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MEETING OF THE TRUST BOARD IN PUBLIC

FRIDAY 31 MAY 2019

A meeting of the Trust Board in public will take place at 9.20am on Friday 31 May 2019 in Room UG55 B&C of the Quadram Institute, Norwich Research Park

The formal meeting will be preceded by clinical and departmental visits between 8.30am - 9.15am

AGENDA

	Item	Lead	Purpose	Page No
1	Apologies and Declarations of Interest			
2	Reflections on the visits	All		
3	Minutes of the Board meeting held in public on 29.03.19		Approval	**2**
4	Matters arising		Discussion	
5	Chief Executive's Report	CEO	Discussion	**9**
6	Reports from Board Committees: (a) Quality Programme Board (09.04.19 & 07.05.19)	MD	Information	**13**
	(b) People and Culture Committee (14.05.19) *- Workforce Planning*	DR	Discussion	**46**
7	Staff survey results – next steps (action from 29.3.19)	JO	Discussion	**74** & Presentation

8	8.1 Integrated Performance Report
	   - Quality, Safety & Effectiveness
	   - Caring & Patient Experience
	   - Performance & Productivity
	   - Workforce
	   - Finance
		Execs	Information	**To Follow**

	8.2 Draft new format IPR	AL	Discussion	**78**
9	Duties as CRN host: (a) CRN Annual Report 2018/19 (b) Clinical Research Network (Eastern) Annual Plan 2019/20	ED	Approval	**102** **145**
10	Any other business			

Date and Time of next Board meeting in public
The next Board meeting in public will be held at 9.30am on Friday 26 July 2019

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MINUTES OF TRUST BOARD MEETING IN PUBLIC

HELD ON 29 MARCH 2019

Present:

Mr J Fry	- Chairman
Mr C Cobb	- Acting Chief Operating Officer
Mr M Davies	- Chief Executive
Prof E Denton	- Medical Director
Prof N Fontaine	- Chief Nurse
Mr T How	- Non-Executive Director
Mr M Jeffries	- Non-Executive Director
Mr J Hennessey	- Chief Finance Officer
Mr J Over	- Director of Workforce
Dr G O'Sullivan	- Non-Executive Director
Professor D Richardson	- Non-Executive Director
Mrs A Robson	- Non-Executive Director

In attendance:

Ms F Devine	- Director of Communications
Mr J P Garside	- Board Secretary
Mr A Lundrigan	- Chief Information Officer
Ms V Rant	- Assistant to Board Secretary
Ms P Slinger	- NHSI Improvement Director
Members of public	

19/013 **REFLECTIONS ON DEPARTMENTAL AND CLINICAL VISITS**
Board members reflected on visits to departments and clinical areas including:

i) <u>Same Day Admissions Unit (SDAU):</u> Mrs Robson and Mr Cobb visited the Same Day Admissions Unit. The Unit was found to well organised, a calm environment and running efficiently.

ii) <u>Guist Ward:</u> Mr Lundrigan, Mr Fry and Mr Hackwell visited Guist Ward. The ward was found to be clean, well ordered and the team were balancing the needs/requirements of patients well. The team indicated that there is a need to release 'time to care'. Professor Fontaine reported that a project is underway to reduce administrative tasks for nurses and a mental health practitioner is being added to the establishment.

iii) <u>Nelson Day Unit:</u> Dr O'Sullivan, Mr Hennessey and Mr Davies visited the Nelson Day Unit. The team indicated that there are opportunities to utilise capacity at the Cromer and District Hospital. There was good evidence of learning from Never Events and an improving safety culture. The enthusiasm of staff in the Ophthalmic Outpatient department was striking.

iv) <u>Denton Ward</u>: Mr Jeffries, Professor Fontaine and Mr Over visited Denton Ward. The team reported that they are working with Serco to improve cleanliness on the ward. The ward has been free of hospital acquired pressure ulcers for more than 200 days and this is a significant achievement. The ward is performing well against key indicators on the Ward Dashboard. There was good evidence of developing nurse leadership.

v) <u>Day Procedure Unit (DPU):</u> Mr How and Mr Garside visited the Day Procedure Unit. The team reported that performance has been impacted by escalation into the DPU. We have done better with our winter planning this year but could do more.

