



**National Institute for
Health Research**

Clinical Research Network
Yorkshire and Humber

2015/16 Annual Plan



**Delivering research to make patients,
and the NHS, better**

Executive Summary

The Yorkshire and Humber LCRN encompasses an area with a distinct geographical and cultural identity. The region is home to 10% of the population of England. It has universities with a strong track record of medical research and boasts three medical schools and a school of dentistry. It is commercially strong and is rich in biomedical technology companies. There are significant opportunities to build further on this strong base. Access to medical research studies varies greatly across the region and recruitment to research studies per capita lags behind many other regions. Our 2015-16 Annual Plan describes our strategies for increasing the overall level of clinical research activity across the region and delivering greater equity of access to clinical research.

- Working through the Partnership Group and with the support of the Host we will nurture a shared vision for clinical research in Yorkshire and Humber.
- We will ensure that the vision for the region is informed by voices of strong and effective PPI groups in the Region.
- We will support our clinical leaders in the ongoing development of bespoke plans that are driven by the national research ambitions for each specialty.
- We will foster close working between our clinical leaders and partner organisations to ensure an integrated approach to the delivery of clinical research.
- We will support and drive the growth of research activity in regions and specialties where access is much below the national average for example in diabetes generally and in cancer studies in the east of the region.
- We will work closely with R&D Managers and Directors through the Yorkshire and Humber R&D Operations Group Forum to ensure that we deliver study support that is focused on the needs of Partners and Researchers.
- We will work with Higher Educational Institutions to maintain strong links between the Network and Chief Investigators in the Region in order to grow the study pipeline and ensure appropriate infrastructure is available to support study delivery within Yorkshire and Humber.
- We will deliver an Industry Strategy that supports successful commercial researchers in the Region, nurtures new PIs and grows new commercial collaborations.
- We will work with the R&D Forum members to ensure smooth roll out of the HRA arrangements.

NIHR CRN: Yorkshire and Humber Annual Plan 2015/16

Host Organisation	Sheffield Teaching Hospitals NHS Foundation Trust
Partner Organisations – Members of the Partnership Group	<ol style="list-style-type: none"> 1. Airedale NHS Foundation Trust 2. Barnsley Hospital NHS Foundation Trust 3. Bradford District Care Trust 4. Bradford Teaching Hospitals NHS Foundation Trust 5. Calderdale and Huddersfield NHS Foundation Trust 6. Doncaster and Bassetlaw Hospitals NHS Foundation Trust 7. Harrogate and District NHS Foundation Trust 8. Hull and East Yorkshire Hospitals NHS Trust 9. Humber NHS Foundation Trust 10. Leeds and York Partnership NHS Foundation Trust 11. Leeds Community Healthcare NHS Trust 12. Leeds Teaching Hospitals NHS Trust 13. Mid Yorkshire Hospitals NHS Trust 14. Northern Lincolnshire and Goole Hospitals NHS Foundation Trust 15. Rotherham, Doncaster and South Humber NHS Foundation Trust 16. Sheffield Children's NHS Foundation Trust 17. Sheffield Health and Social Care NHS Foundation Trust 18. Sheffield Teaching Hospitals NHS Foundation Trust 19. South West Yorkshire Partnership NHS Foundation Trust 20. The Rotherham NHS Foundation Trust 21. York Teaching Hospital NHS Foundation Trust 22. Yorkshire Ambulance Service NHS Trust
Other affiliated partners (eg CCGs/Social enterprises)	<p>City Health Care Partnership (CHCP) Local Community Partnerships NAVIGO NHS Airedale, Wharfedale and Craven CCG NHS Barnsley CCG NHS Bassetlaw CCG NHS Bradford City CCG NHS Bradford Districts CCG NHS Calderdale CCG NHS Doncaster CCG NHS East Riding of Yorkshire CCG NHS Greater Huddersfield CCG NHS Hambleton, Richmondshire and Whitby CCG NHS Harrogate and Rural District CCG NHS Hull CCG NHS Leeds North CCG NHS Leeds South and East CCG NHS Leeds West CCG NHS North East Lincolnshire CCG NHS North Kirklees CCG NHS North Lincolnshire CCG NHS Rotherham CCG NHS Scarborough and Ryedale CCG NHS Sheffield CCG NHS Vale of York CCG NHS Wakefield CCG Yorkshire And Humber Commissioning Support Spectrum Community Health</p>

Host organization Accountable Officer for CRN: Yorkshire and Humber		
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Host nominated Executive Director for CRN: Yorkshire and Humber		
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To be completed by the Host organization

Please briefly outline the process of engagement and consultation with LCRN Partners and other stakeholders regarding the submitted LCRN 2015-16 Annual plan and local recruitment goals		
<p>The annual plan has been developed collaboratively with stakeholders and the draft has been shared for review and amendment. The elements have been presented and discussed with the Clinical Divisional Leaders Group. A series of stakeholders meetings held to engage individual Partner Organisations across the region were well supported and provided the Senior Management Team with a thorough understanding of the context and aspirations of our partners and some of their clinical priorities. The plan was discussed at the Primary and Community Steering Group meeting which includes representatives of affiliated organisations including CCGs and colleagues from academic Primary Care. Our approach to target setting and financial modelling was developed in a Task and Finish group drawn from partner organisations and has resulted in a new transparent allocation model. All partner organisations have been offered the opportunity to comment and amendments made. To be added following PG "The plan was shared at the Partnership Group on 3 March 2015 and agreed in principle with minor amendments that have been addressed".</p>		
Nominated Executive Director Assurance	Mr Neil Riley	
LCRN Host organization nominated Executive Director signature confirming the following are in place for the LCRN: <ul style="list-style-type: none"> • An assurance framework and risk management system; • Robust and tested local business continuity arrangements An urgent Public Health Research Plan		
Confirmation of approval of the Annual Plan by the Host organization board		
Name:		Email:
		Tel:
Role:		
Signature:		Date:
Contact for any communication regarding the CRN: Yorkshire and Humber Annual Plan		
Name:	Ms Chris Oxnard	Email: Chris.oxnard@nhr.ac.uk
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Role:	Deputy Chief Operating Officer, CRN Yorkshire and Humber	

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Appendix A – Template for LCRN plans and goals to contribute to NIHR CRN High Level Objectives 2015-16 (Table 1)

1. LCRN plans and goals for contributing to NIHR CRN High Level Objectives 2015-16

Objective	Measure	CRN Target	LCRN Goal	Specific Key local activities for 2015-16	Timescale	
1	Increase the number of participants recruited into NIHR CRN Portfolio studies	Number of participants recruited in a reporting year into NIHR CRN Portfolio studies	650,000	Enter the overall LCRN goal for 2015-16 recruitment 61,750	Please outline up to 3 key initiatives and projects planned for 2015-16 by your LCRN to contribute towards achievement of objective(s); business as usual activities will be assumed and need not be outlined. Identify opportunities to work and build relationships with the Yorkshire and Humber Strategic Clinical Network to embed clinical research into patient services. Facilitate joint working between Clinical Leads and Partner Organisations to identify and develop opportunities for new clinical research both locally and nationally. - Primary/Secondary Care interface Increase Primary Care engagement and identify hard to reach communities to enable patients to have the opportunity to participate in clinical research	Please outline associated timescale(s) July 2015 Ongoing October 2015
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%	80%	Currently 50% (72/144) for closed studies. A newly appointed Industry Operations Manager is in post and a key priority is to work with key opinion leaders, clinical leaders and Partner organisations to define a performance management framework involving both the clinical expertise of the Specialities and Partner Organisations. A review of the current Industry operations team, role and requirements to facilitate future growth will be undertaken. The Industry work stream will be realigned to support Partner Organisations and Clinical Leads to achieve the national target of 80% Build on commercial strengths in Primary Care with strong commercial leadership. Collaborative working across practices through federations. An analysis of reasons that studies are failing to meet agreed targets will be undertaken, ensuring that support is provided to research teams to improve future performance; with particular emphasis on improving the accuracy of feasibility. There will be a particular emphasis on working with Partner Organisations and delivery teams new to commercial research to identify training needs and look at novel ways of working to support new PIs Identifying Partner Organisation research capability statements and research strategies Enhancing Feasibility - study reports/Virtual Business Unit - Partner Organisation capability and capacity statements - Educating/supporting PIs to ensure realistic Expressions of Interest	June 2015 June 2105 May 2015 Ongoing
		B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	80%	Currently 69% (29/42) for closed studies. Through our local Study Support Service ensure there is accurate feasibility, supported by robust performance management. Utilising local and national reporting tools ensure clinical teams have access to information to support recruitment target setting. Identify local, regional and national best practice in accurate target setting. This will be achieved through - reports from Virtual Business Unit monthly and close collaboration with portfolio team Working with local Academics.	Ongoing

