

Draft template v0.9



**National Institute for
Health Research**

Clinical Research Network
Yorkshire and Humber

Annual Delivery Plan: 2016/17 **CRN: Yorkshire and Humber**

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

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Yorkshire and Humber LCRN Annual Plan Executive Summary

The Yorkshire and Humber LCRN serves a varied region and is one of the highest recruiting clinical research networks in England. Network partners and the LCRN team are proud of achievements to date and this document outlines how together we will contribute to national performance in the coming year. Provisional recruitment for 2016 – 17 (HLO1) is 65,000 patients. We will continue to actively manage areas of challenge e.g. recruitment to time and target and have a clear strategy to drive planned and improved performance. We have strong PPI involvement at specialty and partnership group level and will continue to support and grow PPI initiatives through established groups, stakeholder initiatives and charitable organisations.

We have an integrated strategy agreed with our partners and with the Clinical Leadership Group for the delivery of the National High-Level Objectives. Key aspects of this include:

- Close engagement of our Clinical Divisional Leads with Specialty Leads to enhance excellent clinical leadership,
- Working with acute trusts to ensure equity of access to research for patients across the region,
- Further alignment of research with care pathways in line with the NHS Five Year Forward View, supported by a Primary Care Steering Group,
- Considerable strengths in public health with the support of planned large cohort studies,
- A strategy for continuing to grow our high quality research portfolio in non-traditional settings such as prisons and hard to reach groups,
- Ongoing integration between developing study support service and our clinical leadership and lead nurse infrastructures.

We have identified opportunities within the region that will inform our strategy in 2016/17, including offers around precision medicine, med tech and community initiatives through engagement with social enterprises and novel providers.

A new Clinical Divisional Lead for Industry will champion the commercial work-stream. We will roll-out a flexible and responsive set of mechanisms across partners and specialties to provide a timely response to expressions of interest. We have effective working relationships with surrounding LCRN's and will continue to collaborate with our neighbouring networks to refine an integrated offer for commercial research through the Northern Health Science Alliance.

We work closely with The Yorkshire and Humber Academic Health Science Network and with NIHR partners in the region. In pursuing a number of projects with the Yorkshire and Humber CLAHRC in 16-17 we will identify portfolio studies which can be delivered in novel structures as part of the evaluation of local Vanguards and have identified synergies around building capacity within our workforce. Workforce training and development is an integral part of our strategy and we will continue to support growth of new PIs through exemplar trainee networks and allied health professional involvement.

In summary, the Yorkshire and Humber LCRN has gained considerable strength over the past business year and whilst we face a significant financial challenge in the coming year we believe that we can maintain excellent performance and continue to grow and continue to grow at close engagement with and support of our and patients.

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Section 1: Contract Compliance

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

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:	
Date of signature:	
Date when approval was obtained or is expected:	

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 ¹
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	58,765 (48,971 Apr-Jan)	65,000	650,000	65,000
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%	54% (ODP Commercial Reporting App as at 20/03/2016)	80%	80%	80%
		B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	77%	80%	80%	80%
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	650	N/A at LCRN Level	N/A at LCRN Level	700	N/A at LCRN Level
		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 at LCRN Level	N/A at LCRN Level	75%	N/A at LCRN Level

¹ Note: the NIHR CRN High Level Objectives may be subject to change for 2017/18

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%	89%	80%	80%	80%
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%	<i>Data not measurable as only currently available due to the way Commercial recruitment is collected</i>	No data available to enable planning	80%	No data available to enable planning
		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%	44%	50%	60%	60%
6	Increase NHS participation in NIHR CRN Portfolio Studies	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%	100%	100%	100%	100%
		B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%	73%	73%	73%	73%
		C: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	35%	39%	52%	60%	65%
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	3,600 (3,000 Apr-Jan)	2,000	25,000	2,500

Rationale for target setting:

Baseline performance metrics are based on data to end of January 2016 linear projected to year end (with the exception of HLO2a sourced from ODP Commercial Reporting tool as at 20/03/2016).