Mr Fry summarised the issues highlighted by the visits:
- Cleanliness
- Scheduling outpatients
- Reducing paperwork
- Leadership
- Cromer utilisation
- Capacity planning

These issues will be picked-up by the Executives.

19/014 **APOLOGIES AND DECLARATIONS OF INTEREST**
No apologies were received but Professor Richardson joined the meeting part-way having been detained with essential business at the UEA. No conflicts of Interest were declared in relation to matters for consideration by the Board.

19/015 **MINUTES OF PREVIOUS MEETING HELD ON FRIDAY 25 JANUARY 2019**
The minutes of the meeting held on Friday 25 January 2019 were agreed as a true record and signed by the Chairman.

19/016 **MATTERS ARISING**
The Board reviewed the Action Points arising from its meeting held on 25 January 2019 as follows:

19/003 Mr Cobb explained that data relating to cancelled operations has been collated manually and further detail will be incorporated into the new format IPR. Action closed.

19/003 At Item P19/033 the Board received an update on the revised format of the IPR. Action closed.

19/003 Professor Fontaine reported that the position on patient moves will be reviewed by the Emergency and Urgent Care Board and reported to the Quality and Safety Committee. Action closed.

19/003 At its meeting in February the Board had considered a paper regarding Theatre Productivity. Action closed.

19/004(ii) Mr How confirmed that the Finance & Investments Committee had reviewed the refurbishment plans for the Pharmacy and it had been visited at the beginning of the Committee meeting. The Committee will be receiving further reports as the options are developed and part of the capacity expansion plans include opportunities for re-housing pharmacy, at least during refurbishment. The options under consideration include development of a co-located dispensary space with UEA. As this is on the ongoing programme of the F&IC – Action closed.

19/005(iii) Carried forward to May. Mr Fry asked when the Board can expect to see the business case for e-obs. Mr Lundrigan explained that a briefing paper has been reviewed by the Management Board. We are talking to two market leading suppliers, about both hardware and software. Mr Davies commented that the clinical and operational advantages are well understood – the issue is how we can make the finances work. This needs to form part of next year's financial plan. The aim will be to bring an E-obs OBC to the Board in May and it may be helpful for the F&IC to review first. **Action: Mr Lundrigan**

19/006 The draft Quality Improvement Strategy is under development and scheduled to come back to the Board for review in May. Action closed.

19/008(a) As part of the new IPR format the colour coding of performance against targets is being reviewed. Action closed.

19/008(c) Mr Lundrigan confirmed that the data relating to the performance on appraisal and mandatory training has been reviewed. There was some discrepancy associated with 'rounding' and this will be corrected in the new IPR format. Action closed.

19/017 **CHIEF EXECUTIVE REPORT**
The Board received a report from Mr Davies in relation to recent activity in the Trust since the last Board meeting and not covered elsewhere in the papers.

(a) Operational position
Mr Davies reported that there has been some improvement in our ED performance, with support from teams across the hospital. At the time of reporting, our performance is amongst the best in the region but there is still need to use DPU and JPU to accommodate patients at times of very high demand. Dr O'Sullivan asked about use of the renal dialysis unit to accommodate patients overnight. Reflecting on issues arising from escalation into DPU last year, Dr O'Sullivan asked if the department had been better prepared this year and whether the use of JPU had impacted on dialysis patients the next day.

Professor Denton explained that it had been necessary to make a difficult decision to use JPU when the Trust had reached full-capacity in the middle of the night and there were many patients waiting. Patients that had been accommodated on the dialysis unit were moved in the morning and disruption to dialysis patients was therefore minimised. Escalation has been more carefully managed this year and it is hoped that our developing capacity plans will avoid the need to escalate into these areas in the future.

(b)   Oversight and Assurance Group
Mr Davies informed the Board that the Oversight and Assurance Group had met on 21 March. A team of staff from the Emergency Department attended and the enthusiasm/pride of the team was evident from their presentation. There was also a presentation relating to Infection Prevention and Control and it was pleasing to see how well the team were pulling together to make improvements.