3	Increase the number of commercial contract studies delivered through the NIHR CRN	A: Number of new commercial contract studies entering the NIHR CRN Portfolio	600	n/a	<p>An Industry Operations Manager (IOM) has recently been appointed and has been set a key priority to scope regional strengths and clinical opportunities, work with key opinion leaders and clinical leadership group. The Industry Operations Manager will explore opportunities with CRFs, BRUs, AHSN and other NIHR partners to grow contract commercial research.</p> <p>Develop a strategy to promote and market newly formed (clusters) in line with CRN: Yorkshire and Humber Primary Care funding strategy to commercial sponsors and CROs.</p> <p>Showcase our Primary Care capacity</p> <ul style="list-style-type: none"> - Opportunities in Diabetes - Pharmacy opportunities and expertise, 30 research ready pharmacists <p>Work with key opinion leaders, Clinical Divisional Leads, Speciality Leads and Research Delivery Managers – To understand opportunities, strengths and clinical strategy.</p> <p>Deliver the national agenda with regards to a balanced portfolio, by ensuring an appropriately skilled workforce that works in an integrated manner to allow flexibility and efficiency.</p> <p>We will explore further opportunities for Phase 1 and experimental trials with CRFs and BRUs.</p> <p>Utilise the capacity within the flexible teams, identify regional training needs.</p> <p>Identify opportunities to and plan to open one community pharmacy study.</p> <p>We will work to support and develop the current strategic alliances with Quintiles, Parexel and PPD.</p> <p>We will engage with these organisations to ensure excellent performance and consistent study delivery across the region. The network Executive will work with our strategic partners to explore how these relationships can be expanded across the region.</p> <p>Med Tech will form one strand of our commercial portfolio activity.</p> <p>We will review the current portfolio of Med Tech studies and establish the expertise and settings available to develop this in the region.</p> <p>We will engage with other NIHR infrastructure including CLAHRC to establish the barriers and extent of the commitment to Med Tech studies including costing, contracting and set up.</p> <p>Work closely with Medipex Healthcare Innovation hub to monitor the pipe line of Med Tech studies in development in Yorkshire and Humber ensuring that all eligible studies are both conducted within the region and network supported.</p> <p>We will build on established relationships with D4D, TITCH to explore future opportunities.</p>	<p>March 2016</p> <p>March 2016</p>
		B: Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies	75%	n/a	<p>Working closely with CROs Quintiles and Parexel.</p> <p>Showcasing our capability capacity and successful delivery.</p> <p>Build on our Primary Care success which is recognised at national level.</p>	July 2015
4	Reduce the time taken for NIHR studies to achieve NHS Permission through CSP	Proportion of studies obtaining NHS Permission at all sites within 40 calendar days (from receipt of a valid complete application by NIHR CRN)	80%	80%	<p>CSP will be sustained by a system using a First point of contact team (FPOC) to ensure that CSP tasks and associated emails are prioritised, communicated and actioned effectively to achieve the POF 15 day study wide review target.</p> <p>The CRN in collaboration with partner trust will ensure a consistent & robust performance management framework to reduce NHS permission times across the region until full implementation of the HRA approval process.</p> <p>Partner Organisation – R&D Forum has been implemented led by a Deputy Chief Operating Officer to facilitate timely permissions and collaborative working.</p>	Ongoing

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 calendar days of NHS Permission being issued or First Network Site Initiation Visit, at confirmed Network sites	80%	Current performance is 25% we will continue to work to 80%	<p>Work with key opinion leaders, Local Specialty Group Leads and PIs to ensure clinical oversight and understanding of blocks to timely recruitment – regular Divisional Lead and Specialty Group meetings timetabled.</p> <p>A clear process for accurate feasibility in a timely fashion that aligns with timings of study set up.</p> <p>Monthly metrics provided to Partner Organisations via Virtual Business Unit and portfolio teams.</p> <p>Close clinical engagement and effective communication with delivery teams to ensure early identification of first patient.</p> <p>Work with Trust RD teams to develop a process that keeps researchers informed of time lines for study set up.</p> <ul style="list-style-type: none"> - through the R&D forum - develop Performance Management tool to support this - buddying research teams within and across organisations to facilitate recruitment <p>Explore the opportunity to enhance recruitment utilising databases within organisations.</p> <p>Develop local process to collect data until the national system is in operation.</p>	Ongoing
		B: Proportion of non-commercial studies achieving first participant recruited within 30 calendar days of NHS Permission being issued	80%	80	<p>Currently 58% (26/45)</p> <p>As part of the development of SSS, in collaboration with Partner Organisations R&D teams develop a Yorkshire and Humber process for managing FPI. This will include in the first instance :</p> <p>As part of study feasibility identify FPR target dates during the study set up process and for timely review.</p> <p>Ensure effective communication systems to increase awareness to both R&D and clinical research teams of this HLO.</p> <p>Work with the BIU to develop the best use of LPMS and BIU reporting tools to develop appropriate performance management systems at both Partner Organisations and LCRN level.</p>	Ongoing Sept 2015
6	Increase NHS participation in NIHR CRN Portfolio Studies	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%	99%	All of Yorkshire and Humber Partners are engaged in research, we will continue to work closely with all organisations and support the alignment of Partner Organisation strategy and network objectives through workshops led by Clinical Divisional Leads and RD teams.	To maintain
		B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%	70%	<p>Proportion of partner organisations recruiting to commercial studies is consistently above target (currently 82%, source ODP 2 Jan 2015) with the exception of the following Trusts.</p> <p>Humber NHS Foundation Trust</p> <p>Leeds and York Partnership NHS Foundation Trust</p> <p>Rotherham, Doncaster and South Humber NHS Foundation Trust</p> <p>Yorkshire Ambulance Service NHS Foundation Trust</p> <p>We will review clinical strengths/engagement and look at 'buddying up' with more experienced Partner Organisations.</p> <p>Utilise Primary Care as a PIC site.</p>	Ongoing
		C: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	25%	25%	<p>Currently 26% of practices 199/781 are actively involved in research. We are 1/15 nationally for recruitment in primary care. Aim to achieve 30% in 2015/16.</p> <p>A Primary Care Steering Group was established in 2014/15 novel models of delivery have been implemented these will be supported in 2015/16 to maintain and increase Primary Care involvement.</p>	Ongoing

					<p>Yorkshire and Humber CRN are taking the opportunity to work with federations/alliances to optimise opportunity. Continue to engage with the 24 CCGs and support local opportunities.</p> <p>Identify training and education needs in the community for GPs, pharmacists, practice nurses, school nurses, AHP and district nurses (particularly to support wound care research which is a key strength in Yorkshire and Humber).</p> <p>Development of a novel funding model has realised further potential in terms of number of practices involved and identification of the community workforce.</p>	<p>Ongoing</p> <p>May 2015</p>
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	13,500	Enter the LCRN goal for 2015-16 recruitment to Dementias and Neurodegeneration	<p>1500 this is based on 10% uplift on current year.</p> <p>Joint dementia Research Initiative is being led by Partner Organisations in the region and will enable quicker recruitment once Chief Investigators have agreed for their studies running in Yorkshire and Humber to be included on the database.</p> <p>Build on care home strengths there are currently 45 research ready homes in Yorkshire and Humber.</p> <p>Encourage further uptake of the on line training tool EURICH – due for pilot/assessment of the tool through a stakeholder group, there is an expectation to roll out EURICH nationally.</p> <p>Dementia awareness week May 2015, plans to further involve media (build on success of recent TV coverage).</p> <p>Identify age and ageing and public health opportunities.</p>	Ongoing

Appendix B – Template for LCRN plans against the NIHR CRN Clinical Research Specialty Objectives (Table 2)**2. LCRN plans to contribute to achievement of NIHR CRN Clinical Research Specialty objectives 2015-16****GROUP 1: INCREASING THE BREADTH OF RESEARCH ENGAGEMENT IN THE NHS**
Increasing the opportunities for patients to participate in NIHR CRN Portfolio studies

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
1.1	Cancer	Increase the opportunities for cancer patients to take part in research studies, regardless of where they live, as reflected in National Cancer Patient Experience Survey responses	Number of LCRNs which have an action plan to increase access in each sub Specialty (e.g. by opening studies, increasing awareness and forming referral pathways for access to research)	15	<p>Understand the current information systems and work to integrate the availability of research study information for the MDTs.</p> <p>Review study set up practice with Partner Organisations.</p> <p>Consult with local patient groups and the public to understand the blocks to equity of access issues for patients and hard to reach communities.</p> <p>Explore opportunities and novel ideas for care closer to home, follow up and treatment options. (Creating capacity).</p> <p>Work with local key opinion leaders and clinical teams to further develop existing referral pathways, both inter and intra CRN.</p> <p>Identify a Radiotherapy Lead for the network and link with the already established trial network radiotherapy group in order to coordinate equity of access to radiotherapy research across the network.</p> <p>Continue to work with the Strategic Clinical Networks to ensure that clinical and research pathways align wherever possible.</p>
1.2	Children	All relevant sites that provide services to children are involved in research	Proportion of NHS Trusts recruiting into Children's studies on the NIHR CRN Portfolio	95%	<p>Of the 22 partner organisations 18 provide services to children (and adolescents) of those 18 – 15 (83%) are reporting recruitment to children's studies.</p> <p>Plans are in place to maintain activity through close working with clinical teams</p> <ul style="list-style-type: none"> - robust portfolio management - exploring collaboration between Primary and Secondary Care health boundaries <p>The 3 remaining Trusts are Mental Health Services that support adolescents and confirmation of appropriate activity is being sought.</p> <p>The remaining 4 partner organisations do not provide children's services.</p>

