. We will work with IT depts in MOs to facilitate identification of patient cohorts.

4 Industry

As stated in the Executive Summary, providing a research infrastructure responsive to the needs of industry is an objective which is central to ***all*** the activity of NTW CLRN. As infrastructure is established in the region it is under the explicit understanding that the personnel and services are expected to prioritise commercial NIHR portfolio studies.

Hence, we have highlighted throughout the document how workstreams such as: RM&G; management information and cohort identification; and SGs are being shaped to meet the industry agenda. Below, we set out below the main initiatives being undertaking to make NTW a more attractive destination for Pharma studies.

- Achieve 30 day target for site approval being issued (from validation of the SSI forms)
- Maintain oversight of opportunities afforded through CCRN studies offered to NTW and ensure that infrastructure is in place to deliver in key areas
- Identify patient cohorts prospectively in areas of intensive industry activity and communicate to industry partners the availability of these data
- Fund activity within the CLRN in a manner that encourages participation in industry studies
- Promote industry agenda amongst senior NHS stakeholders through established communications mechanisms
- Encourage the uptake to industry studies through the SGs, identifying suitable potential PIs in areas where studies are being offered but uptake is poor
- Work with TCRNs to maximize potential uptake of TCRN-adopted industry studies

5 Specialty Groups

There are 21 Specialty Groups in Northumberland, Tyne and Wear CLRN. The table below lists the SGs, their local leads and the MO in which the lead is based. The recruitment activity attributable to each SG is returned in the Blue Report. The detailed membership of the groups and the frequency of their meetings are being collated *via* the strategy documents recently requested from each SG lead.

Specialty Group	Local Lead	MO of Local Lead
Age and Ageing	Professor Julia Newton	Newcastle Hospitals NHS FT
Cardiovascular	Professor Bernard Keavney	Newcastle Hospitals NHS FT
Clinical Genetics	Professor Judith Goodship	Newcastle Hospitals NHS FT
Critical care	Dr Simon Baudouin	Newcastle Hospitals NHS FT
Dermatology	Professor Nick Reynolds	Newcastle Hospitals NHS FT
Ear, Nose and Throat (ENT)	Professor Janet Wilson	Newcastle Hospitals NHS FT
Gastrointestinal	Dr John Mansfield	Newcastle Hospitals NHS FT
Health Services Research	Professor Elaine McColl	Newcastle Hospitals NHS FT
Hepatology	Professor David Jones	Newcastle Hospitals NHS FT
Injuries and Accidents	Dr John Wright	Newcastle Hospitals NHS FT
Metabolic and Endocrine	Professor Simon Pearce	Newcastle Hospitals NHS FT
Musculoskeletal	Professor John Isaacs	Newcastle Hospitals NHS FT
Neurology	Professor Patrick Chinnery	Newcastle Hospitals NHS FT
Ophthalmology	Mr David Steel	City Hospitals Sunderland NHS FT
Oral and Dental	Professor Jimmy Steele	Newcastle Hospitals NHS FT
Paediatrics	Professor Allan Colver	Northumbria Healthcare NHS FT
Public Health Research	Professor Eileen Kaner	Newcastle Hospitals NHS FT
Renal	Professor Neil Sheerin	Newcastle Hospitals NHS FT
Reproductive Health & Childbirth	Professor Stephen Robson	Newcastle Hospitals NHS FT
Respiratory	Dr Anthony De-Soyza	Newcastle Hospitals NHS FT
Urogenital	Professor Robert Pickard	Newcastle Hospitals NHS FT

In addition to the Local Specialty Groups, the CLRN hosts two National Specialty Group Chairs.

Specialty Group	National Lead	MO of Local Lead
Clinical Genetics	Professor Sir John Burn	Newcastle Hospitals NHS FT
Oral and Dental	Professor Jimmy Steele	Newcastle Hospitals NHS FT

6 Financial Management and Outline Use of Resources

6.1 Financial Management

The principles governing financial management within NTW CLRN are set out below. The rationales presented for funding and financial monitoring have been produced by the Executive and agreed by the Board to ensure that a) funding follows costs b) where strategic opportunities are identified, these are supported and c) partner networks and SGs are consulted, by both the CLRN and MOs, during the planning of resource allocation.

The processes are described so as to make clear the sequential elements of the decision-making. The process begins with the CLRN being notification of its budget by the Coordinating Centre and ends with the submission of a balanced financial return at year-end.

6.1.1 Assumptions on CLRN income in 2010/11

Separate from this hypothetical modeling, there is a pressing need to allow MOs to begin financial planning for 2010/11. We have, therefore, requested that MOs cost activity and bid for resource based on approximately last year's level of funding. This exercise is returned as a proposed Outline use of Resources, described in section 5.2 and set out in detail in Appendix 1.

The model below assumes that NTW CLRN receive £9.6m funding in 2010/11. This is within the limits of what could be expected from known recruitment within the 12 month period to which the Coordinating Center's funding algorithm will be applied. It will be adjusted once the allocations are announced to accommodate whatever level of funding we are to receive.

6.1.2 Allocating resources within the Network

There are a number of steps in this process. It deals separately with the management and delivery budgets and, within the delivery budget, Exec-managed funding is dealt with separately from that devolved to the MOs for local use.

The CLRN management budget is hypothecated and largely committed. Hence it is not described here in detail. The delivery budget is managed in two parts. A proportion is managed by the Executive and key initiatives are funded and managed as a top-sliced budget.

Exec-managed funding:

The major items of expenditure proposed in the Exec-managed funding for 2010-11, totalling £3.19m are outlined below:

Figure 7: Executive managed funding for 2010/11

Clinical Sessions 08	£806,250
Clinical Sessions 09	£593,750
Clinical Sessions 10 (Estimated - 20 new sessions awarded)	£250,000
Key Service support	£450,000
Contingency	£500,000
Core delivery staff (CLRN Nurse, Project Officer and RM&G)	£150,000
Junior Doctor sessions (Ten x 5 sessions each for 2 yrs)	£300,000
Hyper-acute stroke support	£100,000
Neurology pump-priming	£40,000

The rationale behind each of the initiatives is explained elsewhere in this business plan.

Devolved funding:

Once the management and Exec-allocated funding is accounted for, the remaining funding will be allocated to MOs. In the model envisaged above with total funding of £9.6m this would mean approximately £4.05m being available for MOs. A core level of funding for each MO, a figure agreed at the set-up of the CLRN, is paid as a baseline and the rest is allocated based on activity (see figure 8). The devolved budgets are, therefore, determined mainly through a complexity adjusted activity based funding mechanism (ABF) that mirrors the national ABF model. The ratio of funding per patient recruited in our devolved model is the same as that in the 2009/10 national ABF funding model (i.e. Band 1a – x 1: Observational – x 4.4: Interventional – x 20). The budget derived for each MO is devolved to the R&D Department to fund provision of local service support and RM&G.

It should be noted that an adjustment was made in the local ABF calculations to exclude (from the funding algorithm) figures for two studies which both recruited >1000 patients. This adjustment was made with the agreement of the two MOs for which the allocation would have been greatly increased by applying the raw data. It should be stressed that funding for both these large studies *is* still being provided by the CLRN, however it was necessary to agree with the MOs involved that this would be provided from the overall budget rather than risk the destabilising effects of a simplistic pass-through approach.

Figure 8: The allocation model proposed

NTW CLRN
2010-11 financial guestimates - a model for deriving local allocations

Assumption	Allocation	£9,637,922
Management		**£440,000**
Staff		£290,000
Exec		£50,000
Chair		£2,000
Non-staff		£23,000
Host and Corporate (significant increase in rent)		£75,000
Delivery		**£9,197,922**
Executive-managed expenditure		
Clinical Sessions 08		£806,250
Clinical Sessions 09		£593,750
Clinical Sessions 10 (Estimated - 20 new sessions awarded)		£250,000
Key Service support		£450,000
Contingency		£500,000
Core delivery staff (CLRN Nurse, Project Officer and RM&G)		£150,000
Junior Doctor sessions (Ten x 5 sessions each for 2 yrs)		£300,000
Hyper-acute stroke support		£100,000
DeNDRoN and MHRN investment		£0
Paediatrics/MCRN pump-priming		£0
Neurology pump-priming		£40,000
Total executive managed spend		**£3,190,000**
Allocations to Trusts		
Total budget to be made available to Trusts		£6,007,922
Baseline income for Trusts (2008-9 allocations uplifted)		-£1,954,915
Funding to allocate on basis of complexity-adjusted activity		**£4,053,007**

Scenario : Accrual adjusted for complexity and to exclude (from local ABF calculations) studies where n > 1000

Trust	Adjusted % of NTW Accrual in year	Activity based allocation for 10-11	Baseline funding (08-09 uplifted)	Total projected 10 11 Allocation		Change on 09-10 allocation
City Hospitals Sunderland	4.80%	£194,544	£222,533	**£417,077**		19%
Gateshead	3.86%	£156,446	£129,905	**£286,351**		35%
North East Ambulance Service	0.11%	£4,458	£46,258	**£50,716**		13%
Northumbria Healthcare	11.31%	£458,395	£185,444	**£643,839**		25%
North of Tyne Primary Care Consortium	9.78%	£396,384	£139,130	**£535,514**		55%
Northumberland Tyne and Wear	4.94%	£200,219	£185,444	**£385,663**		77%
Newcastle Hospitals	55.31%	£2,241,718	£922,514	**£3,164,232**		4%
South of Tyne Primary Care Consortium	5.72%	£231,832	£68,044	**£299,876**	***	**-23%**
South Tyneside	4.16%	£168,605	£55,643	**£224,248**		9%

Cost of topping-up SoT PC to a 5% drop in funding	
2009-10 funding	£388,751
95% of 2009/10 funding	£369,313
Cost of top-up	£69,437

Using this funding model, only one MO (South of Tyne Primary Care Consortium - SoT) stands to receive less funding than in 09-10. The CLRN Board had previously agreed that we should endeavor to limit any reductions in funding to 5% in a year. In the scenario envisaged above, we could top-up the SoT allocation with contingency funding, should that be required in-year.

While determining the overall envelope of funding to each MO is formula-driven, the process by which the funding is committed within MOs is not formulaic. The budgets are managed by the R&D Departments but discussions between MOs, TCRNs and SGs define the spend within MOs. The

CLRN Senior Manager closely monitors these discussions and agrees with each MO the final budget for the year. This process has begun for 2010/11 and initial proposals are reported in section 5.2.

6.1.3 Recording and monitoring actual spend

The processes for monitoring actual spend operate at two levels. The first relates to the monitoring of host organisation expenditure on behalf of the CLRN. This includes oversight of both the CLRN management budget and the devolution of the delivery funding to MOs. The second requirement of the devolved model we operate is to ensure that the funding is used for the purpose it was intended within the MO.

Monitoring spend by Host organisation on behalf of the CLRN

The management budget is agreed by the Exec. The Senior Manager monitors, on a monthly report from the Host Finance department, expenditure against that budget and any material issues are raised with the Clinical Director. The variance of expenditure against budget for individual management lines is scrutinised by the Exec at every third meeting. The Senior Manager implements action required.

The devolution of funding to MOs accounts for the vast majority of expenditure from Host accounts. All CLRN funding is spent through MOs and once the budgets are set, schedules of payments are set up between the Host Trust and each MO. The payments are made quarterly in arrears.

Centrally reserved contingency is managed by the Exec and any unallocated contingency is devolved to MOs in the third quarter of the financial year. MOs report at year-end on the expenditure ultimately attributable to the devolved contingency. The contingency retained by the CLRN this year is significantly lower than the 20% suggested by the CRN CC. We believe that the position we have taken is justified by the fact that, having retained only 5% contingency in each of the last two years, we have in both instances sent most of that money out to MOs in Q3.

Monitoring spend by MOs in support of delivery

Once the allocations to each MO are agreed and the local OuR is signed off by the CLRN, MOs are expected to manage the resource locally to deliver the support required. MOs report quarterly on changes to the local OuR and half yearly on expenditure against budget. The format for doing this is based on the CRN CC’s template. Expenditure against budget is reported for each line in the OuR. Variances and their implications are discussed with the MO and relevant SG or partner network. If the Senior Manager has significant concerns, these are brought to the attention of the Executive and, if it were ever necessary, the Board would ultimately consider the specific issue.