(c)   NHS Access Standards
An interim report has been published by the NHS Medical Director following the clinically led review of NHS standards. Significant changes have been proposed and the Board will receive a report on the implications of these changes at its next meeting.

(d)   Visit by Secretary of State for Health and Social Care
The Rt Hon Mark Hancock MP, (Secretary of State for Health and Social Care) visited the Trust on 28 February 2019 and visited the Quadram Institute Endoscopy Unit and Weybourne Chemotherapy Unit. Mr Hancock indicated that he had been impressed and was encouraged by the work of our staff towards improving services for patients.

(e)   Business Leader Engagement
Mr Davies reported that a group of local business and community leaders were invited to a 'behind the scenes' visit to the hospital on 19 March, to hear more about our organisation and the work of our staff. We are planning to continue this programme of events in order to strengthen links and engage with local businesses.

(f)   Radiotherapy Network

Mr Davies reported that the Trust has been selected to host the regional radiotherapy network. This serves to enhance our reputation as a centre for specialist services. The bidding process was led by Mr Matthew Keeling (Cancer Services Manager) and Dr Tom Roques (Consultant Oncologist) and the Board noted its thanks for their work on this project.

(g)   Junior Doctors Feedback

Mr Fry commented on the feedback from the junior Doctors Forum. This is very impressive

19/018   **REPORTS FROM BOARD COMMITTEES**

(a) Quality Programme Board

The Board received a report from Mr Davies concerning the Quality Programme Board meeting held on 12 March 2019.

Mr Davies reported that the process of scrutiny by the Evidence Committee is tough and it is intended that the system will remain in place after the CQC inspection – to continue the process of ongoing improvement.

Dr O'Sullivan commented that the QPB evidences that there are robust processes behind the Quality Improvement actions and it links to the Quality and Safety Committee. Mr Fry noted that the level of engagement with the process is good.

19/019   **INFECTION PREVENTION AND CONTROL ACTION PLAN**

The Board received a report from Professor Fontaine concerning the Infection Prevention and Control Action Plan. This follows an inspection on 11 February and is intended to bring about rapid improvement.

Operating procedures throughout the Trust have been reviewed and we are working with Serco to improve environmental cleaning. Ward Sisters are now part of the ongoing monitoring and inspection process.

Dr O'Sullivan asked about our infection control rates and how they compare with similar organisations. Professor Fontaine indicated that we do well relative to nearly all our peer groups in the East of England region in relation to C Difficile, E-coli and MSSA. The process for monitoring progress will be through the Quality Programme Board.

19/020   **INTEGRATED PERFORMANCE REPORT**

The Board received and discussed the Integrated Performance Report (IPR) from the Executive Directors.

(a)   Quality, Safety and Effectiveness

Professor Denton reported that there had been five Never Events in the year to date. Each Never Event is investigated and reviewed by the Chief Executive Assurance Panel and teams are invited to present their review of the event, learning outcomes and resulting changes in process. Feedback following these reviews has been positive and learning outcomes are being shared more effectively.

The Board was informed that focus continues on improving performance towards the 95% target for completion of Electronic Discharge Letters within 24 hours of discharge. An analysis has been undertaken to identify those areas that fail to achieve the target and it was found that EDLs are not prepared for day case/frequent attending patients

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but have been included in performance data. These cases are now being 'cleansed' from the system. Mr Lundrigan added that new systems are being configured to assist achievement of the target and to improve reporting.

Professor Fontaine reminded the Board of the introduction of the Quality Improvement Programme to reduce hospital acquired pressure ulcers. The wards are continuing this work and are now working to be the first ward to reach 300 days without pressure ulcers. The number of patients admitted to hospital with community acquired pressure ulcers remains high and we are working with our colleagues in the community to address this.

Five falls causing moderate harm or above were reported in February. Falls continue to be reviewed by the Essential Care Scrutiny Panel to identify and share learning outcomes.

Professor Denton reported that the number of insulin errors causing NPSA category moderate harm or above remains low (1 in the year to date). Medication errors are expected to improve further following implementation of the Perfect Ward system.