1.3	Critical Care	Increase intensive care units' participation in NIHR CRN Portfolio studies	Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio	80%	<p>4 Trusts will be recruiting into Critical Care portfolio studies in Yorkshire and Humber in 15/16. 14 Trusts have ICUs in Yorkshire and Humber network (including Sheffield Children's Teaching Hospitals). Activity needed in 7 additional Trusts to meet 80% target.</p> <p>4 studies will be open in 2015/16</p> <p>CRN Yorkshire and Humber will increase participation by:</p> <p>Regular meetings with Specialty Group Leads and attending frequent Specialty Meetings to develop balanced portfolio across network.</p> <p>Working with Clinical Leads and Specialty Group Lead to identify new Principal Investigators and provide a local mentor to support them.</p> <p>Exploring potential for developing Critical Care research in new sites, taking into account the workforce development needs in this niche area.</p> <p>Exploiting the natural synergies across the Division in Accident and Emergencies, Surgery, ICU and Trauma and Orthopaedics.</p>
1.4	Dermatology	Increase NHS participation in Dermatology studies on the NIHR CRN Portfolio	Number of sites recruiting into Dermatology studies	150	<p>15/19 potential Trusts currently recruiting to portfolio studies.</p> <p>Of the 4 not recruiting there is a lack of service provision in Dermatology.</p> <p>The network are scoping the potential of future clinical alliances that are emerging for example Harrogate and District NHS Foundation Trust with Airedale NHS Foundation Trust/Bradford Teaching Hospitals NHS Foundation Trust.</p> <p>Previous novel collaborations have resulted in linking delivery of portfolio studies in the community following development with Principle Investigators in Secondary Care for example to include a pharmacy study, a commercial study and a med tech study. The aim is to build on the successful initiatives.</p> <p>These close links with the UK Dermatology Clinical Trials network provides opportunity to deliver portfolio research in Primary and Secondary Care as does collaborative working with the Society of Academic Primary Care.</p> <p>Wound care is a regional strength and we will explore opportunities for embedding wound care research into our organisations as well as exploring collaborations across the North of England.</p> <p>Identifying trainee SpRs to engage in portfolio study recruitment as part of their training.</p> <p>Dermatology lends itself to niche commercial opportunities, Yorkshire and Humber is recognised as a region of choice in Acne and Psoriasis – with local Chief Investigators/Key Opinion Leaders providing opportunity to expand research activity across Yorkshire and Humber.</p> <p>NIHR Hub being piloted for trust members in Harrogate Hospital for Dermatology and Diabetes (PPI), led by Maggie Peat and Dipika Patel.</p>

1.5	Ear, Nose and Throat (ENT)	Increase NHS participation in Ear, Nose and Throat studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into ENT studies on the NIHR CRN Portfolio	40%	<p>2 Trusts (York and Sheffield) will be recruiting into ENT portfolio studies in Yorkshire and Humber in 15/16. Activity needed in 4 additional Trusts to meet 40% target. This can be achieved by working to identify new studies for sites which were research active in 2014/15.</p> <p>2 studies will be open in 2015/16</p> <p>CRN Yorkshire and Humber will increase participation by:</p> <p>Regular meetings with Specialty Group Leads and attending frequent Specialty Meetings to develop balanced portfolio across network.</p> <p>Working with Clinical Leads and Specialty Group Lead to identify new Principal Investigators and provide a local mentor to support them.</p> <p>Exploring potential for developing ENT research in new sites and growing commercial portfolio.</p>
1.6	Gastroenterology	Increase NHS participation in Gastroenterology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into Gastroenterology studies on the NIHR CRN Portfolio	90%	<p>13/14 acute Trusts will be recruiting into Gastroenterology portfolio studies in Yorkshire and Humber in 15/16 (93%), we will build on this considerable strength.</p> <p>CRN Yorkshire and Humber will increase participation by:</p> <p>Regular meetings with Specialty Group Leads and attending frequent Specialty Meetings to develop balanced portfolio across network.</p> <p>Ensuring portfolio balance is maintained across the network geography by identifying new studies.</p> <p>Working with Clinical Leads and Specialty Group Lead to identify new Principal Investigators and provide a local mentor to support them.</p> <p>Ensuring portfolio balance is maintained across the network geography by identifying new studies for Barnsley Hospital NHS Foundation Trust which recruited into Gastroenterology studies in 2014/15 but will have no open studies in 15/16.</p> <p>Identifying new studies and sites.</p> <p>Potential studies which may be suitable for Yorkshire and Humber sites include: ID17478: Rectal mucus sampling to assess for biomarkers of GI disease. ID15428: ACTIB.</p> <p>Potential commercial studies identified, likely to open in Yorkshire and Humber in next 6 months.</p> <p>Ix-led activity ID17739: END-CaP-C Test Accuracy Study currently being discussed, GEM.</p> <p>Identifying trainee registrars to engage with portfolio studies.</p>
1.7	Haematology	Increase NHS participation in Haematology studies on the NIHR CRN Portfolio	Proportion of NHS Trusts undertaking Haematology studies in each LCRN	50%	<p>All NHS Trusts offering Haematology services recruit to NIHR Portfolio Studies Currently 10/22 active Trusts - 100%</p> <p>We will explore opportunities within non active Partner Organisations and work with Partner Organisations who are actively recruiting to identify opportunities for further growth.</p>

1.8	Injuries and Emergencies	Increase NHS major trauma centres' participation in NIHR CRN Portfolio studies	Proportion of NHS major trauma centres recruiting into NIHR CRN Portfolio studies	100%	<p>All 3 Major Trauma Units (Leeds General Infirmary, Hull Royal Infirmary and Northern General Hospital Sheffield) currently participating in Injuries and Emergencies portfolio research.</p> <p>Continue to identify new studies through regular meetings with Specialty Group Leads.</p> <p>Currently no recruitment from Sheffield Children's Hospital Major Trauma Centre – They are currently appointing a nurse to ED and we will work with this trust to ensure new studies in Injuries and Emergencies are opened where possible.</p> <p>Work with the Leeds Major Trauma Centre's newly appointed Trauma and Orthopaedics Research Nurse and Yorkshire Ambulance Trust to explore opportunities (Airways 2).</p>
1.9	Injuries and Emergencies	Increase NHS emergency departments' participation in NIHR CRN Portfolio studies	Proportion of NHS emergency departments recruiting into NIHR CRN Portfolio studies	30%	<p>6 Trusts will be recruiting into Injuries and Emergencies portfolio studies in Yorkshire and Humber in 15/16 (43%).</p> <p>6 studies will open in 2015/16</p> <p>CRN Yorkshire and Humber will increase participation by:</p> <p>Regular meetings with Specialty Group Leads and attending frequent Specialty Meetings to develop balanced portfolio across network.</p> <p>Continue work with newly appointed Research Paramedics to increase participation in portfolio studies across network.</p> <p>Working with Clinical Leads and Specialty Group Lead to identify new Principal Investigators and provide a local mentor to support them.</p> <p>Improving links with Yorkshire Ambulance Service to increase equity of access.</p> <p>Exploring potential for developing Injuries and Emergencies research in 7 new sites.</p> <p>Identifying new studies and sites.</p> <p>Potential studies which may be suitable for Yorkshire and Humber sites include:</p> <p>ID17850: PATH 2</p> <p>ID18000: BEST</p> <p>ID17761: Airways 2 study to open September 2015.</p>
1.10	Musculoskeletal	Increase NHS participation in Musculoskeletal studies on the NIHR CRN Portfolio	Number of sites recruiting into Musculoskeletal studies on the NIHR CRN Portfolio	300	<p>There are currently 14 Trusts and 14 CCGs recruiting across Yorkshire and Humber.</p> <p>We will continue to benefit from commercial and non commercial strengths of the Leeds LMBRU, who have been nominated as the preferred centre by Quintiles (CRO).</p> <p>Early Rheumatoid Arthritis (2848) open until Jan 2020.</p> <p>Strong Key Opinion Leaders/local studies eg. distributed model of shared specialty leadership (3 leads) building on significant strengths.</p>