6.1.4 Achieving a balanced budget at year end

With the processes described above, and assuming that no material issues have arisen in-year, achieving a balanced position for the CLRN budget at year end is a matter of finessing allocations to MOs in the last quarter of the year. MOs are understandably keen not to have large unspent central contingency dispersed to them late in the year and therefore we propose to hold only £500k (ca 5%) contingency at Exec level for 2010/11. Our experience thus far is that this will be more than adequate.

6.1.5 Ensuring that funding is reaching the activity for which it is intended

A significant level of transparency is afforded by the line-by-line reporting of the local OuR of each MO and this plan will be published. If commitments are made, demonstrable expenditure (and appointments) should follow. All MOs operate hypothecated R&D accounts and reconciliations could be requested between declared spend and MO research accounts were an issue to arise.

The CLRN senior management team also monitor whether studies are receiving appropriate levels of support in MOs. Where concerns are raised by PIs or CIs, the Exec consider the concerns and will take a view as to whether the issue should be managed locally or provided with funding from the contingency.

6.2 Outline Use of Resources (OuR)

The 2010/11 OuR is provided as Appendix 1 to this business plan. A summary of the commitments proposed is provided in figures 9 to 12.

To allow us to instigate a funding plan at short notice following the announcement of our allocation we have produced an initial OuR. The total funding required to deliver the costed interventions set out is approximately £9.6m. If the funding we receive is > £9.6m we will ask MOs to increase the level of support they provide. If we receive < £9.6m funding we will ask them to scale back their commitments.

Figure 9: Estimated management costs

CLRN Management Pay Costs	£290,000
Executive and Board Members	£52,000
Total Pay Costs	£342,000
CLRN Management Non-Pay Costs	£23,000
Host Organisation Corporate Services Costs	£75,000
TOTAL	**£440,000**

Figure 10: Estimated delivery costs – by MO and activity category

Member Organisation	Clinical Sessions (Exec)	Clinical Sessions (Local)	Other	PPI	RM&G	Service Support	Training	Trust Management	Grand Total
City Hospitals Sunderland	£137,750	£150,000			£72,000	£149,500	£10,000		**£519,250**
CLRN-wide (NUTH)	£590,000	£183,000		£25,000	£75,000	£705,400	£25,000		**£1,603,400**
Gateshead FT	£93,750	£104,810			£47,150	£75,820			**£321,530**
NEAS					£30,658	£27,000			**£57,658**
Newcastle Hospitals FT	£828,750	£1,659,000	£200,000		£302,250	£1,319,500		£76,000	**£4,385,500**
North Tyneside PCT	£35,250	£144,500			£143,700	£252,365	£5,000	£15,000	**£595,815**
Northumbria	£106,250	£253,193			£125,478	£131,037		£18,183	**£634,141**
NTW	£125,000	£203,054		£5,000	£24,000	£65,750			**£422,804**
South Tyneside FT	£43,750	£58,854			£17,112	£121,461	£9,796		**£250,973**
Sunderland Teaching PCT		£84,839			£98,302	£212,210	£11,500		**£406,851**
Grand Total	£1,960,500	£2,841,250	£200,000	£30,000	£935,650	£3,060,043	£61,296	£109,183	**£9,197,922**

The above summary has been put together from the detailed submission received from each MO R&D Department.

The returns from each MO have been mapped onto Topic and SGs and figures 11 and 12 illustrate these data.

Figure 11: Estimated support costs by Topic network

Priority area	Clinical Sessions (Exec)	Clinical Sessions (Local)	Other	PPI	RM&G	Service Support	Training	Trust Management	Grand Total
CCRN	£908,750	£1,669,349				£135,085			**£2,713,184**
CRN-wide	£550,000	£313,088	£200,000	£30,000	£75,000	£2,221,633	£61,296	£109,183	**£3,560,200**
DeNDRoN	£100,000	£39,140				£45,740			**£184,880**
DRN	£50,000	£49,160							**£99,160**
Management					£860,650				**£860,650**
MHRN	£56,250	£161,750				£32,875			**£250,875**
NCRN	£172,750	£292,870				£183,000			**£648,620**
PCRN	£35,250	£179,473				£431,710			**£646,433**
SRN	£87,500	£136,419				£10,000			**£233,919**
Grand Total	£1,960,500	£2,841,250	£200,000	£30,000	£935,650	£3,060,043	£61,296	£109,183	**£9,197,922**

Figure 12: Estimated support costs by Specialty Group

SG	Clinical Sessions (Exec)	Clinical Sessions (Local)	Other	PPI	RM&G	Service Support	Training	Trust Management	Grand Total
Age & Ageing	£6,250	£38,000							**£44,250**
Anaesthetics		£57,000							**£57,000**
Cardiovascular	£37,500	£131,183							**£168,683**
CCRN-wide		£161,273				£75,344			**£236,618**
Clinical Genetics	£43,750	£22,500							**£66,250**
Critical Care	£25,000								**£25,000**
Dermatology	£43,750	£76,000				£25,000			**£144,750**
Gastrointestinal	£25,000	£68,400							**£93,400**
Hepatology	£25,000	£76,000							**£101,000**
Infection & Immunity	£18,750								**£18,750**
Infectious Disease/Dermatology		£38,000							**£38,000**
Injuries & Accidents	£18,750								**£18,750**
Metabolic & Endocrine	£12,500	£54,000							**£66,500**
Musculoskeletal	£181,250	£308,393							**£489,643**
Neurology	£140,000	£38,000							**£178,000**
Opthalmology	£37,750								**£37,750**
Oral and Dental	£25,000	£68,000				£30,400			**£123,400**
Paediatrics	£43,750	£145,600							**£189,350**
Renal	£18,750	£38,000							**£56,750**
Reproductive Health	£137,250	£228,000				£29,341			**£394,591**
Respiratory	£37,500	£38,000							**£75,500**
Surgery	£18,750	£83,000							**£101,750**
Urology	£12,500								**£12,500**
(blank)	£1,051,750	£1,171,901	£200,000	£30,000	£935,650	£2,899,958	£61,296	£109,183	**£6,459,737**
Grand Total	£1,960,500	£2,841,250	£200,000	£30,000	£935,650	£3,060,043	£61,296	£109,183	**£9,197,922**

Appendix 1 – Outline use of Resources

Member Organisation	Category of support	Sub-Category	Description of resource	FTE	Grade	Priority area	SG	Cost
NTW	Clinical Sessions (Local)	Nurse/Midwife/AHP	Graduate mental health Worker			PCRN		£24,054
NTW	Clinical Sessions (Local)	Clinician Time	Thomas Meyer			MHRN		£5,750
NTW	Clinical Sessions (Local)	Clinician Time	Jan Scott			MHRN		£17,250
NTW	Clinical Sessions (Local)	Clinician Time	Paul Mackin			MHRN		£5,750
NTW	Clinical Sessions (Local)	Clinician Time	Stuart Watson			MHRN		£5,750
NTW	Clinical Sessions (Local)	Clinician Time	Hamish McAlister Williams			MHRN		£11,500
NTW	Clinical Sessions (Local)	Clinician Time	Helen McConachie			MHRN		£5,750
NTW	Clinical Sessions (Local)	Clinician Time	Trainee CSO			MHRN		£30,000
NTW	Clinical Sessions (Local)	Clinician Time	Darren Craddok			DeNDRoN		£5,750
NTW	Clinical Sessions (Local)	Clinician Time	Speciality Doctor			DeNDRoN		£11,500
NTW	PPI	PPI	PPI (in collaboration with MHRN and DeNDRoN)			CRN-wide		£5,000
NTW	RM&G	RM&G	HR 4		4	Management		£2,000
NTW	RM&G	RM&G	Finance 4		4	Management		£2,000
NTW	RM&G	RM&G	RM&G Facilitator 5		5	Management		£20,000
NTW	Service Support	Pharmacy	Pharmacy			DeNDRoN		£12,500
NTW	Service Support	Pharmacy	Pharmacy			MHRN		£12,500
NTW	Service Support	Imaging/Radiology	Radiology			DeNDRoN		£20,375
NTW	Service Support	Imaging/Radiology	Radiology			MHRN		£20,375
NTW	Clinical Sessions (Local)	Nurse/Midwife/AHP	MHRN - CPN support for recruitment for 2 years	2	6	MHRN		£80,000
Sunderland Teaching PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	OT Backfill			SRN		£6,916
Sunderland Teaching PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	OT - Getting out of the House			SRN		£29,504
Sunderland Teaching PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	PCT Research Nurse (1 wte band 6)	1	6	PCRN		£36,419
Sunderland Teaching PCT	Clinical Sessions (Local)	Clinician time	Scott Wilkes	0.05		PCRN		£12,000
Sunderland Teaching PCT	Service Support	PC Practice Support	SoT Practices			PCRN		£16,000
Sunderland Teaching PCT	Service Support	Trust Management	Finance General Admin			CRN-wide		£10,000
Sunderland Teaching PCT	Service Support	Nurse/Midwife/AHP	HR/Occupational Therapy			SRN		£10,000
Sunderland Teaching PCT	Service Support	PC Practice Support	Additional Practices Primary Care Practice Support			PCRN		£44,000
Sunderland Teaching PCT	Service Support	Project-specific	Study Specific SSCs Trial Specific Costs			PCRN		£114,000
Sunderland Teaching PCT	Service Support	Study Management	PCRN NTW Research Facilitator (0.5 wte Grade 6)	0.5	6	PCRN		£18,210
Sunderland Teaching PCT	RM&G	RM&G	Service Lead Clinical Governance Research and Audit (0.2 wte Band 8b)	0.2	8B	Management		£12,108
Sunderland Teaching PCT	RM&G	RM&G	R&D Lead (0.8 wte Grade 7)	0.8	7	Management		£35,638
Sunderland Teaching PCT	RM&G	RM&G	RM&G Officer (1.0 wte Grade 5)	1	5	Management		£29,504
Sunderland Teaching PCT	RM&G	RM&G	Admin Support (1.0 wte Grade 3)	1	3	Management		£21,052
Sunderland Teaching PCT	Training	T&E	NHS SOTW T&E			CRN-wide		£11,500
Northumbria	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse (MA)	1		CCRN	Cardiovascular	£39,183
Northumbria	Clinical Sessions (Local)	Nurse/Midwife/AHP	Senior Physiotherapist	1		CCRN	Musculoskeletal	£31,160
Northumbria	Clinical Sessions (Local)	Nurse/Midwife/AHP	Senior Physiotherapist	1		CCRN	Musculoskeletal	£31,160
Northumbria	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse (KW)	1		CCRN	Musculoskeletal	£39,183
Northumbria	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse (CA-R)	0.5		CCRN	CCRN-wide	£19,592
Northumbria	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse (LF)	0.5		CCRN	CCRN-wide	£19,592
Northumbria	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse (TBA)	1		CCRN	CCRN-wide	£37,838
Northumbria	Clinical Sessions (Local)	Nurse/Midwife/AHP	Senior Research Nurse (AW)	0.6		CCRN	CCRN-wide	£25,397
Northumbria	RM&G	RM&G	Data Manager 4	0.7	4	Management		£16,358
Northumbria	RM&G	RM&G	Secretary / Co-ordinator 5	1	5	Management		£26,221
Northumbria	RM&G	RM&G	Admin support 3	0.4	3	Management		£8,454
Northumbria	RM&G	RM&G	RM&G Facilitator 5	1	5	Management		£26,221