Planned performance targets defined to complement national planned performance targets as defined in POF (v0.12). Where baseline LCRN performance is below the national target, planned performance has been defined to support a realistic move in the direction of the national planned targets to achieve a green performance rating.

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

We have identified some key initiatives, where focussed attention will deliver improved results. In addition, we are evolving our support for our specialties, providing improved infrastructure, which will enable us to deliver on all of our HLOs. Appendix B outlines how we will manage performance:

- **Early Engagement (via Study Support Service)** will provide the opportunity for rigorous feasibility to complement the work of CTRUs & RDS.
- **Collaborations with CCGs and other providers** e.g. Social enterprises gives us opportunities to work with colleagues providing and delivering care in unusual settings, across different boundaries / clinical interfaces and hard to reach groups.
- **Implementing our Life Sciences Strategy/Marketing the 'Brand'**. We have a great opportunity to further develop our reputation, improving our 'selectability' (the better we deliver the more often we will have sites selected). We will appoint a Clinical Lead in 16/17.
- **Engagement of District General Hospitals**, will provide further opportunity to increase access for patients, to harness the interest of clinicians and to provide learning opportunities. There is significant variation in research delivery across the smaller organisations challenged by lack of appropriate studies and access to appropriate skill mix. We will build on our links and dialogue with our neighbouring higher education institutions and Research Design Service to address this problem and will identify studies that align to clinical care pathways
- **Working with Charitable organisations**, through a specialty review we have identified charities where early engagement will facilitate understanding of the network offer and feasibility and increase opportunities for PPI.
- **Workforce training and development**, preparing staff for increasingly agile working roles, building on the work we have done with hard to reach groups and bespoke training modules, as well as training to support realistic feasibility. Appendix C

2.2 Plans to support achievement of the NIHR CRN Clinical Research Specialty Objectives² in 2016/17 and 2017/18**a. List your priority investments to support the Specialties for development and delivery of their Objectives in 2016/17 and 2017/18**

We will be investing in three key areas of infrastructure to support our specialties:

- **Implementation and development of our Local Portfolio Management System (EDGE).**
- **Development of our Study Support Service, This will include forensic analysis of data and robust portfolio management.**
- **Training & Learning Programme (WFD).**

² See LCRN Planning Guidance 2016/17

We will also prioritise the following areas for investment to drive clinical research delivery:

- Clinical areas of strength to sustain excellent performance and increase activity in developing areas.
- Cross-cutting themed meetings including “The Big Front Door”³, Community, Diabetes and Obesity, Commercial, Cancer, Mental Health and Dementia.
- Charity and PPI links in support of research delivery within the specialty groups.
- Ring fenced funding to support community initiatives and mental health.
- Speciality group meetings aligning academics with delivery teams providing opportunity to identify pipeline studies.

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

There are some specific clinical areas where Yorkshire and the Humber has a unique opportunity to build on our success and deliver improved results:

- We have identified locally led cohort studies in public health, dermatology and mental health for support in 2016/17.
- In line with the NHS Five Year Forward View, strong primary care infrastructure and community initiatives have been developed. We will build on the success of our primary care cluster model, using intelligence secured from a detailed scoping exercise across our 770 GP practices to ensure timely recruitment.
- Care pathways and research opportunities will be reviewed in line with NHS Five Year Forward View.
- We will build on our success in pharmacies, oral and dental and wound care and in non-traditional settings, including care homes, hospices, and prisons.
- We will continue to support national priorities in areas of strength including dementia research and mental health.

