



**National Institute for  
Health Research**

Clinical Research Network  
West Midlands

# **Annual Delivery Plan: 2016/17**

## **CRN: West Midlands**

Version: V8

Date submitted: 9 June 2016



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**Section 1: Compliance with the Department of Health / LCRN Host Organisation Agreement (up to 2 pages)**

1.1. Please confirm that the Host Organisation is delivering the LCRN in full compliance with the DH/LCRN Host Organisation Agreement

Yes

No

1.2. Please confirm if your LCRN is operating in full compliance with Appendix A Performance and Operating Framework 2016/17

Yes

No

1.3. If you have answered no to either of the above, please set out how full compliance will be achieved. Please specify each area of non-compliance and plans to achieve full compliance in 2016/17.

1.4. Please confirm that the enclosed Delivery Plan has been approved by the LCRN Host Organisation Board or is scheduled to be approved by the LCRN Host Organisation Board

Signature:	
Name and job title of signatory:	Dr Jonathan Odum <b>Medical Director</b>
Date of signature:	
Date when approval was obtained:	Trust Board - 30/03/16

## Section 2: Contribution to National NIHR CRN Performance Indicators

This section should summarise the LCRN's plans to contribute to the CRN's Performance Indicators.

### 2.1 2016/17 NIHR CRN High Level Objectives

Please insert local baseline performance in 2015/16 and your LCRN's planned contribution to each objective in 2016/17 and 2017/18.

Objective	Measure	National CRN Target (2016/17)	LCRN baseline performance (2015/16)	LCRN's planned contribution in 2016/17	National CRN Indicative Target (2017/18)	LCRN's planned contribution in 2017/18 <sup>1</sup>
1	Increase the number of participants recruited into NIHR CRN Portfolio studies	650,000	64,278	<p><b>Provisional local target: 60,000</b></p> <ul style="list-style-type: none"> <li>- Build upon existing Primary Care Patient identification centres (PIC) activity initiative by strengthening the delivery processes to identify PIC sites earlier, ensuring patient recruitment pathways are discussed at EC function and to facilitate and support secondary care recruitment.</li> <li>- To strengthen the work of our Primary Care Champion to ensure all commercial studies are reviewed and the</li> </ul>	650,000	<p><b>Provisional local target: 60,000</b></p> <ul style="list-style-type: none"> <li>- To further develop Primary Care PIC activity initiative to expand into new clinical areas with GP's and Community sectors. This is to maximise recruitment.</li> </ul>

<sup>1</sup> Note: the NIHR CRN High Level Objectives and/or targets may be subject to change following the DH annual review and approval processes for 2017/18. Please provide the LCRN's indicative planned contribution for 2017/18 against the indicative target for 2017/18.

					<p>relevant studies go to relevant interested sites to ensure greater uptake.</p> <ul style="list-style-type: none"> <li>- To continue to address potential recruitment challenges identified through the Early Contact and Engagement with Researchers (ECER) service during discussions with the research team and identify further means of increasing recruitment by suggesting potential different clinical pathways e.g. PICs, Primary Care and Community sector involvement.</li> </ul>		
2	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time	A: Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites	80%	63%	<p><b>Local target – 70%</b></p> <ul style="list-style-type: none"> <li>-Embed the newly developed joint commercial and non-commercial performance management processes across divisions in 16/17.</li> <li>- To look at recognising PI's achievements when Targets have been achieved</li> <li>- The new local</li> </ul>	80%	<p><b>Local target – 80%</b></p> <ul style="list-style-type: none"> <li>- By 17/18 our joint commercial and non-commercial performance management processes will be embedded and tested so this year will be about identifying areas that require streamlining and greater performance.</li> <li>- To enhance performance management escalation process for CRN: WM CI led commercial studies to review failing studies</li> </ul>

					<p>portfolio management system (LPMS) will support real time recruitment uploads to supply accurate data to performance manage partner organisations (PO's).</p> <p>- Implement performance management escalation process for all studies regardless of commercial or non-commercial where the CRN: WM lead studies.</p>		<p>outside of the CRN: WM network (other Networks) and liaise with the appropriate IOM of that Network.</p>
		<p>B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period</p>	80%	88%	<p><b>Local target - 85%</b></p> <p>- To fully embed the national Study Support Service (SSS), Effective Study Start up and the National Study Delivery Assessments that will support with identifying challenges to the delivery of non-commercial studies.</p>	80%	<p><b>Local target – 90%</b></p> <p>- Once the HRA and CRN Study Support Service processes are fully embedded, it will be an ideal opportunity to review practices to see whether they can be leaner to support improvements to recruitment to time and target</p>
3	<p>Increase the number of commercial contract studies delivered through the NIHR CRN</p>	<p>A: Number of new commercial contract studies entering the NIHR CRN Portfolio</p>	650	N/A	N/A	700	N/A
		<p>B: Number of new commercial contract studies entering the NIHR</p>	75%	N/A	N/A	75%	N/A

		CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies					
4	Reduce the time taken for eligible studies to achieve set up in the NHS	Proportion of eligible studies achieving NHS set up at all sites within 40 calendar days (from “Date Site Selected” to “Date Site Confirmed”)	80%	84%	<p><b>Local target – 80%</b></p> <ul style="list-style-type: none"> <li>- Continue to develop the Early Contact and Engagement Service but focussing on communicating the service to our CRN:WM CI, PO’s, Local Sponsors and CTU’s to support set up of studies in a timely manner.</li> </ul> <p>The CRN Study Support Service (SSS) will provide the new national Industry Costing Template Validation process to identify discrepancies to support PO’s with timely set up of studies because all activities are listed.</p> <ul style="list-style-type: none"> <li>- The local LPMS - EDGE, has been customised so that the data collection points defined in the HRA approval process can be reported and performance managed.</li> </ul>	80%	<p><b>Local target – 85%</b></p> <ul style="list-style-type: none"> <li>- Review the roll out of the Study Support Service SOPs implemented to ensure the new service functions are delivering a valuable service to researchers and time taken to set up studies has improved. This will be done through researcher feedback, liaison with the national working groups, other Networks, as well as consulting with PO’s.</li> </ul>