1.11	Ophthalmology	Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into Ophthalmology studies on the NIHR CRN Portfolio	60%	<p>8 Trusts will be recruiting into Ophthalmology portfolio studies in Yorkshire and Humber in 15/16 (57%).</p> <p>11 studies will be open in 2015/16.</p> <p>CRN Yorkshire and Humber will increase participation by:</p> <p>Regular meetings with Specialty Group Leads and attending frequent Specialty meetings to develop balanced portfolio across network.</p> <p>Ensuring portfolio balance is maintained across the network geography by identifying new studies.</p> <p>Working with Clinical Leads and Specialty Group Lead to identify new Principal Investigators and provide a local mentor to support them.</p> <p>Exploring potential for developing Ophthalmology research in 6 new sites. Identifying new studies. DREAMS observational study ID17958 FACT ID17966 Positioning in Macular Hole Surgery LEAVO interventional study currently in setup in Leeds (may open in other Yorkshire and Humber sites).</p> <p>Feasibility discussions currently taking place for TAGS glaucoma, ASCOT and ID 18040 STAR.</p>
1.12	Renal Disorders	Increase the proportion of NHS Trusts recruiting into Renal Disorders studies on the NIHR CRN Portfolio which actively engage renal and urological patients in research	Proportion of NHS Trusts recruiting into Renal Disorders studies on the NIHR CRN Portfolio which implement Patient Carer & Public Involvement and Engagement (PCPIE) strategies for Renal Disorders research	25%	<p>Martin Wilkie, our Co-Clinical Lead for Division 2, is a renal specialist who is experienced at implementing PCPIE strategies.</p> <p>We will work with our renal specialty leads and PCPIE team to implement measurable PCPIE strategies for renal disorders research across the region.</p>
1.13	Stroke	Increase the proportion of NHS Trusts, providing acute Stroke care, recruiting to Stroke studies on the NIHR CRN Portfolio	Proportion of NHS Trusts, providing acute Stroke care, recruiting participants into Stroke studies on the NIHR CRN Portfolio	80%	<p>100% of Yorkshire and Humber Trusts providing acute stroke care and recruiting into portfolio studies.</p> <p>Maintaining infrastructure to allow continuing delivery - current review of stroke workforce and models of delivery.</p>
1.14	Surgery	Increase NHS participation in Surgery studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting patients into Surgery studies on the NIHR CRN Portfolio	85%	<p>7 Trusts will be recruiting into Surgical portfolio studies in Yorkshire and Humber in 15/16. Activity needed in 5 additional Trusts to meet 85% target. 8 studies will be open in 2015/16.</p> <p>CRN Yorkshire and Humber will increase participation by:</p> <p>Regular meetings with Specialty Group Leads and attending frequent Specialty Meetings to develop balanced portfolio across network.</p> <p>Working with Clinical Leads and Specialty Group Lead to identify new Principal Investigators and provide a local mentor to support them.</p> <p>Exploring potential for developing surgical research in new sites.</p> <p>Identifying new studies and sites.</p> <p>Potential studies which may be suitable for Yorkshire and Humber sites include: ID16699: BASIL-2 ID17719 UK Frost</p> <p>Review current workforce infrastructure in order to understand opportunities relating to current best practice within the surgical portfolio.</p>

Appendix B – Template for LCRN plans against the NIHR CRN Clinical Research Specialty Objectives (Table 2)**GROUP 2: PORTFOLIO BALANCE****Delivering a balanced portfolio (across and within Specialties) that meets the needs of the local population and takes into account national Specialty priorities**

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
2.1	Ageing	Increase access for patients to Ageing studies on the NIHR CRN Portfolio	Proportion of Ageing-led studies which are multicentre studies	50%	<p>12 open studies nationally – 4 in Yorkshire and Humber – 33%</p> <p>45 care homes currently research ready to engage with new studies.</p> <p>Collaborating with the White Rose University Consortium and the Ageing priority group to provide delivery infrastructure for research projects on the portfolio.</p> <p>Successful collaboration with John Young 'Prevention Delirium Study' - Bradford leading to new opportunity.</p> <p>Awaiting to appoint a Specialty Lead.</p>
2.2	Cancer	Increase the number of cancer patients participating in studies, to support the national target of 20% cancer incidence	Number of LCRNs recruiting at or above the national target of 20%, or with an increase compared with 2014-15	15	<p>20% of incidence equates to 5,709 recruits (minimum target)</p> <p>Achieve by</p> <p>Opening studies to make a difference e.g. MAMMO 50, FOCUS 4.</p> <p>Identifying new Principle Investigators – providing a local mentor to support them.</p> <p>Regular performance management of recruitment and early intervention to support poor recruiting studies/sites.</p>
2.3	Cancer	Increase the number of cancer patients participating in interventional trials, to support the national target of 7.5% cancer incidence	Number of LCRNs recruiting at or above the national target of 7.5%, or with an increase compared with 2014-15	15	<p>7.5% of incidence is 2,141 recruits (minimum target is 1,855)</p> <p>Achieve by</p> <p>Identifying studies that make a difference by giving opportunity to take part e.g. Add-aspirin.</p> <p>The use of referral and PIC sites.</p> <p>Regular performance management of recruitment and early intervention to support poor recruiting studies/sites.</p> <p>Establish the most effective skill mix and work flexibly within the division and cross divisionally.</p>
2.4	Cancer	Deliver a Portfolio of studies including challenging trials in support of national priorities	Number of LCRNs recruiting into studies in: Cancer Surgery Radiotherapy Rare cancers (cancers with incidence <6/100,000/year) Children's Cancer & Leukaemia and Teenagers & Young Adults	15	<p>Scope activity and potential for opportunities within all Partnership Organisations with Clinical Leads across Yorkshire and Humber Local Specialty Groups.</p> <p>Yorkshire and Humber already has a number of radiotherapy (~15 studies) - we will review local difficulties and collaborative potential in order to develop an action plan for growth by mid year.</p> <p>Have an inclusive portfolio of trials for Children's Cancer & Leukaemia & Young Adults, including a number of commercial studies (minimum 2).</p>

2.5	Cardiovascular Disease	Increase access for patients to Cardiovascular Disease studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into multi-centre studies in the six Cardiovascular Disease sub Specialties	15	Close working with Clinical Divisional and Specialty Leads to clarify CVS sub specialty to allow appropriate engagement with Principle Investigators and Clinical teams.
2.6	Diabetes	Increase support for areas of Diabetes research where traditionally it has been difficult to recruit	Number of LCRNs with at least one research site recruiting into diabetic foot studies on the NIHR CRN Portfolio	15	We have a distributed model of clinical leadership across Yorkshire and Humber with a Specialty Lead in each county (3 leads) with an interest in Diabetes. We will ensure that we prioritise diabetic foot studies in our regular business meetings. We will scope opportunity through established diabetes foot clinics /podiatry (appointed AHP lead podiatry). This will allow us to find novel recruitment strategies.
2.7	Diabetes	Increase access for people with Type 1 Diabetes to participate in Diabetes studies on the NIHR CRN Portfolio early after their diagnosis	Number of LCRNs approaching people with Type 1 Diabetes to participate in interventional Diabetes studies on the NIHR CRN Portfolio within six months of their diagnosis	15	We will ensure that we prioritise Type-1 Diabetes studies in our regular business meetings. This will allow us to find novel recruitment strategies, for instance, using regional and national diabetes registries to locate patients and understand incidence. Explore a raising awareness campaign through community/General practice.
2.8	Gastroenterology	Increase the proportion of patients recruited into Gastroenterology studies on the NIHR CRN Portfolio	Number of participants (per 100,000 population), recruited into Gastroenterology studies on the NIHR CRN Portfolio	15	Yorkshire and Humber Population of 5,270,385 = Target of 791 participants to be recruited in 2015/16. All acute Trusts will have open Gastroenterology studies in 15/16. Continue to identify new studies for all active sites as outlined in 1.6.
2.9	Genetics	Increase access for patients with rare diseases to participate in Genetics studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into multi-centre Genetics studies through the NIHR UK Rare Genetic Disease Research Consortium	14	The Yorkshire and Humber Genetic services are currently recruiting to 4 NIHR UK RGDRC Studies. Real opportunities and strengths in Childrens hospitals.
2.10	Haematology	Increase access for patients to Haematology studies undertaken by each LCRN	Number of LCRNs recruiting into studies in at least three of the four following Haematology subspecialties : Haemoglobinopathy, Thrombosis, Bleeding disorders, Transfusion	15	13193 – Transfusion 13911 – Thrombosis Yorkshire and Humber Haematology services also frequently support studies into Sickle Cell and Thalassemia (Haemoglobinopathy).
2.11	Hepatology	Increase access for patients to Hepatology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into a multi-centre study in all of the major Hepatology disease areas (including Viral Hepatitis, NAFLD, Autoimmune Liver Disease, Metabolic Liver Disease)	15	All 14 acute Trusts will be recruiting into Hepatology studies in 15/16. 15/16 portfolio will cover areas such as Cirrhosis, Hepatitis C, IgG4 Disease, PBC and PSC. To work with Specialty Group Lead to continue to identify new studies covering all major Hepatology disease areas. To actively identify studies in areas where there is no activity such as NAFLD and Metabolic Liver Disease.