Other specific clinical and / or novel areas for support based on a comprehensive specialty review conducted include:

- Support for the “Big front door” This work spans acute trusts, the ambulance service, and primary care.
- Themed meetings to facilitate cross-cutting clinical areas, where multi-speciality collaboration can be harnessed for growth.
- Alignment of primary and secondary care through mutual special interests with dedicated clinics and agile workforce.
- Closer working with key opinion leaders and CIs across Yorkshire and Humber to inform necessary infrastructure within the region.
- Develop opportunities for cancer care closer to home.
- Workforce opportunities e.g. development of a Parkinson's Disease nurse research network.
- PPI involvement will form the focus of work on increasing visibility and opportunities for participation. See appendix D.
- Commercial: Med tech opportunities including strengths e.g. Sheffield D4D, Technology & Innovation transforming Child Health (TITCH Network) & improving our delivery of commercial research within each specialty. See Section 3.

Infrastructure to Achieve our Planned Contribution

³ an ED initiative enabling acutely unwell patients from many specialties to have opportunity to participate in research.

A key part of our strategy for 2016/17 is to use the wider clinical leadership to analyse clinical strengths across partners and find new strategies to improve performance. Areas suggested include:

- Provision of timely data/information to allow forensic analysis of study delivery and performance.
- Facilitated meetings to enhance communication between academics and delivery teams to optimise opportunities and allow early engagement.
- Developmental opportunities for staff within delivery teams.
- Responsive divisional funding.
- Building capacity in the workforce with the aim of providing responsive and agile teams.
- Strategic use of contingency to enable improved performance in areas currently under resourced.

Challenges to deliver these initiatives include:

A tension between the current pressures of NHS service delivery and research activity.

Availability of studies for the target populations.

Increasing opportunities for participation.

Encouraging realistic feasibility and new mechanisms to support studies that are failing to deliver.

Reduction in our network funding will inevitably provide some challenges despite the planning which has gone into this.

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.

When considering how our speciality leads can be supported in their local and national work, our one region approach aims to provide:

- Timely data that enables regular, focussed dialogue between the specialty leads, clinical directors and the senior management team.
- Visibility of the Study Support Service and clear understanding of their role within it.
- Necessary facilities required to link into national specialty leads (for example, sufficient PAs, access to appropriate IT/IS).
- Supportive operation functions, for example, inclusive agile processes to highlight priorities (Sprints).
- Opportunities for joint planning with partner organisations, clinical leads and the senior management team.
- Access to minutes from national meetings and clear communications regarding national clinical priorities and developments.
- A year end performance review detailing impact, new study opportunities and alignment with national strategic direction of travel.

Where shared specialty leads are appointed, we will expect them to work collaboratively and foster relationships across the region.

YH leaders are national leads for 7-8 areas of specialty and two themes and we will offer opportunities to work with them to draw on their expertise and strategic influence.

Section 3: Contribution to National CRN Strategic priorities

The national CRN priorities for 2016/17 are set out in detail in Appendix A.

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

Improving Delivery of HLO 2

In the final quarter of 2015/16, we conducted a detailed review of our performance in HLO2, which revealed areas of opportunity for our region,. This work has formed the basis of our 2-year strategy that will aim to:

- Embed enhanced **performance management** through the Study Support Service.
- Create **contingency and recruitment** plans for every study.
- Hold team members **accountable** for performance through divisional, specialty and personal objectives with appropriate support in place.

We will learn from areas of good practice where specialities have achieved excellent practice and adopt a stepwise approach where this is needed, commencing with studies where we are Lead CRN, where we have multiple sites, and then all industry studies. We will use this approach to pilot work for non-commercial research.

The tools we will use to develop this work are a formalisation of our 2016/17 Specialty Plans, an adjustment to our partner engagement strategy for commercial research, a new marketing and engagement strategy to drive local partnerships, and a new use of flexible resource.

In formalising our 2016/17 specialty plans, our aim is to:

- Have detailed plans for specialties that have yet to realise their full potential.
- Network support for new studies and ensure close engagement of investigators and specialty leads with performance monitoring.
- Set and agree objectives through a specialty review exercise – highlighting the requirement to meet commercial RTT.
- Create a new business cycle (RDM and SSS) – provides a robust performance management process.

