



NHS
*National Institute for
Health Research*

Business Plan 2009/10



Northumberland, Tyne and Wear CLRN

Business Plan 2009/10

***“Building the capacity and embedding the change
required to double recruitment into portfolio trials”***

This document and the appended spreadsheet outlining the proposed use of resources have been produced by the Northumberland, Tyne and Wear CLRN Executive.

All correspondence to seamus.o'neill@nuth.nhs.uk

Table of contents

1	Executive Summary.....	3
2	Introduction.....	4
2.1	Translating national goals into local targets.....	4
2.2	Deploying and managing the resource.....	4
2.3	Work programmes (WPs).....	4
3	Overview of NTW CLRN.....	6
3.1	Key Characteristics and interactions of the NTW CLRN.....	6
3.2	The Core Team, Executive and CLRN Office.....	6
3.3	Distribution and management of support staff across the Member Organisations (MOs).....	6
3.4	CLRN Executive and delegated areas of responsibility.....	7
3.5	Summary SWOT analysis.....	8
3.6	Issues arising from the SWOT.....	9
4	Management and Infrastructure.....	10
4.1	Enhancing relationships and engagement with R&D community.....	10
4.2	Methodology used in allocating funds to Member Organisations.....	10
4.3	Unblocking blocks that remain within the networks.....	12
4.3.1	Building capacity.....	12
4.3.2	RM&G – addressing administrative barriers.....	13
4.3.3	Working with TCRNs and PCRN.....	14
4.4	Monitoring funding use in Member Organisations.....	15
5	Portfolio (commercial and non-commercial).....	16
5.1	Doubling accrual in 5 years – local approaches to a national goal.....	16
5.2	Creating capacity.....	16
5.3	Effecting cultural change.....	16
5.4	The potential for generative expansion.....	17
6	Local Priority Areas (LPAs).....	19
6.1	CLRN support for LPAs.....	19
6.2	CLRN plans to exploit LPAs.....	19
6.3	Support for studies within NTW priority areas.....	19
6.4	Support for studies outwith NTW priority areas.....	20
6.5	Development of priority areas.....	20
7	Patient and Public Involvement.....	21
8	Training and Workforce Development.....	22
8.1	Developing the Core Team and Executive.....	22
8.2	Developing the CLRN-wide team.....	22
8.3	Supporting and developing research staff.....	23
9	Information Systems.....	24
9.1	Management information flows within NTW CLRN.....	24
9.2	Developing management information systems.....	24

9.3	Enhancing information systems to enable delivery of key objectives.	24
10	Summary	26
10.1	The NTW goals for 2009/10	26
10.2	NTW strategies for doubling recruitment.....	26
10.3	Main deliverables for the year	26
	Appendix 1 – Submitted budget for NTW CLRN	27
	Appendix 1 – Spreadsheet Submitted to NIHR CRN CC	29
	Appendix 2 – Local OuR Management Spreadsheet	34
	Appendix 2 – Local OuR Management Spreadsheet	35
	Appendix 2 – Local OuR Management Spreadsheet	36
	Appendix 3 – Blue Report.....	47
	Appendix 4 – Summary of Work Programmes	48
	Appendix 5 – Activity by Priority Area.....	60

1 Executive Summary

In this document and the Outline use of Resources spreadsheet, we have set out how we intend to deliver, within NTW CLRN, the developing NIHR agenda. Stable, incremental progression is the key to realising our vision of NTW as the destination of choice for delivery of NIHR portfolio studies in the NHS. In this Business Plan we present a detailed, costed rationale for that progression.

The context within which the CLRNs operate has been redefined since the 2008 – 09 Operational Plans were submitted. The principal purpose of this document is to articulate how NTW CLRN intend to shape the local strategy and implementation in light of 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”**.

This is a challenging objective and achieving it will require interventions in a number of aspects of the research environment. The 2008/09 Operational Plan focussed on securing the baseline and building a platform. The twin themes for this year, mindful of the NHS Operating Framework, are **creating capacity** and **embedding change**.

We give details in the Outline use of Resources (appendix 1) of how we intend to expand the clinical research base within the region. The ca £5m increase in funding which we have received is deployed to increase the activity of the Clinical Research Networks and mechanisms are described by which we will ensure that the infrastructure is delivered.

Two examples of investment and associated cultural change we are seeking to effect are:

- Embedding clinical sessions in job plans (funding allocated ca £3.5m per annum, through a combination of Executive and Member Organisation initiatives)
- Requiring that sessions and blocks of service support can be linked to activity on specific portfolio studies.

We are aware that increased capacity will not, in itself, deliver the required increase in recruitment. We will seek to **generate new recruitment** through:

- Targeting studies that are under-recruiting locally or nationally, developing systems to actively managing studies locally. We will also develop systems to identify patients within Member Organisations who meet study eligibility criteria.
- Promoting portfolio adoption amongst industry partners
- Maximising portfolio adoption for eligible non-commercial studies
- Creating an environment where portfolio development can flourish

By adopting these approaches we believe NTW CLRN can play its part in contributing to NIHR CRN delivering the research-related goals of the NHS Operating Framework. Our aim in NTW CLRN is to double within 2 years, both the number of studies to which NTW-based PIs recruit and their overall recruitment.

2 Introduction

Achieving the research-related goals of the NHS Operating Framework will require that the local initiatives and investment are consistent with the outcome required. In this introductory section we set out in broad terms how we aim to achieve the capacity building and cultural change we believe is necessary.

2.1 *Translating national goals into local targets*

The focus for our first full year of operation was to manage the transition and provide a stable infrastructure for research currently under way. The requirement for the second year is that the additional funding available is used to expand capacity and increase activity to meet the aspirations of the NHS Operating Framework.

Hence we have prioritised the following goals:

- Double, within 2 years, both the number of studies to which NTW-based PIs recruit and the overall recruitment numbers.
- Establish and embed reformed processes for research management and delivery which are fit for purpose and capable of sustaining a 100% growth in activity.
- Actively manage the financial resource devolved to Member Organisations and in particular, link all major blocks of funding to specific portfolio studies.
- Identify and engage key stakeholders through a sustained communications drive.

2.2 *Deploying and managing the resource*

The NTW CLRN allocation has increased from £3.4m to £8.1m. By working closely with Member Organisations and LRNs we are confident that the resource is being used in a targeted way to **build the capacity necessary to double recruitment into NIHR portfolio studies**. The detail provided in the OuR and local resource management spreadsheet (appendix 2) is indicative of the level of insight we expect of our Member Organisations and the extent to which we insist on investment being linked to portfolio output. We believe this is a key step in **embedding the change necessary to establish high quality research as a core activity in the NHS** member organisations of the network

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 which 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 maintaining stakeholder engagement. In particular, we welcome the involvement of NHS North East (the SHA) in working with Trusts to deliver on the Operating Framework.

2.3 *Work programmes (WPs)*

The project management of NTW CLRN is based on a series of Work Programmes. The CLRN Executive have reviewed the WPs (appendix 4) and revised the strategy, deliverables and use of resources for each. Three further WPs have been added to cover Industry (WP 8), Patient and Public Involvement (WP 9) and

Workforce Development (WP 10). In addition, WP 6, has been renamed as, in the coming year, it will concentrate on “Communicating with Stakeholders”.

Each update has been provided by the, named, Executive-lead for the WP. This continues the principle of tying the delivery strands of the CLRN firmly into the governance and reporting structure. The approach taken within each WP has been informed by the requirements of the NHS Operating Framework.

3 Overview of NTW CLRN

3.1 Key Characteristics and interactions of the NTW CLRN

The demographics and geography of the CLRN are as described in the 08- 09 Operational Plan. There have been no significant changes to the Member Organisations, partner networks or HEIs with whom we interact. The nationally and locally important units which support clinical research have not changed.

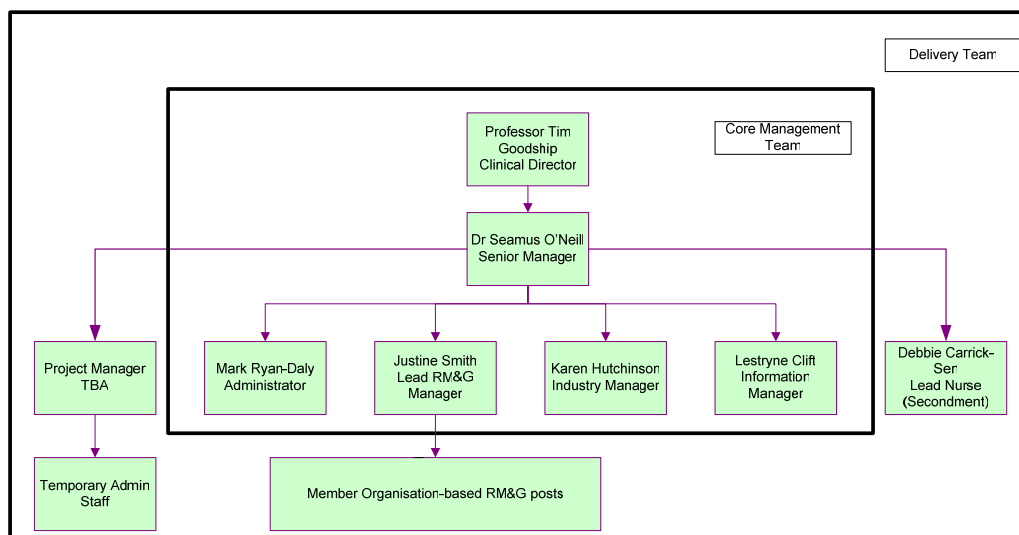
3.2 The Core Team, Executive and CLRN Office

The NTW CLRN core team is now in place (figure 1, below).

The expansion of the core team from that which was originally envisaged has meant that we have had to take on additional office space. Additional space has been secured and the additional cost (£14,500 per annum) has been cited in the business plan as a hosting cost.

Though not, strictly, core team appointments, we plan to make two new appointments to the delivery team in 2009 – 10. To cope with workload on CSP and other implementation projects we will, in the early part of the year, appoint a Project Manager. Also, we will be appointing a permanent Research Nurse Lead. These posts will be located with and managed through the core team but are funded from the delivery rather than management budget. Hence they are included in the R&D management and clinical sessions sections of the delivery budget.

Figure 1: The Core Team



3.3 Distribution and management of support staff across the Member Organisations (MOs)

NTW CLRN operates a devolved model. We have no plans to change this approach. Almost 70% of our funding is devolved to MOs and they are given a degree of autonomy as to how this is used. This autonomy is an important factor in gaining MO buy-in to the process. However, it is exercised within clear guidelines as

to the acceptable use of the funding and a detailed spending plan is required annually in advance of the allocation. These plans are agreed by the Executive in advance of allocation and form the basis of the OuR submitted in this Business Plan. We are confident, therefore, that the Trusts will deliver what the OuR contains, as they proposed it.

Detailed breakdowns of the planned use of the resource are expected, as are links between the funding and priority areas. A major objective for the period of this plan is to be able to demonstrate a link between resource invested and studies delivered for the significant funding blocks identified by the SGs, TCRNs and PCRN.

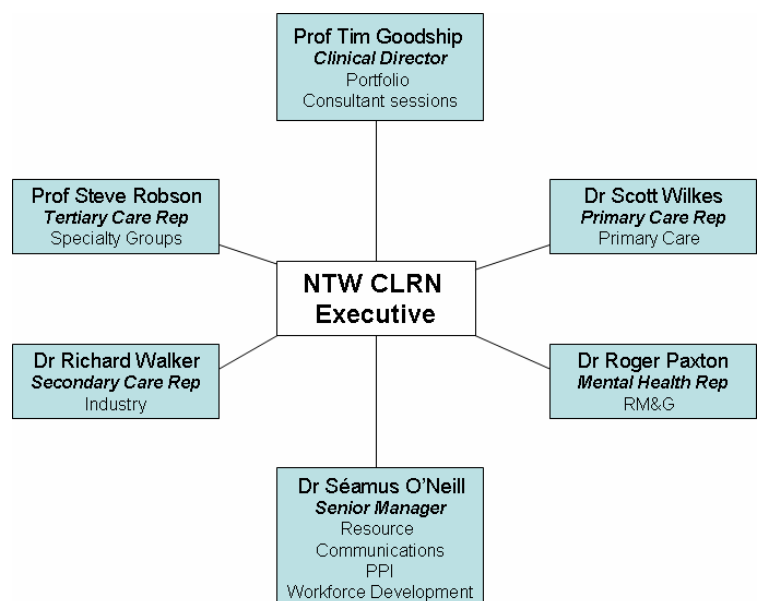
Staff funded from the devolved resource are line-managed through the MO structures. The performance management of the overall investment in each MO is the responsibility of the Executive. Largely this is done on the basis of activity, with the "Blue Report" (appendix 3) being the official and widely disseminated record of accrual. The Executive are also informed directly of potential issues by local CIs and PIs. Such issues have included appropriate access to resources and the attribution of costs between research and service support funding streams.

3.4 CLRN Executive and delegated areas of responsibility

No material changes are envisaged to the membership or operation of the Executive or Board in 2009 - 10. Some additional Work Programmes have been added and **figure 2 (right)** illustrates the revised areas of responsibility within the Exec.

Key deliverables for the Executive in 2009 -10 are:

- Award additional clinical sessions: A further £720k per annum of clinical sessions will be awarded in open competition. Funding will be provided for individuals involved in leading recruitment to NIHR portfolio studies. The application form will be explicit in stating that the sessions must be included in a job plan (or equivalent).
- Review clinical sessions awarded in 2008 - 09: The award of this initial tranche of 64.5 sessions was for 2 years. The holders will be invited to reapply for a further 2 years funding based on the evidence of their contribution to NIHR portfolio study recruitment and their plans for future recruitment.
- Consider and address strategic imperatives that arise throughout the year. For instance we are currently considering a proposal from Northumberland, Tyne and Wear NHS Trust for additional infrastructural support to underpin MHRN and DeNDRoN studies. The Executive will also look at other interventions as required.



3.5 Summary SWOT analysis

Figure 3, below, summarises key, high-level issues we perceive to be material to our capacity for contributing to the CCRN's overall aims and objectives.

<p style="text-align: center;">Strengths</p> <p>S1. Strong accrual in year 1 leading to a significant increase in funding</p> <p>S2. Effective Board, Executive and Core Team</p> <p>S3. Member Organisation buy-in and commitment within R&D Departments</p> <p>S4. Established values and ways of working which are, fair, transparent, inclusive and sustainable</p>	<p style="text-align: center;">Weaknesses</p> <p>W1. CLRN remit and opportunities not well understood outside of close circle of contacts</p> <p>W2. Research culture less strong outside major teaching hospital</p> <p>W3. Relatively few local CIs on portfolio studies, particularly within Topic Networks</p> <p>W4. Little insight into the actual workload encountered by service support departments</p>
<p style="text-align: center;">Opportunities</p> <p>O1. CLRN perceived as an honest broker, providing an impetus and opportunity for change</p> <p>O2. Collegiate attitude of interactions with colleagues in MOs gives excellent platform for delivering sustainable change</p> <p>O3. Increased funding allows the influence of the CLRN to be extended across specialties</p> <p>O4. Working with SGs locally and nationally allows CLRN to intervene to support effective delivery of studies and establish a culture of performance management</p>	<p style="text-align: center;">Threats</p> <p>T1. Major changes in funding levels in future funding rounds could destabilise capacity-building initiatives established this year</p> <p>T2. The perception of CLRN funding as impermanent remains a barrier to effective long-term planning within MOs</p> <p>T3. Responsiveness of key systems (eg time taken to recruit staff or grant patient access across organisational boundaries) remains a concern</p> <p>T4. Loss of key staff or inability to recruit suitable personnel in key areas (such as Pharmacy and RM&G) could be damaging</p> <p>T5. Doubling recruitment will require an increase in the number of studies available. This assumption may be tested by the current economic downturn (particularly for industry studies)</p>

Figure 3

3.6 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. **Figure 4**, below, summarises the main issues arising.