The HSMR was 94.6 in February 2019 and the SHMI in the 12 months to September 2018 was 107. The SHMI is expected to reduce further following introduction of electronic systems which will improve capture of data.

Professor Fontaine informed the Board that a detailed action plan has been put in place to address issues and improve performance following issue of the red rating in the Infection Prevention and Control inspection.

Professor Denton reported that two medication incidents categorised as low/no harm incidents have been reported for two patients that have died. Root cause analysis investigations are underway to identify learning outcomes.

Professor Fontaine informed the Board that work is continuing on development of the new format for the Maternity Dashboard. Over 90% of births are associated with 1:1 care during labour and 70% of births are consultant led. We are continuing to promote smoking cessation for pregnant women to reduce harm to unborn babies and have a perinatal mortality rate that is half the national average.

(b)   Caring and Patient Experience
Professor Fontaine reported on matters relating to the Caring and Patient Experience domain. The Trust has recruited volunteer coordinators to assist in supporting end-of-life care, in association with the Ann Robson Foundation.

(c)   Corporate Risk Register
Professor Fontaine reported that the CRR is reviewed regularly. Risk training is ongoing and has been well-received. Mr How noted that the Register is increasing in the number of risks listed but it would be helpful to have dates in the update column indicating when the risk is likely to be further mitigated or resolved.
Action: Professor Fontaine
(d)   Performance and Productivity
Mr Cobb reported that performance against the 62 day cancer target had improved from 64% in January to 72% in February and the backlog has been reduced. The analysis of the pathway milestones and demand/activity for the prostate pathway has been completed. Performance in the two week wait clinics for breast cancer referrals has been impacted by vacancies and staff sickness. Work is focused on recovering performance by the end of April.

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The waiting list for patients on the 18 week RTT pathway has increased due to cancellations and increases in cancer/urgent work. Mr Davies highlighted the efforts of our surgical and support teams who have been working to ensure that there are no patients waiting longer than 52 weeks by April, as well as treating patients requiring emergency surgery. Staff half been working six days a week to achieve this.

Diagnostic performance has been impacted by a CT equipment unavailability in February and March but it is anticipated that performance will improve in March.

Performance against the 95% A&E 4 hour target was 76% (system-wide) in February. The ED team have been working to improve the number of ambulance handovers breaching 1 hour. In March 2018, there were 564 ambulance handovers of more than an hour and this is anticipated to have reduced to around 70 breaches this month.

Focusing on targeted areas has proved successful in achieving sustainable improvement and the next area of focus will be our ED service provision for children and in the minors area.

The level of demand for non-elective admissions has remained high and continues to impact on our ability to treat our elective patients. Theatre utilisation has improved and surgical teams are working to achieve an ambition to improve DPU productivity to 95%.

Dr O'Sullivan was pleased to note the improvement in theatre productivity but noted the impact of CT breakdown and asked about the programme for replacement of diagnostic scanning equipment.   Mr Garside explained that the Finance and Investments Committee had received a report on diagnostic capacity and replacement of ageing equipment. The replacement programme will require a revenue based approach and this will be reviewed by the Finance and Investments Committee before coming back to the Board.

(e) Workforce
Mr Over reported that our clinical and workforce teams have been working well together maintaining focus on the recruitment plan and 60 clinical staff have joined the organisation. The average time to hire had been reduced by two weeks over the last two months.   It is a difficult balance to maintain staffing levels within financial constraints but we are seeing the benefits from the perspective of quality and safety.

Mandatory training was at 87% (target 90%) and overall appraisal compliance reached the target of 80% in February. The People and Culture Committee is scheduled to review the future workforce, workforce transformation and workforce redesign.

Professor Fontaine highlighted the 10% turnover rate for February, indicating that this is a significant achievement and something we can be proud of. The low turnover rate is a reflection of our ongoing cultural work.

Professor Richardson was pleased to note the improvement in mandatory training and appraisal compliance. The People and Culture Committee will look to the future to ensure there are good plans in place to sustain workforce numbers.