2.12	Infectious Diseases and Microbiology	Increase access for patients to Infectious Diseases and Microbiology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into antimicrobial resistance research studies on the NIHR CRN Portfolio	15	To maintain recruitment into antimicrobial resistance research studies in 15/16 including: ID17433 G-TOG – Gentamicin in the Treatment of Gonorrhoea ID11656 Azithromycin for the treatment of PID ID 12362 The ARREST Trial Continue to work with Specialty Group Leads (distributed model) with different clinical skills eg. HIV, C.difficile and antimicrobial resistance studies, and to identify new studies and gaps in the portfolio as studies close.
2.13	Metabolic and Endocrine Disorders	Increase access for patients with rare diseases to participate in Metabolic and Endocrine Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into established studies of rare diseases in Metabolic and Endocrine Disorders on the NIHR CRN Portfolio	15	We are successfully recruiting into studies and have active sites in Hull and Leeds for patients with rare diseases. We plan to open 2 more sites in 15/16.
2.14	Oral and Dental	Increase access for patients and practitioners to Oral and Dental studies on the NIHR CRN Portfolio	A: Proportion of Oral and Dental studies on the NIHR CRN Portfolio recruiting from a primary care setting	20%	2 studies in Yorkshire and Humber ID 13290 and ID 14442 are currently recruiting and will continue into 15/16. There are new studies on the portfolio and we have a study in set up.
			B: Proportion of participants recruited from a primary care setting into Oral and Dental studies on the NIHR CRN Portfolio	30%	Current recruitment 686. Work with Local Specialty Group Lead to identify opportunities in Primary Care and Dental Hospitals to increase patient participation and opportunity.
2.15	Primary Care	Increase access for patients to NIHR CRN Portfolio studies in a primary care setting	Proportion of NIHR CRN Portfolio studies delivered in primary care settings	15%	Total no of network studies 856-71 (8.3%), currently this involves 26% of our GP practices. Work with Federations and Alliances to ensure this is explicit in funding models. Exploring novel opportunities to ensure equity to patients and public. We have appointed a Palliative Care Local Specialty Group Lead - this is a particular strength with a number of hospices involved in research and meetings in place to engage others. We also have opportunity in the community and General practice to open studies for patients with long term conditions (COPD, Pain management) as part of this LSG. Hard to reach populations in a diverse geography. Planned Primary Care event to showcase studies to be delivered across the region. Identify strengths within specialties to maximise opportunity for Primary Care delivery eg. MSK, Dermatology, Diabetes and Mental Health.
2.16	Renal Disorders	Increase NHS participation in Renal Disorders studies on the NIHR CRN Portfolio	A. Proportion of acute NHS Trusts recruiting into multi-centre Renal Disorders randomised controlled trials on the NIHR CRN Portfolio	30%	Currently 50% of acute trusts are recruiting into renal RCTs, we plan to maintain activity and extend activity to new sites. Build on PPI strengths. Develop strategy in line with NIHR Diagnostic Evidence Co-operative, Leeds.
			B. Proportion of Renal Units recruiting into multi-centre Renal Disorders randomised controlled trials on the NIHR CRN Portfolio	80%	100% - Information taken from The Renal Association 6/6 renal units currently recruiting into RCTs.

2.17	Respiratory Disorders	Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting participants into NIHR CRN Portfolio studies in the Respiratory Disorders main disease areas of Asthma, COPD and Pneumonia	15	<p>6 COPD studies will be open in 2015/16 (Bradford, Sheffield, Doncaster and Leeds).</p> <p>4 Asthma studies will be open in 2015/16 (Hull, Sheffield and Bradford).</p> <p>Continue to work with Specialty Group Lead and Clinical Divisional Lead to identify new studies and gaps in the portfolio as studies close.</p> <p>Discussions underway with pharmaceutical companies to expand the commercial research portfolio.</p> <p>Work with Specialty Group Lead and Clinical Divisional Lead to identify Pneumonia studies and potential sites/Principal Investigators.</p> <p>Continue to expand the research pool by involvement in the specialist trainee training programmes.</p>
2.18	Stroke	Increase the proportion of patients recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio	Number of patients (per 100,000 population) recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio	8	<p>5,423,805 pop/ 329 recruits to date = 6.1 patients per 100,000 population.</p> <p>We are planning a review of stroke services to review workforce and develop a recruitment strategy.</p>
2.19	Stroke	Increase activity in NIHR CRN Hyper acute Stroke Research Centres (HSRCs)	A: Number of patients recruited to Hyper acute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN HSRC	50	There isn't a recognised Hyper acute stroke unit in Yorkshire and Humber - however we are actively recruiting to these studies (not badged).
			B: Number of patients recruited to complex Hyper acute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN HSRC	15	In 2014/15 we have recruited to three studies ENCHANTED, TITCH2 and PISTE a total of 44 patients.

GROUP 3: RESEARCH INFRASTRUCTURE**Developing research infrastructure (including staff capabilities) in the NHS to support clinical research**

ID	Specialty	Objective	Measure	Target	LCRN activities and initiatives to contribute to achievement of objective(s)
3.1	Cancer	Establish local clinical leadership and a defined portfolio across the cancer subspecialty areas	Number of LCRNs with, for each of the 13 Cancer subspecialties, a named lead and a defined portfolio of available studies	15	<p>10 sub-specialty leads appointed (3 in discussion).</p> <p>Each will have details of current portfolio and trials in set up.</p> <p>Each will be supported by either the Clinical Lead or Specialty Lead.</p> <p>Access to the portfolio maps and information about new trial pipeline.</p> <p>The portfolio is fluid and changes monthly, some e.g. breast have over 25 trials open but in sarcoma there are just 7. The Sub-Specialty Leads will help introduce new studies to the network.</p>
3.2	Anaesthesia, Perioperative Medicine and Pain Management	Establish links with the Royal College of Anaesthetists' Specialist Registrar networks to support recruitment into NIHR CRN Portfolio studies	Number of LCRNs where Specialist Registrar networks are recruiting into NIHR CRN Portfolio studies	4	<p>Yorkshire Humber CRN will continue to work with anaesthetic trainees through established links with the following Specialist Registrar Networks:</p> <p><i>Anaesthetic Audit & Research Matrix of Yorkshire (AARMY)</i></p> <p><i>South Yorkshire Hospitals Audit and Research Collaboration (SHARC)</i></p>
3.3	Dementias and Neurodegeneration (DeNDRoN)	Optimise the use of "Join Dementia Research" to support recruitment into DeNDRoN studies on the NIHR CRN Portfolio	The proportion of people identified for DeNDRoN studies on the NIHR CRN Portfolio via "Join Dementia Research"	3%	<p>Promote JDR in memory clinics.</p> <p>Promote JDR through PPI and the National launch.</p> <p>Ensure their clinicians/researchers are registering and utilising the JDR.</p> <p>Gain CEO engagement through the Partnership Group.</p> <p>Scope potential with Partner Organisations to embed Dementia into their research strategies.</p> <p>Through GP steering group promote the JDR initiative.</p> <p>Promote JDR initiatives through regular communications/newsletters.</p> <p>Use our 45 care homes to promote the JDR initiative.</p> <p>Opportunities through Dementia Friends.</p>
3.4	Dementias and Neurodegeneration (DeNDRoN)	Increase the global and psychometric rating skills and capacity of LCRN staff supporting DeNDRoN studies on the NIHR CRN Portfolio	Proportion of LCRN staff who support DeNDRoN studies who have successfully completed Rater Programme Induction and joined the national Rater database	40%	<p>Local target 40%</p> <p>Scope the number of staff supporting DeNDRoN currently.</p> <p>One Rater trained member of staff in each member organisation recruiting into DeNDRoN studies.</p>
3.5	Infectious Diseases and Microbiology	Maintain research preparedness to respond to an urgent public health outbreak	Number of LCRNs maintaining a named Public Health Champion	15	<p>CRN: Yorkshire and Humber will continue to work with Gavin Barlow (Gavin.barlow@hey.nhs.uk).</p> <p>Identify a joint role with Public Health Lead in Division 5 – See Yorkshire and Humber Public Health Plan.</p>

3.6	Mental Health	Maintain and enhance the skills and capacity of staff supporting Mental Health studies on the NIHR CRN Portfolio in frequently used Mental Health study eligibility assessments (e.g. PANSS, MADRS, MCCB)	Number of staff trained in frequently used Mental Health study eligibility assessments	139	14 members of staff currently trained in Mental Health study eligibility assessments. At least one Rater trained member of staff in each member organisation recruiting into DeNDRoN studies.
3.7	Neurological Disorders	Increase clinical leadership capacity and engagement in each of the main disease areas in the Neurological Disorders (MS; Epilepsy and Infections) Specialty	Number of LCRNs with named local clinical leads in MS; Epilepsy and Infections	15	Professor Markus Reuben is the Clinical Lead for Epilepsy Dr Helen Ford is the Clinical Lead for Multiple Sclerosis No Clinical Lead currently identified for neurological infections
3.8	Reproductive Health and Childbirth	Increase engagement and awareness of the Reproductive Health and Childbirth Specialty	Number of LCRNs with a named midwifery lead to increase engagement and awareness	15	We have a senior midwife currently sharing the LSG post. Viv Dolby also acts as the Midwifery Champion for Yorkshire and Humber.

Appendix C – Template for LCRN Plans against the Operating Framework 2015-16 (Table 3)

Table 3. LCRN plans against the Operating Framework 2015-16

POF Area	Operating Framework requirement	POF Ref	Information required	Planned LCRN actions/activities for 2015-16 or other requested information	Milestones & outcomes once complete	Timescale
LCRN Governance	The Host organisation shall develop and maintain an assurance framework including a risk management system	3.12	Assurance that a framework and system are in place to be provided by the Host organisation nominated Executive Director's signature on Annual Plan coversheet and submission of a copy of the latest version of the LCRNs risk register as Appendix 1 to the Annual Plan	N/A	N/A	N/A
	The Host organisation will ensure that robust and tested local business continuity arrangements are in place for the LCRN. This is to enable the Host organisation to respond to a disruptive incident, including a public health outbreak, e.g. pandemic or other related event, maintain the delivery of critical activities / services and to return to 'business as usual'. Business continuity arrangements should be in line with guidance set out by the national CRN Coordinating Centre.	3.14	Assurance that robust and tested local business continuity arrangements are in place for the LCRN to be provided by the Host organisation nominated Executive Director's signature on Annual Plan coversheet	N/A	N/A	N/A
	The Host organisation must ensure that appropriate arrangements are in place to support the rapid delivery of urgent public health research, which may be in a pandemic or related situation. It shall ensure that the LCRN has an Urgent Public Health Research Plan which can be immediately activated in the event that the Department of Health requests expedited urgent public health research. The Host must also appoint an active clinical investigator as the LCRNs Public Health Champion to act as the key link between the LCRN and the national CRN Coordinating Centre and support the Urgent Public Health Research Plan in the event of it being activated.	3.15	Assurance that the LCRN has an Urgent Public Health Research Plan in place to be provided by the Host organisation nominated Executive Director's signature on Annual Plan coversheet	Existing plan to be activated upon request Submitted to Coordinating Centre	As per plan	Complete
			Confirm name and contact details of LCRNs Public Health Champion against Specialty objective 3.5	Professor John Wright Director of Research 01274 36 4279 john.wright@bthft.nhs.uk Dr Gavin Barlow Consultant in Infection Hull and East Yorkshire Hospital NHS Trust Gavin.barlow@hey.nhs.uk	N/A	N/A
The Host organisation must ensure that LCRN activity is included in the local internal audit programme of work	3.17	Date of planned audit or anticipated timescale if exact date not yet known	Produce Terms of Reference Agree Terms of Reference Complete supportive work on site Produce draft summary report Provide prompt management response(s) Issue Final report for Audit Committee Terms of reference are available from the internal audit review if required.		January 2015 January 2015 February 2015 February 2015 March 2015 March 2015	