We will adjust our **partner engagement strategy** for commercial delivery to:

- Trigger a performance review meeting for all studies below a certain RTT threshold. The core team will address each problem.
- Ensure that all formal partner contact is coordinated and makes reference to the key target to improve RTT.
- Ensure that ABF award letters reference current RTT performance and the future desired state.
- Create a funding formula that encourages partners to improve commercial RTT performance (for example: initial funding + % for commercial RTT delivery = total award).

We will use our developing **sales and engagement strategy** to drive local partnerships to:

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- Engage with our national level sponsor contacts through our specialty leads.
- Sell our setup service, which comprises a professional site selection protocol review, intelligent and rapid site selection suggestions, access to KOIs and sites with high patient numbers.
- Sell our monitoring service, which comprises performance management, intensive monitoring of sites, network leadership and delivery support, managed to target, by experts.
- Develop a reputation as a free Site Management Organisation.
- Work with commercial partners to agree regional targets rather than site specific targets with sponsor selected partners.

By creating a new **flexible resource**, in line with partner's research strategies we will have a service that has the facility to:

- Provide rapid, intelligent allocations of cohort staff.
- Help new sites through set up to first patient only, leaving a team of trained staff and a study with a long recruitment window.
- Put in place clear agreements to ensure that intention and timescales are clear.
- Recover costs as per the principles in our commercial income policy (potentially self-funding).

3.2 CRN's five strategic goals

CRN goals	Examples of network focus		
Increasing opportunities for research participation	Visibility of research with patients, clinicians and trust management	Support activity in specialties achieving less than 10% of national recruitment	Support for locally led portfolio cohort studies
Practical support for researchers	GCP training programmes	CPD opportunities for staff taking on studies at every level	Support for trainees and AHPs with portfolio studies
Improved efficient delivery	Increasingly agile workforce	New study support service	Partner workstream supporting portfolio review and workforce intelligence
Increase clinical research investment	Developing NHS offer with northern networks	Work with CTRU & RDS to provide early engagement	Collaborations with stakeholders to coordinate offers/joint themes
Coordinated and innovated approach to national priorities	Sustained support for dementia	Review of clinical pathways in line with Five Year Forward View to align research	Developed offer for stratified/personalised medicine

3.3 Delivery of the CRN strategies

Work in YH has been guided and influenced by the NIHR national strategies and work is at different stages depending on the area. Regional approaches for PPI and workforce are attached as appendices.

The Industry Strategy is outlined in 3.1 above and forms part of the Clinical Strategy document.

A range of core team offers to support partners is being developed as part of a partner engagement workstream led by a Deputy COO.

The information and knowledge strategy has informed planning for the digital workforce and for sprint methods in team working. Business development will be a focus for the new BIU lead joining the team in early 2016-17.

Section 4: Other local innovation and initiatives

4.1 Local innovations planned for 2016/17

The main focus for our improvement skills in 2016/17 will be the development of our two priority projects:

Implementation of our priority projects (SSS and LPMS), will improve our service offer and strengthen our links with partner organisations. Dedicated project managers will plan and manage both work streams with network leaders and via an active user group. We will aim to secure an agreed minimum data set of requirements to allow optimisation of the functionality of these systems. We will apply all of our business intelligence, workforce development and networking skills to facilitate this way of working to maximise success.

In addition to supporting these priority projects, we are also planning to develop projects based around the following key themes:

- **Measurement for Improvement/Analysis/Intelligence.** Building on our pilot work on the use of Statistical Process Control to understand the capacity and performance of our organisation, we will work to measure our activity in ways that enable us to demonstrate real improvement over time.
- **New Use of Agile Resource.** Starting with a new approach to using cohort staff to deliver commercial research, we aim to develop rapid and agile approaches to the deployment of staff.
- **Smarter Meeting.** We will review and improve the ways we meet and communicate with a key objective being the reduction of travel.
- **Digital Maturity.** Linked to the national Accelerating Digital Programme, we will look for ways to use digital technologies to deliver our business more effectively.