<p style="text-align: center;">Building on our strengths</p> <p>S1. Maintain focus on identifying portfolio studies and supporting CCRN CIs to upload accrual</p> <p>S2. Undertake group development and team-building for Exec and Core Team</p> <p>S3. Explain CLRN objectives and processes fully to MO R&D departments</p> <p>S4. Continue to work supportively, fairly and transparently with MOs, TCRNs and other stakeholders</p>	<p style="text-align: center;">Addressing our weaknesses</p> <p>W1. Conduct publicity campaign</p> <p>W2. Continue to support development of research naive sites</p> <p>W3. Work with RDS, HEIs and research active personnel in Trusts to support funding applications</p> <p>W4. Link increases in block funding to demonstrable need and resource lines in OuR to projects</p>
<p style="text-align: center;">Taking the opportunities</p> <p>O1. Deliver on passports and transparent link between funding and activity</p> <p>O2. Create a sustained competitive advantage in the region through collaborative working and making continual improvement a reality</p> <p>O3. Ensure that all portfolio studies have the resource they need, encouraging a responsible but facilitative approach to use of CLRN funding</p> <p>O4. Trawl the national portfolio for open studies in need of help to reach their targets and incentivise NTW SGs to assist with recruitment. Encourage SGs to monitor recruitment for their own studies and intervene where studies are failing</p>	<p style="text-align: center;">Minimising the threats</p> <p>T1. Lobby nationally for a degree of stability in funding formula</p> <p>T2. Build a maximum 5% annual fall in MO allocations into the local ABF model</p> <p>T3. Fund, and then manage key HR processes</p> <p>T4. Work with pharmacists and other key areas to create succession plans and build from within</p> <p>T5. Persuade local investigators to take Industry studies through the portfolio</p>

Figure 4

4 Management and Infrastructure

No major changes are planned to the management structure of NTW CLRN in the coming year. We are, however, planning a number of initiatives to improve communication and ensure alignment of CLRN priorities with those of the Member Organisations.

For example we are organising and hosting a strategy event for the R&D Clinical Leads and Managers from each MO, to establish how the CLRN and the MOs can assist each other in delivering the goals of the NHS Operating Framework. The SHA will be invited as will the Clinical Directors and Managers of the LRNs supported by NTW CLRN.

4.1 *Enhancing relationships and engagement with R&D community*

The creation and maintenance of an effective network for delivery of the CLRN remit is the responsibility of Dr Séamus O'Neill, the Senior Manager. Our strategy for this element of our work is set out in WP 6, 'Communicating with Stakeholders'.

In the first year we concentrated on ensuring engagement of Member Organisation R&D offices, local Topic Networks and PCRN. Meetings, shared training initiatives, visits and distribution lists have all been valuable. An *esprit de corps* has developed and this supportive environment adds significantly to the capacity of this team to deliver the organisational change required.

Anecdotal evidence as to a lack of awareness, amongst research active NHS personnel, of the CLRN's remit led us to conduct a 360o review of our effectiveness. In February 2009 we invited feedback on our performance from MOs, SGs and LRNs. Awareness and understanding of the research component of the NHS Operating Framework remains poor amongst most NHS staff and stakeholders.

As a result of this exercise a **communications strategy** is being developed which sets out the focus of network building in 2009/10. The communications strategy will focus on sustaining the relationships built thus far with MOs and LRNs and also expanding awareness and buy-in amongst stakeholders through a programme of events and publications for specific audiences.

In the coming year the core team and Exec will be more visible within the network and we will, amongst other initiatives, undertake a series of roadshow events within all of our member organisations, explaining the work of the CLRN and promoting the opportunities available. We will also continue to use the newsletter to address in detail, key concepts and initiatives and to raise awareness.

4.2 *Methodology used in allocating funds to Member Organisations*

Managing the deployment of resource and monitoring its use within MOs (WP 3) is the responsibility of the CLRN Senior Manager. The primary principle governing allocation of resource is that the funding needs to be clearly linked to portfolio activity.

The CLRN Board have agreed an activity based mechanism, set out in figure 1, by which the majority of funding for 2009 – 10 is devolved to Trusts. This mechanism has a number of advantages. As well as being a simple and relatively transparent system, it allows the CLRN to keep the MOs engaged in the process of actively managing the funding and the studies that it supports.

The features of the model required by the Board were that:

- Baseline (2008 – 09) funding to MOs was to be maintained to aid continuity and stability locally. Key Service Support (KSS) and clinical session commitments would also continue.
- Of any increase in funding, 80% was to be allocated to Trusts on an ABF basis
- The remaining 20% of any increase was to be used by the Executive for overarching interventions.
- The mechanism for allocating ABF was to include a measure of complexity consistent with the nationally applied model

Figure 5

Calculating the NTW CLRN allocations to Member Organisations for 2009-10

Funding available

Total award to NTW CLRN for 2009-10	£8,153,141
Which is made up of	
Core team funding	£424,000
Delivery funding	£7,729,141

Using the Delivery funding

Total delivery funding available			£7,729,141
Continuing all commitments from 2008-09	Baseline income for Trusts (2008-09 allocation plus 3%)	Devolved to Trusts	£1,878,058
	Consultant Sessions	Exec Allocated	£770,000
	Key Service Support	Exec Allocated	£440,000
	Contingency	Exec Allocated	£200,000
New commitments	Additional CLRN core team staff - Leads for Nursing and PPI	Exec Allocated	£150,000

Managing the increase in funding

Increase in funding above existing commitments			£4,291,083
80:20 split and complexity-adjusted activity model had been agreed by Member Organisations at CLRN Board	20% of the increase to be managed through Executive-led initiatives	Exec Allocated	£858,217
	80% of the increase to be devolved according to the agreed <i>complexity-adjusted activity</i> model	Devolved to Trusts	£3,432,866

Deriving the allocations to Trusts

	Baseline allocation from 2008-09	Activity-based Allocation		Total for 2009-10	
	2008-09 Allocation uplifted by 3%	Extra, activity based allocation per trust	% NTW accrual on which this is based	Baseline plus	Activity-based
City Hospitals Sunderland	£216,051	£133,882	3.9%	£349,933	
Gateshead	£126,121	£85,822	2.5%	£211,943	
Northumbria	£180,043	£332,988	9.7%	£513,031	
North of Tyne Primary Care	£135,078	£209,405	6.1%	£344,483	
Northumbria, Tyne and Wear	£180,043	£37,762	1.1%	£217,804	
Newcastle Hospitals	£895,645	£2,159,273	62.9%	£3,054,918	
South of Tyne Primary Care	£66,062	£322,689	9.4%	£388,751	
South Tyneside	£54,104	£151,046	4.4%	£205,150	
NE Ambulance Service	£24,911	£0	0.0%	£24,911	
Totals	£1,878,058	£3,432,866	100.0%	£5,310,926	

* NB - This model sets out to identify clearly the derivation of the *devolved allocations* to each Trust (funding allocated to support RM&G functions and Service Support costs associated with NIHR Portfolio studies). The *Executive Allocated* funding is also spent through member Trusts, but on specified initiatives. Hence *the final figure for CLRN support to each Trust will be significantly higher than the devolved allocation* (once, for example, the consultant sessions are factored in).

A degree of independence is afforded to MOs in how the funding is used but clear direction is given as to eligibility of any proposed initiatives. This approach of working closely with MOs is, we feel, consistent with both the CLRN's remit as the custodian of public funding and the need to gain organisational buy-in to the change processes associated with the new ways of doing things. Appendix 2, the local resource management spreadsheet which will serve, as it did in 2008 – 09, as the shared understanding of the commitments made.

Feedback from our Member Organisations indicates that they believe that the funding model employed in NTW is pragmatic and fair. The ABF component allows us to be confident that MOs will be able to cover costs incurred and the local management of the service support funding allows MOs to plan for growth with a degree of stability.

The CLRN funding stream is still relatively new and poorly understood within the NHS. A priority for us in change-management terms is creating a sense of stability within MOs. Mindful of the need for MOs to be able to plan confidently (and commit to posts) beyond a one year funding horizon, the Executive are discussing refining the ABF model so that no MO has their allocation for SSCs reduced by more than 5% in any funding round. Work to develop and refine the ABF model will be carried out in the coming months and a proposal made to the Board in the September.

4.3 *Unblocking blocks that remain within the networks*

A step change is required in NHS R&D in order to deliver the doubling of recruits to portfolio studies required by the NHS Operating Framework. The investment cited in this Business Plan and the CLRN Work Programmes are designed to address these.

4.3.1 Building capacity

The challenges associated with increasing capacity in Member Organisations vary. The more research active Trusts may require additional support and infrastructure, but the basic processes and structures are in place. For these Trusts we have encouraged expansion of existing capacity and attention to the possibilities afforded through collaboration with the TCRNs, PCRN and the SGs.

There are also areas which are more research-naïve and these do not always have the infrastructure or processes to support portfolio studies. We have identified three areas for pump-priming to increase capacity, the Primary Care Trusts (dealt with in detail in the 2008/09 Operational Plan and in the appended Primary Care Work Programme), the North East Ambulance Service (NEAS) and South Tyneside NHS Foundation Trust (STFT).

STFT is a large secondary care Trust and while there are pockets of research activity, notably in Cancer, there is not a general culture of research involvement. We have worked with Trust management to make a new appointment to the R&D Manager role and the CLRN have funded two sessions (committed for two years) for Dr Colin Rees to take on the R&D Clinical Director role.

The work with NEAS requires a different approach. NEAS have little track record in hosting or delivering research but are committed to contributing to portfolio studies. NEAS geographic responsibility spans two CLRNs and NTW have jointly funded an R&D manager post with CDTV. There are now a number of project teams in discussion with NEAS regarding portfolio trials. The most promising of these in terms of delivering accrual within NEAS, is DASH4, an SRN study led from Newcastle. It requires paramedic delivery of an intervention and will be set-up within NEAS by the end of 2009.

These two vignettes are offered as evidence that we are working with MOs to identify local barriers to the conduct of studies and also that we are encouraging MOs to seek ways of expanding their activity into new areas.

4.3.2 RM&G – addressing administrative barriers

WP 7, RM&G, will continue to centre on CSP and the Research Passport System. Work on both will be led by Justine Smith, Lead RM&G Manager, working closely with Dr Roger Paxton, Executive Lead for RM&G.

CSP has been implemented in NTW CLRN before the National implementation date of 1 April 2009 and all member organisations have provided written confirmation that their internal systems for RM&G and sponsorship approval are consistent with CSP processes.

The principal objective in 2009/10 is to monitor the operation of the work-flows and assess where the systems can be refined or improved. We will, for instance, address outstanding issues around timing of Trust approvals where committees are used. For the potential benefits to be realised, Trust processes need to map closely to the CSP business processes. Our aim is to have, by the end of the year, internal sign-off processes in place which are consistent with the workflows and timescales of CSP. Secondly we are monitoring throughput and timelines for CSP in each Member Organisation and will be working with the devolved team to ensure that we fully meet any national targets set for us.

The RM&G working group will meet monthly during the year, bringing together R&D Managers and appropriate HR staff from member Trusts and local universities. The most pressing deliverable for the working group in 2009 – 10 is the implementation of the **Research Passport System**. The working group will continue to engage member organisations in sharing good practice, identifying problems and concerns and collaborating in proposing consistent, efficient and safe arrangements.

Implementation of HR Good Practice Resource Pack in NTW CLRN 2009

Figure 6

Task	Stage	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Leads identified	1	Completed								
Agreement in principle	2	Completed								
Implementation plan in place	3	Completed								
Staff trained	4	Completed								
Policy in progress	5									
Policy sign off	6									
Scheme launched	7									
Implementation in progress	8									

Delivering on the NHS Operating Framework requires that HR processes are streamlined. The implementation plan in NTW addresses both the practical issues of policy change and also the need for collaborative and supportive working between the CLRN and its MOs and HEIs. By late April 2009 a full Policy will be ready for **approval and implementation** by MOs. The expectation is that this will be signed off by member organisations in May 2009.

Agreeing and implementing a policy is challenging but it is not, in itself, the solution to HR issues in NHS research. Facilitating research effectively requires that the policies are operated effectively and efficiently. We will establish processes for monitoring and reporting throughput of passports, HRCs and letters of access. We will intervene where necessary.

4.3.3 Working with TCRNs and PCRN

The LRNs locally inform us that they are satisfied with the level of interaction they have with us and they are clear about the mechanism for budget setting. The detail of the CLRN budgeting processes is explained to the LRN managers at the two-monthly LRN Managers' forum, hosted by the CLRN.

The funding detail set out in the OuR is the collation of returns from Member Organisations on their intentions for the use of the funding. In drawing up these local OuR spreadsheets, the MOs were encouraged to seek guidance from the TCRNs, PCRN and SGs where appropriate. LRN managers were informed throughout the budgeting process of the mechanisms operating locally and strongly encouraged to advise relevant MOs of the infrastructure they required to achieve their objectives.

CD level engagement with the process is facilitated through the CLRN Board at which the process is considered and approved by both LRNs and MOs. We do not yet have a CD level forum to match the LRN Managers' forum but this is something that the CLRN CD is willing to facilitate if the other Networks believe it would be helpful.

To aid clarity and reinforce understanding of the commitments made, the final budget, as submitted to CRN CC will be checked by MOs and then distributed to the LRNs. Provision of resource by the MOs will then be monitored throughout the year by the LRN Managers' forum.

Direct support implemented for Network activity includes the clinical sessions awarded by the CLRN Executive and also directed clinical sessions and service support allocated within Member Organisations. Specific examples of the latter include:

- Medical physics and consultant pharmacist investment to support NCRN (ca £200k)
- GP Practice and nurse funding (£130k), project specific SSCs (£250k) PCRN.
- Two community psychiatric nurses and a graduate mental health worker in support of DeNDRoN and MHRN (ca £130k)
- £127k of research nurse support in NUTH and radiology support of £20k to Sunderland to support CLOTS
- DRN-specific nurse support (£96k) provided through NUTH

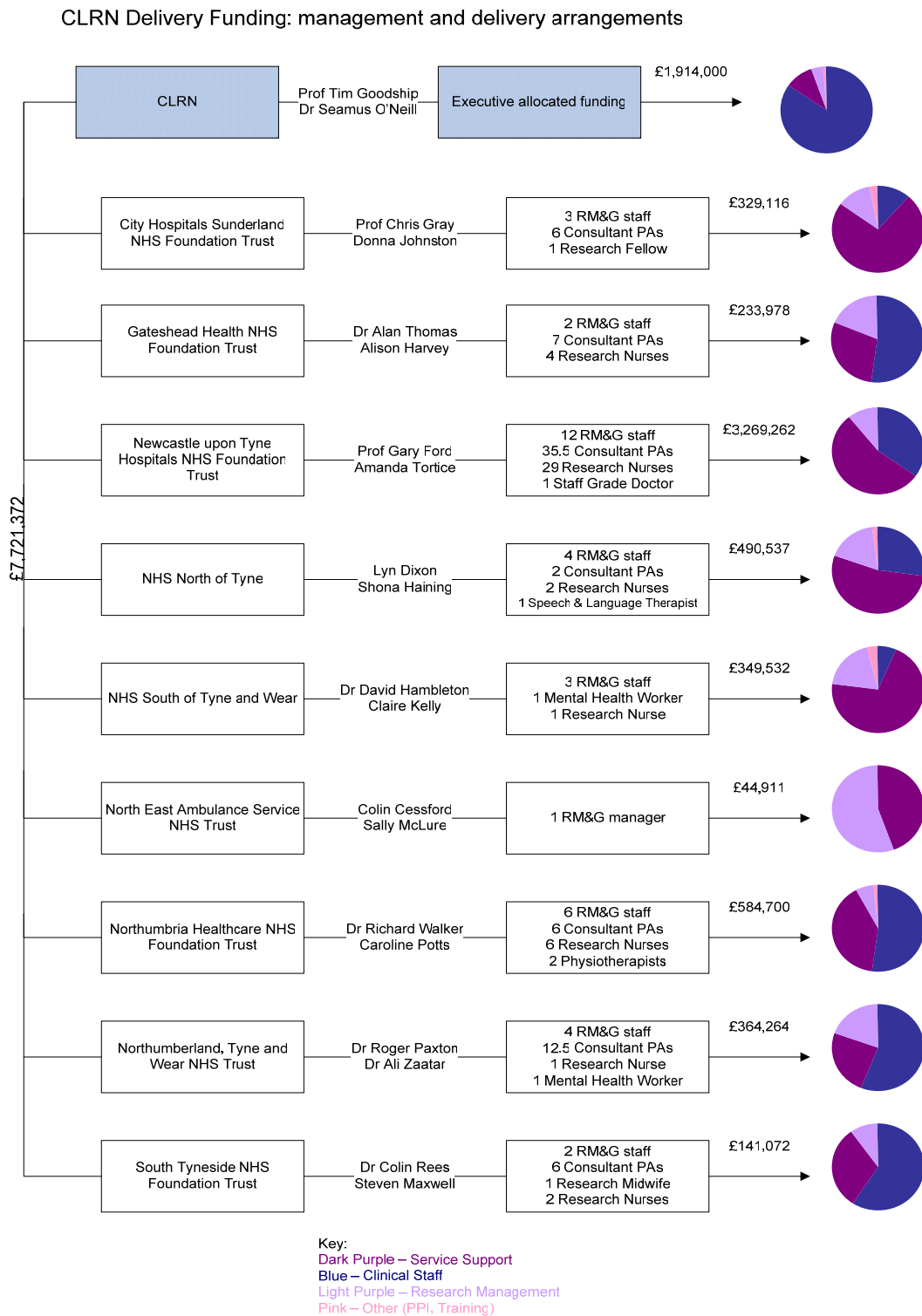
The level of detail provided by our MOs in terms of their proposed use of resources allows us to map most of the resource to priority areas, as illustrated in **Figure 7**, below.