Research Delivery	<p>The Host organisation shall ensure that all LCRN organisations adhere to national systems, Standard Operating Procedures and operating manuals in respect of research delivery as specified by the national CRN Coordinating Centre. The Host organisation shall ensure that the LCRN management team provides excellent study performance management, in line with the standards and guidance issued by the national CRN Coordinating Centre, in order to ensure that all NIHR CRN Portfolio studies recruit to agreed timelines and targets.</p>	6.1-6.20	<p>Provide confirmation that the LCRN has a link person for the CRN Study Support Service programme and describe how information is cascaded to relevant colleagues</p>	<p>LCRN Link person : Fiona Halstead Deputy Chief Operating Officer Research Delivery Manager Division 6 f.halstead@nhs.net</p> <p>Dissemination by link to: Partner Organisation R&D Managers via Yorkshire and Humber R & D Operations Group.</p> <p>Through bulletin, intranet or website to Senior Management Team and divisional meetings.</p>	NA	NA
			<p>Provide a brief outline (1-2 paragraphs) of the LCRNs plans for implementation and delivery of the Study Support Service</p>	<p>CRN Yorkshire and Humber is working to ensure effective handover of responsibilities to the HRA and establishment of CRN Study Support Service (SSS) Programme in line with national guidance. This will be a staged process to re-designing our provision to focus on effective study set up including improved feasibility, portfolio planning, accurate attribution of research costs, performance management and review of patient follow-up. A review of our RD workforce will take place to ensure that we have the staff with the right skills to support study feasibility and set up. The CRN Yorkshire and Humber core team will work collaboratively with its partner organisations to develop a network HRA & SSS strategy that ensures a simplified approach to managing local study set up and delivery. A working group represented, facilitated and co-led by our Partner Organisations and the network core RM&G team will undertake a project including an options appraisal intended to establish accountability, responsibility and delivery of HRA & SSS objectives between the CRN core team and Partner Organisation R&D staff. The project will focus on three key topics:</p> <p>Preparation for the local implementation of the HRA approval process.</p> <p>Development and delivery of a Study Support Service.</p> <p>RM&G/R&D workforce review. As part of the workforce review there will be a requirement to re-shape the workforce in support of these future SSS priorities beyond 2015. Consideration will be given to identification of training opportunities and development.</p>	As per text	Complete 1/2/16
			<p>Provide a brief outline of local plans for supporting CSP BAU activities within local delivery structures in accordance with POF, and noting clauses 5.26 – 5.27 when planning RM&G local delivery structures</p>	<p>Ensure current key core network staff who support CSP are retained until December 2015 to ensure minimal disruption to the service, sponsors and researchers.</p> <p>Robust plan in place that addresses BAU to ensure HLOs are maintained.</p>	<p>Manage the retention of current key core network staff who support CSP with their input in the development of SSS and post-HRA research management processes in conjunction with the identification of career development and training opportunities to encourage continued engagement</p> <p>Undertake a workforce</p>	<p>LCRN to complete</p> <p>Complete handover March 2016</p>
	<p>The Host organisation will ensure that all LCRN Partner organisations adopt NIHR CRN research management and governance operational procedures. The Host organisation will ensure that quality, consistency and customer service are central to the LCRNs purpose in the implementation, delivery and oversight of NIHR CRN research management and governance services.</p>					

					<p>review with the aim of creating value for money and consistency and equality across the LCRN (to include identification of models of delivery, alignment of roles & responsibilities and grade, gap analysis in service offering and, options for flexible workforce)</p> <p>Develop plans in consultation with PO R&D for the implementation of HRA assessment requirements with minimal disruption to the service to sponsors and researchers. This will be achieved with the setup of Y&H working groups to include relevant stakeholders e.g. HRA Change Lead, PO and LCRN R&D staff and research support service departments to develop an agreement on principles for the delivery offering across Yorkshire and Humber.</p>	
	<p>The Industry Operations Manager will work closely with the Chief Operating Officer to establish and enable the implementation of the NIHR CRN Industry Strategy within the LCRN. The Industry Operations Manager will establish and lead the cross-divisional Industry function, including the single point of contact service, within the LCRN. The Industry Operations Manager will work closely with each Divisional Research Delivery Manager across all research divisions to ensure consistency of feasibility, study delivery and coordination across all divisions within the LCRN. The Industry Operations Manager will be responsible for the promotion of the Industry agenda to LCRN Partner organisations and investigators, delivering aspects of a national NIHR CRN Industry Strategy within the LCRN.</p>	6.21	<p>Provide an outline for the performance management of the provision of local feasibility information (site intelligence and site identification) for commercial contract studies. To include action plans for improvement in performance.</p>	<p>Yorkshire and Humber LCRN use a hub account as the Single Point of Contact (SPOC) mailbox. Industry team staff monitor the inbox assigning actions by division and Trust to ensure that responses are provided within the 15 day timelines.</p> <p>Feasibility timelines will be added as a standard agenda item to weekly team meeting teleconferences. Workload will be reviewed and all studies approaching the timeline are discussed, any studies at risk of exceeding the 15 day timeline are escalated to the Industry Operations Manager/relevant RDM for action.</p> <p>The LRCN will work with Partner Organisations to identify a named contact for commercial studies within each Partner Organisation. Any escalations arising would normally be resolved within normal study team structures but where these are exhausted the Partner Organisation commercial contact and LRCN Industry Manager will be contacted. Any issues which cannot be resolved at this level will be escalated to the Industry Operations Manager who will work with Partner Organisations R&D management teams and the NIHR Coordinating Centre to reach a resolution.</p>		April 2015

			Provide details of local strategies for achieving LCRN wide usage and adoption by Host and Partner organisations of the NIHR CRN costing template	All Partner Organisations in Yorkshire and Humber use the NIHR CRN costing template. Review current use. Identify good practice, what works well? Identify potential benefits to community.	NA	NA
Delivering on the Government Research Priority of Dementia	The Host organisation will ensure the LCRN supports this strategy by: Identifying and nominating clinical Research Leads in each of these disease areas (dementias, Parkinson's disease, Huntington's disease and motor neurone disease) to support the delivery of the Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio through local clinical leadership and participation in national activities, including national feasibility review	7.1-7.7	Please provide names and contact details for identified clinical Research Leads for each of these disease areas	Dementias:	Prof Esme Moniz-Cook e.d.moniz-cook@hull.ac.uk	
				Parkinson's disease:	tbc	
				Huntington's disease:	Dr Oliver Quarrell Oliver.quarrell@sch.nhs.uk	
				Motor neurone disease:	Prof Dame Pam Shaw Pamela.shaw@sheffield.ac.uk	
Patient and Public Involvement and Engagement (PPIE)	The Host organisation will support the development and implementation of the NIHR CRN Strategy for PPIE and deliver a work plan with measurable targets for ensuring that patient choice, equality and diversity, experience, leadership and involvement are integral to all aspects of LCRN activity, in partnership across NIHR CRN.	8.1-8.6	Provide a comprehensive patient and public involvement and engagement plan in line with agreed format and guidance	Table 4		
	The Host organisation must identify a senior leader to take responsibility for Patient and Public Involvement and Engagement (PPIE) within the LCRN. The identified lead will participate in nationally agreed PPIE initiatives and support the delivery of an integrated approach to PPIE across the NIHR CRN.			Provide the name and contact details for the senior leader with identified responsibility for patient and public involvement and engagement	Maggie Peat Lead Research Nurse 01423 555747 Maggie.peat@hdfn.nhs.uk	N/A
a)	The Host organisation will promote and sustain a culture of innovation and continuous improvement across all areas of LCRN activity to optimise performance	9.1-9.6	Provide an assessment of the LCRNs current position in relation to Continuous Improvement	There is continual review of ways of working, emphasising adding value, improving efficiency, value and effectiveness as teams are established and novel ways of working explored. There are staff with considerable Chief Investigator expertise in all parts of the Yorkshire and Humber region. Examples during transition include first point of contact for RMG and Industry and single approach to study wide review.		
			Provide an action plan for promoting and sustaining a culture of innovation and continuous improvement across all areas of LCRN activity, including the LCRNs approach to developing capacity and capability of the LCRN workforce (the latter to be evidenced in the LCRNs submitted workforce development plan)	Table 5		