5	Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies	A: Proportion of commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited")	80%	0% (baseline of 3 studies)	<p><b>Local target – 60%</b></p> <ul style="list-style-type: none"> <li>- Implementation of LPMS to support accurate and timely data collection; enabling access to inform and real time data. Support proactive performance management of CRN: WM commercial studies.</li> <li>- The Industry Costing's and Contracts Sense Check process with ODP will enable the industry Team to identify and support PO's to achieve this target by contacting them and identify any potential blocks that might exceed over 30 days after 'Date Site Confirmed.</li> </ul>	80%	<p><b>Local target – 70%</b></p> <ul style="list-style-type: none"> <li>- Once accurate data is collected and a full analysis of PO's has been undertaken 2017/18 will be focussed on supporting our underperforming PO's to improved targets.</li> </ul>
		B: Proportion of non-commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited")	80%	50%	<p><b>Local target – 70%</b></p> <ul style="list-style-type: none"> <li>- The Performance Management Tool (PMT) which was developed in 2015/16 to support the 15 day CSP Target, will be used to identify POs that need further support on feasibility.</li> </ul>	80%	<p><b>Local target – 80%</b></p> <ul style="list-style-type: none"> <li>- Once CRN Study Support Service, EDGE and HRA processes have been embedded CRN: WM would wish to review existing practices to streamline local information systems to support greater live data to identify PO's that may require further support to achieving this</li> </ul>



							objective.
6	Increase NHS participation in NIHR CRN Portfolio Studies	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%	100%	<b>Local target – 100%</b> - Link Research Delivery Managers (RDMs) were identified for all POs and the buddying up of POs and cross region working has occurred due to targeted strategies. This arrangement will continue.	99%	<b>Local target – 100%</b> - Link RDM to ensure each PO is participating in recruitment and making connections with each other.
		B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%	72%	<b>Local target – 75%</b> - Industry Operations Manager (IOM) to focus on those PO's not currently delivering commercial research e.g. to encourage PIC sites until more confident in supporting their own commercial research. - To develop and build a local CRN: WM commercial portfolio. This will coincide with greater Sponsor engagement to promote individual PO's.	70%	<b>Local target – 80%</b>
		C: Proportion of General Medical Practices recruiting each year into	35%	46%	<b>Local target – 40%</b> - Key focus is to have flexible recruitment	40%	<b>Local target - 45%</b> It is difficult to estimate the number of potential

		NIHR CRN Portfolio studies			mechanisms for commercial research developed for the changing healthcare landscape.		practices that will be needed to support studies in 17/18.
7	Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	20,000	FYE = 1100 2016-17	<p><b>Local target - 1300</b></p> <p>On-going identification of potential DeNDRoN researchers and promotion of the CRN, utilising 'exceptional circumstances' route where applicable.</p> <ul style="list-style-type: none"> <li>- Join Dementia Research (JDR) promoted in primary care and through community pharmacies, this will continue.</li> <li>- Working with Division 4 RDM to support commercial Care Homes research by liaising and engage with the CRO's/ Sponsors in order to bring research within this specialist area.</li> </ul>	22,500	<b>Local target - 1500</b>

- a. Please provide a list of specific activities/initiatives you plan to undertake to achieve your planned contribution.

#### **HLO1:**

1. **Target setting:** All partner organisations were provided with the past three years of data showing their targets and final recruitment figures along with pipeline studies for the coming year. Figures were returned by all but two providers. The initial figures for both years were very conservative with a number citing the loss of large recruiting studies over the coming months which have not been replaced. The LCRN asked for the targets to be revisited and re-submitted. Several providers did not change their original estimate based on the lack of pipeline studies, primary care increased their return by over 3,000 additional recruits. PO's found it difficult to provide recruitment figures for 2017/18 with very limited information and knowledge to base estimates on and were uncomfortable with committing to providing targets, hence the conservative numbers.
2. Development and implementation of a West Midlands Higher Education Institution (HEI) engagement strategy which markets the CRN and eligibility for the portfolio. In addition further collaborators to be identified who are in receipt of portfolio eligible funding (e.g. Accord Group). Roll out in Q2.
3. The ENRICH initiative was started in the WM in Nov 2014. Since then 80 care homes have signed up to ENRICH. The WM portfolio management team will identify potential studies for recruitment in care homes regardless of the specialty. 2016/17 will focus on the development of these care homes capabilities to support recruitment of studies and maintaining excellent relationships. Other suitable environments such as Extra Care Retirement Villages have also signed up to be engaged in research.
4. Engage with the new Vanguard Super GP practices in Birmingham and understand how CRN can work with this new type of PO.
5. Establish stronger links with academics and raise CRN awareness to understand pipeline studies.

#### **HLO2:**

1. Partner Organisations receive monthly reports on performance against HLOs at site level even if not lead site. Discussion at a January joint strategy planning meeting between POs and CRN: WM led to agreement of a continuous improvement workshop with the aim of improving this. This will lead to 2016/17 priority projects to achieve this.
2. PI Master class train the trainer with the aim that PIs actively provide oversight of a study. This was a greenbelt continuous improvement project. Currently 4 out of 29 Trusts have rolled this out and 40 PIs have received training. All 29 Trusts have committed to rolling this out in 2016/17.
3. To develop a PI Mentoring Tool Kit where for new PI's conducting commercial research will be supported by the Network and attached to a more experienced PI 'buddy'. This will support cross PO's relationships and identify and share good practice.
4. Partnership working between Primary Care and other specialties to improve the quality of GP coding to allow better identification of potential participants for all studies and further develop capability as PICs.
5. Full roll out of 'Making Studies a Success: A Feasibility Workshop'. This workshop is a joint initiative between the RDMs, portfolio managers, Industry and SSS team. The training has been revisited for 16/17 to focus on completing successful feasibilities for both commercial and non-commercial studies along with HRA assess, arrange and capability review. This will ensure internal CRN staff and PO's are working to same standard; accurate feasibility and successful delivery which will support time to target.
6. Proactive performance management and escalation procedures in place for all commercial and non-commercial studies.

7. Launch an Industry collaboration to improve EOI submissions, promote referral pathways and ensure the population across the West Midlands has access to Industry studies. To influence nationally that feedback to POs for non-site selection following a submitted EOI should be mandatory in order to improve their service offerings for the Life Sciences Industry.
8. Engagement with local pharmaceutical and biotechnology companies in collaboration with the AHSN, through networking events, West Midlands CRN promotional brochures to explain and promote our services. A scoping exercise performed to ascertain our local research active partners and meetings held to further discuss.

#### **HLO3:**

1. Developing partnerships between acute and secondary/tertiary care Trusts so they submit joint site identifications to increase likelihood of being selected e.g. North Staffordshire Combined Healthcare Trust and University Hospitals North Midlands Trust; and Coventry and Warwickshire Partnership Trust and University Hospitals Coventry and Warwickshire.
2. POs to report commercial studies not on the portfolio to the Industry Operations Manager/RDM to engage with the company to market the CRN.
3. Discussions have started with MAC Plc. in Cannock but in 2016/17 we envisage a formal partnership arrangement between MAC and a number of mental health Trusts in order to work together to recruit to the commercial studies they secure.
4. 2015/16 saw a year of establishing the RATER programme and review of the commonly used tests where staff have been submitting frequency of use on a monthly basis. A proposal has been written to embed the programme further to ensure each Trust has 4 raters for dementia studies. This will be implemented in 2016/17. WM has not secured commercial studies due to being rejected by the CRO because of raters not being accepted. The WM is moving to support more clinical staff members being accepted as raters.

#### **HLO4:**

1. A Pharmacy Group has been set up to consider continuous improvement projects, led by Julie Shenton. The first project is ensuring readiness for HRA process and timely set up of studies. The first step is that all Trusts have agreed to collect data as a baseline. Data is being reviewed late February 2016. This will generate improvement projects for 2016/17.
2. A proposal for the management of Excess Treatment Costs (ETCs) based on the model from CRN: Wessex is currently being developed and will hopefully be implemented by September 2016. This should prevent time delays currently experienced by POs when seeking agreement for ETCs.
3. Continuous improvement workshops on studies that have failed to achieve HLOs.