Northumbria	RM&G	RM&G	R&D Manager 8	0.9	8a	Management		£45,224
Northumbria	RM&G	RM&G	R&D Director	0.05		Management		£3,000
Northumbria	Service Support	Pharmacy	Senior Pharmacist			CRN-wide		£16,700
Northumbria	Service Support	Pharmacy	Pharmacy Technician	1.5		CRN-wide		£48,500
Northumbria	Clinical Sessions (Local)	Nurse/Midwife/AHP	Health Psychologist	0.3		CRN-wide		£10,088
Northumbria	Trust Management	Finance	Financial Management support			CRN-wide		£9,459
Northumbria	Trust Management	HR	Human Resources Admin support			CRN-wide		£8,724
Northumbria	Service Support	Pharmacy	Northumbria Pharmacy Technician	0.5		NCRN		£20,000
Northumbria	Service Support	Imaging/Radiology	Mid-grade Radiologist (NT & WGH)	1		CCRN	CCRN-wide	£37,837
Northumbria	Service Support	Pathology	Pathology support			CRN-wide		£8,000
City Hospitals Sunderland	RM&G	RM&G	Clinical Trials Co-ordinator 6	0.5	6	Management		£18,000
City Hospitals Sunderland	RM&G	RM&G	Research Ops manager 7	0.6	7	Management		£24,000
City Hospitals Sunderland	RM&G	RM&G	R&D Governance Officer 5	1	5	Management		£30,000
City Hospitals Sunderland	Clinical Sessions (Local)	Study Management	Clinical Trials Nurse	3.5		CRN-wide		£150,000
City Hospitals Sunderland	Service Support	Study Management	CTO O&G/Ophthal	1		CRN-wide		£34,500
City Hospitals Sunderland	Service Support	Pathology	Pathology			CRN-wide		£15,000
City Hospitals Sunderland	Service Support	Labs	Biochemistry			CRN-wide		£10,000
City Hospitals Sunderland	Service Support	Labs	Haematology			CRN-wide		£10,000
City Hospitals Sunderland	Service Support	Imaging/Radiology	Radiology			CRN-wide		£15,000
City Hospitals Sunderland	Service Support	Contingency	Contingency			CRN-wide		£40,000
City Hospitals Sunderland	Service Support	Pharmacy	Pharmacy			CRN-wide		£25,000
City Hospitals Sunderland	Training	T&E	Training - local			CRN-wide		£10,000
Gateshead FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse (Gynae Onc)	1		NCRN		£25,870
Gateshead FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse and Consultant time			DRN		£31,660
Gateshead FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse and Consultant time			DeNDRoN		£21,890
Gateshead FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse and Consultant time			CCRN	Musculoskeletal	£25,390
Gateshead FT	RM&G	RM&G	Research Governance Assistant 4	1	4	Management		£24,090
Gateshead FT	RM&G	RM&G	R&D Manager 7	0.6	7	Management		£23,060
Gateshead FT	Service Support	Pharmacy	Pharmacy Technician	1		CRN-wide		£32,820
Gateshead FT	Service Support	Other SS	Generic SS			CRN-wide		£43,000
North Tyneside PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Speech and Language Therapists			SRN		£10,000
North Tyneside PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Speech and Language Therapists			CCRN	Paediatrics	£10,000
North Tyneside PCT	Clinical Sessions (Local)	Clinician time	GP Sessions - 3+ practice initiaitve			PCRN		£72,000
North Tyneside PCT	RM&G	RM&G	Admin Support 4	0.5		Management		£12,500
North Tyneside PCT	RM&G	RM&G	RM&G Officer 5 (commissioning)	1		Management		£29,000
North Tyneside PCT	RM&G	RM&G	RM &G Officer (NNTHA & NCT provider)	1		Management		£29,000
North Tyneside PCT	RM&G	RM&G	RM&G Manager 7	0.6		Management		£23,200
North Tyneside PCT	RM&G	RM&G	Manager 8b	0.5		Management		£28,000
North Tyneside PCT	RM&G	RM&G	Manager 7	0.5		Management		£22,000
North Tyneside PCT	Service Support	Project-specific	Study Specific SSCs			PCRN		£120,000
North Tyneside PCT	Service Support	PC Practice support	Research Practice Support Admin band 4	0.5		PCRN		£12,500
North Tyneside PCT	Service Support	Study Management	Facilitator jointly funded with SoT	0.5		PCRN		£19,000
North Tyneside PCT	Trust Management	HR	HR			CRN-wide		£5,000
North Tyneside PCT	Trust Management	Finance	Finance (provider and commissioning)			CRN-wide		£10,000
North Tyneside PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Model 2 Practice Support	1.2		PCRN		£35,000
North Tyneside PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Diabetes nurse in primary care	0.5		DRN		£17,500
North Tyneside PCT	Service Support	PC Practice support	Level 0 practices (10)			PCRN		£10,000
North Tyneside PCT	Service Support	PC Practice support	level 1 practices (10)			PCRN		£20,000
North Tyneside PCT	Service Support	PC Practice support	level 2 practices (6)			PCRN		£18,000
North Tyneside PCT	Service Support	PC Practice support	level 3 practices (10)			PCRN		£40,000
North Tyneside PCT	Training	T&E	Training - local			CRN-wide		£5,000

Gateshead FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse (Gynae Onc)	1		NCRN		£25,870
Gateshead FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse and Consultant time			DRN		£31,660
Gateshead FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse and Consultant time			DeNDRoN		£21,890
Gateshead FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse and Consultant time			CCRN	Musculoskeletal	£25,390
Gateshead FT	RM&G	RM&G	Research Governance Assistant 4	1	4	Management		£24,090
Gateshead FT	RM&G	RM&G	R&D Manager 7	0.6	7	Management		£23,060
Gateshead FT	Service Support	Pharmacy	Pharmacy Technician	1		CRN-wide		£32,820
Gateshead FT	Service Support	Other SS	Generic SS			CRN-wide		£43,000
North Tyneside PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Speech and Language Therapists			SRN		£10,000
North Tyneside PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Speech and Language Therapists			CCRN	Paediatrics	£10,000
North Tyneside PCT	Clinical Sessions (Local)	Clinician time	GP Sessions - 3+ practice initiaitve			PCRN		£72,000
North Tyneside PCT	RM&G	RM&G	Admin Support 4	0.5		Management		£12,500
North Tyneside PCT	RM&G	RM&G	RM&G Officer 5 (commissioning)	1		Management		£29,000
North Tyneside PCT	RM&G	RM&G	RM &G Officer (NNTHA & NCT provider)	1		Management		£29,000
North Tyneside PCT	RM&G	RM&G	RM&G Manager 7	0.6		Management		£23,200
North Tyneside PCT	RM&G	RM&G	Manager 8b	0.5		Management		£28,000
North Tyneside PCT	RM&G	RM&G	Manager 7	0.5		Management		£22,000
North Tyneside PCT	Service Support	Project-specific	Study Specific SSCs			PCRN		£120,000
North Tyneside PCT	Service Support	PC Practice support	Research Practice Support Admin band 4	0.5		PCRN		£12,500
North Tyneside PCT	Service Support	Study Management	Facilitator jointly funded with SoT	0.5		PCRN		£19,000
North Tyneside PCT	Trust Management	HR	HR			CRN-wide		£5,000
North Tyneside PCT	Trust Management	Finance	Finance (provider and commissioning)			CRN-wide		£10,000
North Tyneside PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Model 2 Practice Support	1.2		PCRN		£35,000
North Tyneside PCT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Diabetes nurse in primary care	0.5		DRN		£17,500
North Tyneside PCT	Service Support	PC Practice support	Level 0 practices (10)			PCRN		£10,000
North Tyneside PCT	Service Support	PC Practice support	level 1 practices (10)			PCRN		£20,000
North Tyneside PCT	Service Support	PC Practice support	level 2 practices (6)			PCRN		£18,000
North Tyneside PCT	Service Support	PC Practice support	level 3 practices (10)			PCRN		£40,000
North Tyneside PCT	Training	T&E	Training - local			CRN-wide		£5,000
North Tyneside PCT	Service Support	Nurse/Midwife/AHP	Clare Abley- Transition Project and nursing research in primary care			DeNDRoN		£12,865
South Tyneside FT	Service Support	Nurse/Midwife/AHP	Research Midwife	0.6		CCRN	Reproductive Health	£29,341
South Tyneside FT	Service Support	Nurse/Midwife/AHP	Research Nurse/Clinical Trials Officer	1.3		CCRN	CCRN-wide	£37,507
South Tyneside FT	Clinical Sessions (Local)	Clinician time	Clinical Research Fellow	0.3		CCRN	CCRN-wide	£18,854
South Tyneside FT	Clinical Sessions (Local)	Clinician time	Consultant sessions awarded locally	0.5		CCRN	CCRN-wide	£40,000
South Tyneside FT	RM&G	RM&G	R&D Manager 7	0.4	7	Management		£17,112
South Tyneside FT	Service Support	Pharmacy	Pharmacy			CRN-wide		£21,420
South Tyneside FT	Service Support	Pathology	Pathology			CRN-wide		£9,180
South Tyneside FT	Service Support	Imaging/Radiology	Radiology			CRN-wide		£13,770
South Tyneside FT	Service Support	Study Management	Admin support	0.5		CRN-wide		£10,243
South Tyneside FT	Training	T&E	Training - local			CRN-wide		£9,796
NEAS	RM&G	RM&G	R&D Manager 7	7		Management		£25,658
NEAS	RM&G	RM&G	R&D Admin support	3		Management		£5,000
NEAS	Service Support	Project-specific	DASH, NHS Pathways, Transformational Change			CRN-wide		£27,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Anaesthetics	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 0.5 WTE	0.5	6	CCRN	Anaesthetics	£19,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Physiotherapist Band 7. 1.0 WTE	1	7	CCRN	Musculoskeletal	£45,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 7, 0.5 WTE	0.5	7	CCRN	Musculoskeletal	£22,500

Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6 , 1.0 WTE	1	6	CCRN	Cardiovascular	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Physiologist band 7, 1.0WTE	1	7	CCRN	Cardiovascular	£45,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Surgery	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band. 7. 0.2 WTE	0.2	7	CCRN	Cardiovascular	£9,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Physio band 7 0.5 WTE	0.5	7	CCRN	Clinical Genetics	£22,500
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Staff Grade 0.5WTE (Now RN band 7) Was Genetics now Surgery	0.5	7	CCRN	Surgery	£45,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Infectious Disease/Dermatology	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 0.8 WTE	0.8	6	CCRN	Gastrointestinal	£30,400
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Gastrointestinal	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Hepatology	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Hepatology	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Dermatology	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 7, 1.0 WTE	1	7	CCRN	Paediatrics	£45,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 7, 1.0 WTE	1	7	CCRN	Paediatrics	£45,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Nursery Nurse band 4. 1.0 WTE	1	4	CCRN	Reproductive Health	£25,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6. 0.2 WTE	0.2	6	CCRN	Paediatrics	£7,600
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Paediatrics	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Age & Ageing	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Musculoskeletal	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Musculoskeletal	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Musculoskeletal	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE (Was MSK now Renal)	1	6	CCRN	Renal	£38,000
CLRN-wide (NUTH)	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Dental Hygienist band 6, 1.0WTE	1	6	CCRN	Oral and Dental	£38,000
CLRN-wide (NUTH)	Clinical Sessions (Local)	Nurse/Midwife/AHP	Dental Nurse band 5, 1.0 WTE	1	5	CCRN	Oral and Dental	£30,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE (Was Oral & Dental, now Neurology)	1	6	CCRN	Neurology	£38,000
CLRN-wide (NUTH)	Service Support	Study Management	Clinical Research Manager Band 6, 0.6 WTE	0.6	6	CCRN	Oral and Dental	£30,400
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Reproductive Health	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Reproductive Health	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Midwife band 6. 1.0 WTE	1	6	CCRN	Reproductive Health	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Midwife band 6. 0.5 WTE WTE	0.5	6	CCRN	Reproductive Health	£19,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Midwife band 6. 1.0 WTE	1	6	CCRN	Reproductive Health	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 7, 0.6 WTE	0.6	7	CCRN	Reproductive Health	£27,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Nursery Nurse band 4. 0.2 WTE	0.2	4	CCRN	Reproductive Health	£5,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Respiratory	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 7, 0.2 WTE	0.2	7	CCRN	Metabolic & Endocrine	£9,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	CCRN	Dermatology	£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Radiographer band 7 WTE	1	7	CCRN	Metabolic & Endocrine	£45,000
Newcastle Hospitals FT	Service Support	Contingency	Contingency			CRN-wide		£0
CLRN-wide (NUTH)	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 7, 1.0 WTE (Paeds)	1	7	NCRN		£45,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 7, 1.0 WTE (Paeds)	1	7	NCRN		£45,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE (Adult)	1	6	NCRN		£38,000

Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Trials Assistant band 4, 1.0 WTE (Adult)	1	4	NCRN		£25,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE (Adult)	1	6	NCRN		£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE (Adult)	1	6	NCRN		£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE (Haem)	1	6	NCRN		£38,000
Newcastle Hospitals FT	Service Support	Study Management	Clinical Trials Officer band6, 1.0 WTE (Haem)	1	6	NCRN		£38,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 7, 1.0 WTE	1	7	SRN		£45,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE	1	6	SRN		£45,000
CLRN-wide (NUTH)	Clinical Sessions (Local)	Clinician time	CLRN Consultant Pharmacist (NUTH Based)	1	8c	CRN-wide		£70,000
Newcastle Hospitals FT	Service Support	Pathology	Pathology - Cellular pathology in lieu of sessions (identified on 08/09)			CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Imaging/Radiology	Radiology - Scans and X-ray reporting (identified on 08/09)			CRN-wide		£0
Newcastle Hospitals FT	Service Support	Study Management	NIHR Operations Manager (1.0 wte)	1	8c	CRN-wide		£65,000
Newcastle Hospitals FT	Trust Management	HR	HR (1.0 wte)	1		CRN-wide		£38,000
Newcastle Hospitals FT	Trust Management	Finance	Finance (1.0 wte)	1		CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Imaging/Radiology	Radiographer (Grade 6, 1.0 wte)	1	6	CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Imaging/Radiology	Radiographer (Grade 6, 1.0 wte)	1	6	CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Labs	Biochemistry Technicain (Grade 6, 1.0 wte) Identified .50 wte in 08/09	1	6	CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Labs	Biochemistry Assays			CRN-wide		£0
Newcastle Hospitals FT	Service Support	Labs	Haematology Assays			CRN-wide		£0
CLRN-wide (NUTH)	Service Support	Medical Physics	Physicist (Grade 8a, 1.0 wte)	1	8a	NCRN		£50,000
CLRN-wide (NUTH)	Service Support	Medical Physics	Physics Technician (Grade 7, 1.0 wte) Identified as Med Physics Dosimetrist 08/09	1	7	NCRN		£45,000
CLRN-wide (NUTH)	Service Support	Medical Physics	Physics Technician (Grade 5, 1.0 wte)	1	5	NCRN		£30,000
Newcastle Hospitals FT	Service Support	Study Management	Research matron (1.0 wte)	1	8a	CRN-wide		£50,000
Newcastle Hospitals FT	Service Support	Other SS	Cardiology Technician (Grade 6, 1.0 wte) Identified as Cardioly - Echo/ECG	1	6	CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Pathology	Pathology Technician (Grade 6, 0.5 wte) Identified as CMO Grade 6 .	0.5	6	CRN-wide		£19,000
Newcastle Hospitals FT	Service Support	Pathology	Pathology Technician (Grade 6, 1.0 wte) Identified as CMO Grade 6 .50 wte	1	6	CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Pharmacy	Pharmacy Technician (Grade 5, 2.5 wte) budget allocated below to individuals	1	5	CRN-wide		£30,000
Newcastle Hospitals FT	Service Support	Pharmacy	Pharmacy Technician (Grade 5, 2.5 wte) budget allocated below to individuals	1	5	CRN-wide		£30,000
Newcastle Hospitals FT	Service Support	Pharmacy	Pharmacy Technician (Grade 5, 1.00 wte)	1	5	CRN-wide		£30,000
Newcastle Hospitals FT	Service Support	Pharmacy	Pharmacy Technician (Grade 5, 1.00 wte)	1	5	CRN-wide		£20,000
Newcastle Hospitals FT	Service Support	Pharmacy	Pharmacy Technician (Grade 5, .50 wte)	0.5	5	CRN-wide		£20,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.0 WTE	1	4	CRN-wide	Dermatology	£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 3, 1.00 wte)	1	3	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 3, 1.00 wte)	1	3	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Other SS	MPE (Grade 8C, 0.2WTE	0.2	8c	CRN-wide	Trust Wide IRMER Reviews	£11,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000

Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	???	1		CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, 1.00 wte)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Grade 4, .50 wte)	0.5	4	CRN-wide		£22,500
Newcastle Hospitals FT	Service Support	Study Management	Trial Co-ordinator (Grade 5 1.00 wte)	1	5	CRN-wide		£30,000
Newcastle Hospitals FT	Service Support	Study Management	Trial Co-ordinator (Grade 5 1.00 wte)	1	5	CRN-wide		£30,000
Newcastle Hospitals FT	Service Support	Study Management	Trial Co-ordinator (Grade 5 1.00 wte)	1	5	CRN-wide		£30,000
Newcastle Hospitals FT	Service Support	Study Management	Senior Trial Co-ordinator (Grade F 1.00 wte)	1		CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Study Management	Senior Trial Co-ordinator (Grade F 1.00 wte)	1		CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Study Management	Senior Trial Co-ordinator (Grade F 1.00 wte)	1		CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Study Management	Senior Trial Co-ordinator (Grade F 1.00 wte)	1		CRN-wide		£38,000
Newcastle Hospitals FT	Service Support	Study Management	Trial Co-ordinator (Grade 5 1.00 wte)	1	5	CRN-wide		£30,000
Newcastle Hospitals FT	Service Support	Study Management	Trial Co-ordinator (Grade 5 .50 wte)	0.5	5	CRN-wide		£30,000
Newcastle Hospitals FT	Service Support	Study Management	Secretary (Grade 3, 0.2 wte)	0.2	3	CRN-wide		£4,000
Newcastle Hospitals FT	Service Support	Study Management	Secretary (Grade 3, 1.0 wte)	1	3	CRN-wide		£20,000
Newcastle Hospitals FT	Service Support	Study Management	Database Manager Band 5 1.0 WTE	1	5	CRN-wide		£30,000
Newcastle Hospitals FT	RM&G	RM&G	Amanda Tortice - Res Ops Manager (Grade 8c wte .15)	0.15	8c	Management		£10,500
Newcastle Hospitals FT	RM&G	RM&G	TBA - R&D Governance post (Grade 8a wte .85)	0.85	8a	Management		£46,750
Newcastle Hospitals FT	RM&G	RM&G	TBA - Clerical Assistant (Grade 4 wte 1.00)	1	4	Management		£25,000
Newcastle Hospitals FT	RM&G	RM&G	TBA - Clerical Assistant (Grade 3 wte 1.00)	1	3	Management		£20,000
Newcastle Hospitals FT	RM&G	RM&G	TBA - Clerical Assistant (Grade 2 wte 1.00)	1	2	Management		£15,000
Newcastle Hospitals FT	RM&G	RM&G	RMG Facillitator (Grade 7 wte 1.00)	1	7	Management		£45,000
Newcastle Hospitals FT	RM&G	RM&G	CSP and Passports administrator (Grade 5 wte 1.00)	1	5	Management		£30,000
Newcastle Hospitals FT	RM&G	RM&G	Data Manager (Grade 4 wte 1.00)	1	4	Management		£25,000
Newcastle Hospitals FT	RM&G	RM&G	Research Matron / Adminstrator Secretary	1		Management		£20,000
Newcastle Hospitals FT	RM&G	RM&G	Secretary to R&D Director (Grade 3 wte 1.00)	1	3	Management		£20,000
Newcastle Hospitals FT	RM&G	RM&G	Applications support manager (Grade 7 wte 1.00)	1	7	Management		£45,000
Newcastle Hospitals FT	Other	Other SS	Travel, Computer Equipment, Conferences etc			CRN-wide		£200,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse (band 7 1.000 WTE)	1	7	CRN-wide		£45,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Band 4 1.00WTE)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Service Support	Study Management	Data Manager (Band 4 1.00WTE)	1	4	CRN-wide		£25,000
Newcastle Hospitals FT	Clinical Sessions (Local)	Nurse/Midwife/AHP	Research Nurse	1	6	CRN-wide		£38,000
CLRN-wide (NUTH)	Service Support	Contingency	Central CLRN contingency			CRN-wide		£500,000
CLRN-wide (NUTH)	Clinical Sessions (Exec)	Clinician time	Sessions to be awarded in 2010			CRN-wide		£250,000
CLRN-wide (NUTH)	Clinical Sessions (Exec)	Clinician time	Junior Doctor sessions to be awarded 2010			CRN-wide		£300,000
CLRN-wide (NUTH)	Service Support	Nurse/Midwife/AHP	Nurse Lead	1	8a	CRN-wide		£50,000
CLRN-wide (NUTH)	RM&G	RM&G	Roving RM&G support	1	7	CRN-wide		£45,000
CLRN-wide (NUTH)	RM&G	RM&G	Projects support	1	5	CRN-wide		£30,000
CLRN-wide (NUTH)	Training	T&E	Core training programme			CRN-wide		£25,000
CLRN-wide (NUTH)	PPI	PPI	Core CLRN PPI iniitiatives			CRN-wide		£25,000
CLRN-Wide (NUTH)	Clinical Sessions (Exec)	Clinician time	Neurology Pump-priming	1		CCRN	Neurology	£40,000
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Lyons	0.1		NCRN		£12,500

City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Steel, D	0.05		CCRN	Opthalmology	£6,250
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Cammeron	0.05		CCRN	Reproductive Health	£6,250
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Hinshaw	0.05		CCRN	Reproductive Health	£6,250
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Chapman et al	0.1		DRN		£12,500
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Keaney	0.1		PCRN		£12,500
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Gray	0.1		SRN		£12,500
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Majmudar	0.05		SRN		£6,250
Gateshead FT	Clinical Sessions (Exec)	Clinician time	Roberts and Edmondson	0.1		NCRN		£12,500
Gateshead FT	Clinical Sessions (Exec)	Clinician time	Kelly et al	0.2		CCRN	Musculoskeletal	£25,000
Gateshead FT	Clinical Sessions (Exec)	Clinician time	Dale	0.1		CCRN	Paediatrics	£12,500
Gateshead FT	Clinical Sessions (Exec)	Clinician time	Weaver et al	0.2		DRN		£12,500
Gateshead FT	Clinical Sessions (Exec)	Clinician time	Thomas	0.1		MHRN		£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Coxon	0.1		NCRN		£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Durkan and Powell	0.1		NCRN		£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Douglas	0.05		NCRN		£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Griffith	0.05		NCRN		£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Hale et al	0.2		NCRN		£25,000
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Lennard et al	0.15		NCRN		£18,750
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Mulvenna	0.05		NCRN		£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Mallick	0.05		NCRN		£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Plummer	0.05		NCRN		£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Roberts	0.1		NCRN		£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Verrill	0.1		NCRN		£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Reynolds et al	0.15		CCRN	Dermatology	£18,750
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Perros	0.05		CCRN	Metabolic & Endocrine	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Talks	0.05		CCRN	Opthalmology	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Stewart et al	0.2		CCRN	Hepatology	£25,000
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Isaacs et al	0.35		CCRN	Musculoskeletal	£43,750
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Bourke	0.1		CCRN	Musculoskeletal	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Pickard et al	0.15		CCRN	Surgery	£18,750
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Schmid et al	0.15		CCRN	Infection & Immunity	£18,750
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Kanagsundaram, Torpey	0.1		CCRN	Renal	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Embleton, Berrington	0.1		CCRN	Reproductive Health	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Robson et al	0.2		CCRN	Reproductive Health	£25,000
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Hanley et al	0.1		CCRN	Cardiovascular	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Preshaw (Uni)	0.05		CCRN	Oral and Dental	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Steele, J (Uni)	0.05		CCRN	Oral and Dental	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Burn, J (Uni)	0.05		CCRN	Clinical Genetics	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Bushby et al (Uni)	0.15		CCRN	Musculoskeletal	£18,750
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Robson et al (Uni)	0.1		CCRN	Reproductive Health	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Bates	0.05		DeNDRoN		£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Williams	0.05		DeNDRoN		£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Leech et al	0.1		DRN		£12,500

Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Ford et al	0.2		SRN		£25,000
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Macdonald	0.05		SRN		£6,250
Northumbria	Clinical Sessions (Exec)	Clinician time	Attwood and Kelly	0.1		NCRN		£12,500
Northumbria	Clinical Sessions (Exec)	Clinician time	Birrell	0.1		CCRN	Musculoskeletal	£12,500
Northumbria	Clinical Sessions (Exec)	Clinician time	Walker et al	0.2		DeNDRoN		£25,000
Northumbria	Clinical Sessions (Exec)	Clinician time	Price et al	0.2		SRN		£25,000
North Tyneside PCT	Clinical Sessions (Exec)	Clinician time	Leech et al	0.05		DRN		£6,250
North Tyneside PCT	Clinical Sessions (Exec)	Clinician time	Wilkes	0.1		PCRN		£12,500
North Tyneside PCT	Clinical Sessions (Exec)	Clinician time	Robinson (Uni)	0.05		PCRN		£6,250
NTW	Clinical Sessions (Exec)	Clinician time	McConachie	0.05		CCRN	Paediatrics	£6,250
NTW	Clinical Sessions (Exec)	Clinician time	LeCouteur (Uni)	0.1		CCRN	Paediatrics	£12,500
NTW	Clinical Sessions (Exec)	Clinician time	Barber et al	0.35		DeNDRoN		£43,750
NTW	Clinical Sessions (Exec)	Clinician time	Craddock	0.05		DeNDRoN		£6,250
NTW	Clinical Sessions (Exec)	Clinician time	Ferrier (Uni)	0.1		MHRN		£12,500
NTW	Clinical Sessions (Exec)	Clinician time	Watson (Uni)	0.05		MHRN		£6,250
South Tyneside FT	Clinical Sessions (Exec)	Clinician time	Scott	0.1		SRN		£12,500
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Lyons, Simon et al	0.1		NCRN		£12,500
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Coady, David	0.1		CCRN	Musculoskeletal	£12,500
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Steel, David et al	0.15		CCRN	Opthalmology	£19,000
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Hinshaw, Kim et al	0.1		CCRN	Reproductive Health	£12,500
City Hospitals Sunderland	Clinical Sessions (Exec)	Clinician time	Taylor, Ian	0.05		CCRN	Respiratory	£6,250
Gateshead FT	Clinical Sessions (Exec)	Clinician time	Jarman, Bob	0.05		CCRN	Injuries & Accidents	£6,250
Gateshead FT	Clinical Sessions (Exec)	Clinician time	Rynne, Martin	0.05		CCRN	Musculoskeletal	£6,250
Gateshead FT	Clinical Sessions (Exec)	Clinician time	Evbuomwan, Isaac	0.05		CCRN	Reproductive Health	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Thomas, Simon	0.05		CCRN	Cardiovascular	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Keavney, Bernard	0.1		CCRN	Cardiovascular	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Zaman, Azfar	0.05		CCRN	Cardiovascular	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	John Burn	0.1		CCRN	Clinical Genetics	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Sarkozy, Anna	0.1		CCRN	Clinical Genetics	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Goodship, Judith	0.1		CCRN	Clinical Genetics	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Wright, Stephen	0.2		CCRN	Critical Care	£25,000
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Reynolds, Nick et al	0.2		CCRN	Dermatology	£25,000
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Vincent, Maria	0.05		NCRN		£4,000
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Wright, John	0.05		CCRN	Injuries & Accidents	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Connolly, Jim	0.05		CCRN	Injuries & Accidents	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Pearce, Simon	0.05		CCRN	Metabolic & Endocrine	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Gray, Andrew	0.05		CCRN	Musculoskeletal	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Gerrand, Craig	0.05		CCRN	Musculoskeletal	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Kay, Lesley	0.1		CCRN	Musculoskeletal	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Walker, David	0.1		CCRN	Musculoskeletal	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Goldsmith, Paul	0.05		CCRN	Neurology	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Anderson, Kirstie	0.05		CCRN	Neurology	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Mitchell, Patrick	0.1		CCRN	Neurology	£12,500

Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Gholkar, Anil	0.1		CCRN	Neurology	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Whittaker, Roger	0.1		CCRN	Neurology	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Mendelow, David et al	0.3		CCRN	Neurology	£37,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Duddy, Martin et al	0.1		CCRN	Neurology	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Powell, Christine	0.05		CCRN	Opthalmology	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Jimmy Steele	0.1		CCRN	Oral and Dental	£12,500
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Kanagasundaram, Suren	0.05		CCRN	Renal	£6,250
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Robson, Steve et al	0.5		CCRN	Reproductive Health	£56,000
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	De Soyza, Tony et al	0.2		CCRN	Respiratory	£25,000
Newcastle Hospitals FT	Clinical Sessions (Exec)	Clinician time	Soomro, Naeem	0.1		CCRN	Urology	£12,500
North Tyneside PCT	Clinical Sessions (Exec)	Clinician time	Kerr, Simon	0.05		CCRN	Age & Ageing	£6,250
North Tyneside PCT	Clinical Sessions (Exec)	Clinician time	Stringer, Helen	0.05		PCRN		£4,000
Northumbria	Clinical Sessions (Exec)	Clinician time	Kelly, Seamus	0.05		CCRN	Gastrointestinal	£6,250
Northumbria	Clinical Sessions (Exec)	Clinician time	Reed, Mike	0.1		CCRN	Musculoskeletal	£12,500
Northumbria	Clinical Sessions (Exec)	Clinician time	Colver, Allan	0.1		CCRN	Paediatrics	£12,500
NTW	Clinical Sessions (Exec)	Clinician time	Ahuja, Niraj	0.05		MHRN		£6,250
NTW	Clinical Sessions (Exec)	Clinician time	Grahame, Victoria	0.05		MHRN		£6,250
NTW	Clinical Sessions (Exec)	Clinician time	McConachie, Helen	0.05		MHRN		£6,250
NTW	Clinical Sessions (Exec)	Clinician time	McAllister-Williams, R H	0.05		MHRN		£6,250
NTW	Clinical Sessions (Exec)	Clinician time	Richardson, Jonathan	0.1		DeNDRoN		£12,500
South Tyneside FT	Clinical Sessions (Exec)	Clinician time	Colin Rees	0.1		CCRN	Gastrointestinal	£12,500
South Tyneside FT	Clinical Sessions (Exec)	Clinician time	Panter, Simon	0.05		CCRN	Gastrointestinal	£6,250
South Tyneside FT	Clinical Sessions (Exec)	Clinician time	Thomas, Cecil	0.05		DRN		£6,250
South Tyneside FT	Clinical Sessions (Exec)	Clinician time	Stock, David	0.05		CCRN	Respiratory	£6,250
								£9,197,922

Appendix 2 – CLRN Actions List for 2010/11

The table below sets out the key actions and areas of work to be undertaken by the CLRN in 2010/11 in order to meet objectives and performance targets. The headline actions and priorities are taken from

Action	Description	Person/Team responsible	Timeframe for completion
1	**Work with MOs and Specialty Groups (SGs) to identify strategic and study-specific opportunities and target resource appropriately**	**Exec-lead for SGs**	**April 2010**
1.1	Collate strategy documents from SGs and use data to inform prospective recruitment and resourcing models	Exec-lead for SGs	April 2010
1.2	Secure cross-organisational support (probably CTCs) to support activity of SGs	Exec-lead for SGs	October 2010
1.3	Establish a delivery focus within the PPI workstream. Outputs to include a series of regional events and/or a forum with visible leadership of the agenda within the CLRNs and RDS locally	Senior Manager	March 2011
2	**Support partner NIHR networks in the delivery of their targets and identify, with them, areas for expansion and collaboration**	**Senior Manger**	**Ongoing**
2.1	Ensure alignment of TCRN targets, strategy and resourcing in MOs.	Senior Manager	Budgeting with review at mid and end of year reports
2.2	Monitor and assess team output relative to CLRN funding – by MO and SG/Topic	Senior Manager	Mid and end of year reports
3	**Communicate effectively with MOs, partner networks and SGs**	**Clinical Director**	**Ongoing**
3.1	Continue initiatives at strategic and managerial level such as Clinical Directors' Forum, and Joint MO/LRN meetings	Senior Manger	Ongoing
3.2	Continue to disseminate to senior-management stakeholders appropriate reports on metrics and progress on accrual, RM&G and industry take-up.	Clinical Director	Ongoing
4	**Work with MOs, partner networks and SGs to retain and develop a research workforce capable of delivering the NIHR CRN's objectives**	**Senior Manger, then Lead Nurse when appointed**	**Ongoing**
4.1	Appoint lead nurse	Senior Manger	March 2010
4.2	Expand training programme to include additional high-quality provision	Senior Manager	June 2010
5	**Agree with MOs, and then achieve, targets to**	**Exec-lead for RM&G**	**March 2011**

Action	Description	Person/Team responsible	Timeframe for completion
	reduce delays in CSP and HR processes		
5.1	Monitor progress in CSP at each study and site	Lead RM&G Manager	Ongoing
5.2	Identify and address recurring delays in CSP	Lead RM&G Manager	Ongoing
5.3	Develop, with MOs, local CSP improvement plans where necessary	Lead RM&G Manager	March 2011
5.4	Agree and establish metrics and reporting systems for MO HR departments issuing (and accepting) HRCs, LoA and passports	Lead RM&G Manager	March 2011
6	**Establish mechanisms for rapid and accurate study feasibility in key areas of activity, based on the electronic identification of potential recruit**	**Clinical Director**	**March 2011**
6.1	Pilot a system within NUTH to identify potential cohorts via Mermaid.	Clinical Director	March 2011
6.2	Collate and share experience gained with other MOs and assess transferability	Clinical Director	March 2011
6.3	Establish a robust and reliable system for identifying patients from Primary Care PICs	Exec-lead for Primary Care	July 2010
7	**Ensure that all of the above are objectives are focused on delivering the NTW industry portfolio,**	**Exec-lead for Industry**	**March 2011**
7.1	Achieve a minimum target of 10% industry studies by the end of 10/11	Exec-lead for Industry	March 2011
8	**Demonstrate appropriate, fair and transparent use of CLRN funding both within and between MOs**	**Executive**	**March 2011**
8.1	On notification of the allocation for the year, re-run the funding model, agree it with the Exec and if necessary with the Board, notify MOs of their allocation and redo the OuR from their returns.	Senior Manager	March 2010
8.2	Establish transparent systems for reporting on in-year budget changes within MO devolved funding and report quarterly on variances and plans for underspend	Senior Manager	Mid and end of year reports
9	Monitor and manage the budgets for delivery and management to achieve a balanced budget at year-end	Senior Manager	Mid and end of year reports

Appendix 3 – Performance and Targets

OBJECTIVE 1: Increase the number of patients recruited into NIHR Portfolio studies, working towards the NHS Operating Framework goal to double the number of patients recruited to studies over the five years

Measure	**Increase in patients recruited into NIHR Portfolio studies**		
Target	*To be set by the CLRN (determined using the baseline figures for 2008/09 and 2009/10) – summary of the annual recruitment target for the CLRN with monthly targets to be added to the table below*		
Description	This measure will monitor increases in patient recruitment into NIHR Portfolio studies, ensuring that trends are increasing towards agreed targets.		
Method of assessment	**Red** Below target by more than 10%	**Amber** Below target by up to & inc 10%	**Green** Equal to or greater than target

Measure Data	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
08/09 Total	693	1316	2021	2975	3862	5081	6774	7856	8539	9190	9805	10704	10704
09/10 Total	1015	1936	3076	3968	4689	8211	11081	12097	12111				
Change 08/09 to 09/10 (%)	46.5	47.1	52.2	33.4	21.4	61.6	63.6	54.0	41.8				
2010/11 Target	35	35	35	35	35	35	35	35	35	35	35	35	21,408
Target % change (09/10-10/11)	Only annual % change required												

Commentary on performance in 2009/10

The NTW recruitment figures provided here demonstrate encouraging progress towards our stated goal of "*doubling NIHR portfolio accrual within two years".* The mean monthly increase in accrual is 47% per month. If this is maintained to year-end this will deliver a total of approximately 16,000 recruits.
One effect we have noticed in relation to the accrual upload is that there a significant lag effect. In assessing the recruitment in any time period it is striking that accrual continues to be reported for some time after the end date for the period being assessed. Our cumulative accrual graph below illustrates this. The accrual attributable to the period Apr 08 – Mar 09 continued to rise (ultimately by over a third) long into the following year.
Therefore, the 16,000 recruits we are predicting on a simple extrapolation of the returns by 31st March, is probably a significant underestimate of the real recruitment. We expect the figure for accrual reported *in the period* to rise further during the following year. The effect is not likely to be a great as observed in 08-09 as much of the latent accrual was attributable to the high number of studies going through the portfolio adoption process, then retrospectively uploading accrual.