			Provide details of continuous improvement projects to be delivered locally in 2015-16 (via CRN CI site)	Mobile devices project - West of England and Yorkshire and Humber Table -5		
Workforce, Learning and Organisational Development	The Host organisation will develop a workforce plan for LCRN staff that will enable a responsive and flexible workforce to deliver NIHR CRN Portfolio studies. This will be developed in partnership with Local Education and Training Boards (LETBs) and other stakeholders and other local learning providers, including Academic Health Science Networks (AHSNs)	10.1-10.10	Provide a workforce plan in line with agreed format and guidance	Table 6		
			Provide the name and contact details for the senior leader with identified responsibility for LCRN workforce development	Chris Oxnard Deputy Chief Operating Officer & Research Delivery Manager – Division 5 01904 721133 Chris.oxnard@nihr.ac.uk	N/A	N/A
Information Systems	The Host organisation must ensure that appropriate, reliable and well maintained information systems and services are in place and fully operational as specified	13.1-13.19	Confirm LPMS systems are live and operational as required	The host organisation has recently completed the procurement of an LPMS. Starting in Q4 2014/15 plans will be developed collaboratively between the Yorkshire and Humber Business Intelligence Unit and the host to deploy the LPMS.	N/A	N/A
			Confirm arrangements are in place for provision of an LCRN Service Desk function and provide contact details	Prior to the deployment of an LPMS, our service desk function is provided by the Yorkshire and Humber Business Intelligence Unit. The primary point of contact is: vbiu.crn.yorkshumber@nihr.ac.uk		N/A
			Provide the name and contact details of the identified lead for the Business Intelligence function	Stephen Lock, Research Delivery Manager (Stephen.lock@nihr.ac.uk)	N/A	N/A
Engagement and Communication	It is the responsibility of the Host organisation to ensure that there is a specialist, experienced and dedicated communications function to support the work of the LCRN, with a sufficient budget line. The Host organisation will support the development and implementation of the NIHR CRN Strategy for Communications and ensure that the LCRN communications function develops and delivers a local communications delivery plan that recognises the LCRNs position as part of a national system.	14.1	Describe the dedicated communications function the LCRN has in place	Sheffield Teaching Hospitals NHS Foundation Trust has a team of communications experts working with the network to manage communications across the region including the press and social media. (Claudia Blake, claudia.blake@sth.nhs.uk) works closely with Partner Organisations to protect and enhance the reputation of their organisation and the network as a whole. CRN: Yorkshire & Humber has a member of staff dedicated to network communications (Dipika Patel, dipika.patel@nihr.ac.uk) who manages our external facing communications (website), our internal facing newsletters and bulletins including all social media communication relating to the network.	N/A	N/A
		14.2	Outline up to 5 priorities/priority activities contained in the LCRNs local communications delivery plan	Develop the brand and reputation of CRN Yorkshire and Humber.	LCRN to complete Build reputation and brand. Regular Staff e-bulletins with relevant information. Monthly study recruitment data in a format that useable and useful. Promote the concept of "One NIHR" Appoint marketing post (part of overall	LCRN to complete Ongoing April 2015

				<p>Provide a targeted stream of information to internal NIHR staff, patients, public and key stakeholders.</p> <p>Showcase organisational success via a celebration event on 28 April 2015, raising the profile of the network through vibrant, positive communications and engagement.</p> <p>Develop interactive tool - "Tour de Research"</p> <p>Design a dedicated user friendly Google site.</p>	<p>communications team appointments).</p> <p>Public view - make available minutes of the Partnership group and Executive.</p> <p>Monthly briefings and bulletins.</p> <p>Design a Coordinated process.</p> <p>Increase awareness and engagement of the activity and good news in Yorkshire and Humber.</p> <p>Raise the profile of CRN Yorkshire and Humber.</p> <p>Celebrate our success.</p> <p>Meet the teams.</p> <p>Sign posting for the public and researchers.</p> <p>Promotes clinical research in Yorkshire and Humber.</p> <p>Brings all NIHR partners together to deliver. Opportunity for Yorkshire and Humber NIHR partners to work together to deliver the tool</p> <p>Provide a central resource for information for patients, carers, members of the public and the research community.</p> <p>Current page views stand at 1985 views (ref: Google Analytics)</p>	<p>Ongoing</p> <p>Current activity</p> <p>Staff bulletin -62% read E Bulletin 22% read</p> <p>April 2015</p> <p>June 2015</p> <p>Ongoing</p>
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		14.3	Budget line identified in Annual Financial Plan for 2015-16	N/A	N/A	N/A
Information Governance	Actively promote and enable good information governance relating to all areas of LCRN activity	15.2	Provide the Information Governance Toolkit 2013-14 (version 11)9 score for the LCRN Host organisation and confirmation of attainment of Level 2 or above on all requirements, or any exceptions which arise from or impact on LCRN-funded activities	Host information Governance Toolkit 2013-14 score = 68% Confirmed attainment of Level 2 or above on all assessments		
		15.5	Provide a copy of the LCRNs documented process for reporting information governance incidents arising from LCRN-funded activities to the national CRN Coordinating Centre	"Partner Organisations will report IGTK scores to LCRN at the end of Q1 in each financial year. Where IGTK scores are returned at a level 1 or below, remedial actions will be requested from the relevant Partner Organisation. For IG incidents identified during the year a reporting process based on the example process outlined in the LCRN Annual Planning of Information Governance for 2015/16 (Jan 2015) guidance document will be followed. LCRN will report any concerns that would adversely affect any LCRN funded activities to the CRN CC with identified remedial actions."		
		15.8	Provide the name, email address and contact number(s) for the individual with specialist knowledge of information governance identified to respond to queries raised relating to LCRN-funded activities	Dr Dipak Patel Research Manager 0114 2265941 Dipak.patel@sth.nhs.uk	N/A	N/A
		15.9	Provide details of information systems utilised in LCRN activities and assurance/evidence that these are in line and comply with the 2013 NIHR Information Strategy	LCRN to complete	N/A	N/A

Appendix D – Template for LCRN Patient and Public Involvement and Engagement Plan 2015-16 (Table 4)

Table 4. Patient and Public Involvement and Engagement Plan 2015-16

Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead
Identify Research Ambassadors for each Partner Organisation and the community	Representation across the network. 44 people voicing the PPIE agenda with a direct link to the Partnership group.	6 months July 2015	Maggie Peat Dipika Patel RDM's
Café Scientifique Event	Increase awareness of Clinical Research Network. Use forum to understand how we find hard to reach groups.	End of June 2015	Maggie Peat Delia Muir
Confirm Budget for PPI	Understand activities that can be supported. Identify opportunities to benefit the network PCPIE agenda. Increase engagement with partners, community, non NHS organisations and social enterprises.	End of February 2015	Chris Oxnard
Establish Yorkshire and Humber team for PPI and communications	Established core team with clear roles and responsibilities. Explore the opportunity of joint post with Yorkshire and Humber NIHR partners.	End of April 2015	Maggie Peat Chris Oxnard
Identify a PPI Champion	Develop role profile. Advertise, interview and appoint to post.	6 months	Chris Oxnard
Explore novel ways of communicating and identifying poorly served groups in Yorkshire and Humber	Patient experience quality survey. Work with research ambassadors to scope local knowledge. Explore work currently emerging in adjacent networks.	Pilot in progress - roll out March 2015	Maggie Peat Dipika Patel

Appendix E – Template for LCRN Continuous Improvement Action Plan 2015-16 (Table 5)**Table 5. Continuous Improvement Action Plan 2015-16**

Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead
Undertake full review of teams and practice across the 3 legacy networks	<p>Yorkshire and Humber core team with clear objectives and job descriptions.</p> <p>Saving on previous office/ hosting accommodation.</p> <p>Cost savings associated with duplicate posts and the establishment of new functions.</p>	June 2015	Chris Oxnard Fiona Halstead
Review Stroke services	<p>Review costs for further delivery infrastructure in line with strategy for Stroke services.</p> <p>Identify novel ways of delivering studies in light of changing portfolio (rehabilitation, community focus).</p>	May 2015	Dr Alistair Hall & Dr Martin Wilkie LSG lead Stephen Lock Chris Oxnard Partner Organisation teams
Review Cancer services	<p>Review delivery infrastructure against performance, cancer incidence and infrastructure.</p> <p>Identify opportunities for care closer to home.</p> <p>Develop a flexible and responsive workforce for non specialist disease studies.</p> <p>Explore community opportunities.</p>	July 2015	Dr Jon Wadsley Lesley Bruce Fiona Halstead Partner Organisation teams
Mobile device project	<p>Explore opportunity for clinical teams to work remotely.</p> <p>Reduce risk by being able to input information immediately.</p>	September 2015	Chris Rhymes Chris Oxnard

Appendix F – Template for LCRN Workforce Plan 2015-16 (Table 6)

Table 6. Workforce Plan 2015-16

Planned actions in 2015-16	Milestones and outcomes once actions complete	Timescale	Lead
Plan leadership and engagement event	Bring leaders together to share strategy. Build leadership community Identify good practice.	June 2015	Chris Oxnard Steering Group
Establish Yorkshire and Humber steering group for Workforce development	Sign of Terms of Reference for Steering Group. Engagement local partners LETBs, HEIs, NIHR. Develop collective ways of working with Partner Organisations and key stakeholders.	April 2015	Chris Oxnard
Identify a Clinical Research Nurse Lead in each Partner Organisation and community	A Clinical Research Nurse Lead fully briefed about the activity of CRN: Yorkshire and Humber. Posts work with Partner Organisations and network to support workforce developments, performance and professional issues. Sit as a Member of the Yorkshire and Humber Workforce Operational Group.	May 2015	Chris Oxnard
Yorkshire and Humber review of all training courses currently supported in the network	Review current training provision across CRN: Yorkshire and Humber. Work with steering group to identify priorities for the network. Update and revise training courses where these are seen as a priority. Identify one course/training development and work to embed into Partner Organisations.	June 2015 June 2015 July 2015 June 2015	Sally Ann Pearson Chris Rhymes Emily McDougal
New appointments of AHP and Wound Care Leads	Scope workforce and training needs. Identify opportunities and strengths across Yorkshire and Humber.	May 2015	Chris Oxnard New appointments

Appendix G

Background to Table 3.