Identifiable support to partner Networks

	Exec awards Clinical Sessions	Trust Clinical Sessions	Service Support	Total
CCRN	£336,000	£787,553	£0	£1,123,553
NCRN	£156,000	£217,484	£241,121	£614,605
SRN	£84,000	£185,155	£40,000	£309,155
PCRN	£30,000	£148,752	£504,092	£682,844
DRN	£54,000	£126,352	£0	£180,352
DeNDRoN	£114,000	£67,900	£32,875	£214,775
MHRN	£60,000	£86,448	£112,875	£259,323
CLRN-Wide	£0	£440,751	£2,003,518	£2,444,269
To be allocated	£720,000	£0	£0	£720,000
	£1,554,000	£2,060,395	£2,934,481	£6,548,876

4.4 Monitoring funding use in Member Organisations

Appendix 2 presents our local resource management spreadsheet. This is updated throughout the year in discussion with MOs and The Senior Manager monitors and reports to the Executive on changes in the profile of proposed expenditure. The broad categories of funding use are monitored as illustrated below, as are commitments made to support services. Through this insight we seek to ensure that the proposed expenditure is consistent with the overall objective of enabling a 100% increase in recruitment to portfolio trials. The overall approach taken to the devolution of funding is summarised in **Figure 8**, below



5 Portfolio (commercial and non-commercial)

5.1 Doubling accrual in 5 years – local approaches to a national goal

The goal set in the NHS Operating Framework of doubling recruitment to NHS Portfolio studies is a challenging one and will require a concerted effort across the CLRNs and partner networks.

We will do this through a series of targeted interventions to:

- Increase the capacity of Trusts and Services to deliver portfolio studies
- Change the culture of the NHS locally so that research becomes embedded as a core activity
- Concentrate on activities that generate increases in national and local accrual rather than those which shift accrual from one CLRN to another

5.2 Creating capacity

The creation of capacity is on two fronts. NTW is supporting areas of research strength and this will continue. The majority of the investment outlined in the OuR is in areas where we can demonstrate strong accrual. An example of this is the RM&G funding and support for research nurse posts in Newcastle upon Tyne Hospitals NHS FT (NUTH). Where there are opportunities to develop research activity within MOs then we will work with MOs to do this. Examples of the later include Primary Care, the North East Ambulance Service and South Tyneside NHS Foundation Trust, as described above.

Capacity also needs to be created (and acknowledged) within service support departments of research active MOs. Many service support departments cite lack of dedicated resource as a reason for research becoming marginalised. The investment proposed in this business plan is to address the resourcing issues, but comes with a commitment to actively manage the infrastructure so that there is a sustained increase in the NHS research capacity. We expect management of the resources within MOs to be transparent so that support of portfolio studies can be demonstrated. Where increases in support are requested, these will have to be justified. An essential part of this proposal is to create an awareness, within service support departments, of the portfolio support they provide. We are also seeking a commitment from the departments that they will be responsive to the needs of the studies.

5.3 Effecting cultural change

An example of the cultural change required is the need for clinical sessions to be included within a job plan (or equivalent). We believe that this is crucial to embedding research as a core activity in the NHS and is entirely consistent with the requirements (and spirit) of the NHS Operating Framework.

Similarly, the CLRN is investing three quarters of a million pounds per annum in RM&G support in MOs. Our most research active MO (NUTH) had two R&D staff when the CLRN was first established, they now have 11 FTEs funded in this Business Plan. If a step-change in the ability to run projects is to be realised, the extra resource must be targeted to those areas that will make a difference and used efficiently. Processing times, set-up times and time taken to issue honorary contracts will all be expected to improve across the CLRN

given the extra resource being provided. The challenge over the coming year is to get the staff in post and ensure that the improvements are made.

We will lobby both nationally and locally for appropriate mechanisms of incentivisation to be established for both member organisations and research active clinicians. For instance we believe that the assessment of applications for Clinical Excellence Awards should take into account participation in NIHR portfolio studies. We also believe that CIs and PIs who participate in industry studies should receive appropriate financial incentivisation.

5.4 The potential for generative expansion

Increasing NTW accrual to NIHR portfolio trials will only contribute to a national doubling of accrual if it is new activity. It will be counter-productive if CLRNs develop strategies designed to compete with each other for existing projects or patients.

We will look to increase our activity in areas that are generative rather than in direct competition with other CLRNs. Some of the ways we will do this are by:

- Targeting studies which are under-recruiting (locally and nationally)
- Promoting portfolio adoption amongst industry partners
- Maximising adoption for eligible non-commercial studies
- Creating an environment where portfolio development can flourish

Contributing to studies under-recruiting nationally: Part of the SG Work Programme is to review, with each local SG lead, the national portfolio for studies which are open to new sites. Potential local PIs will be identified and approached and barriers to engagement in each study will be assessed and the relevant Member Organisations encouraged to make resource available to address these.

Performance management of studies under-recruiting locally: Another deliverable of the SG Work Programme is to establish mechanisms to monitor the recruitment performance of studies locally. Initially we will do this for CCRN studies with a local CI. The mechanism for monitoring and intervening will be based on the Stroke Network's model. Where recruitment falls significantly below target review, an assessment will be made of the intervention required and appropriate assistance offered.

Promoting portfolio adoption amongst industry partners: This will be addressed through the Industry WP. A baseline assessment is under way of industry activity in MOs. From this we will establish which industry partners are active in the region and with whom they collaborate. The most active local CIs will be approached to encourage them to channel their studies through the portfolio.

Maximising adoption for eligible non-commercial studies: A major part of the portfolio management WP is the establishment of mechanisms to identify all CCRN portfolio studies. Because of the importance of this process the Clinical Director personally manages this aspect of the work package. Multiple mechanisms will continue to be required to capture all studies as will continued obsessional attention to detail! We believe that study notification via IRAS/CSP will increase reporting but we will review with the R&D departments of our MOs the processes by which they ensure that an application for portfolio adoption is made for all potential studies.

Creating an environment where portfolio development can flourish: We are mindful of the fact that the CLRNs do not have a portfolio-generating remit but we are also increasingly aware of the opportunities afforded by the interactions we are facilitating. Whilst local and national SGs do not currently have a portfolio development remit we believe that their very existence will facilitate this. CLRNs have a unique opportunity to provide a link between SGs, Networks, the Research Design Services and Academia. These links can, and will generate ideas for studies. We will work closely with such partners to create an environment where portfolio generation is enabled. Recent strategy statements on research funding from MRC, the Wellcome Trust and DH have indicated that they intend to focus funding on near-patient research. These commitments from major funders, and the availability of substantial funding capacity within streams such as RfPB, HTA and EME, would suggest that there is scope for adding additional portfolio volume to the system.

The likely contribution of each of these components is difficult to predict, but we will monitor the effects of each and we expect that all will be required to double recruitment.

6 Local Priority Areas (LPAs)

Relationships with the SGs are managed through the SG Work Programme led by Professor Steve Robson. Relationships with the TCRNs and PCRNs are managed through CD and managerial interaction. The principles are the same, the CLRN facilitates, through its member organisations, the resource and infrastructure required to support Network and SG activity.

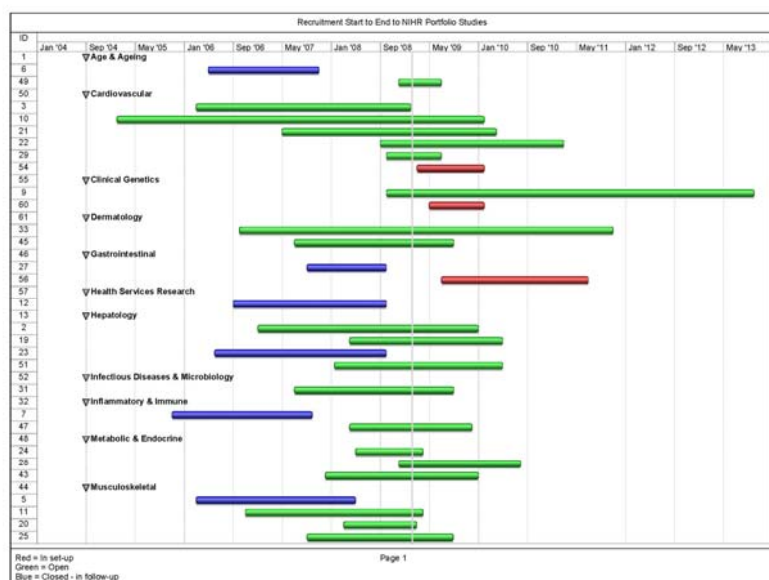
6.1 CLRN support for LPAs

The mechanisms for interacting with TCRNs and PCRNs have been described in detail in section 4.3.3.

The processes to facilitate SG set-up and operation are described in the SG work programme in appendix 4. Briefly, the support provided to local SG leads is both practical and strategic. The CLRN office assists in facilitation of initial meetings and compilation of membership list. Senior CLRN personnel give presentations on the remit and operation of the CLRN and advise on the composition of the group. Administrative support and travel expenses are provided by the CLRN to each SG lead (from F&S funding). The SG launch event in May 2009 will initiate formal discussions as to how the SGs feed into the administrative and governance structures of the CLRN.

6.2 CLRN plans to exploit LPAs

The roles, management and targets for TCRNs and PCRNs are defined nationally so this section concentrates on what the local specialty groups will be expected to deliver.



studies, see **Figure 9** (above).

6.3 Support for studies within NTW priority areas

As outlined previously, the mechanism through which the TCRNs and PCRNs influence the deployment of funding within MOs is well established. It is envisaged that the SGs will operate in a similar way. The 'Blue

Section 5.4 above sets out in detail the NTW strategies to double accrual. The SGs play a central role in these. In "Contributing to studies under-recruiting nationally" the SGs locally review the national portfolio for studies and identify potential local PIs to contribute. SGs will also lobby MOs to address barriers to engagement. **The performance management of studies under-recruiting locally** will require that local SGs lead provide a supportive environment capable of monitoring recruitment performance of local

Report' highlights to MOs the activity within all LPAs and the expectation is that all areas of activity will have access to resource. Appendix 5 lists the LPAs active in NTW along with the accrual associated with each.

6.4 Support for studies outwith NTW priority areas

Through ongoing communication with PIs and MOs we ensure that studies are not disadvantaged just because there is not an active SG locally. Appendix 5 lists the NTW specialties that do not have a formal SG or TCRN but are reporting accrual. We seek to be inclusive and when awarding sessional support, the Executive have awarded a session to a team of Urological Surgeons who are active in portfolio trials, but do not map to a local SG or TCRN.

6.5 Development of priority areas

As our understanding of the research activity developed, it was noted that some of the areas where we had SGs were not recruiting to portfolio studies and conversely, some areas of activity did not have a local SG. Three examples of the latter were nervous system, metabolic & endocrine and gastrointestinal. Additional SGs were established in these disciplines led by Professor Patrick Chinnery, Professor Simon Pearce and Dr John Mansfield respectively.

7 Patient and Public Involvement

We are working with County Durham and Tees Valley CLRN (CDTV) and Northumbria University (NU) to develop our PPI programme. The PPI Working Group is led at Executive level by the Senior Manager, Dr Séamus O'Neill. Mark Ryan-Daly, the CLRN administrator project manages the Working Group which includes Lorraine Atkinson, Senior Manager of CDTV CLRN, and academics from Northumbria University who have expertise in patient and carer involvement in research.

The CLRN have a remit to support PPI in clinical research alongside the PPI work of Topic Specific and Primary Care Research Networks and our Member Organisations. Part of the work with Northumbria University will be to ascertain whether, amongst the current approaches and models to supporting PPI, there is one that would be effective for a CLRN.

Colleagues from Northumbria University will:

- Conduct a scoping exercise to map what is currently done in terms of PPI within research;
- Carry out interviews with key stakeholders to identify their involvement and engagement;
- Audit current CCRN research within the two CLRNs to establish the level of PPI within those studies;
- Identify and map current PPI activity and models across CLRN member and partner organisations;
- Develop recommendations for a PPI programme.
- Outline mechanisms by which the PPI Working Group will monitor the national progress on PPI and continue to liaise with CRN CC on project plans and the work being undertaken.

The initial deliverable of the PPI Working Group will be a report to be presented at the September meeting of the CLRN board. This will make recommendations as to how PPI can be embedded within NTW CLRN and suggest mechanisms by which such a strategy can be implemented.

8 Training and Workforce Development

We believe that the challenges in delivering on the NHS Operating Framework will require a committed, skilled and motivated workforce. The Workforce Development WP is the mechanism by which we will ensure that this is in place. The WP is led at Executive level by the Senior Manager, Dr Séamus O'Neill. Three main themes have been established and will be developed in the coming year. They are:

- Core Team and Executive development
- Equipping the wider CLRN and LRN Team with the skills they feel they need to deliver.
- Scoping the needs of research support staff (nurses, midwives and AHPs delivering portfolio research)

8.1 *Developing the Core Team and Executive*

We have engaged Mandy Robinson, a respected local training and team development consultant, to work with the core team. We have, as a team, determined how our roles impact on others within the team and also how they contribute to shared objectives. We also discussed what we believe would represent excellence in core team performance and what we need to do to achieve this. Individual training and development needs are explored in detail through the appraisals process.

Executive functioning is monitored through assessment (by the Senior Manager and Clinical Director) of the attendance of the Executive at meetings and their leadership of the WPs for which they have responsibility. The Executive have also initiated a strategy away-day with the objective of ensuring that the Member Organisations are fully engaged in the delivery of the goals of the NHS Operating Framework. LRN Clinical Directors and Managers will also be invited.

One of the underpinning principles of how we operate is that we seek independent evidence for a given position and make as few assumptions as possible. Hence, as we seek to improve the effectiveness of our senior management, the views of our stakeholders have been sought on how the Core Team and Executive have been functioning. These views have been collated and have informed the production of this plan.

Core Team members are encouraged to contribute to national initiatives and evidence gathering. We seek to develop and then share good practice.

8.2 *Developing the CLRN-wide team*

As we operate a devolved management we pay particular attention to our relationships with R&D staff within MOs and the LRNs. One of the developing strengths of the Network is the esprit de corps and we look for opportunities for these key individuals to work and learn together to develop their skills and expertise. We have, therefore, established a programme of management training, with high quality external facilitators. The agenda for the programme has been determined through consultation with the group. The formal training events, delivered, scheduled or in planning are:

- The principles and tools of Project Management; Colette Foan; December 08
- Effective Change Management: Theory and Practice; Collette Foan; April 09

- Conflict Management; Mel Nixon; June 09.

Two other areas already identified are “Budgeting and financial reporting” and “Team building and performance management”. All the events will be delivered within the context of improving Network efficiency.

8.3 Supporting and developing research staff

A fundamental requirement for expanding the research base of the NHS is supporting and developing the staff who deliver the studies. Our scoping of this has indicated that many research support staff (RSS), particularly in the less research active MOs need more developed support structures. The CLRN and in particular the SGs will play a role in providing networking opportunities and support structures for staff involved in delivering portfolio studies. This work is being led by our seconded lead research nurse, Dr Debbie Carrick-Sen and Debbie is currently compiling a database of RSS within the region. We will use the data collected to help us devise support and networking events. The main deliverables from Debbie's secondment are:

- A mapping of current research nurse / midwife / AHP provision across NTW CLRN (including qualifications, training and responsibilities).
- An analysis of need regarding optimal support, communication, training and management arrangements for clinical research nurses and midwives working across the NTW CLRN.
- A report to the Executive (by 30th June 2009) detailing current support, training and management arrangements for clinical research nurses and midwives working within the NTW CLRN. This will include recommendations and a suggested implementation plan.
- To develop a job description for a CLRN nurse/midwife lead (exact post title to be confirmed) to submit to the NTW CLRN Executive by 31st March

The CLRN will continue to support research support staff and other personnel working on NIHR Portfolio research through offering free GCP training. During summer 2008 the CLRN carried out an audit of its sessional holders to establish the level of GCP training. From this audit and other training needs analyses (such as amongst the CLRN Primary Care research practices) we have arranged five update sessions for those who already have some understanding of GCP. For those who are new to research there are four introductory GCP training sessions planned. Access to these courses is for anyone working in our Member Organisations, partner HEIs or Topic Networks and is free of charge.