Commentary on targets for 2010/11

Doubling NTW accrual by the end of 2010/11 means we need to deliver a total of 21,408 recruits. If we achieve the 16,000 we expect in 2009/10 then a further increase in activity (of approximately 33%) is required to reach the target. There are some unknowns in this. A further increase on this year's figures is predicated on:

- A number of new studies being available to open to replace studies closing this year
- High volume studies coming on stream to replace high-recruiting studies (two studies are likely to contribute almost a third of our accrual this year)

If the studies are available, there is a much-enhanced research infrastructure available to receive them:

- The research teams and infrastructure within Trusts are now coming on stream and this is delivering efficiencies and capacity
- The efficiency with which these teams operate is going to improve rapidly (due to training investment and familiarity with the new research environment in the NHS)
- The Specialty Groups are now a major (and new) component of the research environment. We have a number of highly progressive and active SGs who are actively seeking to attract studies to the region

We continue to monitor studies coming through CSP (and the adoption pipeline) to predict activity levels. Potentially high recruiting studies are coming through but it remains to be seen whether these will fill the gap left by the five thousand recruits in DRN 120 which closes in early 2010.

OBJECTIVE 2*: Deliver a balanced Portfolio of clinical studies across all disease areas and from commercial and non-commercial funders

Measure	**Increase in proportion of industry studies on the Portfolio**		
Target	*To be set by the CLRN based on the desirable proportion of Industry studies in their local Portfolio*		
Description	This measure will monitor the proportion of studies in the Portfolio which are funded by industry, ensuring that trends are increasing towards the local and national targets.		
Method of Assessment	**Red** Proportion of Industry studies 6% or more below Target	**Amber** Proportion of Industry studies up to & inc 5% below Target	**Green** Proportion of Industry studies ≥ Target

Measure Data	Quarter One	Quarter Two	Quarter Three	Quarter Four
2008/09 Actual	5.92%	7.41%	8.39%	7.89%
2009/10 Actual	3.66%	5.08%	3.60%	
20010/11 Target	10%	10%	10%	10%

Commentary on performance in 2009/10

The proportion of our portfolio that is made up of industry studies is lower than we would wish. However, we believe that by the end of 2010/11 at least 10% of our open studies will be from industry.

The figures cited above are predominantly related to TCRN activity. The CCRN studies have come through steadily in 2009 and we are now seeing them in set-up and recruiting. This subset of CCRN studies is the part of the industry profile that the CLRN manages directly. TCRN industry engagement is monitored but not managed by the CLRN. For a number of our Topic LRNs, opening additional industry studies is a stated priority. We will support them in doing this but we have not yet had direct discussions with our LRNs on their targets.

Commentary on targets for 2010/11

Our aim is to fully support the CCRN industry team in placing and delivering industry studies within NTW.

Of approximately 100 CCRN protocols received from the CRN CC industry team in 2009, 24 have progressed to set-up or beyond. This means that, if activity levels are maintained in the coming year, we should have at least that number of industry studies open at some stage during the year.

The CCRN contribution this year has been low (*ca* 4 studies) and as our total portfolio is around 270 studies, but the CCRN studies that are the direct responsibility of the CLRN are progressing satisfactorily. This should mean that 10% is achievable by the SGs alone. Increases in the TCRN contribution to industry studies could further increase this percentage, but our focus for the coming year is to harness the potential of the SGs to deliver these studies. There are a number of highly active and well-engaged SGs in NTW, well placed to deliver industry studies in areas of frequent opportunity (notably in Paediatrics, Respiratory Medicine and Musculoskeletal). We will seek to expand on this core of greatest activity but we intend to start by securing the baseline.

***NOTE**

1. **The measure "Proportion of Specialty Groups achieving recruitment targets" has been removed from the Performance Management Framework for 2010/11.**

2. **The term "balanced Portfolio" used in the CCRN Performance Management Framework refers to:**

   i) A reasonable mix of interventional and observational studies;

   ii) A reasonable proportion of commercial and non-commercial studies;

   iii) A reasonable spread of activity across Specialty Groups, based on identified areas of strength within the Network

OBJECTIVE 3*: To ensure efficient and effective RM&G infrastructure and systems (such as CSP) and research delivery models are in place nation-wide, facilitating the speedy set-up and recruitment to time and target of Portfolio studies

Measure	**Proportion of Studies recruiting to time and target**		
Target	*Target of a 80% or more of Studies recruiting to time and target, in line with national target*		
Description	This measure is to ensuring the effectiveness of study delivery by achieving recruitment targets for the majority of studies. The measure will be assessed for closed studies to assess actual total recruitment against targets.		
Method of assessment	**Red** 59% or less	**Amber** 60%-79%	**Green** 80-100%

Measure	**Median time in calendar days from R&D form validation to issue of NHS Permissions Letter**
Target	To be confirmed by CRN CC RM&G Team for 2010/11
Description	This measure will monitor the efficiency of RM&G systems and processes in facilitating speedy set-up of studies
Method of assessment	To be confirmed by CRN CC RM&G Team for 2010/11

Measure	**Median time in calendar days from NHS Permission Letter issued to first participant recruited to the study**
Target	To be confirmed by CRN CC RM&G Team for 2010/11
Description	This measure will monitor the efficiency of RM&G systems and processes in facilitating speedy set-up of studies
Method of assessment	To be confirmed by CRN CC RM&G Team for 2010/11

***NOTE**

The above performance measures relating to Objective 3 will not be available for target setting at the beginning of 2010/11. Further guidance is required about how these measures will relate to the NIHR CRN CC performance measures around RM&G and how data will be collated. The performance measures are provided for information at this stage.

OBJECTIVE 4*: Demonstrate robust financial management

Measure	**Balanced budget and robust financial management**		
Target	- *balanced budget;* - *submission of robust finance reports on time;* - *effective financial allocation & monitoring* models (*monitoring should include the ability to record actual expenditure by funding category at member organisation level);* - *effective management of financial risk*		
Description	This measure ensures CLRNs have robust financial management by balancing their budgets at the end of each financial year by utilising allocations appropriately and in line with agreed plans. It is also important for CLRNs to submit financial returns on time and to address financial risks appropriately.		
Method of Assessment	**Red -** 3% or more over/under spend; late submission of finance reports; poor models and/or management of risk.	**Amber -** Up to 2.9% over/under spend; late submission of finance reports; minor issues with models and/or management of risk	**Green -** Balanced budget; submission of finance reports on time; effective models & management of risk.

***NOTE**

Objective 4 will be measured at year end.

OBJECTIVE 5: Maximise engagement in NIHR Portfolio research

Measure 5	**Increase in patients recruited into NIHR Portfolio studies by member organisation**		
Target	*To be set by CLRN in discussion with member organisations (determined using the baseline figures for 2008/09 and 2009/10) – summary of the annual CLRN recruitment target broken down by member organisation with quarterly targets to be added to the table below*		
Description	This measure will monitor recruitment across member organisations compared with their recruitment targets as a contribution to the overall recruitment target of the CLRN.		
Method of Assessment	**Red** 59% or less	**Amber** 60%-79%	**Green** 80%-100%

Measure Data

Trust	08-09 Actual	09/10 Actual (Projected)	%change from 08/09 to 09/10	2010-11 Target
City Hospitals Sunderland NHS Foundation Trust	378	344 (457)	+ 21%	608
Gateshead Health NHS Foundation Trust	415	180 (240)	- 42%	415
Gateshead PCT	246	86 (114)	- 53%	246
Newcastle PCT	1896	5313 (7066)	+ 272%	3337
Newcastle University	28	0	NA	0
North Tyneside PCT	162	144 (191)	+ 18 %	258
Northumberland Care Trust	360	206 (274)	- 24%	360
Northumberland, Tyne and Wear NHS Trust	113	492 (654)	+ 479 %	883
Northumbria Healthcare NHS Foundation Trust	782	1325 (1866)	+ 138 %	2519
South Tyneside NHS Foundation Trust	242	144 (191)	- 27%	242
South Tyneside PCT	111	38 (51)	- 54%	111
Sunderland Teaching PCT	355	55 (73)	- 79%	355
-unknown-	244	38	NA	0
The Newcastle upon Tyne Hospitals NHS Foundation Trust	5372	3657 (4890)	- 9%	7144
North East Ambulance Service NHS Trust	0	11 (15)	NA	50
Total	10704	16120		16527

Commentary on performance in 2009/10

In broad terms the recruitment performance is encouraging. Our projections indicate that we will recruit over 16,000 patients in 2009/10. This will be an increase of approximately 50% and will keep us on-target to achieve the doubling of our baseline within 2 years which was the goal we set in last year's business plan.
The figures in brackets above project the actual accrual figures to annualised numbers by uplifiting by one third)
Understanding the detail within this overall increase is central to the development of management strategies for sustaining the growth.
Five of the NTW member organisations will increase absolute accrual numbers in year, a sixth, Newcastle upon Tyne Hospitals will get close once all the accrual has been reported. For these Trusts, 2009-10 has focussed on using the increased NIHR funding they have been allocated through the CLRN to put infrastructure in place. This infrastructure is now coming on line and the capacity to deliver studies is increasing.
In Newcastle Hospitals, with a devolved budget larger than some CLRNs, this was a huge task. However, the research teams and associated infrastructure are now in place and we project at least a 33% rise in accrual on 2008/9 levels for the coming year. This Trust is also central to our ambitions for the delivery of industry studies.

Most of the Trusts where we have seen a fall in accrual are PCTs where 4 of the 6 Trusts are likely to show falls. These falls are a concern, they are an early indication that studies are not coming through to NTW Primary Care sites as quickly as we would like and that Primary Care contribution to the recruitment of networks such as DRN, SRN and MHRN has not yet reached its full potential. We will work with partner Networks, the member organisations and PCRN to understand this and address the issues.

We need also to be aware of the contribution of two very large studies. Both CATHETER and DRN 120 have recruited very heavily within NTW during 2009/10. CATHETER is interventional and has recruited over 1000 patients. DRN 120 is observational and has returned accrual of over 5000. These are both very valuable contributions but in developing the management strategy for the CLRN we must be aware of the possibility that they will not be replaced with equally high-volume studies.

Commentary on targets for 2010/11

The rationale behind the targets set per Trust is as follows:
From our projected accrual (of 16,000) at year-end, we need to increase accrual by approximately 35% to achieve the doubling of accrual we have set as our target

- For those Trusts where a significant increase has been possible this year, we are assuming that the contributing factors that allowed this will still apply and they will be able to continue that improvement. We are, therefore setting them a target of 35% increase on their accrual relative to their 2009/10 full-year figures.
- For those Trusts that have seen a fall in their accrual we are setting them the target of regaining the ground lost and getting back to their 2008/09 levels.

There are three exceptions to this:

- In our most research active MO (Newcastle Hospitals) accrual has been approximately static in this set-up year. However, with the teams and extra capacity in place, they should now be able to deliver an increase. We have therefore, set their target in the same way as we have for the Trusts showing an increase, and uplifted the expected accrual by 35%, but we used the slightly higher figure of 2008/09 as the marker of what we know to be achievable.
- Newcastle PCT was the site of accrual for the large DRN 120 study. The study is about to close an they have no studies of comparable volume coming through. We have, therefore calculated their target based on a 35% uplift of what their 2009/10 accrual was without including DRN 120.
- Our Ambulance Trust (NEAS) have just become research active in terms of the portfolio and the figure of 50 recruits represents an assessment of accrual likely on the basis of the studies that will be open.

Setting targets based on Topic and SG performance
The table below takes a different approach and sets targets for each Topic and SG. The projection is different, predicting 17,457 recruits. It is our intention to manage the resourcing and monitoring of targets primarily at the level of the SG and TCRN. The approach is described in section 3.7.2 of the business plan.