Other key initiatives stem from our need to work effectively with NIHR partners across a large and varied region:

- Working with our **NIHR partners** including the AHSN, CLAHRC, ECMC, BRU, CRFs, HTCs and DECs to identify synergies and closer collaboration. Through supporting strategic meetings with our partners, we will aim to develop cross cutting work-streams with particular reference to commercial opportunities, workforce development including building PI capacity and experimental medicine. This approach will provide an arena to showcase research developments and opportunities in the region aligning the network to a strong portfolio of research.
- Building on our **Exemplar Programme** to create research-ready environments in community, pharmacy and general practice and novel research settings including care homes, hospices and prisons.
- Work closely with the **Northern Health Science Alliance**. Collaborative working across the four Northern Clinical Research Networks and The Northern Health Science Alliance includes an initiative to increase commercial opportunities across the north. Part of this initiative will include us continuing to work with partners in the North West to rollout **FARSITE** software across our region. We have 35 practices using the software that enables us to make accurate feasibility assessments for new studies.
- Precision Medicine: we will work with our partners across the region where we have considerable strengths to identify areas in support of precision medicine e.g. through our strong cancer links including Cancer Research UK Leeds Centre, as well as others

including Multidisciplinary Cardiovascular Research Centre, Musculoskeletal Biomedical Research Units and Clinical Research facilities.

- Work closely with the **NHS Alliance**, to support the representation of progressive providers of care outside hospital.
- With partners including the **CLAHRC** we have started to identify opportunities to align research delivery with the novel integrated care pathways evolving through the **Vanguards** across the region.
- Continuing to build on our successful regional collaborations, such as our **Finance and HR Advisory Groups**, which enable us to develop work collaboratively with specialists from all of our partners.

In 2015/16 we put continuous improvement at the heart of our operational management approach by implementing a version of Agile/Sprint working across our core teams. Using this approach, members of our core team come together every two weeks for a “sprint” and the team agrees a maximum of three priority projects. These projects are then resourced to work effectively on specific goals. Importantly, the whole team is informed of the priority projects, helping them to plan their efforts. By coordinating the whole organisation in this way we will deliver the work and projects that have the biggest impact.

Clinical priorities will be captured through the Clinical Divisional Lead meetings and Specialty groups, research delivery managers will share these at the sprint meetings to enable a responsive approach to clinical strategy and performance.

Members of the continuous improvement steering group attend every sprint meeting, enabling them to influence the development of projects as they evolve, rather than trying to add continuous improvement influences once they have been established. In effect, our whole approach to management is now a series of interrelated PDSA (Plan, Do, Study, Act) cycles.

This method will continue to evolve and adapt as we become better at using it. However, our initial work to develop this method through 2015/16 has shown it to be successful. As a result, we will focus our improvement and innovation work on very specific projects to support the organisation’s general aims.

Section 5: Financial Management

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

In 2015/16 we introduced a model of funding which closely linked allocations to activity and performance. This includes:

- Allocations to the mainly Acute/Teaching Trusts based on weighted recruitment targets using the national weightings.
- An adjustment to the cap and collar limits such that partners are incentivised for growth.
- The ring-fence of Primary Care funding at 2015/16 levels, in recognition of the high recruitment and growth potential with progression to performance review in 2016/17. The ring-fence of funding for Mental Health Trusts, including a stretch target for the sector.
- Funding to enhance the development of a flexible and responsive workforce through the cohort teams.
- The retention of a contingency fund which will support targeted recruitment and to enable innovation in line with clinical strategy.

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

- In compliance with NIHR requirements, the Host has undertaken an internal audit which focused on the minimum scope requirements specified by the CRN Coordinating Centre.
- The LCRN annual financial plan is approved by the Host Trust Board of Directors and there is regular in-year monitoring and reporting back to the Board, facilitated through the Host Representative to the LCRN and the nominated Host Executive Director.
- Network income and expenditure is separately identified on the Host ledger through a ring-fenced budget reporting structure and is supported by a dedicated Research Financial management team within the Finance Directorate.