#### **HLO5:**

1. With the implementation and focus of HRA and feasibility and active Industry team management of Lead CRN studies it will be possible to provide close support to Trusts to support HLO5a delivery. Performance will be monitored for the first 6 months of the year, systems developed to ensure LPMS is utilised to capture Lead CRN commercial studies at the earliest opportunities. If the data reflects a requirement; which is expected, a Continuous Improvement workshop and working group will be set up to focus upon increasing delivery.

2. Performance Management and Escalation Standard operating procedures to be reviewed along with LPMS implementation to allow for proactive performance management to identify studies that are 'Date Site Confirmed' and support them to do that within 30 days.
3. Support researchers and sites on importance of accurate feasibilities to enable delivery to this HLO by promoting the 'Making Studies a Success: A Feasibility Workshop'.
4. Facilitating discussions between CRSLs and individual POs where expertise and independent advice is required on feasibilities.
5. Include research teams - CI's/PI's in the review of studies which failed to achieve HLOs and in the various continuous improvement projects being undertaken to help achieve HLO's.
6. In 2017/18 there will be a focus on sharing the good practice of those organisations that have delivered to HLO5a and providing close support to those PO's that are under performing, and are new to delivering commercial research. The Industry team will close monitor performance and take preventative steps where possible to ensure HLO5a delivery. For studies that fail, they will be investigated and lessons learned for going forward.

#### **HLO6:**

1. The Primary Care Speciality (PCS) plan to continue to further mature the Research Site Incentive (RSI) scheme to increase value for money of the scheme and encourage the increased recruitment by General Medical Practices.
2. Streamline and target Good Clinical (Research) Practice (GCP) training in RSI practices to allow individual practices to conduct a variety of NIHR CRN portfolio studies including the more complex CTIMP studies.
3. PCS have started to initiate early engagement with the newly emerging Super GP practices (Vanguard) to understand how the CRN can best work with this new type of PO.
4. To undertake an exercise calculating the impact of PIC activity as e.g. 19% of the studies included in the PCS forecast for 16/17 are PICs. As PICs, the practices are involved in supporting the delivery of the research and this is utilising scarce resources, just not able to demonstrate direct recruitment.

#### **HLO7:**

1. Developing better links with Academics in West Midlands to be aware of pipeline of studies and ensure they are eligible for the portfolio. For example, research is funded by portfolio partners/AMRC organisations but not recruiting through NHS and no NHS ethics therefore being missed as portfolio studies.

#### **Cross-cutting initiatives**

##### **WFD contribution to HLOs:**

The CRN: WM Research Academy supports the provision of training and CPD events which meet the three NIHR CRN priority areas for organisational and workforce development in order to ensure our workforce has the capability and capacity to meet the HLOs. Academy training sessions provide region-wide opportunities to engage with research staff and reinforce the HLOs both explicitly and implicitly; they were attended by over 2500 participants in 2015/16 with similar levels of activity anticipated in the forthcoming year. Key messages are reinforced consistently across multiple sessions, for example,

each GCP workshop, PI masterclass and specific feasibility training sessions focus on the need for robust feasibility and on-going study management to ensure studies deliver to recruitment target and time (HLO2, HLO5).

### **Raising Awareness of the Study Support Service**

This is a key activity going forward and is likely to be an on-going activity for some time as the new Study Support Services are rolled out and become embedded in current practice. Therefore, it is important that the services that the Study Support Service team provide are clear to stakeholders, PO's and researchers. This will be done through a number of methods e.g. events, training, meetings, newsletters, and liaising with key stakeholders such as CTUs and RDS.

### **Study Support Service 'Showcase' Events**

The Study Support Service team will be identifying various showcase events during 2016/17 where they can demonstrate CRN: WM CI Led studies that has been successfully supported by the Study Support Service across the Research Delivery Pathway to demonstrate the added value of the service and the how it has supported the Network in delivering time to target.

### **Improving CRSL Involvement in ECER Studies**

The Early Contact and Engagement team will be ensuring that the appropriate CRSL is copied into key ECER communications between the ECER Lead, CI and research team and other participating PO's as part of the 'explanatory email' process . This ensures that CRSLs are notified about studies in advance and have the option to contact the local CI or PI's to provide advice and support to ensure our local Lead studies are a success.

### **Reporting ECER Studies Using EDGE**

The Study Support Service team are currently trialling EDGE for ECER studies to ensure that reports can be pulled off listing the required attributes for RDMs and other stakeholders prior to key meetings, reporting and good news studies regarding delivery within Network newsletters.

### **HRA 'Exemplar' Study**

Currently the HRA Approval and assess, arrange and capability processes and Study Support Services are still being embedded (CRN: WM had already provided feasibility training to their R&D Departments) but Study Support Service Team wishes to identify a HRA 'exemplar' study where CRN: WM and PO's will work together to re-evaluate these new processes and try to identify any possibilities of a leaner process to improve communications with setting up and delivering portfolio studies. This is where the CNR: WM is providing practical support to PO's to make clinical research happen and that it is delivered to time to target.

## 2.2 Plans to support achievement of the NIHR CRN Clinical Research Specialty Objectives<sup>2</sup> in 2016/17 and 2017/18

**a. List your priority investments to support the Specialties for development and delivery of the Objectives in 2016/17 and 2017/18**

**b. Describe any Specific initiatives you plan to undertake in these Specialty areas with your rationale, including identification of opportunities and challenges**

*Please refer to Appendix A for detailed actions and strategies to meet the specialty objectives and specific initiatives.*

**c. Describe how you will facilitate effective working and ensure your local clinical research Specialty Leads are linked-in with the national clinical research Specialty Leads**

- Ensure each sub-speciality lead is the research lead for the Strategic Clinical Network Expert Advisory Group and for them to develop an annual research plan to meet the speciality objectives.
- CRSLs will have a yearly plan for achieving objectives relevant to their specialty and the regional environment. This will be overseen by the CRL and RDM. The main activity will be meeting with clinicians in partner organisations to agree ways of increasing capacity and capability of their team to support delivery of research, in partnership with their Research and Innovation Department.
- CRSL/Subspecialty Leads will lead on chairing and facilitating specialty group meetings. They will also be involved in liaising with study teams to ensure West Midlands is involved in recruitment and advising the portfolio team on feasibility, care pathways and personal contacts in potential sites.
- All divisional leads, subspecialty leads and RDM will meet as a minimum every 3 months to discuss strategic issues and action plans.
- CRSLs will be performance managed by the CRL. The CRL will be performance managed by the CD. Performance report templates have been developed and agreed with the Clinical Leads.
- Regular sessions scheduled to engage with CRL/CRSLs on monthly telecon basis and various meetings to provide support and identify potential issues.

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<sup>2</sup> See LCRNs Annual Delivery Plan: 2016/17 Guidance Version 1.0

- CRSLs and CRL are involved in project work on an on-going basis.
- Strengthening the role and remit of CRSLs, particularly when sense-checking feasibilities and encouraging individual POs to access expertise when required.
- To increase the number of specialty groups and develop the remit of these groups with defined outputs further. Ensure communication links are in place between R&D Departments and CRSLs/specialty groups.

