

NTW CLRN 360° review 2009/10

Compilation of responses and actions arising

BACKGROUND

In the core team of NTW CLRN, we continually seek to improve our understanding of the needs and aspirations of our stakeholders. Each year, we conduct a 360° review to give people we work with the opportunity to express their opinions of the job we are doing.

Below are the results and actions arising from the survey conducted in February 2010.

- An e-mail link to a web-based form was sent to the general CLRN distribution list
- This list included CEOs, Exec and Board members, Session holders, R&D staff and people who had attended training events
- There were 44 responses but not all respondents answered all questions.
- The results are summarised in the tables below and the comments and responses are collated in the text that follows

SUMMARY OF ISSUES IDENTIFIED AND ACTIONS

<i>The main positive issues raised were:</i>	<i>Actions arising</i>
Comms: Newsletters and Roadshows	Continue Newsletters and look for opportunities to speak at events in each Member Organisation
Benefits of having specific contacts by speciality	Keep promoting inclusivity within SGs
Recruitment driving funding	Seek Board approval for continuation of local ABF algorithms
Clarity on the role of CLRN and the funding provided	Maintain a clear and focussed message on role of the CLRN and stick to that role
Extent to which the role and message is being disseminated	Continue Newsletters and look for opportunities to speak at events in each Member Organisation
Quality training programme	Develop training programme according to feedback received from participants

<i>The main issues identified as requiring action were</i>	<i>Actions undertaken to address these</i>
Lack of visibility of NIHR objectives and clarity of CLRN role	Construct prominent links with NIHR agenda and CLRN remit within all documentation and presentations
Impractical deadlines	Monitor requests and their deadlines
Lack of understanding of PIs priorities	Meet with PIs and research teams to canvass opinion
Lack of understanding of NIHR agenda in Primary Care	Seek advice on how we should promote engagement in Primary Care
Unwillingness to fund partner networks	Review at Board level whether this is

directly	likely to be beneficial and if so what the model might be
Board and Exec awareness of challenges faced by investigators	Meet with CIs and PIs and research teams to canvass opinion
Lack of clarity around mechanisms for accessing CLRN support through Trusts	Deal with in Newsletter (June 2010)
Opportunity for non-clinical sessions to increase engagement	Will be dealt with where appropriate through award of Exec sessions or through Service Support provision in Trusts
Lack of space for research	Work with R&D CDs in each Trust to find ways to move research up the agenda of Estates provision
Frustrations with job-planning	Reinforce the need for sessions to be job-planned and the requirement that they are accepted by Trusts and individuals on that basis
Admin functions and requirements overwhelming for researchers	Increase the admin support available to researchers during study set-up (e.g. the 4 CTOs being appointed in support of the SGs)

DETAILED RESPONSES

What would you like to see the CLRN do to promote understanding of and engagement with the NIHR objectives?

- In writing rather than in meetings
- Simplify the information and messages
- Engage more with AHPs and non-medical research staff
- Vital that the roadshow and newsletter continues
- FAQ download sheet, tailored to a range of studies not just CTIMPs
- Less use of governance jargon
- Could feature different NIHR objective in newsletters and show how these are being addressed locally and nationally
- Aim for greater contact with researchers and make them aware of resource available through Trusts
- Communicate the importance of MIHR message to CEOs, particularly in less research active Trusts
- Senior management in Primary Care still do not understand the relevance of NIHR – what links via SHA director meetings does CLRN have?
- Awareness raising to Trust Board and different directorates
- Reminders in the newsletter of the mission – we don't want to lose sight of it
- Session holders can lose touch with CLRN outside of logging projects
- More of the same
- Roadshows to provide direct contact with researchers
- Integrate people not currently involved in research
- SG led sessions on improving recruitment in particular areas so good practice at experienced centres can be shared

Do you feel the CLRN have supported your trust or network effectively?

Yes 37

No 7

Do you feel NTW CLRN have been effective in communicating their role and strategy?

Yes 38

No 6

What would you like to see the Core Team do to make your life easier?

- Give front-line teams more input into decisions that are made centrally
- Explain how health services research, public health and other topics that cross many diseases and Trusts can fit into CLRN activities
- How and what support is available for studies that are struggling?
- A review of the administrative processes prior to initiating a study
- Streamline the administrative processes prior to instigating a study
- Clear outline of how to work through the administration
- Nominated contact for specialty area
- Clarity of funding allocation and access to it
- Keep up the good work – sending out reports very useful
- More of the same
- We have recently received several very short deadlines – 24 hr turnaround – meaning that staff have missed the opportunity to contribute to important pieces of work
- Be good to sort out CSP and make sure all Trusts sign up to one process. Ethics and R&D combined now take longer than they used to.
- Letters of access are still working very slowly
- Appreciate that some organisations have further to travel than others and a broad approach is not always best
- Senior management in Primary Care still do not understand the relevance of NIHR – what links via SHA director meetings does CLRN have?
- Keep the same contribution
- Personal updates in person – easier to step away from the desk than to read newsletters
- Easier access to people who actually understand what we are trying to do – less bureaucracy

Do you feel that the Board and Executive are aware of the concerns that you and your peers may have?

Yes 32

No 12

Do you feel that the NTW CLRN works in a fair and transparent manner?

Yes 39

No 5

If not, what do you feel we need to do differently?