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

- The Financial Advisory Group - a reference group of research finance partners established to advise the Executive on matters of research finance. These include collective approaches to commercial income, addressing audit recommendations, and ensuring that PO's are fully informed about uses of network funding and the extent of their autonomy in making network funding decisions.
- Mid-year review meetings with partner finance teams and R&D managers, host and network finance and the Chief Operating Officer.
- A tailored support to partners: indicative allocations, additional funding, timely cash flows through effective invoicing and support with quarterly financial reporting.

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

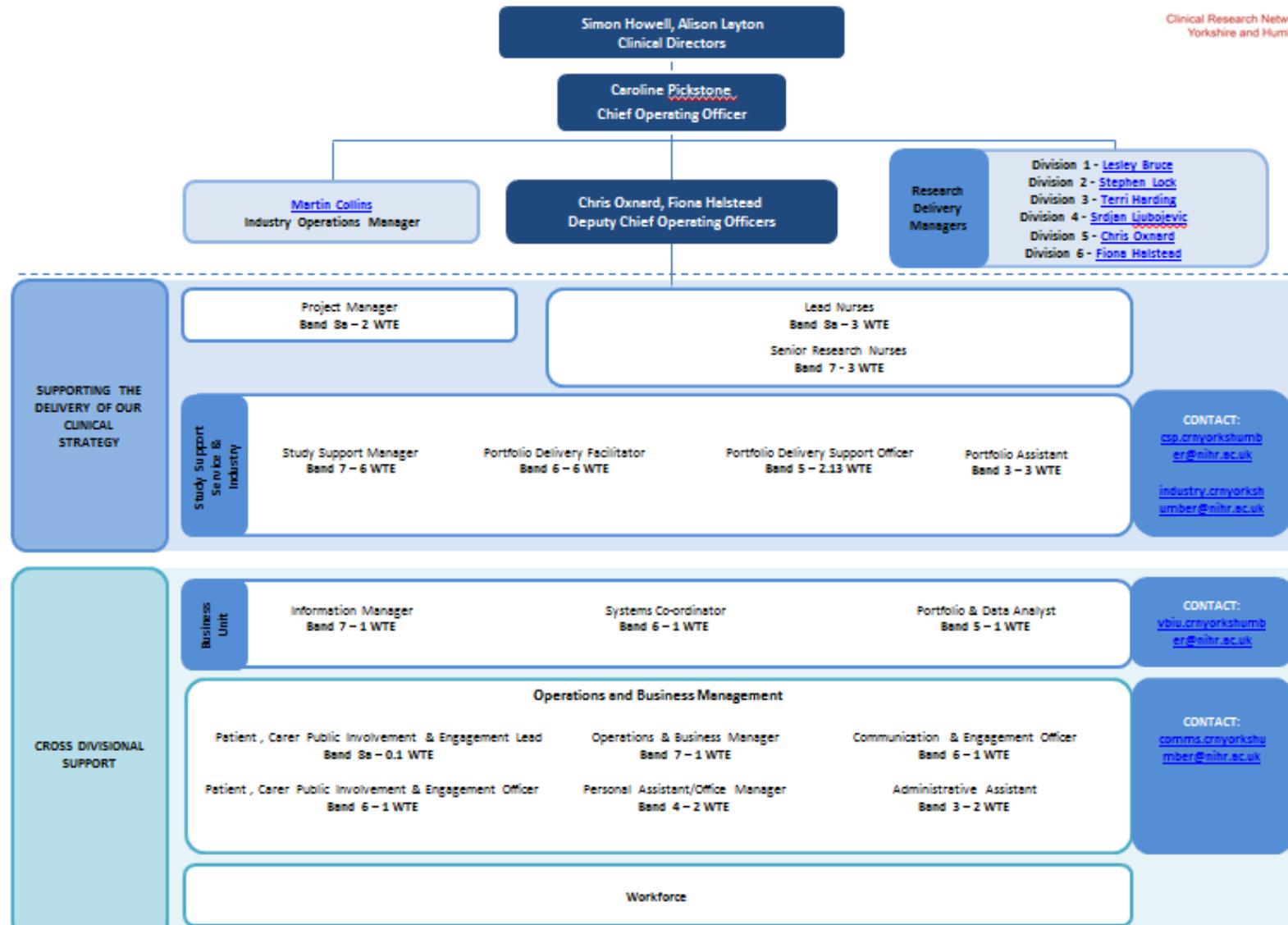
- We plan to implement the final roll out of the model of funding which closely links allocations across Partner Organisations to activity and performance. This will be a closely managed process throughout 2016/17 and may result in redirecting funding to those areas where we can improve our support and infrastructure which directly impact on performance.