### Section 3: Contribution to NIHR CRN Priorities 2016/17

3.1 Please describe any initiatives that you plan to undertake to contribute to achievement of the national priorities.

#### 3.1.i HLO2:

- Following a joint strategy planning day with R&D leads from across the region a workshop will be held as part of a CI project to review studies that have not achieved HLO2, or are currently not achieving it, to lead to areas of work to address performance. This is likely to focus on specialties/Divisions that show poorest performance but involving those from specialties/divisions that do perform better to share good practice. Continuous Improvement training will be provided to partner organisations, who have shown a keen interest in receiving this.
- As above, it was agreed with the R&D managers to undertake a continuous improvement project to review the follow-up of patients to see where and how the use of digital technology/smarter working can improve this so that nurse resources can be used more effectively for study set-up and recruitment. It was agreed to undertake a review of 4-5 studies with a number of Trusts volunteering to be part of this project.
- Embed within the Divisions the newly agreed performance management and escalation procedures for all commercial and non-commercial studies developed as a result of a CI workshop in 2015-16.

#### 3.1 ii. Business development (Business Development and Marketing Strategy):

- Many initiatives throughout the plan address this strategy; we will continue to develop high quality and new partnerships with commercial partners, CTU's, HEI's, and other non-NHS providers e.g. Care Homes, Hospices, Local Councils, Housing agencies to expand research and the types of research.
- Work in partnership with Trusts to reduce the amount of commercial research undertaken that is not on the CRN portfolio through marketing the CRN and encouraging companies to engage with the CRN.
- To facilitate the sign-up of GP practices to CPRD (see continuous improvement project information).
- To improve the quality of research undertaken through PI Master class training therefore improving our reputation with commercial companies.



- For Trusts to work in partnership to submit site identifications in order to secure UK and West Midlands sites for commercial research.
- The CRN clinical workforce have all been issued with Ipads and the use of this technology will be evaluated in early 2017.
- A number of Continuous improvement projects (and training) will be undertaken throughout the year in order to increase opportunities, streamline delivery and driving improvement through the use of information.
- We will develop marketing materials to increase engagement with our Trusts, and to attract studies and collaborators (both commercial and non-commercial) to open their studies in the West Midlands. We will also develop a pilot project to disseminate the findings of research among participants, and will evaluate this in 2016/17 with a view to rolling out to additional studies later in the year.
- A large stakeholder event (300+) will be held in early September with a focus on business development, marketing the CRN and the research marketplace in the region, networking and partnership opportunities with a focus on the future of research over the next 10 years and the changing research landscape. This will also be an educational event.

### **3.1 iii. Engagement and Communication (Communications Strategy/NHS Engagement Strategy):**

- Locally the Communications Lead will deliver a high quality multi-channel communications programme to support NHS engagement in research and to raise awareness among the public about the benefits of research.
- We will support the CRN national campaigns including OK To Ask, League Tables, HSJ Awards, Join Dementia Research and other condition-related campaigns by working closely with partner organisations to identify good news stories and sell in to local print and broadcast media, as well as social media, and to monitor and record the coverage to benchmark against in 17/18.
- We will ensure that we involve local spokespeople where required and support campaigns with the use of patient stories in traditional and social media. For internal communications, we will continue to develop the local intranet site on the Google platform, a monthly staff bulletin (Shout Out) and a monthly newsletter which goes out to all of our partner organisations.
- We will also develop our promotion of the use of social media, and aim to increase the number of Twitter followers by 100% in 2016/17 and will encourage Twitterfests and the promotion of our social media opportunities amongst staff.
- We will encourage consistency and brand awareness, and promote a positive reputation by ensuring that Network staff are familiar with the new CRN branding, and that the guidelines are adhered to in all materials, resources and at events by producing templates and toolkits.
- Network achievements and patient benefits will continue to be promoted internally and externally through a range of delivery mechanisms, including the Network Newsletter, contributions to INSIGHT, and media relations. The Young Persons' Steering Group will also be involved to advise on the use of appropriate communication channels for younger people and children.
- At a Network level we will ensure that the results of the second cultural survey carried out in March are shared with staff and the feedback is acted upon, building on the actions taken after last year's survey, and will continue to review internal communications pathways and plans.

- The Communications Lead will create an agile and professional Communications Delivery Plan which meets the strategic recommendations set out in the national strategy. This plan will demonstrate the local initiatives which will be undertaken to meet the requirements of the LCRNs work-streams to include PPIE and Workforce Development, as well as a crisis management media plan.
- We will continue to work with colleagues in the Co-ordinating Centre and in other LCRNs to share and implement best practice, and with the local Research & Development Teams and Communications Leads in Trusts and research partner organisations to build strong relationships and promote the benefits and accomplishments of the Network.

### **3.1 iv. Information and Knowledge Strategy:**

- Ensure that technology can empower collaborations in the workplace by rolling out Google Hub, LPMS and CPMS across the region to share information, data and best practice, and monitor the implementation of these systems to add value for researchers and Network Staff
- Improvement of Business Intelligence enablement and performance monitoring of research activity by Trust and Network staff through an effective roll out of LPMS across all 29 NHS Trusts in the West Midlands with training workshops, webinars, peer to peer support and one-to-one assistance where required. The team will engage with the Edge Team, national groups and forums to ensure best practice is recognised and adopted in the West Midlands in terms of systems and BI. An on-going engagement review will be carried out to ascertain whether partners are using the system to the benefit of their organisation and to ensure that the CRN: West Midlands have access to the required data to provide accurate and meaningful business intelligence on the Network's performance.
- Work with our Partner Organisations to embed technologies and systems such as the NIHR Hub into day to day research and be an example of best practice for information provision and business insight. Provide a responsive and effective help desk functionality via a single email contact to support the use of the systems by Network staff and partners. Provide regular reports to CEOs, Trusts, Specialty Leads and SMT, but also highlight the functionality of ODP and provide training and support to enable end users to access information whenever they choose. Help provide guidance and support to R&D departments that encounter IT access issues for the Hub, by liaising with IT leads to agree a solution.
- To ensure meaningful lay representation, we will provide training for patients and the public through the Building Research Partnerships Scheme, and also an informative induction covering business intelligence and metrics. The workshop will outline the different types of research methods and terminology used in research and how the public can get involved, as well as exploring the issues related to becoming and being a member of the public involved in research. The lay representatives and the members of the Young Persons' Steering Group (YPSG) will continue to contribute to learning and workforce development initiatives within a supportive and developmental environment. They will ensure that all training is fit for purpose with the YPSG reviewing and amending all training materials for a younger audience. They will not only attend training, but will be invited to deliver the training alongside Network professionals.

- The BI Team will continue to support development, engagement and connection with clinical communities through the roll out of both LPMS and CPMS with training and communication materials. They will ensure that information and knowledge is disseminated, not just to CRN management but to the wider research community through newsletters, updates, social media and the internet, enabling two way communication and feedback.
- The Industry Operations Manager and team will work closely alongside the BI Team and the Communications Lead to ensure that all the systems and communications which will be rolled out have the capacity and capability to support the life sciences industry. They will work to understand the requirements of life sciences industry and identify and implement initiatives to show how these can be addressed through local information and knowledge
- By working with the Portfolio Management Team and the Continuous Improvement Lead and Working Group, the BI Team will assist with the development of clear metrics for goals and objectives, and the reporting of these metrics. They will work with the existing framework of the High-Level Objectives but also engage with the CRN nationally to develop and refine these. The Network will develop additional internal metrics and reports which help us to better manage our performance locally, and highlight trends and risks to enable action plans to be put into place where required.