POF Ref 3.12. Assurance and risk management

Sheffield Teaching Hospitals NHS Foundation Trust has a robust Assurance Framework & Risk Management System which covers the activities of the CRN.

The 2015-16 Annual Plan and the Annual Financial Plan for the CRN have been considered and approved by the Trust Executive Group (TEG) and the Sheffield Teaching Hospitals NHS Foundation Trust Board. During the transition year (2014-15), both groups have been kept fully informed about progress of the network. These regular reporting arrangements have proved to be highly effective and will continue into the 2015-16 year.

The CRN: Yorkshire & Humber is a regular item on the Trust Board meeting and the Clinical Directors and Chief Operating Officer attend on request (every 6 months as a minimum). Dr Peter Sneddon presents this item as part of his report about the trust research activity each month and his presentation is informed by input from the CRN senior management team.

Dr Peter Sneddon, Director of the Joint Research Office and Julie Patchett, Research Finance Manager are full members of our CRN Executive.

The Host Chief Executive attends our Partnership Group and has been instrumental in ensuring that it is reviewed and that the members have the required level of executive authority.

The Clinical Directors and Chief Operating Officer meet the Chief Executive every 4-6 weeks for a full briefing and to ensure that we are able to engage him with issues where Chief Executive engagement will be essential. Dr Peter Sneddon also meets our host Chief Executive regularly and is therefore able to escalate any concerns in a timely manner.

The CRN has developed a risk management reporting process which monitors and reports risks using a matrix system (likelihood and impact).

Risks are highlighted in the risk register, the full register is reviewed every three months and risks at 12 or above are reported to the next monthly Executive meeting. There is provision for persistent high risks to be escalated to the Partnership Group.

POF Ref 3.14. Business continuity

STH has robust business continuity arrangements in place for the host team based in Sheffield. However, given the nature of our devolved structure, we also require assurance from organisations housing network staff that similar arrangements exist in those settings.

In line with the guidance about business continuity, we will work with our partners during April and May to ensure that the arrangements are put in place and communicated.

POF Ref 3.15. Public health plan

Urgent Public Health and Pandemic Study Management and Governance.

The network has a plan in place for managing public health emergencies and this has been submitted to the NIHR.

The website which will be open the public in the near future includes all the information to assist staff in such an event.

<https://sites.google.com/a/nih.ac.uk/crn-yorkshire-humber---uph-pandemic-study-management/>

Identity No.	Description of Risk	Owner of Risk	Controls in Place	Risk rating	Assurance on Controls	Target rating	Action to Mitigate Risk
2015/001	HLO 1 performance Performance – Declining recruitment (Q3 & 4) HLO1	CDs/CP	Recruitment drive in all divisions and POs to increase recruitment by year end	12	Monitoring of changes Exploration of the effect of data lag	6	RDM assurance re strategies to increase activity in year
2015/002	Performance - Reputational risk of failure to deliver HLO 1 local target	CDs/CP	Early alert to host and dialogue with NIHR	12	Continuing to drive additional recruitment in year. Evidence our skills in turning studies round What proportion is our final recruitment of national total?	6	Maximise recruitment in year Respond effectively to escalations
2015/003	Performance – Impact of reduced recruitment for ABF cut in 15-16	CDs/CP	RDM activity in latter part of 14-15 to provide increased recruitment in Q1&2	16	Need for some large recruiting studies in first half of 15-16	8	Plan options if funding is reduced for discussion with Exec
2015/004	Performance - There is a risk that a focus on HLO 1 results in a preference for non-commercial studies that tend to have more recruits than commercial studies	MC	Promotion of commercial research by IOM and industry team	12	engagement with Clinical Divisional Leads and Specialty Group Leads	6	target setting at Specialty level to include target for growth of commercial research
2015/005	Staffing – Need for improved performance in face of Flat/Reduced funding	CDs/CP	Statement of nature of flexibility in deployment of all network delivery staff	9	Structured approach to developing a flexible workforce	6	Information about delivery models to be shared, newsletters, roadshows to discuss implications of flexibility
2015/006	Staffing - Risk of underutilisation of delivery staff	CO/CP	Workforce review for network partners to allow comparisons, reviews with POs as part of support packages	9	Systematic approach to dialogue. Guidance re support, supervision, skills mix	6	Programme of visits to partners, discussion at PG, information on website, Workforce steering group/Ops groups to engage lead nurses
2015/007	Staffing – Risks of factors slowing employment of new staff	CP	Review of timescales to take on new staff across POs. Dialogue with HR re; bank staff, growing available workforce Review of workforce employed by UoS/other HEIs	12	Input to workforce review Workforce strategy -Links with HR Discussions with RD lead for UoS to support review of delivery workforce Equity as a driver for workforce flexibility	6	Ensuring delivery staff able to work across POs in sub regions
2015/008	Staffing - Risks to BAU - loss of staff due to uncertainty RMG vBIU	FH/SL	Staff informed about changes and involved in process to develop study support	9	Leadership of Workforce review for RMG will review needs and work with POs to future proof workforce	6	Supportive of YH working approach with opportunities for staff whose role will change
2015/009	Risks associated with readiness for HRA	FH/Philippa Collins	YH HRA lead working with NIHR and driving change in region in line with national steer Project lead to ensure readiness	12	Close working with POs and with work to develop study support (RD Ops group)	6	Full engagement of POs in planning and implementing to secure ownership
2015/010	Governance – risk arising from uncertainty about scheme of delegation	CP	Draft scheme in preparation	9	Discussion with RDMs and STM to refine by end of transition	3	In place by end of transition with all RDMs and SMT clear on their roles and responsibilities
2015/011	IT - Risks of delays in roll out of LPMS	Host/ CP	Planning has begun for roll out	9	vBIU team involved and host managing process Monitoring of training needs and uptake	4	
2015/012	National Risk of CPMS not being in use by April 15	NIHR	Local dialogue about how to manage this	8	vBIU team involved in user acceptance testing	6	Alternative systems in place to manage BAU
2015/013	RDMs asked to identify Division specific risks	To be added					
2015/014	Sustaining engagement POs - Risks of limited engagement with HEIs/academic researchers	CDs/CP	Dialogue with RDS working with academics	9	Planned links with RDS staff to ensure that they are up to date with network delivery agendas	6	Exploring other avenues for links and dialogue
2015/015	Sustaining engagement - Risks of loss of visibility of LCRN in POs	CP	Revisions to Partnership group Programme of visits to	9	Ensuring visibility of research activity in partner boards	6	Dialogue with CEs quarterly re research agendas

			trusts by CDs/COO				
2015/016	Finance - Quality of financial returns from POs	CP	Drive quality through training and active support/system design	9	Increase ownership of financial processes through new Finance advisory group	6	Streamline processes for commercial income, monitoring and build timetable for returns process
2015/017	Finance - Risk of devolving budgets to POs to manage locally	CP/CDs	Ensure clarity in PO responsibility for managing slippage and overall funding envelope	9	Financial advisory group to develop guidance to ensure effective monitoring, identification of pump priming and recovery of commercial £		Ongoing support of finance colleagues in POs Training for £ colleagues on use of finance tool
2015/018	Finance - Risk of allocations for 15-16 where these are lower	CP	Plan to manage RCF as 'contingency' if this is allocated	8	Efficiencies on infra structure and flexible working across settings, sites etc	6	Using £ reduction to drive flexible uses of staff including flexible cohort for WY
2015/019	Finance - Risk of late allocations in year	CP	Adjusting allocation methods in line with requests of partners	12	Move to two allocations per year	8	Second allocation mid year to be based on performance
2015/020	Finance - Risk of reduced funding in 15-16	CDs/CP	Balanced plan dependent on efficiency savings Small contingency Uncertainty about RCF	9	Finding efficiency savings Managing slippage in POs Identifying flexibility for POs in managing budgets	6	Trusts to comply with ACORD Roll out of utilisation of commercial income Further efficiency savings Monitoring of Primary care investment Use of contingency reserve

Risk Rating Matrix

Likelihood	Consequence				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Almost certain (5)	5	10	15	20	25



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