This course provision meets an identified local need and is in addition to GCP sessions provided centrally by NIHR CRN CC which the CLRN actively promotes. The CLRN will continue to signpost and support staff in accessing courses managed centrally by NIHR CRN CC. We work closely with the central Training and Education Team to meet local need when it arises and facilitate centrally run courses in the region to offer flexibility for attendees.

9 Information Systems

We have not set up a separate work programme for IS. Information management and dissemination is integral to all the WPs as clear and consistent interpretation of activity is key in the delivery of all CLRN functions.

9.1 Management information flows within NTW CLRN

The information systems we use locally are not complex. We endeavour to keep information flows simple and transparent and we feel that accessibility is essential to this. The majority of the information we disseminate on performance measures is done through e-mailed Excel spreadsheets.

We circulate widely both the 'Blue Report' and the CRN CC 'Report 4' from which it is derived. As part of the CLRN's communication strategy we are committed to providing our member organisations with the information necessary for them to assess their activity in NIHR portfolio studies.

Each month we send these and other reports to the Board, Exec, R&D Clinical Directors, R&D Managers, RM&G Managers, CLRN session holders, NIHR portfolio CIs/PIs, topic network Clinical Directors and topic network managers. We also provide stakeholders with regular updates of a series of reports/graphs which show the national picture with a graphical view of how our CLRN is performing compared to others.

By disseminating widely these fundamental data we seek to establish a transparent and evidence based culture within the management of the CLRN. We feel that this is becoming embedded. The 'Blue Report' and the national performance of the CLRN relative to comparators are now widely referred to within MO discussions.

9.2 Developing management information systems

The co-ordinating role of the CLRN requires the Core Team to collate and manage a variety of data sets. There is, increasingly, a need for databases to be produced to store and report on HRCs and passports, studies going through CSP, training information and financial data. The development of local systems for these purposes is a necessity but so too is integration of such systems with the national processes.

Much of the work within the Portfolio and Accrual WP has been in supporting local investigators in uploading accrual. Supporting the CIs and raising awareness of the portfolio and resultant funding streams will continue to be central to the role of the Information Manager.

9.3 Enhancing information systems to enable delivery of key objectives.

An area in which we seek to develop greater insight and effectiveness is in enabling studies (particularly industry) to identify suitable patients from the management information systems of Member Organisations. In December 2005, the Chancellor of the Exchequer announced a commitment¹ to develop the capability of NHS IT systems to facilitate recruitment of patients to clinical trials. Connecting for health has yet to deliver

¹ http://www.hm-treasury.gov.uk/press_104_05.htm

on this. One of our member organisations, the Newcastle upon Tyne Hospitals NHS Foundation Trust, has broken away from the National Programme for IT, and in partnership with the University of Pittsburgh Medical Centre has developed its own e-record system. We will work with this MO to establish the potential of the e-record system to identify patients suitable for portfolio studies. We will in addition, over the coming year, scope the potential for rapidly conducting study feasibility through access to the other data systems of our member organisations. Such an approach has the potential to significantly improve both insights into feasibility and the turn-around time for delivering them.

10 Summary

We have set out in this plan our approach to establishing a network of people and infrastructure capable of delivering the research goals of the NHS Operational Framework. The major requirements for this will be an increase in research capacity and a cultural shift in relation to the perception of research in the NHS. We are mindful of the pace and extent of the change we are undertaking and we are seeking stable sustainable growth in partnership with our stakeholders. Below, we summarise the main goals, strategies and deliverables for the coming year.

10.1 *The NTW goals for 2009/10*

- Double, within 2 years, both the number of studies to which NTW-based PIs recruit and the overall recruitment volume.
- Establish and embed reformed processes for research management and delivery which are fit for purpose and capable of sustaining a 100% growth in activity.
- Actively manage the financial resource devolved to Member Organisations and in particular, link all major blocks of funding to specific portfolio studies.
- Identify and engage key stakeholders through a sustained communications drive.

10.2 *NTW strategies for doubling recruitment*

- Target studies which are under-recruiting (locally and nationally).
- Promote portfolio adoption amongst industry partners.
- Maximise adoption for eligible non-commercial studies.
- Create an environment where portfolio development can flourish.
- Significantly improve feasibility processes by developing systems for identifying eligible patients within MOs.

10.3 *Main deliverables for the year*

- Deploy and actively manage £7.7m of delivery funding.
- Demonstrate value for the investment and address areas which do not show value .
- Consolidate and build on links with partner networks, MOs and the SHA.
- Continue to contribute to the national agenda through sharing good practice and participation in national groups.
- Demonstrate significant progress towards our target of doubling accrual in NTW by the end of FY 2011.

Appendix 1 – Submitted budget for NTW CLRN

Summary of the projected position

The summary of budgets presented in the reporting and local management spreadsheets which follow project an overspend for the year of £3,801. There is, however, a contingency of £200k built into the financial planning and the figures cited do not include the expected annual inflation-linked uplift.

The overspend is made up of:

- An overspend on management of £11,570 and
- An underspend on delivery of £7,769

The management overspend is accounted for by the increase (£14,500) in accommodation costs.

Monitoring the major funding categories

The plans submitted by our MOs have been collated in the OuR submitted. We believe that the balance of clinical sessions to service support costs and RM&G posts is consistent with the requirement to build capacity in both management and delivery of studies.

Summary of budget

CLRN Management	£435,570	5%	5%
Clinical sessions 08	£774,000	9%	
Clinical sessions 09	£840,000	10%	45%
Clinical sessions (Trusts)	£2,060,395	25%	
Key Service Support	£425,500	5%	
Other Service Support	£2,508,981	31%	38%
Service Support Contingency	£200,000	2%	
Research Management	£855,106	10%	10%
Other (PPI and T&E)	£57,390	1%	1%

Linking funding to studies and activity

The active management of the resource deployed is an essential component of the devolved model in NTW. From the OuR we can identify the major categories of investment in infrastructure. We will work with MOs to link this resource to specific studies.

The table to the right shows the main categories of funding use across our MOs. studies they are working helping deliver. The performance management of Executive awarded clinical sessions is already in place through the 2-year reapplication process whereby the renewal of the commitment is assessed against demonstrable accrual.

Nurse/Midwife/AHP	£1,957,733	
Consultant sessions	£1,798,000	Includes sessions to be awarded in 09 - 10
Trial Management	£756,905	CTOs, data managers etc
Pharmacy	£478,936	Includes consultant Pharmacist
Study specific costs	£271,483	Mainly Primary Care
General admin	£242,707	
Imaging	£198,172	
Medical Physics	£174,500	
Non-staff	£147,986	
Other	£130,246	
Primary Care Practices	£120,000	
Pathology	£94,241	
Trusts' contingencies	£79,346	
Labs	£78,621	

A note on categorisation of costs: The distinctions made in the OuR between Service Support and Clinical Sessions and between Research Management and Clinical Sessions are somewhat arbitrary. For example, a commitment for a full time consultant pharmacist could be returned as service support or as clinical sessions. The approach we have taken in the OuR is that where funding is attached to a named, clinically qualified member of staff it is returned as a clinical session commitment. The exception to this is where it has already been identified as a Key Service Support initiative, for which there is a direct reporting requirement.

Identification of funding to Member Organisations

The reporting tools used require that all funding is attached to a member organisation and all funding will be spent through the NHS Trusts which are our MOs. However, for some blocks of funding, reporting a specific MO at this stage is either difficult or misleading. Examples include:

- The CLRN service support contingency – currently reported as NUTH, but no distinction is made for deliver funding between NUTH as a Host Organisation and NUTH as a Member Organisation.
- The budget as set out has £200k of Executive managed contingency. It is currently assigned to NUTH but ring-fenced. This will be devolved as appropriate over the year.
- The £720k for new clinical sessions currently sits with NUTH but will be allocated amongst the MOs by the end of May.

There are also CLRN-wide initiatives such as the consultant Pharmacist post and the core team based lead nurse. These posts will show up as NUTH but are identified as having a CLRN-wide remit. Another example is PPI for which the funding flows through North Tyneside PCT, but the remit and activity are CLRN-wide.

Identification of funding to Specialty Groups

Most Trusts are still in the process of determining which SGs the CLRN-wide resource will support. For many posts the term CLRN-wide is a reflection of the fact that posts will support a number of projects in different SGs. We will refine this element of the budget through a process of consultation with MOs which begins in early April.

Appendix 1 – Spreadsheet Submitted to NIHR CRN CC

Sheet 1 - Summary

	£
CLRN allocation 2009/10	8,153,141
Brought forward from previous year	0
Total CLRN allocation	8,153,141

RESOURCE CATEGORY

	OUR Planned Expenditure 2009/10
CLRN Management	435,570
Clinical Sessions	3,674,395
Key Service Support	425,500
Other Service Support	2,508,981
Research Management	855,106
Other Allocations*	257,390

*including contingency

TOTAL	8,156,942
--------------	------------------

Under/(Over) spend carried forward (3,801)

2009/10 OUR Summary - Planned Expenditure £

NHS Organisation / Provider of NHS Services	CLRN Management	Clinical Staff	Key Service Support	Other Service Support	Research Management	Other Allocations*	TOTAL
Newcastle upon Tyne Hospitals NHS Foundation Trust	435,570	2,388,711	215,500	1,554,286	434,003	200,000	5,228,070
City Hospitals Sunderland NHS Foundation Trust		152,000	20,000	219,933	40,000	10,000	441,933
Gateshead Health NHS Foundation Trust		182,700	0	68,888	44,370	0	295,958
Gateshead Primary Care Trust		0	0	0	0	0	0
Newcastle Primary Care Trust		0	0	0	0	0	0
North East Ambulance Service NHS Trust		0	0	20,000	24,911	0	44,911
North Tyneside Primary Care Trust		134,000	72,000	185,983	88,500	30,000	510,483
Northumberland Care Trust		0	0	0	0	0	0
Northumberland Tyne & Wear NHS Trust		267,054	80,000	65,750	24,000	5,000	441,804
Northumbria Healthcare NHS Foundation Trust		345,417	20,000	121,508	117,254	0	604,179
South Tyneside NHS Foundation Trust		135,117	0	44,524	14,035	0	193,676
South Tyneside Primary Care Trust		0	0	0	0	0	0
Sunderland Teaching Primary Care Trust		69,396	18,000	228,109	68,033	12,390	395,928
TOTAL FUNDING ALLOCATED TO MEMBER ORGANISATIONS	435,570	3,674,395	425,500	2,508,981	855,106	257,390	8,156,942

SHEET 2 - CLRN MANAGEMENT & HOST CORPORATE SERVICES

2009/10 £

FUNDING

2009/10 Funding for CLRN Management & Host Corporate Services

424,000

2009/10 Funding brought forward for CLRN Management

0

TOTAL**424,000****USE OF FUNDING****CLRN Management Pay Costs**

£

2009/10 OUR Planned Expenditure
--

Role	Name	Grade	WTE	Start Date	
Clinical Director	Tim Goodship		0.5	1st April 2009	51,168
Senior Manager	Séamus O'Neill		1.0	1st April 2009	72,149
Lead RM&G Manager	Justine Smith		1.0	1st April 2009	63,824
Industry Manager	Karen Hutchinson		1.0	1st April 2009	41,234
Information Manager	Lestryne Clift		1.0	1st April 2009	30,457
Administrator	Mark Ryan-Daly		1.0	1st April 2009	22,238
Total					281,070

CLRN Management Non-Pay Costs

40,000

Host Pay Costs

Role		
Human Resources		12,500
Finance		16,000
Information Systems		5,000
Total Host Staff Costs		33,500

Host Non-Pay Costs

Type of allocation	Cost per m ²	
Estates	486	26,000
Facilities	Included in Estates	
Other (give details)	General Management	5,000
Total Host Non-Staff Costs		31,000

Total Host Costs

64,500

Executive Group Members

Primary Care	Dr Scott Wilkes	0.1	12,000
Secondary Care	Dr Richard Walker	0.1	12,000
Tertiary Care	Professor Steve Robson	0.1	12,000
Mental Health	Dr Roger Paxton	0.1	12,000
Board Chairman	Professor Sir George Alberti		2,000

Total Pay Costs

364,570

TOTAL**435,570**

SHEET 3 - CLINICIAN SESSIONS AND 'RESEARCH NURSES'

NHS Organisation receiving funds	Site	Priority Area (Topic, Specialty, Other)	Resources allocated	
City Hospitals Sunderland NHS Foundation Trust	Single	CRN	1 session	12,000
City Hospitals Sunderland NHS Foundation Trust	Single	CLRN wide	3 x 0.5 sessions	18,000
City Hospitals Sunderland NHS Foundation Trust	Single	DRN	1 session	12,000
City Hospitals Sunderland NHS Foundation Trust	Single	PCRN	1 session	12,000
City Hospitals Sunderland NHS Foundation Trust	Single	SRN	1.5 sessions	18,000
City Hospitals Sunderland NHS Foundation Trust	Single	CLRN wide	Locally awarded Clinical Sessions	80,000
Gateshead Health NHS Foundation Trust	Single	CRN	1 session	12,000
Gateshead Health NHS Foundation Trust	Single	CLRN wide	3 sessions	36,000
Gateshead Health NHS Foundation Trust	Single	DRN	2 sessions	24,000
Gateshead Health NHS Foundation Trust	Single	MHRN	1 session	12,000
Gateshead Health NHS Foundation Trust	Single	CRN	Research Nurse	24,350
Gateshead Health NHS Foundation Trust	Single	CLRN wide	Research Nurse	23,900
Gateshead Health NHS Foundation Trust	Single	DeNDRoN	Research Nurse	20,650
Gateshead Health NHS Foundation Trust	Single	DRN	Research Nurse	29,800
Newcastle upon Tyne Hospitals NHS Foundation Trust	CLRN-wide	CLRN wide	60 Clinical Sessions to be awarded in open competition	720,000
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	CRN	10 sessions	120,000
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	CLRN wide	21 sessions	252,000
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	DeNDRoN	2 x 0.5 sessions	12,000
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	DRN	1 session	12,000
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	SRN	2.5 sessions	30,000
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	CLRN wide	Exec appointed Lead Nurse	60,000
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	CRN	Research Nurses	193,134
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	CLRN wide	Research Nurses	633,856
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	DRN	Research Nurses	96,552
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	Medicines for Children	Research Nurses	131,852
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	SRN	Research Nurses	127,317
North Tyneside Primary Care Trust	Single	DRN	0.5 session	6,000
North Tyneside Primary Care Trust	Single	PCRN	1.5 sessions	18,000
North Tyneside Primary Care Trust	Single	PCRN	GP Sessions	40,000

SHEET 3 - CLINICIAN SESSIONS AND 'RESEARCH NURSES' (continued)