### 3.1 v. Information Governance

- The LCRN Host Organisation has a dedicated Governance department and an identified lead for the CRN Network. In addition, there is a named individual who is responsible for Information governance.
- A process is in place across the LCRN for the reporting of information governance incidents arising from LCRN-funded activities to the National CRN CC.

### 3.1 vi. Patient and Public Involvement and Engagement Strategy (PPIE)

#### Key Initiatives

- Following the recent pilot and adaptation of the course focus, the PPIE team will roll out the **Building Research Partnerships (BRP) Programme** locally, working with NIHR partners to deliver the programme. The Young Persons' Steering Group (YPSG) will continue to review the course content with a view to delivering the course to young people.
- Implement initiatives to explore the Patient Experience. The **Patient Stories Pack** will be further developed and case studies will also be gathered, in conjunction with the Communications Lead. Analyse the results from the **Patient Experience Questionnaire Survey** and put together an action plan based on the findings. Continue to work with the YPSG on these initiatives for use with children and young people.
- After undertaking a scoping exercise the **Patient Research Ambassador (PRA)** Initiative will be taken forward by working with partner organisations and supporting them in the implementation and development of the PRA role, again with YPSG input.

A PPIE Action Plan 2016-2017 has been developed. A summary of this plan is included and the planned actions are referenced to the 5 year goals within the NIHR CRN PPIE Strategy 2015-2020.

Planned actions in 2016-17	Milestones	Timescale
<p>To review and further develop the lay representation within the CRN: West Midlands</p> <p><b>(National Strategy - Support and value patient public involvement and engagement)</b></p>	<ul style="list-style-type: none"> <li>• Review the terms of reference and membership of the CRN: WM PPIE Steering Group.</li> <li>• Review the role of Lay Representatives already in post within the Network e.g. the PPIE Steering Group lay members and Partnership Group lay members.</li> <li>• Explore and develop lay representation/ contacts within the Divisions.</li> <li>• Explore and develop lay representation on the Specialty Groups.</li> <li>• Further develop the Young Persons' Steering Group (YPSG) to include representation on the Partnership Group and the PPIE Steering Group.</li> <li>• Co-ordinate and support the Join Dementia Research (JDR) Champions' activities.</li> <li>• Working with lay representatives, further develop the Lay Representatives' Induction Programme and Pack.</li> <li>• Provide on-going support and training for lay representatives across the Network e.g. provide regular updates, via e-mails and newsletters, for lay members and host an annual networking event to bring lay representatives together.</li> </ul>	<p>Q 2</p> <p>Q 2</p> <p>Q 4</p> <p>Q 4</p> <p>Q 1 – Q 4 On-going</p> <p>Q 1 – Q4 On-going</p> <p>Q 3</p> <p>Q 1 – Q 4 On-going</p>
<p>To raise awareness of research and the opportunities available to participate in research.</p> <p><b>(National Strategy - Talk about research in the NHS and Connect with the public, healthcare professionals and partners and Reach out)</b></p>	<ul style="list-style-type: none"> <li>• Develop and implement a PPIE Communications Plan.</li> <li>• After undertaking a scoping exercise the Patient Research Ambassador (PRA) initiative will be taken forward by working with partner organisations and supporting them in the implementation and development of the PRA role, including input from the YPSG.</li> <li>• Join Dementia Research Champions will be further developed and supported within the PRA initiative.</li> <li>• Continue to coordinate and implement NIHR campaigns in the CRN: WM e.g. 'Ok to Ask'.</li> </ul>	<p>Q 1</p> <p>Q 1 – Q 4 On-going</p> <p>Q1 – Q 4 On-going</p> <p>Q 1 – Q 4 On-going</p>

	<ul style="list-style-type: none"> <li>• Continue to work with Network Partners to host Research Awareness Events including the annual celebration of International Clinical Trials Day on 20<sup>th</sup> May 2016.</li> <li>• Support and organise events to recognise Health Awareness weeks/days.</li> <li>• Further develop interactive information such as the development and implementation of: <ul style="list-style-type: none"> <li>- CRN: West Midlands PPIE webpage</li> <li>- Social Media: Facebook and twitter accounts.</li> </ul> </li> <li>• Promote the UK Clinical Trials Gateway (UKCTG)</li> <li>• Promote the use of NIHR CRN PPIE resources such as: <ul style="list-style-type: none"> <li>- Display banners and Posters e.g. 'Thank you for taking part in healthcare research'</li> <li>- Leaflets e.g. Understanding Clinical Trials.</li> </ul> </li> <li>• Communicate with patients and public – via Social Media and campaigns.</li> <li>•</li> </ul>	<p>Q 1 – Q 4 On-going</p> <p>Q 1 – Q 4 On-going</p> <p>Q 1 – Q 4 On-going</p> <p>Q 1 – Q 4 On-going</p> <p>Q 1 – Q 4 On-going</p> <p>Q 1 – Q 4 On-going</p>
<p>To collate feedback from participants about their experience of being involved in research. <b>(National Strategy - Make it easy for people to participate)</b></p>	<ul style="list-style-type: none"> <li>• Roll out the Patient Stories Pack for use across the CRN: WM.</li> <li>• Collate the patient stories and ensure the stories are shared via the CRN: WM website and other media.</li> <li>• Analyse the results from the Patient Experience Questionnaires and put together an action plan based on the findings for both adult and children and young persons' questionnaires.</li> <li>•</li> </ul>	<p>Q 1 – Q 4 On-going</p> <p>Q 1 – Q 4 On-going</p> <p>Q 2</p>
<p>To provide learning and development opportunities for patients, carers, the public, lay representatives and staff. <b>(National Strategy - Support and value involvement and engagement)</b></p>	<ul style="list-style-type: none"> <li>• Analyse the feedback from the PPIE section of the CRN: WM Training Needs Analysis.</li> <li>• Undertake, as part of the Public Involvement and Lay Accountability in Research (PILAR) group, a scoping exercise to establish the PPIE training that is already being provided by PILAR members in the West Midlands.</li> <li>• Deliver the locally adapted Building Research Partnerships (BRP) programme across the Network.</li> <li>• The YPSG will continue to review the BRP course content with a view to delivering the course to young people.</li> </ul>	<p>Q 2</p> <p>Q 3</p> <p>Q 1 – Q 4 On-going</p> <p>Q 1 – Q 4 On-going</p>

	<ul style="list-style-type: none"> <li>Promote and encourage the public, lay representatives and staff to register for the Massive Open Online Course (MOOC): Improving Healthcare through Clinical Research.</li> </ul>	Q 1 – Q 4 On-going
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### 3.1 vii. Workforce, Learning and Organisational Development (Workforce Development Strategy):