Topic/SG Projections and Targets for 2010/11 in NTW

Topic/SG (Those active in NTW are illustrated in bold)	RAG Status	2008/09 Accrual	2009/10 Projection	% Change on 08/09	2010/11 Target
Cancer		1062	978	-8%	1164
DeNDRoN		508	1030	103%	3337
Diabetes		2224	6752	204%	515
Medicines for Children		93	100	8%	135
Mental Health		737	491	-33%	600
PCRN		1368	618	-55%	1368
Stroke		367	450	23%	575
Age & Ageing		59	192	225%	259
Anaesthetics		0	0	NA	0
Cardiovascular		1062	978	-8%	1434
Clinical Genetics		10	47	370%	63
Critical Care		2	57	2750%	77
Dermatology		178	129	-28%	178
ENT		56	12	-79%	56
Gastrointestinal		4	491	12175%	663
Health Services Research		16	189	1081%	255
Hepatology		269	70	-74%	269
Immunology & Inflammation		121	45	-63%	61
Infectious Diseases & Microbiology		28	110	293%	149
Injuries & Accidents		0	8	NA	11
Metabolic & Endocrine		43	19	-56%	43
Musculoskeletal		705	980	39%	1323
Nervous System Disorders		23	21	-9%	31
Non Malignant Haematology		0	3	NA	4
Ophthalmology		8	60	650%	81
Oral & Dental		62	15	-76%	62
Paediatrics		4	189	4625%	255
Public Health Research		30	24	-20%	30
Renal		128	129	1%	174
Reproductive Health & Childbirth		1665	1412	-15%	1665
Respiratory		33	285	764%	385
Surgery		11	0	-100%	0
Urogenital		402	1543	284%	2083
					17305

Appendix 4 – The Blue Report

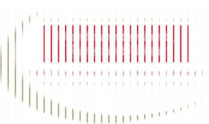
Accrual into NIHR Portfolio Studies in NTW CLRN
April 2009 - January 2010

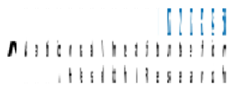
Primary Topic/SpG	City Hospitals Sunderland	Gateshead Health	North East Ambulance	Northumbria Healthcare	North of Tyne	North'land Tyne & Wear	Newcastle Hospitals	South of Tyne & Wear	South Tyneside	NULL	Total	%	Adjusted
Cancer	52	102		43	1		474	1	62		735	6%	8%
DeNDRoN	1	4		23	280	226	241				775	6%	5%
Diabetes	5	23		32	4927		66	24			5077	39%	25%
Medicines for Children	8						67				75	1%	1%
Mental Health		2			4	351		12			369	3%	3%
PCRN	44	2			220			188		11	465	4%	5%
Stroke	163	4		72			81		19		339	3%	4%
Age & Ageing					14		131				145	1%	1%
Anaesthetics													
Cardiovascular		2		76	264		360		1		703	5%	7%
Clinical Genetics							35				35	0%	0%
Critical Care							57				57	0%	0%
Dermatology							97				97	1%	1%
ENT							9				9	0%	0%
Gastrointestinal				8			302		59		369	3%	2%
Health Services Research			11	56	4	71					142	1%	1%
Hepatology	2			4			43		4		53	0%	0%
Immunology and Inflammation	1	2		3			28				34	0%	0%
Infectious Diseases & Microbiology	13	6		2	4		55		3		83	1%	0%
Injuries & Accidents	6										6	0%	0%
Metabolic & Endocrine							14				14	0%	0%
Musculoskeletal	2	35		463			293				793	6%	4%
Nervous System Disorders							16				16	0%	0%
Non Malignant Haematology	2										2	0%	0%
Ophthalmology	33						12				45	0%	1%
Oral & Dental							11				11	0%	0%
Other					16						16	0%	0%
Paediatrics	3	1		72	1		64	1			142	1%	1%
Public Health Research							18				18	0%	0%
Renal							97				97	1%	0%
Reproductive Health & Childbirth	24	10		99			915		14		1062	8%	6%
Respiratory		10		161			42		2		215	2%	2%
Surgery													
Urogenital	39			343			778				1160	9%	21%
Total	**398**	**203**	**11**	**1457**	**5735**	**648**	**4306**	**226**	**164**	**11**	**13159**	**100%**	**100%**
%	**3%**	**2%**	**0%**	**11%**	**44%**	**5%**	**33%**	**2%**	**1%**	**0%**	**100%**		
Adjusted	**5%**	**2%**	**0%**	**15%**	**29%**	**4%**	**42%**	**3%**	**1%**	**0%**	**100%**		

- Activity present in 2008/09 (note figures displayed on report represent 2009/10 accrual)
- New activity in 2009/10 not present in 2008/09
- No activity 2008/09 or 2009/10

Figures as at 18 January 2010

Appendix 5 – The Rainbow Report

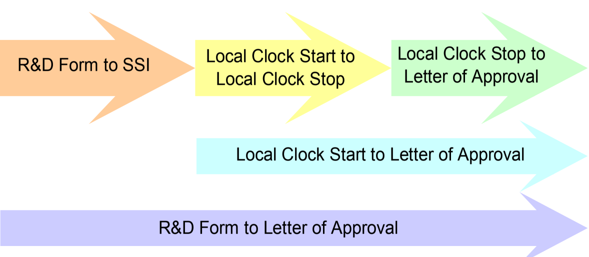




CSP Tracking Report

Trust	No of Approvals	R&D Form to SSI			Local Checks			Approval After Local Checks Completed			Local Approval			R&D Form to Local Approval		
		Completed	Avg Days	Median	Completed	Avg Days	Median	Completed	Avg Days	Median	Completed	Avg Days	Median	Completed	Avg Days	Median
City Hospitals Sunderland NHS Foundation Trust	24	17	62	34	11	112	117	11	26	8	11	138	122	11	171	188
Gateshead Health NHS Foundation Trust	19	15	70	47	8	72	72	8	8	6	8	80	80	8	110	135
Gateshead PCT	15	15	54	21	14	35	23	14	19	7	14	54	51	14	108	85.5
Newcastle PCT	25	21	48	38	16	44	27.5	16	40	27.5	16	83	76	16	130	148
Newcastle upon Tyne Hospitals Foundation Trust	118	82	52	32.5	42	85	82	36	17	10	36	100	97	36	138	125
North Tyneside PCT	16	13	45	21	11	36	28	11	34	33	11	71	63	11	113	118
Northumberland Care Trust	18	14	68	57.5	13	35	28	13	24	20	13	58	63	13	123	135
Northumberland, Tyne and Wear NHS Trust	18	14	24	14	11	46	43	11	15	5	11	61	58	11	82	72
Northumbria Healthcare NHS Foundation Trust	25	19	35	19	13	86	81	13	10	5	13	96	84	13	136	139
South Tyneside NHS Foundation Trust	7	5	20	12	4	43	9	4	4	5	4	47	13	4	59	24
South Tyneside PCT	12	12	40	18	11	36	26	10	22	12	10	58	53	10	100	76.5
Sunderland Teaching PCT	18	17	39	24	15	29	26	14	15	3	14	44	47.5	14	90	85.5
Overall Summary	315	244	49	29	169	59	50	161	20	10	161	79	71	161	120	118
Commerical Studies	70	61	61	49	40	62	61	36	23	10.5	36	86	94	36	141	153
Non Commercial Studies	245	183	45	20	129	59	42	125	20	8	125	77	63	125	114	98

Total Studies = 167



Guidance
> Local clock starts when SSI form is validated
> Letter of Approval refers to the 21 day end date

Figures as at 03 February 2010

Appendix 6 – NTW CLRN training programme for 2010

2010 Schedule	GCP	IRAS & CSP	Human Tissue Act	Informed Consent & Ethics	Mental Capacity Act	Management Skills
February	25th (am) Freeman Hosp	17th (12 –1) ICfL				
March	26th (am) Hexham GH		18th (9—1) ICfL		17th (9—1) Newcastle Univ	10th (9—5) *Projects*, ICfL
April	29th (am) Sunderland RH	9th (12-1) RVI Edu. Centre		15th (9—5) Newcastle Univ		
May		26th (12—1) QE Gateshead				
June	8th (am) Newcastle Dental School				17th (9—1) Newcastle Univ	9th (9—5) *Change* Newcastle Univ
July	30th (pm) QE Gateshead	14th (12 –1) Sunderland RH	1st (9—1) Newcastle Univ	7th (9—5) Newcastle Univ		
September	17th (pm) Cobalt Park		16th (9—1) Newcastle Univ			
October		15th (12—1) South Tyneside				10th (9—5) *Projects*, ICfL
November	29th (am) South Tyneside			4th (9—5) Newcastle Univ	17th (9—1) Newcastle Univ	
December		16th (12 –1) Cobalt Park				

Appendix 7 – Exemplar strategy document for SGs

Example

REPRODUCTIVE HEALTH & CHILDBIRTH SPECIALTY GROUP

General Information	
Clinical Lead	Professor Stephen Robson
Number of SG members (please list)	NUTH – Paul Hilton, Jason Waugh, Alison Murdoch, Debbie Carrick-Sen, Teresa Kelly, Nick Embleton, Martin Ward-Platt. Gateshead – Issac Evbuomwan. South Tyneside – Umo Esen, Linda McNamee. Sunderland – Kim Hinsahw, Helen Cameron Northumbria – Shona McKenzie North Tyneside PCT – Justine Norman
Number of organisations represented (please tick)	☒ City Hospitals Sunderland NHS Foundation Trust ☒ Gateshead Health NHS Foundation Trust ☒ Newcastle upon Tyne Hospitals NHS Foundation Trust ☒ NHS North of Tyne (Newcastle & North Tyneside PCTs, and Northumberland Care Trust) ☐ NHS South of Tyne and Wear (Gateshead & South Tyneside PCTs, and Sunderland Teaching PCT) ☐ North East Ambulance Service NHS Trust ☐ Northumberland, Tyne and Wear NHS Foundation Trust ☒ Northumbria Healthcare NHS Foundation Trust ☒ South Tyneside NHS Foundation Trust
Details of meetings organised and planned to date(please list)	19/09/2008, 03/04/2009, 05/10/2009.

Specialty Group Strategy: Reproductive Health & Childbirth

Example

Portfolio Information

Studies recruiting patients from one or more sites in NTW from April 2008 to March 2009[1]

Acronym	Site Name	Investigator Name	Total
Birthplace: National prospective cohort study	North Tyneside General Hospital	Kerry Rushton	220
	Hexham Maternity Unit	Geraldine McKay	72
	Hillcrest, Alnwick	Debbie Nicholson	22
	Berwick Infirmary	Tina Forrester	9
	Homebirths - City Hospitals Sunderland NHS Foundation Trust	Amanda Bargh	6
	Homebirths - Gateshead Health NHS Foundation Trust	Amanda Brown	20
	Homebirths - Northumbria Health Care NHS Foundation Trust	Margaret Fittes	12
	Homebirths - South Tyneside NHS Foundation Trust	Linda McNamee	24
Breastfeeding support for Bangladeshi women	GP Surgeries - Newcastle NHS Foundation Trust	A McFadden	10
	GP Surgeries - Newcastle PCT	A McFadden	15
Investigation of the role of uterine NK cells in initiation of spiral artery transformation	Royal Victoria Infirmary	S Robson	215
Isolation of hSSC	Freeman Hospital	Karim Nayeermia R Pickard	2 5
Leptin and growth in preterm infants	Royal Victoria Infirmary	Nick Embleton	41
NECOT	Royal Victoria Infirmary	Helen Ball	898
Novel regulation of myometrial contractility by histone deacetylase 8 (HDAC8)	Royal Victoria Infirmary	S Robson	183
OPPTIMUM	Royal Victoria Infirmary	S Robson	5
OPT	Royal Victoria Infirmary	Charlotte Gordon Dorothy Carman Mark Roberts Poormina Ranka	3 3 1 4
Origin of cervical cytokines in preterm labour	Royal Victoria Infirmary	S Robson	11

[1] April 2009 to March 2009 is the baseline for calculating CLRN and SG targets for recruitment.