(f) Finance
Mr Hennessey reported that the financial position in the year to date was a deficit of £58.6m which is £6.4m worse than Financial Plan.

Clinical income at Month 11 is £9.6m worse than budget. We have suffered from the effect of the block contract in relation to cancer work. The elective programme has also suffered disruption through needing to accommodate emergency patients.

£28.5m CIP schemes have been approved through Gateway 2 for delivery against the £30m target. The 2018/19 reforecast plan was a deficit of £58.8m. Achievement of the plan will be at risk if we are unable to negotiate additional £3m income from the CCGs above the assumed £8m which has been reflected in the plan. The CCGs have previously supported this but subsequently indicated that they would like to reduce this amount and negotiations are now ongoing to agree a way forward. There is a risk that if the income to be paid is reduced, the Trust's deficit will be adversely impacted and we may be approaching a year end deficit of £61m.

Mr Jeffries noted the issues that have contributed to the financial underperformance in Surgery and asked if our planning has taken these into consideration in order to avoid recurrence in the coming year. Mr Hennessey explained that our budgeting process for the coming year is now more robust and we will be holding the divisions to account to maintain their budgets.

Mr Cobb reminded the Board that our capacity plan is expected to give the divisions the ability to undertake more work. The surgical teams are willing to do more, but need the capacity to do so.

19/021   **FEEDBACK FROM THE COUNCIL OF GOVERNORS**
Mr Fry updated the Board with regard to the work of the governors who have been active in recruiting a new Non-Executive Director and working towards recruitment of a new Chairman. The next Council meeting is on 24 April.

19/022   **ANY OTHER BUSINESS**
Mr Lundrigan updated the Board in relation to purchase of an electronic system for managing Board papers. A preferred supplier was identified but was subsequently purchased by a US company. Work is ongoing to assess the best way forward.

19/023   **DATE AND TIME OF NEXT MEETING**
The next meeting of the Trust Board in public will be at 9am on Friday 31 May 2019 in Room UG55 B&C of the Quadram Institute, Norwich Research Park.

Signed by the Chairman: …………..……………………… Date: …………………………………

Action Points Arising:

	Action
19/005(iii) E-obs	Carried forward to May. Mr Fry asked when the Board can expect to see the business case for e-obs. Mr Lundrigan explained that we are talking to two market leading suppliers, about both hardware and software. Mr Davies commented that the clinical and operational advantages are well understood – the issue is how we can make the finances work. The aim will be to bring an E-obs OBC to the Board in May and it may be helpful for the F&IC to review first. **Action: Mr Lundrigan**
19/020(c) Corporate Risk Register	Professor Fontaine reported that the CRR is reviewed regularly. Mr How noted that the Register is increasing in the number of risks listed but it would be helpful to have dates in the update column indicating when the risk is likely to be further mitigated or resolved. **Action: Professor Fontaine**

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REPORT TO THE TRUST BOARD (in public)

Date	**31 May 2019**
Title	**Chief Executive's Report**
Purpose	**To update the Board on matters relating to the Trust that are not covered elsewhere in the papers.**

As to be expected, the key focus in the Trust in this last period has been on continuing our work in implementing the improvements recognised by the CQC in its recent report.   This is covered in some detail later in the Agenda.

The intention of this report is to briefly update on matters that are not addressed elsewhere in the papers.

In particular:

i)   National award for our colorectal surgery team undertaking robotic surgery
ii)   Success of our bid to host the Regional Cervical Screening Service
iii)   North Norfolk Macmillan Centre at Cromer & District Hospital
iv)   NHSI/NHSE Chief People Officer
v)   Norfolk clinical teams working together for patients
vi)   Digital transformation update – another step towards an Electronic Patient Record

Recommendation:
The Board is recommended to **receive** this report for information.

CHIEF EXECUTIVE'S REPORT TO TRUST BOARD 31 May 2019 (Public)

This report is intended to update the Board on matters relating to the Trust that are not covered elsewhere in the papers.

1   FOCUS ON QUALITY AND SAFETY

1.1   HSJ Award for NNUH robotic colorectal surgery

It is a great pleasure to report that our Colorectal Surgery Team have won a national award for Innovative Practice in Surgical Services.