National Goal	Local Initiative	By when?
<p><b>Deliver a responsive and agile research delivery workforce</b></p>	<ul style="list-style-type: none"> <li>The CRN: WM Research Academy aims to ensure that research staff and clinical teams supporting research can access high quality locally-provided training which is fit for purpose and meets local needs. It aims to support the provision of training which meet the three NIHR CRN priority areas for organisational and workforce development. In 2016/17 we will be progressing equity of access to Academy training across the CRN:WM region by fostering locality-based training collaboratives and encouraging participation in workforce development (see page 3 for the proposal to deliver research-related training)</li> <li>A region-wide workforce training needs analysis will be undertaken to inform programme planning and new initiatives for workforce development</li> <li>Working with POs to implement the Rater plan (a team of experienced raters at each site who actively maintain their skills) aims to secure more commercial contract sites within the WM</li> <li>Mental health and dementia awareness training will be made available for all delivery staff as appropriate (e.g. primary care staff and generic team nurses working on mental health / dementia studies)</li> </ul>	<p>Q1 - Q4 on-going</p> <p>Q1</p> <p>Q4</p> <p>Q1- Q4 on-going</p>

	<ul style="list-style-type: none"> <li>Supporting the expansion of primary / community care based research activity to non-NHs providers including care homes, community pharmacies and hospices including access to relevant training and WD advice in collaboration with the respective RDMs.</li> <li>We will be providing access to continuous improvement training initiatives to help to embed a culture of innovation and improvement across the region</li> </ul>	<p>Q1- Q4 on-going</p> <p>Q1- Q4 on-going</p>
<b>Provide clearly communicated career opportunities in clinical research</b>	<ul style="list-style-type: none"> <li>Support the growth and development of the regional CI community: develop a HEI engagement strategy to encourage researchers to a) link in with the NHS and also b) apply for grants which result in portfolio status. This will include an initiative to deliver joint presentations with the research design service supported by the ECER team.</li> <li>Support the growth and development of the regional PI community: PI master class workshops will continue to be rolled out within POs that have expressed their commitment to do so</li> <li>Develop explicit routes for career progression and development of CRN: WM staff with a particular focus on non-patient facing roles, patient facing roles delivered by non-registered staff and primary care staff.</li> <li>Explore the implementation of Apprenticeships within the Business Delivery Services team.</li> <li>Explore the development / implementation of a competency framework for research delivery staff across patient-facing and non-patient facing roles building on regional and national frameworks (existing and in development)</li> </ul>	<p>Q4</p> <p>Q1 - Q4 on-going</p> <p>Q4</p> <p>Q2-Q4 on-going</p> <p>Q4</p>
<b>A highly engaged CRN funded workforce</b>	<ul style="list-style-type: none"> <li>Continue to support existing 'research delivery' leaders forums comprising Trust-based lead nurses and similar senior team leads which focus on the HLOs, sharing good practice and professional peer support.</li> </ul>	<p>Q1- Q4 on-going</p>

	<ul style="list-style-type: none"> <li>• Continue to support existing peer support groups including the CRN nurse and AHP forum, CRN pharmacy staff forum and CRN radiography/imaging groups.</li> <li>• Implement an online/taught induction module for CRN funded staff</li> <li>• Use all training and engagement opportunities to share the visions and values of the CRN</li> </ul>	<p>Q1- Q4 on-going Q3</p> <p>Q1- Q4 on-going</p>
<p><b>Embed learning and skills development in practice environments</b></p>	<ul style="list-style-type: none"> <li>• The locality based training collaboratives will embed research-related learning and development opportunities within POs.</li> <li>• Oversight and strategic direction of the CRN: WM Academy training provision (increasingly provided and managed through the locality collaboratives) will be supported by the WFD Strategy group which meets quarterly. This will include the implementation of robust quality assurance processes.</li> <li>• Develop facilitators to deliver training and provide regional facilitator development opportunities to retain experienced facilitators and maintain their competence and credibility.</li> </ul>	<p>Q4</p> <p>Q1 - Q4 on-going</p> <p>Q4</p>
<p><b>Ensure patients and public contribute to learning and workforce development initiatives</b></p>	<ul style="list-style-type: none"> <li>• Following the recent pilot and adaptation of the course focus, the PPIE team will roll out the Building Research Partnerships (BRP) Programme locally, working with NIHR partners to deliver the programme. The Young Persons' Steering Group (YPSG) will continue to review the course content with a view to delivering the course to young people.</li> <li>• Promote and encourage the public, lay representatives and staff to register for the Massive Open Online Course (MOOC): Improving Healthcare through Clinical Research.</li> <li>• WD representation on the PPIE steering group with the purpose of highlighting opportunities for shared staff and patient/public learning and development initiatives</li> </ul>	<p>Q1 - Q4 on-going</p> <p>Q1</p> <p>Q2 - on-going</p>



<p><b>Ensure that our workforce has the skills to contribute to the growth agenda</b></p>	<ul style="list-style-type: none"> <li>• The CRN:WM Academy in collaboration with the Industry Lead will ensure that teams are knowledgeable about the importance of delivering commercial contract studies and aware of this as a priority for the Network</li> <li>• Following a successful pilot, the 'Making studies a success: a feasibility workshop' which incorporates the principles of a previous 'commercial masterclass' session, will be delivered across the region.</li> </ul>	<p>Q1 - Q4 on-going</p> <p>Q1 - Q4 on-going</p>
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**3.1 viii. Industry Team (Working with the Life Sciences Industry Strategy):**

- To provide a coordinated and innovative approach to national research priorities - Through the LCRN Industry team to develop and utilise EDGE to allow for in-depth timely analysis and reporting of feasibilities; both successes and non-successes. From this collect intelligent data to inform improvements and by working with our PO's to support greater improvements for commercial research.
- Local engagement with Life Science Industry to encourage sponsorship and attendance to Specialty Meetings to showcase the regions dedication to research and service offerings.
- Work in partnership with Partner Organisations to reduce the amount of non-portfolio commercial research undertaken, including single centre commercial studies.
- Engage with commercial Sponsors to educate and market the advantages of being on the NIHR Portfolio.

## **Section 4: Other local innovation and initiatives**

4.1 Please use this section to tell us about any other local innovations planned for 2016/17 e.g. new service delivery models, implementation of new processes, or continuous improvement projects.

### **4.1.i General initiatives**

1. We will be providing access to continuous improvement training for R&D managers during 2016/17. R&D managers have expressed an interest in this in order to locally manage HLOs, 70 day benchmark and productivity. This will help embed a culture of improvement and innovation across the region.
2. Generic nurse workforce - following a review of the teams and outputs, a CRN staff principles paper has been approved which outlines the purpose of these team and introduces a process for ensuring ABF/salary costs are identified and re-invested into research, (Appendix B).
3. Three posts are currently being recruited to for Band 4 Project Assistant roles (Graduate level roles) to be part of the CRN generic workforce and provide support to POs for study set-up, data management, study co-ordination for failing studies etc. to contribute to the achievement of HLO's wherever possible. These are fixed term posts and a Master's degree is offered with the aim of growing future research staff that are non-clinical. The CRN are also exploring Band 1 Apprentice roles to provide administrative support for back-office functions.
4. In 2015/16 a region-wide R&D Managers Forum was set up. These will continue to facilitate region-wide working, sharing best practice as well as jointly agreeing strategic issues and action plans to further develop the West Midlands research activity, delivery and performance.
5. With CRN intervention the number of CCG GP practices signed up to CPRD rose from 20% to over 90% in the North of the region. As a continuous improvement project this is now being rolled out to other CCG areas.
6. The Laboratory Lead is working with a partner organisation on a continuous improvement project to identify ways of increasing capacity through removing wasteful processes and data collection. The aim of this is to increase the time available to support research.
7. The portfolio management group have undertaken two continuous improvement events in order to provide a standardised and streamlined process for maximising the number of WM sites for portfolio research and for managing performance. In 2016/17 these will be measured and monitored to embed the process as well as continually improve. The portfolio management meet as a group on a monthly basis.
8. Each RDM has been assigned to a small number of organisations as Link RDMs in order to communicate effectively and maintain relationships. Each Trust has also been assigned a lead CRN finance accountant and in 2016/17 this will be extended to CRLs.