Appendix A: National CRN Strategic Priorities

CRN: Yorkshire & Humber
Research Support Structure



Clinical Research Network
Yorkshire and Humber



Appendix B: How We Will Monitor Performance

The Business Intelligence Unit (BIU) will continue to monitor CRN: Yorkshire and Humber's performance against targets and produce monthly reporting to allow this. Once they are both fully implemented, the new LPMS (EDGE) and CPMS systems will be incorporated into reporting systems, facilitating performance monitoring of the Study Support Service by the CRN Core Team. In addition to the challenge of ensuring these systems are ready for use at the start of 2016/17 there will also be the need to upskill members of the BIU and other stakeholders in the use of these systems.

With the launch of HRA and the related changes to study Governance and Permissions processes there will be associated changes in the ways that some HLOs are both measured and reported and in the data that are required to be collected to support this. The required new reports will be designed once the new HLOs have been defined and the required data are available. There may be an interim period whilst these reports are created, before they are available for monitoring purposes and this development work will need to be prioritised.

To maintain the accuracy of reporting the BIU are intending to re-commence the running of regular data-cleansing activity which has recently lapsed due to capacity issues. The process for data-cleansing is intended to incorporate feedback from partners and be supported by the Study Support Team, which should help with the capacity issue. Partners will also be expected to be responsible for the regular updating of study details on their LPMS such as trust targets and opening and closure dates. This will allow for the accurate reporting of recruitment to time and target performance for studies at a trust level.

Appendix C: How We Will Develop Our Workforce

We will work to build a clinically led network “**developing leadership in everyone**”. To do this we will:

- Support the development of our clinical leaders to meet objectives set out in our Clinical Strategy.
- Offer leadership support and development for our specialty leads, based upon the findings of our recent speciality lead review.
- Support the development of Communities of Practice in relevant areas.

Our action plan in this area will include:

- Speciality/theme leadership development programmes.
- A programme to understand and further develop the role of specialist nurses in research delivery.

We will strive to improve our **workforce intelligence**. To do this we will develop a new approach to the gathering and analysis of robust workforce intelligence to inform workforce planning, specifically in relation to our:

- Primary/Community Care workforce.
- Flexible delivery cohort teams.
- Funded delivery staff embedded within partner organisations.

Our goal is to have a complete and evidence-based workforce map of network funded staff. This will be used to inform future workforce planning and for innovative workforce modelling. We will also complete a skill mix review (in specific areas, targeting delivery) using the principles set out in the Calderdale Framework.

We will use our resources to develop a **flexible and agile workforce**. To do this we will develop a greater understanding of models of flexible working, to include at a minimum:

- Support to for commercial research.
- Flexible delivery cohort teams.
- Funded staff embedded in partner organisations.

We will develop our approach to **learning and development** in a way that supports the goals of the organisation. Based upon a robust learning needs analysis, and engagement with partner organisations, we will develop, implement and evaluate a Network Learning Pathway which makes a consistent learning and development offering to our:

- Senior Network Leadership (Exec, SMT, Speciality Leadership).
- Core Team.
- Partner Organisations.

This will include (at a minimum):

- GCP Introduction and refresher (core).
- GCP Facilitator Development Programme.
- Valid Informed Consent (core).
- CRN Induction (core).
- Rater training/registration programme(s) (core).
- Continuous Improvement.