NHS Organisation receiving funds	Site	Priority Area (Topic, Specialty, Other)	Resources allocated	
Northumberland Tyne & Wear NHS Trust	Single	CLRN wide	1.5 sessions	18,000
Northumberland Tyne & Wear NHS Trust	Single	DeNDRoN	4 sessions	48,000
Northumberland Tyne & Wear NHS Trust	Single	MHRN	1.5 sessions	18,000
Northumberland Tyne & Wear NHS Trust	Single	DeNDRoN	Exec awarded support	30,000
Northumberland Tyne & Wear NHS Trust	Single	MHRN	Exec awarded support	30,000
Northumberland Tyne & Wear NHS Trust	Single	DeNDRoN	Locally awarded Clinical Sessions	17,250
Northumberland Tyne & Wear NHS Trust	Single	DeNDRoN	Research Nurse	30,000
Northumberland Tyne & Wear NHS Trust	Single	MHRN	Locally awarded Clinical Sessions	51,750
Northumberland Tyne & Wear NHS Trust	Single	PCRN	Graduate Mental Health Worker	24,054
Northumbria Healthcare NHS Foundation Trust	Single	CRN	1 session	12,000
Northumbria Healthcare NHS Foundation Trust	Single	CLRN wide	1 session	12,000
Northumbria Healthcare NHS Foundation Trust	Single	DeNDRoN	2 sessions	24,000
Northumbria Healthcare NHS Foundation Trust	Single	SRN	2 sessions	24,000
Northumbria Healthcare NHS Foundation Trust	Single	CLRN wide	Research Nurses	173,259
Northumbria Healthcare NHS Foundation Trust	Single	CLRN wide	Physiotherapists	62,320
Northumbria Healthcare NHS Foundation Trust	Single	SRN	Research Nurse	37,838
South Tyneside NHS Foundation Trust	Single	SRN	1 session	12,000
South Tyneside NHS Foundation Trust	Single	CLRN wide	Locally awarded Clinical Sessions	55,000
South Tyneside NHS Foundation Trust	Single	CLRN wide	Research Nurses	55,000
South Tyneside NHS Foundation Trust	Single	CLRN wide	Research Midwife	13,117
Sunderland Teaching Primary Care Trust	Single	PCRN	Research Nurse	34,698
Sunderland Teaching Primary Care Trust	Single	PCRN	Graduate Mental Health Worker	34,698
TOTAL				3,674,395

SHEET 4 - SERVICE SUPPORT

							2009/10 £					
							Planned Expenditure 2009/10					Total 2009/10 Planned Expenditure
NHS Organisation receiving funds	Site	KSS or OSS	Pharmacy	Radiology	Pathology	Generic SS	Other	Not Specified				
City Hospitals Sunderland NHS Foundation Trust	Single	KSS		20,000						20,000		
City Hospitals Sunderland NHS Foundation Trust	Single	OSS	25,000	20,000	15,000	97,000	10,000	52,933		219,933		
Gateshead Health NHS Foundation Trust	Single	OSS	30,888			38,000				68,888		
North East Ambulance Service NHS Trust	Single	OSS				20,000				20,000		
Newcastle upon Tyne Hospitals NHS Foundation Trust	Mixed	KSS	80,000	31,000	34,500	25,000	45,000			215,500		
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	OSS	216,568	77,242	38,621	920,700	274,742	26,413		1,554,286		
North Tyneside Primary Care Trust	Single	KSS					72,000			72,000		
North Tyneside Primary Care Trust	Single	OSS				74,500	111,483			185,983		
Northumbria Healthcare NHS Foundation Trust	Single	KSS	20,000							20,000		
Northumbria Healthcare NHS Foundation Trust	Single	OSS	67,200			20,683	33,625			121,508		
Northumberland Tyne & Wear NHS Trust	Single	KSS					80,000			80,000		
Northumberland Tyne & Wear NHS Trust	Single	OSS	25,000	40,750						65,750		
South Tyneside NHS Foundation Trust	Single	OSS	14,280	9,180	6,120	14,944				44,524		
Sunderland Teaching Primary Care Trust	Single	KSS					18,000			18,000		
Sunderland Teaching Primary Care Trust	Single	OSS				58,109	170,000			228,109		
TOTAL										2,934,481		

NIHR CCRN - Outline Use of Resources 2009/10

SHEET 5 - CLRN RESEARCH MANAGEMENT

NHS Organisation receiving funds	Site	Staff Role / Post Title	WTE	OUR Planned Expenditure 2009/10
City Hospitals Sunderland NHS Foundation Trust	Single	Research Ops manager	0.3	12,000
City Hospitals Sunderland NHS Foundation Trust	Single	Clinical Trials Co-ordinator	0.5	18,000
City Hospitals Sunderland NHS Foundation Trust	Single	Administrator	0.5	10,000
Gateshead Health NHS Foundation Trust	Single	R&D Manager	0.6	21,700
Gateshead Health NHS Foundation Trust	Single	Research Governance Assistant	1	22,670
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	Research Operations Manager	8c	10,300
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	Research Governance Manager	8a	46,553
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	RMG Manager	7	45,541
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	Clerical Assistant	4	24,442
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	Clerical Assistant	3	20,745
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	Clerical Assistant	2	18,610
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	RMG Facilitator	7	45,541
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	CSP and Passports administrator	5	30,798
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	Data Manager	4	24,442
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	PA / Clerical assistant	3	20,745
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	Secretary to R&D Director	3	20,745
Newcastle upon Tyne Hospitals NHS Foundation Trust	Single	Applications support manager	7	45,541
Newcastle upon Tyne Hospitals NHS Foundation Trust	CLRN-wide	Core team RM&G/Communications support	1	50,000
Newcastle upon Tyne Hospitals NHS Foundation Trust	CLRN-wide	Project Manager	1	30,000
North East Ambulance Service NHS Trust	Single	R&D Manager	1	24,911
North Tyneside Primary Care Trust	Single	RM&G Lead	0.5	28,000
North Tyneside Primary Care Trust	Single	RM&G Manager	0.6	22,000
North Tyneside Primary Care Trust	Single	RM&G Officer	1	26,000
North Tyneside Primary Care Trust	Single	Admin Support	0.5	12,500
Northumberland Tyne & Wear NHS Trust	Single	R&D Manager	0.2	10,000
Northumberland Tyne & Wear NHS Trust	Single	R&D Administrator	0.4	8,000
Northumberland Tyne & Wear NHS Trust	Single	Finance	0.1	3,000
Northumberland Tyne & Wear NHS Trust	Single	HR	0.1	3,000
Northumbria Healthcare NHS Foundation Trust	Single	R&D Director	0.1	3,000
Northumbria Healthcare NHS Foundation Trust	Single	R&D Manager	0.9	42,062
Northumbria Healthcare NHS Foundation Trust	Single	RM&G Facilitator	1	26,221
Northumbria Healthcare NHS Foundation Trust	Single	Admin support	0.4	7,802
Northumbria Healthcare NHS Foundation Trust	Single	Secretary	1	21,811
Northumbria Healthcare NHS Foundation Trust	Single	Data Manager	0.7	16,358
South Tyneside NHS Foundation Trust	Single	R&D Manager	0.4	14,035
Sunderland Teaching Primary Care Trust	Single	R&D Lead	0.2	14,000
Sunderland Teaching Primary Care Trust	Single	RM&G Officer	1	30,609
Sunderland Teaching Primary Care Trust	Single	Admin Support	1	23,424
TOTAL				855,106

SHEET 6 - OTHER ALLOCATIONS

Description of allocation (e.g. PPI, T&E etc)	Site	NHS Organisation receiving funds	OUR Planned Expenditure 2009/10
T&E	Single	City Hospitals Sunderland NHS Foundation Trust	10,000
T&E	Single	North Tyneside Primary Care Trust	10,000
T&E	Single	Sunderland Teaching Primary Care Trust	12,390
PPI	Single	Northumberland Tyne & Wear NHS Trust	5,000
PPI	CLRN-wide	North Tyneside Primary Care Trust	20,000
Contingency	CLRN-wide	Newcastle upon Tyne Hospitals NHS Foundation Trust	200,000
TOTAL			257,390

Appendix 2 – Local OuR Management Spreadsheet

SHEET 1 - CLRN MANAGEMENT & HOST CORPORATE SERVICES

2009/10 £

FUNDING

2009 - 10 Funding for CLRN Management & Host Corporate Services
2008 - 09 Funding carried forward for CLRN Management

424,000
0

TOTAL

424,000

USE OF FUNDING

CLRN Management Pay Costs

Role	Name	Grade	WTE	Start Date	
Clinical Director	Tim Goodship		0.5	1st April 2009	51,168
Senior Manager	Séamus O'Neill	8c	1.0	1st April 2009	72,149
Lead RM&G Manager	Justine Smith	8b	1.0	1st April 2009	63,824
Industry Liaison Officer	Karen Hutchinson	7	1.0	1st April 2009	41,234
Information Officer	Lestryne Clift	6	1.0	1st April 2009	30,457
Administrator	Mark Ryan-Daly	4	1.0	1st April 2009	22,238

Executive Group Members

Secondary Care Rep	Richard Walker		0.1	1st April 2009	12,000
Mental Health Rep	Roger Paxton		0.1	1st April 2009	12,000
Primary Care Rep	Scott Wilkes		0.1	1st April 2009	12,000
Tertiary Care Rep	Steve Robson		0.1	1st April 2009	12,000

Board Chairman	Professor Sir George Alberti				2,000
----------------	------------------------------	--	--	--	-------

Total Pay Costs

331,070

CLRN Management Non-Pay Costs

40,000

Host Organisation Corporate Services Costs

64,500

TOTAL

435,570

SHEET 2a - CLINICAL SESSIONS 09

2009/10 £

NHS Organisation Name	Resources Allocated	Sessions	Priority Area	SpG	
City Hospitals Sunderland	Steel, D	0.5	CCRN	Eye	6,000
City Hospitals Sunderland	Cammeron	0.5	CCRN	Reproductive Health	6,000
City Hospitals Sunderland	Hinshaw	0.5	CCRN	Reproductive Health	6,000
City Hospitals Sunderland	Chapman et al	1	DRN		12,000
City Hospitals Sunderland	Lyons	1	NCRN		12,000
City Hospitals Sunderland	Keaney	1	PCRN		12,000
City Hospitals Sunderland	Gray	1	SRN		12,000
City Hospitals Sunderland	Majmudar	0.5	SRN		6,000
Gateshead	Kelly et al	2	CCRN	Musculoskeletal	24,000
Gateshead	Dale	1	CCRN	Paediatrics	12,000
Gateshead	Weaver et al	2	DRN		24,000
Gateshead	Thomas	1	MHRN		12,000
Gateshead	Roberts and Edmondson	1	NCRN		12,000
Newcastle Hospitals FT	Reynolds et al	1.5	CCRN	Dermatology	18,000
Newcastle Hospitals FT	Perros	0.5	CCRN	Endocrinology	6,000
Newcastle Hospitals FT	Talks	0.5	CCRN	Eye	6,000
Newcastle Hospitals FT	Stewart et al	2	CCRN	Hepatology	24,000
Newcastle Hospitals FT	Isaacs et al	3.5	CCRN	Musculoskeletal	42,000
Newcastle Hospitals FT	Bourke	1	CCRN	Musculoskeletal	12,000
Newcastle Hospitals FT	Pickard et al	1.5	CCRN	Surgery	18,000
Newcastle Hospitals FT	Schmid et al	1.5	CCRN	Infection	18,000
Newcastle Hospitals FT	Kanagsundaram, Torpey	1	CCRN	Renal	12,000
Newcastle Hospitals FT	Embleton, Berrington	1	CCRN	Reproductive Health	12,000
Newcastle Hospitals FT	Robson et al	2	CCRN	Reproductive Health	24,000
Newcastle Hospitals FT	Hanley et al	1	CCRN	Cardiovascular	12,000
Newcastle Hospitals FT	Preshaw (Uni)	0.5	CCRN	Dental Health	6,000
Newcastle Hospitals FT	Steele, J (Uni)	0.5	CCRN	Dental Health	6,000
Newcastle Hospitals FT	Burn, J (Uni)	0.5	CCRN	Congenital Disorders	6,000
Newcastle Hospitals FT	Bushby et al (Uni)	1.5	CCRN	Musculoskeletal	18,000
Newcastle Hospitals FT	Robson et al (Uni)	1	CCRN	Reproductive Health	12,000
Newcastle Hospitals FT	Bates	0.5	DeNDRoN		6,000
Newcastle Hospitals FT	Williams	0.5	DeNDRoN		6,000
Newcastle Hospitals FT	Leech et al	1	DRN		12,000
Newcastle Hospitals FT	Coxon	1	NCRN		12,000
Newcastle Hospitals FT	Durkan and Powell	1	NCRN		12,000
Newcastle Hospitals FT	Douglas	0.5	NCRN		6,000
Newcastle Hospitals FT	Griffith	0.5	NCRN		6,000
Newcastle Hospitals FT	Hale et al	2	NCRN		24,000
Newcastle Hospitals FT	Lennard et al	1.5	NCRN		18,000
Newcastle Hospitals FT	Mulvenna	0.5	NCRN		6,000
Newcastle Hospitals FT	Mallick	0.5	NCRN		6,000
Newcastle Hospitals FT	Plummer	0.5	NCRN		6,000
Newcastle Hospitals FT	Roberts	1	NCRN		12,000
Newcastle Hospitals FT	Verrill	1	NCRN		12,000
Newcastle Hospitals FT	Ford et al	2	SRN		24,000
Newcastle Hospitals FT	Macdonald	0.5	SRN		6,000
Northumbria	Birrell	1	CCRN	Musculoskeletal	12,000
Northumbria	Walker et al	2	DeNDRoN		24,000
Northumbria	Attwood and Kelly	1	NCRN		12,000
Northumbria	Price et al	2	SRN		24,000
NoT PC Consortium	Leech et al	0.5	DRN		6,000
NoT PC Consortium	Wilkes	1	PCRN		12,000
NoT PC Consortium	Robinson (Uni)	0.5	PCRN		6,000
NTW	McConachie	0.5	CCRN	Paediatrics	6,000

NTW	LeCouteur (Uni)	1	CCRN	Paediatrics	12,000
NTW	Barber et al	3.5	DeNDRoN		42,000
NTW	Craddock	0.5	DeNDRoN		6,000
NTW	Ferrier (Uni)	1	MHRN		12,000
NTW	Watson (Uni)	0.5	MHRN		6,000
South Tyneside	Scott	1	SRN		12,000
TOTAL		64.5			774,000

SHEET 2b - CLINICIAN SESSIONS 09

					2009/10 £
NHS Organisation Name	Resources Allocated	Sessions	Priority Area	SpG	
CLRN -Wide	Clinical sessions to be awarded in open competition with the agreement that they will be included in job plans	60	CLRN-wide		720,000
TOTAL		60			720,000

EXEC AWARDED FUNDING

NHS Organisation Name	Resources Allocated	FTE	Priority Area	SpG	
NTW	Executive awarded support to DeNDRoN	0.5	DeNDRoN		30000
NTW	Executive awarded support to MHRN	0.5	MHRN		30000
CLRN-wide	Lead Nurse (8a)	1	CLRN-wide		60000
TOTAL		2			120,000