NNUH Colorectal Surgery team

In October 2017, NNUH was the first hospital in East Anglia to perform robot-assisted minimally invasive colorectal cancer surgery. Robot assisted surgery offers more precision for surgeons, which has helped to improve outcomes for patients - reducing the time spent in the hospital following surgery and reduced readmissions. The colorectal surgery team have also improved theatre utilisation at NNUH by using the robot at weekends.

Consultant Surgeon Irshad Shaikh said: *"We have had fantastic results so far with great clinical outcomes, quicker recovery for patients and we have reduced the length of hospital stay for patients who have received robotic surgery to remove their cancer. We believe our results are some of the best in Europe in a selected group of patients. It is all about teamwork and this was all made possible because we have a dedicated theatre team. The team has consistently helped by giving up their weekends to help cancer patients at NNUH."*

The EDP report of the Health Service Journal award continues:

Mark Davies, NNUH chief executive, said: *"I am so delighted to see the team reap this much deserved award. One of the first decisions I made here as CEO was to invest in a robot as I knew what fantastic staff we have here and it shows what can be done with targeted investment.*

"We are now planning to invest in additional robots to build on this track record so the NNUH will go from strength to strength providing the best care and treatment for our patients using the most up-to-date technology."

As part of its next Strategy & Development session the Board is due to receive a presentation concerning *Innovation and Opportunities in Surgery -* to include options to expand our capacity for robotic-assisted surgery.   This will inform development of our Elective Care Strategy for review by the Board in the Autumn.

2   OPERATIONAL AND SERVICE DEVELOPMENTS

2.1   Regional Cervical Screening Service

It is very pleasing to report that the Trust has been successful in its bid to host the East of England Regional Cervical Screening Service. Selection to host the cervical screening/HPV laboratory is a further endorsement of the specialist services offered by the Trust.

The Board will recall that at the last meeting it was reported that we have been selected to host the regional Radiotherapy Network. The Trust has now been chosen to host a range of regional infrastructure capability including:

- NIHR Clinical Research Network (Eastern)
- Radiology Academy
- Eastern Pathology Alliance
- East of England Cervical Screening Service
- East of England Radiotherapy Network

2.2   North Norfolk Macmillan Centre at Cromer & District Hospital

Board members will have seen the publicity since the last Board meeting regarding the planned refurbishment of the Davison Unit at Cromer & District Hospital. This is a £multi-million investment by Macmillan Cancer Support and the N&N Hospitals Charity, to create the North Norfolk Macmillan Centre.

This new centre will accomodate:

- Six chemotherapy treatment chairs with capacity to treat up to 36 patients a day;
- Three new clinic rooms and two new minor procedure rooms, creating an additional 10,000 outpatient appointments annually;
- A Macmillan cancer information and support centre;

The new unit will also free up space in the main Cromer Hospital building to deliver an extra 600 surgical procedures in dermatology, urology, vascular surgery and pain management.

3   REGULATORY CONTEXT

3.1   Chief People Officer

NHSI and NHSE have announced that they have created a new post in the NHS Executive Group and Prerana Issar has been appointed as Chief People Officer. Chris Hopson, Chief Executive of NHS Providers, commented "*The creation of this role is a welcome recognition of the challenge ahead of us to ensure we have the sustainable and skilled workforce to meet the needs of patients and deliver the ambitions of the NHS long term plan.*"

4   SYSTEM AND PARTNERSHIP WORKING

4.1   Norfolk Health & Wellbeing Board

In the past, NHS Providers such as the Trust have been invited to attend meetings of the Norfolk County Council Health and Wellbeing Board. It has now been proposed that the Council's Constitution should be amended to include the Trust as full members of the HWB. This is seen as a positive development, recognising the value and importance of cross-organisational working and understanding in the health, social care and local government system.

4.2   Acute Services Integration

The Board is aware that we have been working with clinical teams across a range of specialities to support joined-up working between the hospitals in Norfolk.   The potential benefits for patients are self-evident and there are six clinical specialities where this is particularly relevant, where there are opportunities to ensure that specialist, high-quality services are available on a sustainable basis. In addition to the clinical collaborations in radiology and pathology, these six specialities are cardiology, urology, vascular surgery, ENT, haematology and oncology.   Closer working for patients in these areas is supported by the clinical teams, commissioners and wider STP and the Board will be updated on progress at its meeting.