9. VIP (Values in Practice) Awards - this new staff recognition scheme will be run on a monthly basis throughout the year, with staff invited to nominate colleagues who they view as having gone 'above and beyond' to implement the Network values in their day to day work. The aim is to recognise, reward and share best practice, and publicise good work. This is one of the outputs resulting from last year's survey.

#### **4. 1ii. Patient and Public Involvement and Engagement in Research (PPIE)**

- Following the recent pilot and adaption of the course focus, the PPIE team will roll out the Building Research Partnerships (BRP) Programme locally, working with NIHR partners in the West Midlands to deliver the programme. The Young Person's Steering Group (YPSG) will also continue to review the course content with a view to delivering the course to young people.
- Implement initiatives to explore the Patient Experience; develop the Patient Stories pack further, gather case studies in conjunction with the Communications Lead and analyse the results of the Patient Experience Questionnaire to put together an action plan based on findings. Continue to work with the YPSG on these initiatives for use with children and young people.
- After undertaking a scoping exercise the Patient Research Ambassador (PRA) Initiative will be taken forward by working with partner organisations and supporting them in the implementation and development of the PRA role, with YPSG input.

#### **4. 1 iii. Business Intelligence (BI) Activities**

- The plan to implement EDGE as the Local Portfolio Management System for the network will continue into 16/17 and all partner organisations interested in using EDGE as their LPMS are scheduled to go live by July 2016.
- BI training will focus on Google Hub, EDGE and ODP using a community of locally trained Champions.
- The BI team will seek to improve overall data-quality through their input into the Portfolio Management Group using the Portfolio Managers' local knowledge to validate data and provide missing data. This will result in more robust analysis and metrics to assist RDMs in identifying where action is needed to improve overall performance.

#### **4. 1 iv. Workforce Development**

- In collaboration with Lead nurses, support the roll-out of NMC revalidation across our registered workforce
- Implement an online induction module for LCRN staff
- Embed continuous improvement in workforce development coordination and administration functions
- Develop explicit routes for career progression and development of LCRN staff with a particular focus on non-patient facing roles, patient facing roles delivered by non-registered staff and primary care staff. Explore the implementation of Apprenticeships within the Business Delivery Services team.
- Work with partner organisations to support leadership and development of CRN funded staff
- Develop an annual audit programme for the Host employed research nurses in order to provide PO with reassurances around compliance to GCP.
- Continue to develop links with Primary Care to ensure nurse contracts are held within NHS organisations (Host) and have access to support, training and education from the Host

#### **4. 1 v. Primary Care**

Integrating the Primary Care Study Support Service and Primary Care Delivery Team - A new model of delivering Primary Care studies in line with HRA requirements is under consideration. The aim is to better integrate the existing primary Care study support service and delivery teams to work to a more unified model. The two teams currently work together to deliver their individual elements of the feasibility and assurance functions. The proposal to integrate the teams more closely intends to develop a unified model that will encompass the 'assess, arrange and confirm' functions that are required by HRA and offer a more seamless service to researchers, sponsors and Primary Care partner organisations.

#### **4. 1 vi. Pathology (Laboratory Medicine):**

1. Raise awareness of pathology contributions to research:
  - a. Projects to identify pathology activity in clinical trials including using EDGE and open study visualisation tools
  - b. Internal CRN engagement with team members such as the Study Support Team (e.g. ECER), Portfolio Managers Team and Workforce Development
2. Develop pathology engagement with the CRN: WM – build on local work to promote engagement with the CRN: WM from pathology staff and continuing the novel and successful initiatives to identify new PIs, develop researchers and potential CIs from these professional groups. Examples include initiating the West Midlands Laboratory Medicine Research Group and working with the Association of Clinical Biochemistry and Laboratory Medicine, the IBMS Training and Development group and the West Midlands Consultant Microbiologist Group.
3. Develop strategies for improving pathology services for research in the West Midlands – build on local initiatives to promote improved service provision from pathology departments such as the delivery of training (e.g. Shipping of Dangerous Goods and Fundamentals of Clinical Research Delivery for Laboratory Staff) and the strategically funded Northern Pathology Research Delivery Alliance and Coventry and Warwickshire Pathology Services research contacts exercise and the development of the CRN: WM Research Advisory group for Pathology In research Delivery (RAPID).
4. Act as a West Midlands exemplar to support national NIHR CRN pathology engagement in research:
  - a. National Professional Body Engagement – Supporting the National CRN Lead for Support Services in the engagement of professional associations and organisations that represent the pathology workforce in research
  - b. Development of National Pathology Research Workforce Survey – Keele University Benchmarking Service
  - c. Develop local support in the West Midlands for the CM-Path initiative to develop academic histopathology research which is funded by the NCRI
  - d. Support the roll out of the National NIHR CRN training package: Fundamentals of Clinical Research Delivery for Laboratory Staff

#### **4. vii. Pharmacy**

- Collaborative working among pharmacy clinical trials staff: continue to develop collaborative working among pharmacy clinical trials staff working in secondary care through quarterly regional meetings and the development of the CRN: WM pharmacy Google site
- EDGE: explore potential for pharmacy clinical trials staff in secondary care to use EDGE to support pharmacy processes

- GCP training: address workforce development needs of pharmacy staff involved in the delivery of clinical trials by developing training including consolidation workshops to complement NIHR GCP for Investigational Medicinal Products management e-learning and research awareness training materials
- HRA pharmacy technical assurance: support pharmacy staff involved in the delivery of clinical trials with the implementation of the HRA pharmacy technical assurance process
- CRN: WM Pharmacy data collection tool: continue to collect regional data re pharmacy approval and set-up times for secondary care and contribute to the national HRA pharmacy readiness project
- Community pharmacy and primary care: continue to increase community pharmacy engagement with CRN: WM and identify studies suitable for community pharmacy involvement; continue to explore potential to work with local researchers to develop studies suitable for community pharmacy involvement; explore potential involvement of pharmacists working in GP surgeries to become involved in research

#### **4. viii. Study Support Service**

##### **Study Support Service Staff 'Refresher' Training**

The Study Support Service team will be providing refresher training to PO and Network staff covering the RM&G proportionate and pragmatic training which was first released over four years ago. In addition to this, staff will also receive refresher training on cost attribution which will be delivered by the Network's AcoRD Specialists. This training will ensure that those being trained regardless of area of speciality has the appropriate knowledge to protect our patients by ensuring any feasibility conducted are as robust and safe as possible within their local areas.