TOTAL					840,000
--------------	--	--	--	--	----------------

SHEET 2c - CLINICIAN SESSIONS FROM TRUST ALLOCATIONS

						2009/10 £
NHS Organisation Name	Support category	Resources Allocated	Sessions	Priority Area	SpG	
City Hospitals Sunderland	Consultant sessions	Research Fellow		CCRN	CLRN-Wide	80,000
Gateshead	Nurse/Midwife/AHP	Research Nurse and Consultant time		CCRN	Musculoskeletal	23,900
Gateshead	Nurse/Midwife/AHP	Research Nurse and Consultant time		DeNDRoN		20,650
Gateshead	Nurse/Midwife/AHP	Research Nurse and Consultant time		DRN		29,800
Gateshead	Nurse/Midwife/AHP	Research Nurse (Gynae Onc)		NCRN		24,350
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE		CCRN	Hepatology	38,621
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1.0WTE		CCRN	Musculoskeletal	38,621
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE		CCRN	Musculoskeletal	38,621
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE		CCRN	Clinical Genetics	38,621
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1.0WTE		CCRN		38,621
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 2.0 WTE		CCRN		77,242
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE		CCRN	Reproductive Health	38,621
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 7, 1 WTE		CCRN		54,541
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 7 WTE		CCRN		270,347
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 7, 0.5 WTE		CCRN	Paediatrics	22,770
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 7, 2 WTE		CCRN	Paediatrics	109,082
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 0.5 WTE		DRN		19,310
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 2WTE		DRN		77,242
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE		NCRN		38,621
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1.0 WTE		NCRN	Spec. Haematology	38,621
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 7, 0.5 WTE		NCRN		27,271
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1WTE		NCRN		38,621
Newcastle Hospitals FT	Nurse/Midwife/AHP	Staff Grade 1WTE		NCRN		50,000
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 7, 0.75 WTE		SRN		34,155
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 7, 1 WTE		SRN		54,541
Newcastle Hospitals FT	Nurse/Midwife/AHP	Research Nurse band 6, 1WTE		SRN		38,621
North of Tyne PCT	Consultant sessions	GP Sessions		PCRN		40,000
North of Tyne PCT	Nurse/Midwife/AHP	Research Nurses (2 X 0.5 FTE)		PCRN		50,000
North of Tyne PCT	Nurse/Midwife/AHP	Speech and Language Therapists		SRN		20,000
Northumbria	Nurse/Midwife/AHP	Research Nurse (KW)		CCRN	Musculoskeletal	39,183
Northumbria	Nurse/Midwife/AHP	Research Nurse (AW)		CCRN	CLRN-Wide	20,562
Northumbria	Nurse/Midwife/AHP	Senior Physiotherapist		CCRN	Musculoskeletal	31,160
Northumbria	Nurse/Midwife/AHP	Senior Physiotherapist		CCRN	Musculoskeletal	31,160
Northumbria	Nurse/Midwife/AHP	Research Nurse		CCRN	CLRN-Wide	37,838
Northumbria	Nurse/Midwife/AHP	Research Nurse		CCRN	CLRN-Wide	37,838
Northumbria	Nurse/Midwife/AHP	Research Nurse		CCRN	CLRN-Wide	37,838
Northumbria	Nurse/Midwife/AHP	Research Nurse (MA)		SRN		37,838
NTW	Consultant sessions	Speciality Doctor	1	DeNDRoN		11,500
NTW	Consultant sessions	Darren Craddock	0.5	DeNDRoN		5,750
NTW	Nurse/Midwife/AHP	Research Nurse		DeNDRoN		30,000
NTW	Consultant sessions	Helen McConochie	0.5	MHRN		5,750
NTW	Consultant sessions	Hamish McAlister Williams	1	MHRN		11,500
NTW	Consultant sessions	Stuart Watson	0.5	MHRN		5,750
NTW	Consultant sessions	Paul Mackin	0.5	MHRN		5,750
NTW	Consultant sessions	Jan Scott	1.5	MHRN		17,250
NTW	Consultant sessions	Thomas Meyer	0.5	MHRN		5,750
NTW	Nurse/Midwife/AHP	Graduate mental health Worker		PCRN		24,054
South Tyneside	Consultant sessions	Consultant sessions awarded locally	5	CCRN	CLRN-Wide	55,000
South Tyneside	Nurse/Midwife/AHP	Research Nurses		CCRN	CLRN-Wide	55,000
South Tyneside	Nurse/Midwife/AHP	Research Midwife		CCRN	Reproductive Health	13,117
Sunderland Teaching PCT	Nurse/Midwife/AHP	Mental Health Worker	1	MHRN		34,698
Sunderland Teaching PCT	Nurse/Midwife/AHP	Research Nurse	1	PCRN		34,698
TOTAL			13			2,060,395

SHEET 3a - SERVICE SUPPORT

2009/10
£

NHS Organisations	Key/Other	Description of Service Support Initiative	Service Support Category	FTE	Priority Areas	
City Hospitals Sunderland	Key	Radiology - CLOTS Trial	Imaging		SRN	20,000
City Hospitals Sunderland	Other	Contingency	Contingency		Portfolio-wide	52,933
City Hospitals Sunderland	Other	Radiology	Imaging		Portfolio-wide	20,000
City Hospitals Sunderland	Other	Generic SS	Other SS		Portfolio-wide	10,000
City Hospitals Sunderland	Other	Other SS	Other SS		Portfolio-wide	10,000
City Hospitals Sunderland	Other	Pathology	Pathology		Portfolio-wide	15,000
City Hospitals Sunderland	Other	Pharmacy	Pharmacy		Portfolio-wide	25,000
City Hospitals Sunderland	Other	Generic CTO (Infectious diseases & Gynae)	Trial Management	1	Portfolio-wide	34,500
City Hospitals Sunderland	Other	Generic CTO (Ophthalmology, Gynae & Urology)	Trial Management	1	Portfolio-wide	34,500
City Hospitals Sunderland	Other	CTO study set-up (Band 6)	Trial Management	0.5	Portfolio-wide	18,000
Gateshead	Other	Generic SS	Other SS		Portfolio-wide	38,000
Gateshead	Other	Pharmacy Technician	Pharmacy	1	Portfolio-wide	30,888
NEAS	Other	DASH support	Trial specific costs		SRN	20,000
Newcastle Hospitals FT	Key	Finance support for costings and admin of research awards	General Admin		Portfolio-wide	12,500
Newcastle Hospitals FT	Key	HR support for issuing access letters and research passports	General Admin		Portfolio-wide	12,500
Newcastle Hospitals FT	Key	Radiology - Scans and X-ray reporting	Imaging		Portfolio-wide	31,000
Newcastle Hospitals FT	Key	Medical Physics - Dosimetrist	Medical Physics		NCRN	45,000
Newcastle Hospitals FT	Key	Pathology - Cellular pathology in lieu of sessions	Pathology		Portfolio-wide	34,500
Newcastle Hospitals FT	Key	CLRN Consultant Pharmacist	Pharmacy	1	Portfolio-wide	80,000
Newcastle Hospitals FT	Other	Contingency	Contingency		Portfolio-wide	26,413
Newcastle Hospitals FT	Other	NIHR Operations Manager	General Admin	1	Portfolio-wide	77,338
Newcastle Hospitals FT	Other	HR	General Admin	1	Portfolio-wide	38,621
Newcastle Hospitals FT	Other	Finance	General Admin	1	Portfolio-wide	38,621
Newcastle Hospitals FT	Other	Radiographer (Band 6)	Imaging	2	Portfolio-wide	77,242
Newcastle Hospitals FT	Other	Biochemistry Technicain (Band6)	Labs	1	NCRN	38,621
Newcastle Hospitals FT	Other	Biochemistry Assays	Labs		Portfolio-wide	30,000
Newcastle Hospitals FT	Other	Haematology Assays	Labs		Portfolio-wide	10,000
Newcastle Hospitals FT	Other	Physicist (Band 8a)	Medical Physics	1	NCRN	53,161
Newcastle Hospitals FT	Other	Physics Technician (Band 7)	Medical Physics	1	NCRN	45,541
Newcastle Hospitals FT	Other	Physics Technician (Band 5)	Medical Physics	1	NCRN	30,798
Newcastle Hospitals FT	Other	Accommodation	Non-staff		Portfolio-wide	30,539
Newcastle Hospitals FT	Other	Non Staff: space equipment	Non-staff		Portfolio-wide	53,949
Newcastle Hospitals FT	Other	Non Staff: space equipment	Non-staff		Portfolio-wide	19,557
Newcastle Hospitals FT	Other	Non Staff: space equipment	Non-staff		Portfolio-wide	14,840
Newcastle Hospitals FT	Other	Non Staff: space equipment	Non-staff		Portfolio-wide	10,168
Newcastle Hospitals FT	Other	Non Staff: space equipment	Non-staff		Portfolio-wide	16,432
Newcastle Hospitals FT	Other	MR Research Nurse	Nurse/Midwife/AHP	0.2	NCRN	8,000
Newcastle Hospitals FT	Other	Research matron	Nurse/Midwife/AHP	1	Portfolio-wide	53,338
Newcastle Hospitals FT	Other	Cardiology Technician (Band 6)	Other SS	1	Portfolio-wide	38,621
Newcastle Hospitals FT	Other	Pathology Technician (Band 6)	Pathology	1	Portfolio-wide	38,621
Newcastle Hospitals FT	Other	Consultant Pharmacist	Pharmacy	1	Portfolio-wide	77,338
Newcastle Hospitals FT	Other	Pharmacy Technician (Grade 5)	Pharmacy	2.5	Portfolio-wide	76,995
Newcastle Hospitals FT	Other	Dispensing Clerk (Band 3)	Pharmacy	3	Portfolio-wide	62,235
Newcastle Hospitals FT	Other	Trials Assistant band 4	Trial management	1	Portfolio-wide	24,442
Newcastle Hospitals FT	Other	Data Manager band 4	Trial management	2	Portfolio-wide	24,442
Newcastle Hospitals FT	Other	Data Manager band 4	Trial management	2	Portfolio-wide	24,442
Newcastle Hospitals FT	Other	Data Manager band 4	Trial management	0.5	Portfolio-wide	12,221
Newcastle Hospitals FT	Other	Clinical Trials Officer band 6	Trial management	0.5	Portfolio-wide	19,310
Newcastle Hospitals FT	Other	Data base Manager band 5	Trial management	1	Portfolio-wide	30,789
Newcastle Hospitals FT	Other	Data Manager band 4	Trial management	1	Portfolio-wide	24,442
Newcastle Hospitals FT	Other	Trial Co-ordinator band 5	Trial management	3	Portfolio-wide	92,394
Newcastle Hospitals FT	Other	Data Manager band 4	Trial management	5	Portfolio-wide	122,210
Newcastle Hospitals FT	Other	Trial Co-ordinator band 5	Trial management	1	Portfolio-wide	30,798
Newcastle Hospitals FT	Other	Data Manager band 4	Trial management	2	Portfolio-wide	48,884
Newcastle Hospitals FT	Other	Trial Co-ordinator band 5	Trial management	1	Portfolio-wide	30,798
Newcastle Hospitals FT	Other	Data Manager band 4	Trial management	1	Portfolio-wide	24,442
Newcastle Hospitals FT	Other	Data Manager band 4	Trial management	1	Portfolio-wide	2,442
Newcastle Hospitals FT	Other	Trial Co-ordinator band 5	Trial management	1	Portfolio-wide	30,798
Newcastle Hospitals FT	Other	Data Manager band 4	Trial management	1	Portfolio-wide	24,442
Newcastle Hospitals FT	Other	Consultant Reports/PACS Transfers	Consultant reporting		Portfolio-wide	20,000

SHEET 3a - SERVICE SUPPORT (continued)

2009/10
£

NHS Organisations	Key/Other	Description of Service Support Initiative	Service Support Category	FTE	Priority Areas	
North of Tyne PCT	Key	Primary Care Practice Pilot Initiative - 8 Infrastructural awards	Primary Care Practice Support		PCRN	64,000
North of Tyne PCT	Key	2nd Wave Practice Support (4 practices)	Primary Care Practice Support		PCRN	8,000
North of Tyne PCT	Other	Finance	General Admin		PCRN	10,000
North of Tyne PCT	Other	HR	General Admin		PCRN	5,000
North of Tyne PCT	Other	Additional Practices	Primary Care Practice Support		PCRN	10,000
North of Tyne PCT	Other	Newcastle Diabetic Centre (Newcastle PCT)	Trial Management		PCRN	10,000
North of Tyne PCT	Other	Facilitator	Trial Management	1	PCRN	37,000
North of Tyne PCT	Other	Research Practice Support Admin	Trial Management	1	PCRN	12,500
North of Tyne PCT	Other	Study Specific SSCs	Trial specific costs		PCRN	101,483
Northumbria	Key	Northumbria Pharmacy Technician	Pharmacy	0.5	NCRN	20,000
Northumbria	Other	Human Resources Admin support	General Admin		Portfolio-wide	8,724
Northumbria	Other	Financial Management support	General Admin		Portfolio-wide	9,459
Northumbria	Other	Minor works/equipmnet	Non-staff		Portfolio-wide	2,500
Northumbria	Other	Health Psychologist	Other SS	1	Portfolio-wide	33,625
Northumbria	Other	Pharmacy Technician	Pharmacy	1.5	Portfolio-wide	48,500
Northumbria	Other	Senior Pharmacist	Pharmacy		Portfolio-wide	16,700
Northumbria	Other	Pharmacovigelence advice	Pharmacy		Portfolio-wide	2,000
NTW	Key	MHRN - CPN support for recruitment for 2 years	Nurse/Midwife/AHP	2	MHRN	80,000
NTW	Other	Radiology	Imaging		MHRN/DeNDRON	40,750
NTW	Other	Pharmacy	Pharmacy		MHRN/DeNDRON	25,000
South Tyneside	Other	Admin support	General Admin		Portfolio-wide	14,944
South Tyneside	Other	Radiology	Imaging		Portfolio-wide	9,180
South Tyneside	Other	Pathology	Pathology		Portfolio-wide	6,120
South Tyneside	Other	Pharmacy	Pharmacy		Portfolio-wide	14,280
Sunderland Teaching PCT	Key	Primary Care Practice Pilot Initiative - 2 Infrastructural awards	Primary Care Practice Support		PCRN	16,000
Sunderland Teaching PCT	Key	2nd Wave Practice Support (1 practice)	Primary Care Practice Support		PCRN	2,000
Sunderland Teaching PCT	Other	Finance	General Admin		PCRN	10,000
Sunderland Teaching PCT	Other	HR	General Admin		PCRN	5,000
Sunderland Teaching PCT	Other	Additional Practices	Primary Care Practice Support		PCRN	20,000
Sunderland Teaching PCT	Other	Facilitator	Trial Management	1	PCRN	30,609
Sunderland Teaching PCT	Other	Research Practice Support Admin	Trial Management	1	PCRN	12,500
Sunderland Teaching PCT	Other	Study Specific SSCs	Trial specific costs		PCRN	150,000
		TOTAL		9		2,943,481

SHEET 3b - SERVICE SUPPORT CONTINGENCY

2009/10
£

Description of Service Support Initiative	Service Support Category	%	NHS Organisations	Priority Areas	Key/Other	
					Total to distribute	200,000
Contingency	Service Support	62.9	Newcastle Hospitals FT	Contingency	Other	100,000
		3.9	Sunderland	Contingency	Other	24,000
		2.5	Gateshead	Contingency	Other	14,000
		9.7	Northumbria	Contingency	Other	20,000
		1.1	Northumberland, Tyne and Wear	Contingency	Other	20,000
		4.4	South Tyneside	Contingency	Other	6,000
		6.1	North of Tyne PCT	Contingency	Other	14,000
		9.4	Sunderland Teaching PCT	Contingency	Other	2,000
		0	NEAS	Contingency	Other	0
TOTAL		100				200,000

SHEET 4 - CLRN RESEARCH MANAGEMENT

			2009/10 £
NHS Organisation / Placement	Staff Role / Post Title	WTE	
Newcastle Hospitals FT	Research Operations Manager	0.15	10,300
Newcastle Hospitals FT	Research Governance Manager	0.85	46,553
Newcastle Hospitals FT	RMG Manager	1	45,541
Newcastle Hospitals FT	Clerical Assistant	1	24,442
Newcastle Hospitals FT	Clerical Assistant	1	20,745
Newcastle Hospitals FT	Clerical Assistant	1	18,610
Newcastle Hospitals FT	RMG Facilitator	1	45,541
Newcastle Hospitals FT	CSP and Passports administrator	1	30,798
Newcastle Hospitals FT	Data Manager	1	24,442
Newcastle Hospitals FT	PA / Clerical assistant	1	20,745
Newcastle Hospitals FT	Secretary to R&D Director	1	20,745
Newcastle Hospitals FT	Applications support manager	1	45,541
Gateshead	R&D Manager	0.6	21,700
Gateshead	Research Governance Assistant	1	22,670
Sunderland	Research Ops manager	0.3	12,000
Sunderland	Clinical Trials Co-ordinator	0.5	18,000
Sunderland	Administrator	0.5	10,000
Northumberland, Tyne and Wear	R&D Manager	0.2	10,000
Northumberland, Tyne and Wear	R&D Administrator	0.4	8,000
Northumberland, Tyne and Wear	Finance	0.1	3,000
Northumberland, Tyne and Wear	HR	0.1	3,000
Northumbria	R&D Director	0.05	3,000
Northumbria	R&D Manager	0.9	42,062
Northumbria	RM&G Facilitator	1	26,221
Northumbria	Admin support	0.4	7,802
Northumbria	Secretary	1	21,811
Northumbria	Data Manager	0.7	16,358
North of Tyne PC Consortium	RM&G Lead	0.5	28,000
North of Tyne PC Consortium	RM&G Manager	0.6	22,000
North of Tyne PC Consortium	RM&G Officer	1	26,000
North of Tyne PC Consortium	Admin Support	0.5	12,500
South of Tyne PC Consortium	R&D Lead	0.2	14,000
South of Tyne PC Consortium	RM&G Officer	1	30,609
South of Tyne PC Consortium	Admin Support	1	23,424
NE Ambulance Service	R&D Manager	1	24,911
South Tyneside	R&D Manager	0.4	14,035
CLRN Core Team	Core team RM&G/Communications support	1	50,000
CLRN Core Team	Project Manager	1	30,000
TOTAL			855,106