- Yes overall, however, at times larger Trusts and their problems seem to get disproportionate attention/time at meetings

- I think the only difficulty (and it is a difficult one to avoid) is that the Exec are the people most up to date with national developments, are most aware of the systems and indeed formulate the local criteria for distributing resource. The rest of us, however well the Exec communicates will
- It wasn't clear how the clinical sessions were allocated and also what support might be available to non-clinical people leading on NIHR studies
- Sessional support for clinical research is not incorporated if consultant PAs are at 12. These should be treated as an additional committed payment.
- It is not always clear to grass-roots researchers what the CLRN can offer either financially or otherwise. It is unclear how budgets are allocated. It is paradoxical that current accrual can only dictate future funding
- Definitely

Do you have any other comments that you would like us to be aware of as we develop the funding and strategic plans for 2010/11?

- Additional staff are required at numerous trusts. Obtaining space for these persons has been a problem and often takes time – so this section of the budget should be increased
- Perhaps exert more pressure on the Trust to develop more space on the Freeman site for clinical research activities
- Need to get research into NHS job-plans – everyone just too busy with clinical pressures
- Admin infrastructure surrounding trial initiation is seriously hindering our ability to deliver medical science (we have industrial groups from other countries who will not take trials to us for this reason)
- The CLRN, its director and Manager are to be congratulated on the excellent job they are doing
- Surmounting the ethical approval process is probably the single biggest turn-off for budding researchers, even greater than the increasingly impossible task of winning funding and yet typical concerns of these committees are largely impenetrable and it is unclear what drives their concerns. Are Ethics committees aware of the dampening effect they are having on research in the UK
- The whole team are to be commended for their organisational skills and outward facing approach. This is exactly how the CLRN should operate; a model of best practice for other parts of the country I would suggest.
- Yes/no questions as vague as this are not helpful. The whole initiative is poorly understood, yet another fairly important and major change that we just don't have time to read about unless we are fairly directly impacted
- Keep up the good work
- I feel that although difficult to amend, it would be far more effective to devolve funding for core staff directly to networks rather than via Trusts and/or PCTs. At present there is too much confusion regarding this management.

Do you feel that NTW CLRN have been effective in communicating their role and strategy?

- Easily contactable
- Roadshows were a good initiative
- The substantial change in administration of both the CLRN and R&D approval have had a significant negative impact on our work. It has taken over 8 months

to get a study through the administrative infrastructure. When this is done, everything moves smoothly but attention must be paid to how to interface better between the CLRN and the local R&D

- Roadshows have been helpful together with newsletters and attendances at SGs and SG leads meetings
- As a clinical researcher I am still largely unclear as to the precise role of the CLRN and what they can offer to my studies
- They are very visible through the courses they run, which in turn are very well planned and executed
- Roadshows have helped and regular newsletters are informative
- NTW CLRN communicate regularly and clearly; their roadshows are very useful in this respect and their website regularly updated
- Such Communication is available through numerous channels – newsletters, roadshows, business plans websites etc
- Communications, newsletters and roadshows have been very good
- Newsletters, roadshows
- In the main, the business plan and the annual report have communicated the role and objectives effectively. The roadshow event was successful and engaging with wider staff groups
- The team have been very proactive as well as responsive to share the NIHR and NTW CLRN vision, goals and support
- Newsletters
- Not 100%, still a large number of clinicians are not aware or do not understand the role of the CLRN
- Newsletters and Annual Report etc are very informative
- Very impressive e-mail updates and professional newsletter
- We feel the whole thing has rather passed us by, although by interaction with local people like Bernard Keavney, we know about it.
- The roadshow was a very good way to get information out with the freedom to attend one I learned a lot about NTW CLRN
- To some extent – it still, I am sure, remains a relative mystery to those not directly involved
- Done very well
- Communicating by e-mail current or future courses
- Regular e-mail updates seem to cover everything

Do you feel that the CLRN Core Team have supported your Trust or network effectively?

- You have taken a real interest in our specialty and helped us a lot
- Approval processes need streamlining a lot
- I can only speak for my own studies and clinical department but I am unclear that we are getting any substantive support from the CLRN
- Always ready to answer questions, never afraid to refer you if they are not sure they can give you the right answer
- Been awarded sessions and support in line with requirements
- Yes, all of the CLRN core team have been extremely approachable and open to being asked about issues of concern to us. I would like to single out two initiatives in particular (this does not mean that I do not value everything else that the CLRN are doing) – 1. The research practice initiative with PCRN N&Y. Many of our studies require engagement of General Practices. The

infrastructure of the research practices and the single point of contact for primary care studies has been very valuable. 2. Having a project officer to take things forward and assist with initiatives such as support of local specialty groups

- We have regular, positive and supportive interactions with the CLRN. Staff are mostly very pleasant and extremely helpful
- Excellent support
- Training support has been good
- Most of the team are extremely supportive, occasionally, processes are rushed and there are short timescales, papers to prepare for meetings are not available – trivia maybe but tightening up on this would be helpful
- Regular contact with R&D Committee
- Very approachable
- Clear distribution of funds. Clarity also about expectations of deliverables. Always willing to consider innovative proposals
- Effectiveness would be measured by improvements in our research productivity, my own observation of this shows no improvement – although perspectives from individuals is sometimes wrong
- Yes, through my network manager. In addition to my new role I know the support is there for accrual uploads etc
- To some extent – the Trust is supported but individual researchers can still feel out on a limb
- Very much so
- They should network with post-graduate students at universities
- You are accessible and respond to requests. Financial support however still does not reflect real activity (though this is largely due to the cumbersome NIHR system for recording accrual)