4.3   Digital collaboration and transformation

Board members will recall that significant investment and development will be necessary if the acute hospital sector in Norfolk is to match the level of digital maturity routinely seen in the NHS elsewhere in the Country. A key step forwards will be the implementation of an Electronic Patient Record system.

It is very unlikely that this will be possible without central capital funding. An important step forward has however been taken this month in appointing a commercial partner to work with the three hospital Trusts to assist in the EPR procurement process. Over the next 12-18 months we will work together to define the specification, hold clinical and operational workshops, and prepare Outline and Final Business Cases.

This is a core step in implementing our Digital Strategy and, subject to the availability of funding, will transform the way that we are able to deliver services for patients.

5   RECOMMENDATION

The Board is asked to:
-      **note** the contents of this report for information.

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QUALITY PROGRAMME BOARD
AGENDA

Tuesday 9th April 2019 Boardroom 0900-12:00 Hours

	Item	Lead	Purpose	Format
1.	Apologies and declarations of interest	CEO		Verbal
2.	Review of actions, minutes and matters arising	Exec Directors and CODs	To note and discuss	Document
3.	OAG Deep Dives	CEO	Discussion	Verbal
4.	Changes in reporting processes	RRS	Discussion	Verbal
5.	Outcome of Evidence Groups held on 28th March and 4th April	RRS	Discussion	Documents
6.	Status update re. recommendations not yet complete and evidenced			
7.	Change control TW32.1	RRS	Discussion	Document

8.	Highlight reports from Trust-wide and functional areas, focusing on:
	- New Blue recommendations (complete and evidenced)
	- Red recommendations (Off track)
	- Long dated recommendations:
	  - DI 5.1 Radiology reporting times
	  - DI 7.1 7 Day diagnostics
	  - O 1.1 OP Dashboard
	- NHSi IP&C Recommendation
	
	Any successes or concerns that SROs wish to particularly highlight
		Exec Directors and CODs	To note and discuss	Slide presentation

9.	AOB			

Date and Time of next meeting: Tuesday 14th May 2019, 09:00 hours, Boardroom

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REPORT TO THE QUALITY PROGRAMME BOARD	
Date	**28th March 2019**
Title	**Outcome of Evidence Group**
Author & Lead	**Jane Robey** **Rosemary Raeburn Smith**
Purpose	**For Information**

1   Background/Context

The Evidence Group met on 28th March, to review the evidence in respect of fourteen recommendations related to areas under the oversight of the Chief Nurse.

The group reviewed the evidence for suitability, relevance, and completeness, using an appreciative enquiry approach, assessing the quality of the evidence supplied by the SRO and action leads and the current level of assurance for each recommendation.

2   Outcome

Six of the fourteen recommendations had already been signed off as BLUE (complete and evidenced) at previous Evidence Group meetings. Three further recommendations were signed off as BLUE in this meeting. The group provided guidance as to the additional evidence required to turn the other recommendations BLUE, and offered suggestions how this could be achieved. These recommendations will be brought back to future meetings, when the supplementary evidence will be reviewed.

3   Conclusions/Outcome/Next steps

The Evidence Group is scheduled to meet again at 8.30am on 4th April 2019, at which meeting the Committee is due to consider:

- New potential blue recommendations
- Bring back actions from previous evidence groups

Another Deep Dive review into NHSi IP&C recommendations is scheduled for 25th April.

Recommendation:

The Quality Programme Board is asked to note the work of its Evidence Group.