SHEET 5 - PATIENT & PUBLIC INVOLVEMENT

	2009/10 £
Description of PPI activities	
(NUTH) CLRN-wide scoping of PPI requirements and delivery mechanisms	20,000
NTW PPI (in collaboration with MHRN and DeNDRoN)	5,000
Sunderland Teaching PCT T&E	12,390
North Tyneside PCT T&E	10,000
City Hospitals Sunderland T&E	10,000
TOTAL	57,390

SHEET 6 - SUMMARY OF CLRN FUNDING AND ALLOCATIONS TO MEMBER ORGANISATIONS

CLRN Management						
FUNDING						
2009/10 Funding for CLRN Management & Host Corporate Services						£424,000
2008/9 Funding carried forward for CLRN Management						£0
TOTAL MANAGEMENT FUNDING AVAILABLE						£424,000
USE OF FUNDING						
Management Pay Costs						£281,070
Management Non-pay Costs						£40,000
Executive Sessions and Chair Honorarium						£50,000
Hosting Costs						£64,500
Total projected spend on Management in 09-10						£435,570
Projected management under/overspend						-£11,570
CLRN Delivery						
FUNDING						
2009/10 Funding for CLRN Delivery						£7,729,141
2008/9 Funding carried forward for CLRN Delivery						£0
TOTAL DELIVERY FUNDING AVAILABLE						£7,729,141
USE OF FUNDING						
	Clinical Staff	Service Support	Research Management	Other T&E	(PPI,	TOTAL
NHS Organisation / Provider of NHS Services						
Newcastle Hospitals FT	£1,145,473	£1,769,786	£354,003		£0	£3,269,262
City Hospitals Sunderland	£39,183	£239,933	£40,000		£10,000	£329,116
Northumberland, Tyne and Wear	£189,514	£145,750	£24,000		£5,000	£364,264
Northumbria	£325,938	£141,508	£117,254		£0	£584,700
Gateshead	£120,720	£68,888	£44,370		£0	£233,978
North of Tyne PC Consortium (North of Tyne PCT)	£134,054	£257,983	£88,500		£10,000	£490,537
South of Tyne PC Consortium (Sunderland Teaching PCT)	£23,000	£246,109	£68,033		£12,390	£349,532
South Tyneside	£82,513	£44,524	£14,035		£0	£141,072
NE Ambulance Service	£0	£20,000	£24,911		£0	£44,911
Executive managed funding streams	£1,614,000	£200,000	£80,000		£20,000	£1,914,000
Consultant sessions 08	£774,000					
Consultant sessions 09	£720,000					
MHRN and DeNDRoN support	£60,000					
Service Support Contingency		£200,000				
Core team support for Trusts	£60,000		£80,000			
PPI					£20,000	
	Clinical Staff	Service Support	Research Management	Other		TOTAL
FUNDING USE BY CATEGORY	£3,674,395	£3,134,481	£855,106	£57,390		£7,721,372
% DELIVERY FUNDING BY CATEGORY	47.54%	40.55%	11.06%	0.74%		99.90%
Total projected spend on delivery						£7,721,372
Projected delivery under/overspend						£7,769

Appendix 3 – Blue Report

Accrual into NIHR Portfolio Studies in NTW CLRN

April 2008 - March 2009

Primary Topic/SpG	Co Adopted By (Accrual Total)	City Hospitals Sunderland	Gateshead Health	Northumbria Healthcare	North of Tyne	Northland Tyne & Wear	Newcastle Hospitals	South of Tyne & Wear	South Tyneside	North East Ambulance	NULL *	Total
Cancer	Blood (4), Dermatology (16), PCRN (349), PCRN & Reproductive Health & Childbirth (16)	104	141	162	13		373	3	65			861
DeNDRoN	Mental Health (13), PCRN (14)	5		98	3	73	175	11				365
Diabetes	PCRN (26)		177	86	106		1848	9				2226
Medicines for Children	Diabetes (30), Metabolic & Endocrine (3)	43					47					90
Mental Health	DeNDRoN (12)			134		104	230		135		94	697
PCRN	Musculoskeletal (31)				390		33	472				895
Stroke		162	4	70			64		7			307
Age & Ageing											30	30
Anaesthetics												
Cardiovascular	Diabetes (105)		12	48			327					387
Clinical Genetics		1	1				16		2			20
Critical Care												
Dermatology							22					22
ENT												
Gastrointestinal				4								4
Health Services Research		1			1			11				13
Hepatology		1					64					65
Infectious Diseases & Microbiology	Urogenital (257)	3		9	7		263					282
Inflammatory & Immune			1				184					185
Injuries & Accidents												
Metabolic & Endocrine							41					41
Musculoskeletal			28	4	4		659					695
Nervous Systems Disorders		1					47					48
Non Malignant Haematology												
Ophthalmology		5					1					6
Oral & Dental												
Paediatrics							3					3
Public Health Research							30					30
Renal	Clinical Genetics (1)						110					110
Reproductive Health & Childbirth		2	18	98	8		1235		16			1377
Respiratory	Critical Care (1), Reproductive Health & Childbirth & Critical Care (3)		1				17		1			19
Surgery							13					13
Urogenital												
Total		328	383	713	532	177	5802	506	226	0	124	8791
Percentage		4%	4%	8%	6%	2%	66%	6%	3%	0%	1%	

* NULL = Probation Offices (94), Northumberland County Council (30)

Appendix 4 – Summary of Work Programmes

WP1 Portfolio management

In the 2008-09 Operational Plan portfolio management was identified as being the pivotal work package upon which the development and success of all the other work packages depended. The components of this work package include:

Establishing mechanisms to identify all CCRN portfolio studies

Because of the importance of this process the Clinical Director personally managed this aspect of network activity. It was apparent that there was not a single, simple mechanism by which this could be achieved. Micro-management and obsessional attention to detail were, however prerequisites! The R&D databases of all the member organisations were personally reviewed by the Clinical Director to identify potential portfolio studies. The Clinical Director then personally contacted the PI/CI of the study to establish whether a study registration proforma should be completed. The majority of the proformas that were completed were reviewed by the Clinical Director and sent by him to the Centre.

The progress of submitted proformas was closely monitored at the monthly meeting of the Portfolio Working Group which comprises the Clinical Director, the Senior Manager and the Information Manager.

Additional emphasis was given to this process when it was announced that further study registration proformas would not be accepted after the 30th November 2008. The R&D Directors of all the member organisations assisted in encouraging researchers to submit proformas by this deadline. With the introduction of CSP we are reviewing, with the R&D departments of our member organisation, the process by which we will ensure that an application for portfolio adoption is made for all potential studies.

Establishing mechanisms to ensure accurate reporting of accrual

Once a study had been accepted onto the portfolio the Clinical Director and Information Manager contacted the CI to offer assistance with loading accrual. A simplified guide for this was produced by the Clinical Director.

In the majority of cases the CI or the designated accrual contact had no difficulties in reporting accrual. In a few cases it was necessary to establish other mechanisms for reporting accrual. In one large multicentre study, the North East Research Design Service undertook the accrual and in several small studies either the Clinical Director or Information Manager has done this.

It has been our aim that initially over 80% of CCRN studies have accrual reported. Our long term goal is that this should be 100%.

Reporting of portfolio activity to member organisations, topic networks and individual researchers

As part of the CLRN's communication strategy we are committed to providing our member organisations with the information necessary for them to assess their activity in NIHR portfolio studies. To that effect we, every month, send a series of reports to the R&D Clinical Directors, R&D Managers, RM&G Managers, CLRN session holders, NIHR portfolio CIs/Pis, topic network Clinical Directors and topic network managers.

This “Blue Report” gives the total cumulative accrual according to member organisation and primary topic/specialty group. This report has enabled us to identify areas where additional local specialty groups should be established. For instance we have now established additional such groups in gastrointestinal, metabolic & endocrine and nervous system disorders.

The “Yellow Report” gives the number of accruals in studies that have been co-adopted. We have encouraged local CIs to apply for co-adoption where appropriate as this reflects the support that member organisations need to provide for studies that cross the boundaries of specialty groups and topic networks. We provide a report which details the number of accruals according to the study, the topic/specialty, the investigator and the site. Finally we provide a series of reports/graphs which show the national picture with a graphical view of how our CLRN is performing compared to others.

WP2 Consultant sessions

In 2008, 64.5 PA sessions were awarded to 106 clinicians. This process was managed by the Executive. A standard application form was agreed. The sections of the form reflected the evidence that the Executive considered to be important in making a valid allocation of sessions and also for ensuring that the investment was likely to generate a return in terms of portfolio activity. This evidence gathering concentrated on current and future contribution to portfolio studies.

The form was distributed to R&D Clinical Directors within Member Organisations and a request was made that the document was disseminated widely amongst the professions. A one month deadline for return of the form to the CLRN Senior manager was imposed so that the funding arrangements could be put in place as soon as possible after the start of the 2008-09 financial year. The R&D departments within the Member Organisations were asked to sign off all applications so that they were fully aware of the submissions going in. Similarly the clinical line manager for each applicant was required to sign off the form to ensure that they were aware of implications for service delivery and job-planning. The forms were returned, collated and assessed by the 6 members of the Executive who then met to compare assessments and decide on allocations.

The mechanism of assessment was explicit. Two scores were given (both A, B or C) for:

- “Contribution to portfolio studies” and
- “Appropriateness of the number of sessions applied for”.

The range of assessments returned by the panel was recorded and a final decision noted. Some applications were made on behalf of teams. The members of the team were named and the application was assessed as a unit by the same criteria as were applied to individual applications.

A total of 71 applications were made for 118 sessions. In all, 64.5 PA sessions were awarded to a total of 106 consultants. At the end of the process an assessment was made of the distribution across networks and Member Organisations. An analysis was also made of how the awards mapped to topic networks and specialty groups. All Member Organisations were found to be represented in the awards and all bar one of the awards were made in areas in which NTW has either a topic network or an established specialty group. It was disappointing that no sessions were awarded to nurses, midwives or other allied health professions undertaking their own research.

Applicants (lead applicants where there were group applications) were notified by letter. The letters were copied to the R&D Director and the Medical Director of the applicant's employing organisation. Funding will follow to the Member Organisation as it arrives from UKCRN quarterly. To avoid the workload involved for management accounts in each organisation in providing individual salary costings, a flat rate of £11,500 per session was used to determine payment to Member Organisations.

The award letter set out the terms under which the sessions have been awarded. All sessions were awarded for two years after which an assessment will be made as to whether (funding permitting) the award should be renewed. Successful applicants (and groups) have been informed that they will be required to provide a report at the end of the first year on the recruitment they have undertaken. The format of this report has still to be worked up but it will focus on the individual studies recruited to and the number of patients who went into each.

An audit was undertaken in February 2009 where session holders were asked to answer the following short questions.

1. Has the award of a session had a significant impact on you or your group's ability to recruit to NIHR Portfolio studies?
2. Has the session awarded been incorporated into your job plan?
3. If it has been incorporated:
 - a. Has it been incorporated as a DCC or as an SPA?
 - b. Has it replaced an existing session or has it been added as an additional session?
4. If it has not been incorporated:
 - a. What were the barriers to this?
 - b. Do you know what the funding has been used for?

Responses were received from 26 individuals/teams. Of these 14 felt that the award had had a significant impact. Fifteen had had the session/s incorporated into a job plan. Where the information was available, for four these had been classed as DCC and seven as SPA. Nine had replaced an existing session and four had been additional. Where the session/s had not been incorporated into a job plan the major reason listed was the lack of available space in the job plan and in the majority the funding had been used to provide research nurse support.

With the funding received for 2009/10 a further tranche of sessions will be awarded in 2009 using a similar process. However, for this year and future years, it will be mandatory that sessions awarded appear in a job plan (or equivalent). If individuals need research nurse support then this will be provided through CLRN service support funding streams.

WP3 Resource deployment

Managing the deployment of resource and monitoring its use within MOs is the responsibility of the CLRN Senior Manager. The primary principle governing allocation of resource is that the funding needs to be clearly linked to portfolio activity.

We have agreed with our Member Organisations (MOs) a mechanism by which the majority of funding for 2009 – 10 is devolved to Trusts through an activity based formula. This mechanism has a number of

advantages. As well as being a simple and relatively transparent system, it allows the CLRN to keep the MOs engaged in the process of actively managing the funding and the studies that it supports.

A degree of independence is afforded to the MOs in how the funding is used within the organisation but clear direction is given as to eligibility of initiatives as they are proposed. This approach of working closely with MOs is, we feel, consistent with both the CLRN's remit as the custodian of public funding and also the need to gain organisational buy-in to the change processes associated with the new ways of doing things.

The process for determining the funding to each Member Organisation was agreed and minuted at the Board in advance of knowing what the actual funding for 2009 – 10 would be. The NTW Board agreed the basic features of the model should be that:

- Baseline, 2008 – 09, funding to MOs was to be maintained, as would Key Service Support (KSS) and clinical session commitments.
- Of any increase in funding, 80% was to be allocated to Trusts on an ABF basis
- The remaining 20% of the increase was to be used by the Executive for strategic and overarching interventions.
- The mechanism for allocating ABF was to include a measure of complexity consistent with the nationally applied model.

Appendix 1 of the Business Plan presents the "Outline use of Resources" spreadsheet as returned to CRN CC. Appendix 2 is the local resource management spreadsheet which will be shared with Member Organisation and partner networks. It will serve, as it did in 2008 – 09, as the shared understanding of the commitments made.

The funding detail set out in the OuR is the collation of returns from Member Organisations on their intentions for the use of the funding. In drawing up these local OuR spreadsheets, the MOs were encouraged to seek guidance from the TCRNs, PCRN and SGs where appropriate. LRN managers were similarly aware of the process operating locally and strongly encouraged to advise relevant MOs of what they needed to be provided to achieve their objectives.

Feedback from our Member Organisations indicates that they believe that the funding model employed in NTW is pragmatic and fair. The ABF component allows us to be confident that MOs will be able to cover costs incurred and the local management of the service support funding allows MOs to plan for growth with a degree of stability.

The CLRN funding stream is still relatively new and poorly understood within the NHS. A priority for us in change-management terms is creating a sense of stability within MOs. Mindful of the need for MOs to be able to plan confidently (and commit to posts) beyond a one year funding horizon, the Executive are discussing refining the ABF model so that no MO has their allocation for SSCs reduced by more than 5% in any funding round. Work to develop and refine the ABF model will be carried out in the coming months and a proposal made to the Board in the September.

WP4 Specialty Groups - SGs

Within the Specialty Group WP, led by Professor Steve Robson, the aim is to have all groups at "green" stage by Q3. Significant progress has been made in 2008 - 09 but there are groups which still have not

finalised their membership, had their first local meeting or begun working on NIHR Portfolio research. Initiating and facilitating these initial interactions is a key deliverable for this WP in 2009 – 10.

The readiness assessment presented below sets out the stage of development for each SG active in NTW in relation to:

- Defining their membership
- Having an initial meeting
- Reviewing the portfolio for open studies to which they could contribute
- Taking on commercial portfolio studies

Readiness Assessment					
Speciality Group	Membership	Meetings	NIHR studies	Commercial studies	Overall progress
▶ Age & Ageing	Green	Green	Yellow	Red	Red
▶ Cardiovascular	Yellow	Yellow	Yellow	Yellow	Red
▶ Clinical Genetics	Red	Red	Red	Red	Red
▶ Dermatology	Green	Green	Yellow	Red	Red
▶ Ear, Nose & Throat (ENT)	Green	Green	Yellow	Red	Red
▶ Gastrointestinal	Red	Red	Red	Red	Red
▶ Health Services Research (HSR)	Yellow	Red	Red	Red	Red
▶ Hepatology	Green	Yellow	Red	Red	Red
▶ Metabolic & Endocrine	Red	Red	Red	Red	Red
▶ Musculoskeletal (MSK)	Green	Green	Green	Yellow	Yellow
▶ Neurology	Yellow	Red	Red	Red	Red
▶ Ophthalmology	Green	Green	Green	Yellow	Yellow
▶ Oral & Dental	Green	Yellow	Red	Red	Red
▶ Paediatrics	Green	Green	Green	Yellow	Yellow
▶ Public Health Research (PHR)	Red	Red	Red	Red	Red
▶ Renal	Green	Yellow	Red	Red	Red
▶ Reproductive Health	Green	Green	Green	Yellow	Yellow
▶ Respiratory	Yellow	Red	Red	Red	Red

The Working Group has so far worked with a number of SG to help them become established and this will continue.