We will also explore the development of regional career pathways to support clinical research delivery professionals (practitioner status, clinical academic training - NIHR TCC).

Appendix D: How We Will Work with Patients, Carers and the Public

Talk about research in the NHS - we will raise awareness of research by improving the availability, variety and usefulness of accessible information.

- Repeat the lay review of partner organisation websites (including GP practices) for accessibility of information about research activity, feedback and share findings.
- Support delivery teams and patient research ambassadors to promote and raise awareness of research in their organisations and community. Quarterly reporting of Patient Research Ambassador recruitment and activity by Partnership Group lay members.
- Promote opportunities for participation and involvement via social media linking where possible to speciality themes awareness days.
- Continue to support and celebrate local activity on and around International Clinical Trials day.
- Develop a Tour de Research interactive map with NIHR partners to provide better understanding of NIHR structure as well as the function of the various organisations.
- Repeat NIHR Voices event to develop the work streams identified in November 2015 and developed throughout the year by mixed teams of patients, public, academics & NIHR faculty members.

Make it easy for people to participate (reducing barriers to participation working with patients, carers and the public)

- Provide accessible and useful resources via the PPI Office to facilitate participation in research delivery, workforce development and awareness raising.
- Ensure the office is responsive and available to all.
- Guidance available for new and established PPI groups re connecting with researchers and other groups as well as staying sustainable.

Reach out

- Work with Y&H NIHR partners to identify and reach out to hard to reach groups - this might include people in remote locations, people of working age as well as diverse communities.
- Take forward mixed team work streams from NIHR Voices event to establish a resource to facilitate the involvement and engagement of hard to reach groups and to explore alternative and innovative ways of making contact.

Connect with the public, health care professionals and partners

- Increase engagement to improve connectivity.
- Innovative use of social media.

- Supporting the disconnected to get involved by engaging with established programmes to improve connectivity (local banks) or establishing our own if this service is not available.
- Rollout placement for healthcare students with patient groups who are involved in reviewing research proposals.
- Promote the Massive Online Open Course (MOOC) 'Improving Healthcare through Clinical Research' to run again in June 2016.

Support and value patient public involvement and engagement

- Continue to establish connections between people with experience of conditions and the speciality group seeking to improve that experience. This might be lay members on a group, a link with a local special interest group, charity or PPI in research group.
- Support and recognise involvement and engagement with a clear, responsive and fair reimbursement structure.
- Provide opportunities for development using established models like Building Research Partnerships which develop facilitators, making the model sustainable over time.
- Celebrate patient involvement and engagement by running days showcasing their experience at each stage of the research process from idea to implementation as an example for those new to patient and public involvement.
- Support the roll out of the patient experience survey, providing advice and pragmatic solutions for local delivery teams to facilitate their participation. Use the results from the survey to drive quality improvement on a local and network level.
- Promote and provide guidance to researchers about involving patients and the public in their work - cross-link with provision by NIHR partners, publicising all events.
- Continue to support lay membership of Partnership Group. Develop links between PRAs in Y&H partner organisations and these lay members to facilitate patient and public involvement from around the region in the partnership group underpinned with online forum and annual meetings.

Appendix E: CRN Goals to support our purpose of improving delivery of HLO2

There are various key projects and strands of our work that directly support the national CRN goals.

Goal	Clinical Strategy	SSS Project	LPMS Project	Commercial Strategy	Improvement Projects	Workforce Plan	Public Involvement
Increase the opportunities for all people across England to participate in health research	X	X		X	X	X	X
Provide researchers with the practical support they need to make clinical research studies happen in the NHS	X	X	X	X	X	X	X
Improve Work as a single network to improve the efficient delivery of high quality clinical research	X	X	X	X	X	X	
Increase national and international clinical research investment to support the country's growth	X			X			X
Provide a coordinated and innovative approach to national research priorities	X	X		X	X	X	

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