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Specialty Group Strategy: Reproductive Health & Childbirth

Example

Acronym	Site Name	Investigator Name	Total
PITCH - Pregnancy Intervention Trial in Cholestasis	Sunderland Royal Hospital	H Cameron	4
The regulation of protein kinase A (PKA) regulatory subunit RII alpha gene in human myometrium	Royal Victoria Infirmary	S Robson	113
TIPPS (Thrombophilia in Pregnancy Prophylaxis Study)	Sunderland Royal Hospital	Kim Hinshaw	2

Number of SG studies on national portfolio[2]

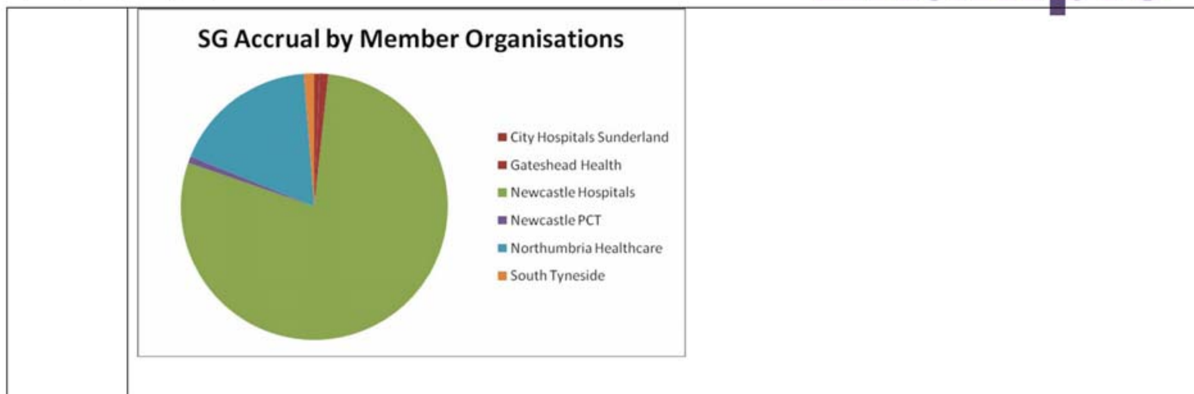
In set-up: 4
Recruiting: 109
Closed/suspended: 39

Proportion we are recruiting to in NTW

	Recruitment			Studies		
	Local	National	% of National	Local	National	% of National
2008/09	1900	46685	4%	13	92	14%
2009/10	689	35548	2%		92	0%

Specialty Group Strategy: Reproductive Health & Childbirth

Example



Specialty Group Strategy: Reproductive Health & Childbirth

Example

Current Infrastructure in NTW[3]

Research Nurses/Others

Member Organisation	Post	Banding	WTEs	Actual Spending
Newcastle Hospitals FT	Research Midwife	NHS 6	4.5	£129,626
Newcastle Hospitals FT	Research Midwife	NHS 7	0.8	£32,725
Newcastle Hospitals FT	Secretary	NHS 3	1.0	£20,006
Newcastle Hospitals FT	Secretary	NHS 3	0.2	£20,006
South Tyneside	Research Midwife	NHS 7	0.3	£13,117

Clinical Sessions

Member Organisation	Name	Sessions	Actual Spending
City Hospitals Sunderland	Cammeron, Helen	1	£12,000
City Hospitals Sunderland	Hinshaw, Kim	1	£12,000
Newcastle Hospitals FT	Embleton & Berrington	1	£12,000
Gateshead	Evbuomwan, Isaac	0.5	£6,000
Newcastle Hospitals FT	Robson, Stephen et al	8	£89,250

Key Service Support

None identified.

Generic Service Support[4]

Generic Service Support is available across all Speciality Groups and Topic Networks within Member Organisations. See attached Appendix 2 that details the GSS breakdown.

Total spend on research

[3] Infrastructure spending has been taken for the financial year 2009/10.
[4] Generic Service Support is available across all Speciality Groups and Topic Networks within Member Organisations.

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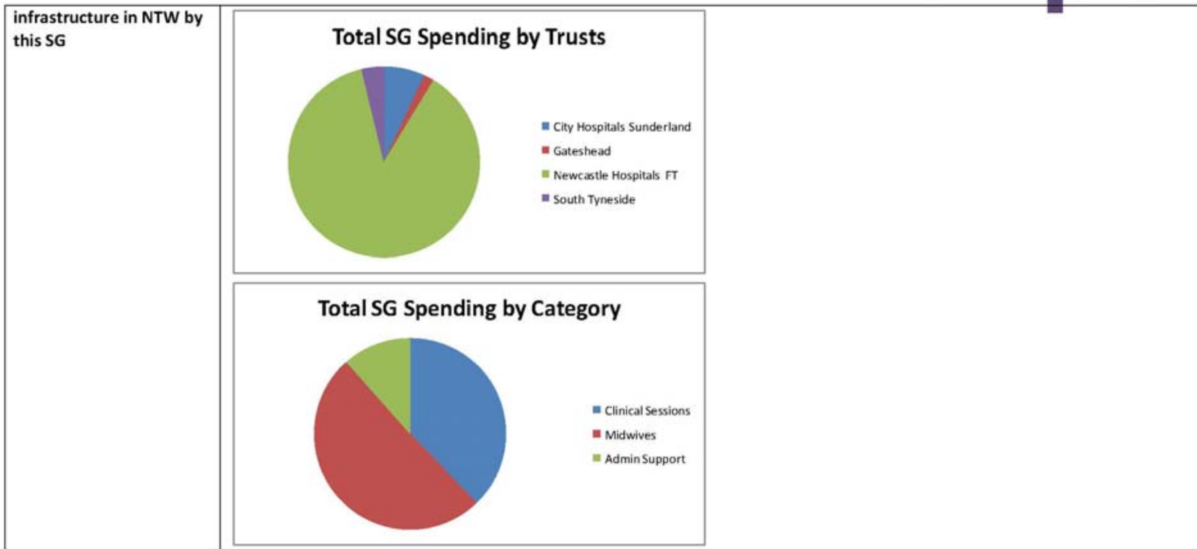

Specialty Group Strategy: Reproductive Health & Childbirth

Example

Expansion of Portfolio Activity across NTW in 2010-11

Details of existing Portfolio studies that we plan to recruit to (please list)

ID	Title	Site	Investigator	Proposed Recruitment
4991	CHIPPS	Newcastle Hospitals FT	Waugh	15
5035	UPBEAT	Newcastle Hospitals FT	Robson	100
2724	PLUTO	Newcastle Hospitals FT	Robson	2
6541	MAVRIC	Newcastle Hospitals FT	Smith	3
5717	Prenatal determination fetal rhesus D status	Newcastle Hospitals FT	Robson	200
		City Hospitals Sunderland FT	Cameron	100
		South Tyneside FT	McNamee	50
4496	OPPTIMUM	South Tyneside FT	McNamee	10

Details of new Portfolio studies we plan to recruit to (please list)

ID	Title	Site	Investigator	Proposed Recruitment
6981	Role IL-6 and IL-8 in pregnancy and miscarriage	Newcastle Hospitals FT	Bulmer (CI)	80
7216	Lipid Metabolism in pregnancy	Newcastle Hospitals FT	Robson (CI)	12
7774	Outflow tract development	Newcastle Hospitals FT	Robson (CI)	75
	HOLDS (RfPB funded)	Newcastle Hospitals FT	Waugh	100

Details of any barriers to recruitment into studies that need to be addressed (please list)

1. Problems with delays in 'administration' of portfolio studies (e.g. R&D approvals, HR recruitment etc.) within Newcastle Hospitals FT.
2. Inadequate research midwife support to take on new large trials across NTW (e.g. Study 5717).

Details of infrastructure requirements for this

1. Additional support from Clinical Trials Coordinator for SG (and particularly NUTH site)
2.

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Specialty Group Strategy: Reproductive Health & Childbirth

Example

year (please list)	

Actions to Increase Portfolio Activity across NTW in 2010-11	
Group actions (please list)	1. Establish recruitment at Newcastle Hospitals FT to Studies 5717, 6981, 7216, 7774 and HOLDS. 2. Establish recruitment at South Tyneside FT to Studies 5717 and 4496. 3. Establish recruitment at City Hospitals Sunderland FT to Study 5717. 4. Increase recruitment to neonatal studies on RH&C portfolio at Newcastle Hospitals FT. 5. Increase engagement with Northumbria Healthcare.
Targets (please list)	1. Increase the number of Portfolio studies active in NTW by 10%: baseline 13, target 14. 2. Maintain number of sites recruiting to studies active in NTW: baseline 7, target 7. 3. Increase the number of patients recruited to active studies in NTW by 20%: baseline 1900, target 2280.

APPENDIX 1: 2009/10[5] COMPLEXITY ADJUSTED ACCRUAL

2009/10 Accrual - Complexity Adjusted %				
Specialty Group/Topic	**Complexity %**		**Specialty Group/Topic**	**Complexity %**
Age and ageing	1%		Metabolic & Endocrine	0%
Cancer	7%		Musculoskeletal	5%
Cardiovascular	7%		Nervous system disorders	0%
Clinical Genetics	0%		Non-malignant haematology	0%
Critical Care	0%		Ophthalmology	1%
DeNDRoN	5%		Oral & Dental	0%
Dermatology	1%		Paediatrics (non medicines)	1%
Diabetes	27%		PCRN	5%
Ear, nose & throat	0%		Public Health Research	0%
Gastrointestinal	2%		Renal	1%
Health Services Research	1%		Reproductive Health & Childbirth	6%
Hepatology	0%		Respiratory	1%
Immunology and inflammation	0%		Stroke	4%
Infectious diseases and microbiolog	0%		Surgery	0%
Medicines for Children	1%		Urogenital	22%
Mental Health	2%		Total	54%

[5] Figures as at December 2009.

Specialty Group Strategy: Reproductive Health & Childbirth

Example

APPENDIX 2: GENERIC SERVICE SUPPORT

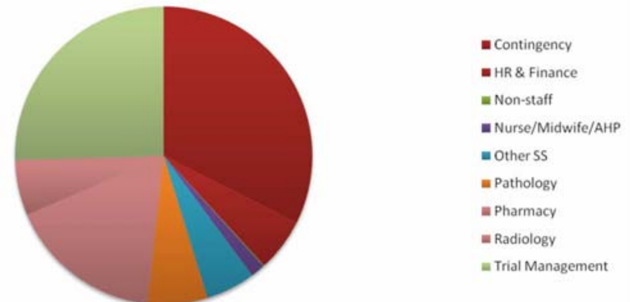
Generic Service Support is available to all Speciality Groups and Topic Networks within each of the Member Organisations.

	City Hospitals Sunderland NHS FT	Gateshead Health NHS FT	NE Ambulance Service	Newcastle Hospitals NHS FT	North Tyneside PCT	Northumberland, Tyne & Wear NHS FT	Northumbria Healthcare NHS FT	Sunderland Teaching PCT	Grand Total
Contingency	£74,327	£16,597	£288	£437,332	£50,319	£31,707	£70,321	£23,456	**£704,347**
HR & Finance				£77,242	£15,000		£18,183	£15,000	**£125,425**
Non-staff							£2,500		**£2,500**
Nurse/Midwife/AHP							£33,625		**£33,625**
Other SS	£20,000	£38,000		£58,621					**£116,621**
Pathology	£15,000			£117,242		£9,180			**£141,422**
Pharmacy	£25,000	£30,888		£219,230		£21,420	£67,200		**£363,738**
Radiology	£40,000			£77,242		£13,770			**£131,012**
Trial Management	£87,000			£443,500		£22,491			**£552,991**
Grand Total	**£261,327**	**£85,485**	**£288**	**£1,430,409**	**£65,319**	**£98,568**	**£191,829**	**£38,456**	**£2,171,681**

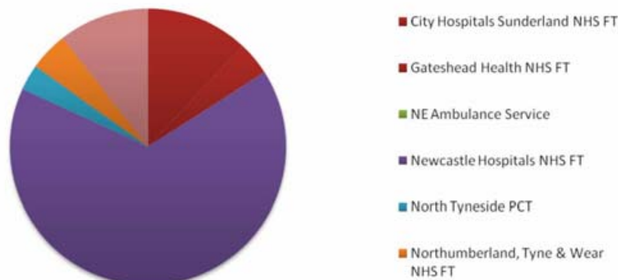
Specialty Group Strategy: Reproductive Health & Childbirth

Example

Generic Service Support: Spending by Category (2009/10)



Generic Service Support: Spending by Member Organisation (2009/10)



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