In terms of facilitating SGs interacting with the NIHR portfolio, four types of study were identified as illustrated in the matrix below:

	CI based in CLRN	CI based outside CLRN
Accrual on target	No action	No action
Accrual not on target	Traffic light studies for SG – SG to look to see where support and be given	Contact CI, if agreeable traffic light study for SG, SG then to see where recruitment can take place

Where a study falls into either of the bottom two categories it will be traffic lighted according to its accrual/recruitment target:

- Red – more than 20% off target, support needed immediately
- Amber – less than 20% off target, support might be needed
- Green – on target, no support needed

Awareness of NIHR CSP will also become embedded in Specialty Groups during the year with each Group having a CSP awareness session alongside a more general talk during May’s Specialty Group launch event.

WP5 Developing Primary Care research capacity

Primary Care Research in Northumberland Tyne and Wear (NTW) Comprehensive Local Research Network (CLRN) is proving its success with significant accrual figures reported from UKCRN. In an already strong NTW secondary care research environment, primary care is contributing 12% of research activity in addition to signposting potential recruits to secondary care projects.

There are 3 key organisations that work together on the strategy to make this happen. Broadly, PCRN link with all practices in NTW, signposting studies to these practices and provide research facilitation. NTW CLRN provides financial and strategic support to member organisations to deliver the primary care research agenda. The member organisations, South of Tyne and North of Tyne Primary Care Trusts, manage the research governance and financial support directly with the practices.

NTW CLRN has invested in 19 practices that receive direct infrastructure funding to support recruitment to NIHR portfolio trials. NTW CLRN has also invested in roving CLRN Research Nurses to support practices who have expressed a desire to contribute to primary care research but who do not feel ready to become independent research sites.

The activity demonstrated in 2008 – 09 has, through the activity based funding model, led to a significant increase in funding available. For example research nurse/facilitation is now to be available to all our South

of Tyne practices. We are also working towards engaging with all aspects of primary care including AHPs, pharmacy and dentistry.

The goals of the Primary Care Working Group (PCWG), chaired by Scott Wilkes are:

- To increase primary care participation in, and recruitment to, NIHR portfolio studies;
- To create an environment for developing primary care clinical research sites;
- To increase the recognition of primary care's contribution to the national and local NHS research agendas.

Our vision within the PCWG is to embed research activity into one third of general practices in NTW, mirroring the successful education culture that now permeates general practice.

- The objectives for the coming year are:
- To treble the number of NIHR portfolio studies open in Primary Care practices in NTW. This is dependant on PCRN identifying and supplying the studies but the PCTs have reserved service support equal to three times that required in 2008 – 09 to support the studies.
- To map the NIHR portfolio research activity of all practices in NTW. We will triangulate data from Service Support costs drawn down by the practices through our member organisations (PCTs) with accrual data from UKCRN and information from PCRN.
- To demonstrate and capture significant progress in creating a primary care research environment that is regarded as the premier place to locate NIHR portfolio trials.
- To conduct and publish an evaluation of the research practices initiative in NTW CLRN.

WP6 Communicating with Stakeholders

The creation and maintenance of an effective network for delivery of the CLRN remit is the responsibility of Dr Séamus O'Neill, the Senior Manager. Real value has been apparent in the first year in concentrating on ensuring engagement of Member Organisation R&D offices, local Topic Networks and the PCRN.

Meetings, shared training initiatives, visits and distribution lists have all been valuable. A noticeable *esprit de corps* has developed within the RM&G group which is working on passports and CSP and this supportive environment adds very significantly to the capacity of this team to deliver the organisational change required.

Awareness and understanding of the research component of the NHS Operating Framework is poor amongst most NHS staff and stakeholders. Even amongst the groups we need to target to deliver the NTW goals, understanding of the CLRN remit and opportunities is not as we would wish. Anecdotal evidence as to a lack of understanding amongst research active NHS personnel led us, in February 2009 to conduct a 360° review of our effectiveness. We invited feedback on our performance from MOs, SGs and LRNs.

While the response to this was, on the whole, positive, the process did identify the need to improve and expand awareness of the CLRN and its remit. Hence a major element of the work of the Executive and Core Team in 2009 – 10 will be in raising the profile of the CLRN amongst stakeholders. To this end a **communications strategy** is being written which sets out the focus of network building in 2009/10. The communications strategy will focus on sustaining the relationships built thus far with MOs and LRNs and also expanding awareness and buy-in amongst stakeholders through a programme of events and publications for specific audiences.

The Work Programme on network building has, thus far, concentrated on the developing awareness and interactions close to the core team (for example; the Board and Exec, LRN management teams, RM&G links in MOs and SG leads). The meetings established reflected this prioritisation in the first year of operation. In the coming year the core team and Exec will be more visible within the network and we will, amongst other initiatives, undertake a series of roadshow events within all of our member organisations, explaining the work of the CLRN and promoting the opportunities available. We will also continue to use the newsletter to address in detail, key concepts and initiatives and to raise awareness.

WP7 RM&G - removing administrative barriers

This Work Programme will continue to centre on CSP and the Research Passport System. Work on both will be led by Justine Smith, Lead RM&G Manager, working closely with Dr Roger Paxton, Executive Lead for RM&G.

CSP

A devolved model of research management and governance in the CLRN member organisations continues to be developed in detail through monthly meetings of RM&G staff of the member organisations, chaired by the Lead RM&G Manager. NTW CLRN has been allocated 16 user accounts for CSP ReDA (the software used to manage the process), and this allows a minimum of one account per Trust and two for busier sites or where internal cover is needed. Accounts can be reallocated to staff providing cover for annual leave or other reasons if the CLRN receives prior notice. The CSP Lead in each Trust is available to answer queries about CSP from investigators and to report on the progress of portfolio studies through the system. This means that a robust system is in place.

A training plan has been developed to cover the CSP process and ReDA for all appropriate staff. Training will continue to be provided by the Lead RM&G Manager (acting as SuperUser for CSP ReDA) and through the training system provided by Infonetica, the Company that produces CSP ReDA. Outline training, live on-site training and new staff training will be available throughout the year.

The NTW CSP local implementation plan was circulated in October 2008 and all member organisations have provided written confirmation that their internal systems for RM&G and sponsorship approval are consistent with CSP processes. The implementation plan has been provided to NIHR CRN and has been widely circulated within MOs. CSP has been implemented in NTW CLRN in good time before the National implementation date of 1 April 2009 and the principal objective in 2009/10 is to monitor the operation of the work-flows and assess where the systems can be refined or improved.

Research Passport System

The NTW CLRN RM&G working group will meet approximately monthly during the year, bringing together R&D Managers and appropriate HR staff from member Trusts and local universities. The purposes of the working group are to engage member organisations in sharing good practice, identifying problems and concerns and collaborating in proposing consistent, efficient and safe arrangements to implement the Research Passport System. Removing administrative barriers to study set-up and delivery is a crucial element of achieving the goals of the NHS Operating Framework.

The working group, chaired by the RM&G Executive Lead, and supported by the NTW RM&G Lead Manager, worked through the details of current and possible future arrangements regarding Honorary Research Contracts, Letters of Access, CRB and Occupational Health Checks, and the Research Passport itself. Through detailed exploration of the NHS R&D Forum Research in the NHS Human Resources HR Good Practice Resource Packs, differences of interpretation and areas of uncertainty were exposed. Clarification was repeatedly sought from the National Research Passport Lead and National Advice Centre. A separate meeting of local Occupational Health staff developed clear suggestions for occupational health systems and policies.

The NTW CLRN Research Passport implementation plan was agreed by the working group and signed off by member Trusts and universities in December 2008 and was agreed the NTW CLRN Board in January 2009.

The main elements of a local Research Passport Policy were agreed by the working group in March 2009 and a full Policy will be ready for approval by the working group and NTW CLRN Board and sign off by member organisations in April 2009.

WP8 Delivering on Industry studies

Vision

- CLRN seen by industry as an excellent team to work with.
- All eligible patients in CLRN area able to participate in trials should they so wish.
- Health professionals suitably informed about potential studies and inclusion/exclusion criteria.
- All Trusts within the CLRN have the appropriate infrastructure to support portfolio studies.

Deliverables and outcomes

- Specialty groups discuss all new studies, either electronically or at meetings.
- Infrastructure in place to enable all potential investigators to complete expression of interest form within appropriate time line.
- For all adopted studies CLRN recruits to the target time and target numbers.
- To increase the number of studies on the portfolio.

Resources required

- All member Trusts to have suitable administrative infrastructure.
- Employ adequate numbers of suitably qualified CTOs in order to facilitate trial recruitment.
- Capacity within Trusts to take on different types of studies at different times and to be able to adapt to demand.
- Potential direct support from CLRN for complicated studies.
- Easy to use on-line feasibility form developed.

Risks

- Specialty groups don't get information about new studies out to potential investigators soon enough – we will put other systems in place such as informing R&D managers directly.
- Too much or too little activity for the research nurse support within Trust – we will try and ensure that research personnel are suitably qualified so that they can work in more than one disease area. We will plan ahead as much as possible depending on what studies are in development.
- Insufficient numbers of industry trials – could potentially approach industry directly through contacts.

WP9 Patient and Public Involvement

We are working in partnership with County Durham and Tees Valley (CDTV) CLRN and Northumbria University to develop our PPI programme. The PPI Working Group is led at Executive level by the Senior Manager, Dr Séamus O'Neill. Mark Ryan-Daly, the CLRN administrator project manages the Working Group which includes Lorraine Atkinson Senior Manager of CDTV CLRN and academics from UNN who have expertise in patient and carer involvement in research.

The CLRN has a remit to support PPI in clinical research alongside the PPI work of Topic Specific and Primary Care Research Networks and our Member Organisations. Part of the work with Northumbria University will be to ascertain whether, amongst the current approaches and models to supporting PPI, there is one that would be effective for a CLRN.

The work by Northumbria University will encompass six main areas:

- Conduct a scoping exercise to map what is currently done in terms of PPI within research;
- Carry out interviews with key stakeholders to identify their involvement and engagement;
- Audit current CCRN research within the two CLRNs to establish the level of PPI within those studies;
- *Identify and map current PPI activity and models across CLRN member and partner organisations;*
- Develop recommendations for a PPI programme.
- The PPI Working Group will monitor the national progress on PPI and continue to liaise with CRN CC on project plans and the work being undertaken.

The initial deliverable of the PPI Working Group will be a report with recommendations to the September Board meeting on how PPI can be embedded within NTW CLRN. The report will also have developed ideas of how the strategy can be implemented.

WP10 Workforce Development

We believe that the challenges in delivering on the NHS Operating Framework will require a committed, skilled and motivated workforce and the Workforce Development WP is the mechanism by which we will ensure that this is in place. The WP is led at Executive level by the Senior Manager, Dr Séamus O'Neill. There are three main themes which will be developed in the coming year:

- Core team and Executive development
- Equipping the wider CLRN and LRN Team with the skills they feel they need to deliver.
- Scoping the needs of research support staff (nurses, midwives and AHPs delivering portfolio research)

Developing the Core team and Executive

We have engaged Mandy Robinson, a respected local training and team development consultant, to work with the core team. We have, as a team, worked our roles and how they impact on others within the team and also how they contribute to shared objectives. We also discuss what we believe would represent excellence in performance from the core team and what we need to do to achieve that. Mandy is also helping the team to understand the dynamics within the team and how that can impact on delivery. The individual training and development needs of the Core Team are explored in detail through the appraisals process.

Executive functioning is monitored through assessment (by the Senior Manager and Clinical Director) of the attendance of the Executive at meetings and their leadership of the WPs for which they have responsibility. The Executive have also initiated a strategy away-day with the objective of ensuring that the Member Organisations are fully engaged in the delivery of the goals of the NHS Operating Framework. LRN Clinical Directors and Managers will also be invited.

One of the underpinning principles of how we operate is that we seek independent evidence for a given position and make as few assumptions as possible. Hence, as we seek to improve the effectiveness of our senior management, the views of our stakeholders have been sought on how the Core Team and Executive have been functioning. These views have been collated and have informed the production of this plan. Concerted action will be taken over the coming year to address the lack of awareness amongst stakeholders of the CLRN remit and the opportunities that are available.

Developing the wider team

As we operate a devolved management we pay particular attention to our relationships with R&D staff within MOs and in the LRNs. One of the developing strengths of the Network is the *esprit de corps* and we look for opportunities for these key individuals to work and learn together to develop their skills and expertise. We have, therefore, begun a programme of management training, with high quality external facilitators. The agenda for the programme has been determined through consultation with the group and the process of providing and delivering the training is proving to be a cohesive factor in establishing a network capable of sustained delivery. The formal training events, delivered, scheduled or in planning are:

- The principles and tools of Project Management; Colette Foan; December 08
- Effective Change Management: Theory and Practice; Collette Foan; April 09
- Negotiation and Influencing Skills; Mel Nixon; In preparation

We will, at each event discuss with the team, further issues to explore. Two other areas already identified in light of the requirements for budget management and the expanding delivery teams are "Budgeting and financial reporting" and "Team building and performance management". All the events will be delivered within the context of improving Network efficiency.

Supporting and developing research staff who deliver studies

A fundamental requirement for expanding the research base of the NHS is supporting and developing the staff who do most to deliver the studies. Our scoping of this has indicated that many research support staff (RSS), particularly in the less research active MOs need more developed support structures. The CLRN and

in particular the SGs will play a role in providing networking opportunities and support structures for staff involved in delivering portfolio studies. This work is being led by our seconded lead research nurse, Dr Debbie Carrick-Sen and Debbie is currently compiling a database of RSS within the region. We will use the data collected to help us devise support and networking events. Debbie is also carrying out a series of interviews with senior stakeholders in NTW and nationally to collate the issues and concerns in relation to RSS support.

The main deliverables from Debbie's secondment are:

- A mapping of current research nurse / midwife / AHP provision across NTW CLRN (including qualifications, training and responsibilities).
- An analysis of need regarding optimal support, communication, training and management arrangements for clinical research nurses and midwives working across the NTW CLRN.
- A report to the Executive (by 30th June 2009) detailing current support, training and management arrangements for clinical research nurses and midwives working within the NTW CLRN. This will include recommendations and a suggested implementation plan.
- To develop a job description for a CLRN nurse/midwife lead (exact post title to be confirmed) to submit to the NTW CLRN Executive by 31st March.

Appendix 5 – Activity by Priority Area

Activity for studies within NTW priority areas

Priority Area	Clinical Lead	Studies active 08/09	Accrual to 16/03/09	Complexity adjusted accrual*
Age and Ageing	Prof John O'Brien	1	30	30
Cardiovascular	Prof Bernard Keavney	5	387	876
Clinical Genetics	Dr Michael Wright	2	20	20
Dermatology	Prof Nick Reynolds	1	22	110
Ear, Nose & Throat	Prof Janet Wilson	0	0	0
Gastrointestinal	Dr John Mansfield	1	4	20
Health Services Research	Prof Elaine McColl	2	13	65
Hepatology	Prof David Jones	4	65	129
Metabolic and Endocrine	Prof Simon Pearce	2	41	101
Musculoskeletal	Prof John Isaacs	10	695	787
Neurology - NSD	Prof Patrick Chinnery	2	48	240
Ophthalmology	Mr David Steel	2	6	26
Oral & Dental	Prof Jimmy Steele	0	0	0
Paediatrics	Prof Allan Colver	1	3	3
Public Health Research	Prof Eileen Kaner	1	30	150
Renal	Prof Neil Sheerin	2	110	110
Reproductive Health and Childbirth	Prof Steve Robson	9	1377	4669
Respiratory	Prof Paul Corris	3	19	83
DeNDRoN	Prof John O'Brien	21	365	673
DRN	Prof Mark Walker	15	2226	2686
MHRN	Prof Nicol Ferrier	6	679	2733
NCRN	Dr Phillip Atherton	82	861	2613
PCRN	Prof Greg Rubin	11	895	2695
SRN	Prof Chris Gray	12	307	983

* In line with the national funding process, recruitment to observational studies is weighted as 1 and recruitment to interventional studies is weighted as 5.

Activity for studies out with NTW priority areas

Discipline	Clinical Lead	Studies active 08/09	Accrual to 16/03/09	Complexity adjusted accrual*
Medicines for Children	None appointed	9	90	430
Infectious diseases and Microbiology	None appointed	4	282	1310
Inflammatory and Immune	None appointed	1	185	185
Surgery	None appointed	2	13	21



Northumberland, Tyne and Wear CLRN

International Centre for Life
Newcastle upon Tyne, NE1 4EP

Tel: 0191 241 8842