##### **Getting Academic Sponsors/ Clinical Trials Units (CTU) ready for Assessing and Arranging Capacity (AAC)**

The Study Support Service team will be working closely with Academic sponsors and CTU staff to ensure they understand the focus of the new UK policy framework on Health and Social Care and the HRA's expectation of sponsors communicating study information to research teams. Since the Network provides a Performance Management role we are keen to ensure communication regarding studies is clear, effective and timely which will support NIHR objectives. To support these aims, we will be hosting a number of meetings between the LCRN, HRA and Sponsor representatives throughout 2016/17 until the new HRA processes have been confidently understood and embedded.

##### **Study Support Service Collaboration with Local Academic Sponsors and CTUs**

A key challenge during 16/17 is to ensure our local academic Sponsors and CTU's are engaged with the Study Support Service team as early as possible, particularly with the decommissioning of CSP on the horizon. The Team would like to work with our Academics/ CTU staff to ensure any relevant SOPs they follow encourage closer collaboration. This will only be achieved by the team demonstrating the effectiveness (added value) of the Study Support Service and

how it can benefit them in delivering effective studies. This will be achieved via the current CRN Academic/ CTU group that has been set up to support these organisations through HRA changes.

#### **HRA - Getting Trusts Ready for AAC**

The Study Support Service team will be redefining training to PO's, Local Sponsors and CTU's regarding new HRA studies by updating our existing training modules to deliver a one stop shop on IRAS developments due to changes because of HRA, CSP ceasing and CRN Study Support Service. The emphasis at these sessions will be to ensure key stakeholders support early discussions regarding studies before IRAS submissions. This will help all objectives because it will give the CRN time to project manage studies they are lead or participating to ensure recruitment is effective as possible and identify any missed opportunities.

The Study Support Service Team will be developing small working groups with PO's in identifying appropriate HRA related SOPs to support consistent Set Up and Delivery within the region. This will help researchers who may work across PO's. These SOPs will be piloted via CRN: WM SLA Team who provide research management and support for numerous different types of organisations so not to burden PO's with early implementation.

#### **HRA - Getting Primary Care ready for AAC**

The Primary Care Study Support Service Team have been putting arrangements in place to ensure preparedness for HRA since the phased implementation. The Primary Care element (Cohort 2) of HRA Approval implementation went live in August 2015; however the number of Primary Care studies coming through nationally has been low, therefore the opportunity for the CRN:WM: Primary Team SSS team to work on HRA studies and to establish a clear new process has to date been limited. In order to address this, the West Midlands HRA Change Lead has been requested by the Primary Care Research Support Manager to provide training to the team based on experience of Primary Care HRA applications in other LCRNs; this will enable the team to start to get a feel of how the new process will actually work. This will facilitate the development of any new procedures required to support Primary Care research within the West Midlands.

#### **HRA - Integrating the Primary Care Study Support Service and Delivery Team**

To develop a new model of delivering Primary Care studies in line with HRA requirements. The aim is to better integrate the Primary Care Study Support Service team who will focus on assess, arrange and confirm with the Delivery Team. Currently they work together to deliver their individual elements of the feasibility and assurance functions but this new integration will develop a unified model to offer a more seamless service to researchers, Sponsors and Primary and Community care sectors.

#### **HRA - Getting Hospices, Care Homes and other Community providers delivering research**

To establish a process to support new engagement with private, charity and voluntary NHS service providers who are supporting portfolio research. This will be an iterative process that will be developed on a 'case by case' approach. Portfolio studies destined to take place in the hospice and care home settings will be triaged between the Palliative Care support and the Primary Care Study Support Service Team and signposted to the appropriate speciality/organisation to receive the necessary support required to get the study underway e.g. feasibility, training, or providing nursing/ data management support.

**Study Support Service - EDGE** - Trust and the Network utilising whilst supporting with AAC

The EDGE Study Support Service working group (made up of CRN: WM and PO's staff) will implement the core AAC data collection fields within the EDGE system. In addition with new attributes it will ensure that the data collected supports the requirements of both the CRN and PO's. Additionally the working group will investigate ways the CRN: WM can utilise EDGE that will enhance its business processes, such as the use of EDGE Workflows and the creation of a user manual.

**HRA Amendments and Information Governance Processes**

CRN: WM is in a fortunate position where one of the Networks Study Support Service Managers' is on the DH 'Champions for Research' Group. It ensures that any new areas of work/ information gets properly disseminated to PO's but also CRN: WM activities are aligned. For 2016/17 the Manager will be supporting the HRA Amendments Stakeholder and Information Governance Group so any changes needed from that the Network can be implemented

## **Section 5: Financial Management**

### **5.1 Please describe the model for allocation of LCRN funding in 2016/17**

The funding model begins with the previous year's allocations as a start point. A second calculation is then undertaken to work out the 3 year Median ABF Units % for each organisation and allocate on this basis in relation to the total funds available. The third step is to compare the ABF 3 year Median potential allocation with previous year's funds and then cap any potential change of moving to the ABF by 15% i.e. capped against the start point; the funds are then allocated on this basis initially. Finally a 2.5% Top Slice is applied which is used towards strategic funding as well as any surplus funding resulting from the ABF Model. The financial figures are then reviewed for any additional factors that need to be taken account with individual organisation discussions taking place and then a final sum to be allocated is derived.

### **5.2 Describe arrangements within the LCRN Host Organisation for management of LCRN budgets**

Host LCRN Budgets have their own set of budget reports, with RDM's as budget managers, the exception being the Management report and Host supporting costs report which are managed by the CRN COO. Monthly budget meetings are carried out with the relevant accountants and the RDM's where budgets and spend are monitored and any variances analysed and addressed, with a review of the forecasts undertaken. Monthly meetings also take place with the accountants and the COO to review all reports, both actual and forecasts. Annual budget setting takes place with all budget holders which are reviewed over a period of time before budgets are finally set for the following year. Cost savings through pay and non-pay budgets are re-distributed to POs through an increase to the core allocation.

### **5.3 Describe arrangements for supporting LCRN Partners in their financial management of LCRN funding**

LCRN Partners are supported by the host throughout the year, allocations are communicated initially with full backing details, as we move through the year any underspends notified by the organisations are reallocated across other Organisations within the host, any concerns, and queries are raised and dealt with. A programme of monitoring visits has been taking place whereby assurances are gained and advice is given re any queries partner organisations may have. In addition to monitoring meetings, there will be a concerted drive to support organisations through submitting and uploading their own quarterly returns, this will provide further opportunity to offer advice and support through the process with the added benefit of onsite visits being undertaken. In addition all organisations are free to request assistance, advice, information as they feel necessary to CRN at any time.

### **5.4 Please provide details of any plans that you anticipate impacting on the use of LCRN funding in 2017/18**

There are no plans currently that will impact on the use of LCRN funding in 2017/18.



## **Appendices**

Please attach any supporting information to further illustrate your plans.

Appendix A - Specialty Objectives

Appendix B - Principles for prioritising CRN WM research support staff to POs

## **Contact us**

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