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1.	Apologies and declarations of interest
	None received

2. Persons in attendance

The following people attended the meeting:
- Nancy Fontaine (NF), Chief Nurse NNUH (Chair)
- Rosemary Raeburn-Smith (RRS), Programme Director - Quality Improvement Plan, NNUH
- Jane Robey (JR), Head of Improvement Team, NNUH
- Abbe Swain (AS), Improvement Manager, NNUH
- Clair Anderson (CA), Senior Improvement Officer, NNUH
- Gemma Lynch (GLy), Governance Compliance Manager, NNUH
- Lisa Reed (LR), Quality & Patient Safety Manager, NN/SN CCG
- Karen Kemp (KK), Associate Director Quality and Safety, NNUH
- Charlotte Sebastian (CS), Surgery Division interim governance lead, NNUH
- Nick Gurbanov (NG), Surgery Division governance support, NNUH
- Clive Beech (CB), Deputy Chief Pharmacist, NNUH
- Andrée Glaysher (AG), Medicine Division Governance Lead, NNUH
- Erika Denton (ED), Medical Director, NNUH

3. Actions for Review and potential sign Off

Outcome of evidence reviews

Ref.	Recommendation	Outcome of Review
Blue Recommendations		
TW 4a.1	The trust must ensure that there is an effective process for quality improvement and risk management in all departments **Status: Blue** - Evidence Group: 7/02/19 **Outcome of review at Evidence Group:** 7/02/19 NF advised that a lot of work has been done on this recommendation in the last five months. Work to fully embed the Quality Strategy remains, however the 'must do' recommendation has been met. Agreed as 'Blue' with bi-monthly review. **Update for Evidence Group 28/03/19:** Quality Improvement Priorities included within the draft Quality and Safety Strategy and submitted to HMB 19/03/19 for discussion.	Status: Remains BLUE Review date: 2 months (May) Actions: None outstanding or new
TW 13.1	The trust must ensure that there are effective systems and processes in place to ensure assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are healthcare associated. **Status: Blue** – Evidence Group: 27/12/18. Reviewed 10/01/19 & 27/02/19. **Action request completed:** Isolation audit has been carried out and added to evidence, further actions encompassed in action plan	Status: Remains BLUE Review date: No further review required via this forum. **Action: AS to send diary invitation for deep dive evidence group to LR**

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		under action U20.1. NHS Improvement visit carried out 11/2/19. Following initial feedback IP&C Recovery meetings have been put in place and action plans drafted for divisions and trustwide. Progress reports will be provided to QPB. OAG deep dive carried out in March and Evidence Group deep dive to be carried out in April.	
TW 23.1	The trust must ensure that incidents are reported and investigated in a timely way by trained investigators **Status: Blue -** Evidence Group: 07/03/19 **Outcome of review at Evidence Group: 07/03/19** Action: NF to follow up with KK regarding non-clinical incidents and time taken to complete RCAs. Agreed to turn 'Blue' with review in 3 months (June 2019).	Status: Remains BLUE Review date: Three months (June) Actions: None outstanding or new	
TW 34.1	The trust should ensure that staff carrying out Root Cause Analysis (RCA) investigations for serious incidents receive appropriate RCA training **Status: Blue -** Evidence Group: 27/12/18 **Action completed:** Detail regarding joint investigations included within evidence.	Status: Remains Blue Review date: No further review required via this forum. BAU. **Action: LR to send additional evidence to KK (incident number)**	
TW 35.1	The trust should ensure that staff carrying out Duty of Candour applications receive appropriate training. **Status: Blue -** Evidence Group (17/01/19) **Future work update:** The development of the Duty of Candour in house training package has been completed and feedback is being sought prior to publishing.	Status: Remains Blue Review Date: No further review required via this forum. BAU. Actions: None outstanding or new	
TW 36.1	The trust should review its communication aids available to assist staff to communicate with patients living with a sensory loss, such as hearing loss **Status: Blue -** Evidence Group (27/12/18) **Action update:** Evidence Group 07/03/19. Discussions taking place regarding funding for the AbleAssist App.	Status: Remains Blue Review date: 3 months (June) **Action: LR to send QIR evidence to AS**	
Recommendations for consideration to become blue			
TW 4b.1	The trust must ensure that there is an effective process for quality improvement and risk management in all departments	OUTCOME: BLUE as there is now an effective framework and process in place. Review date: 2 months (May) Actions: None outstanding or new	

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TW 20.1	The trust must ensure that lessons learnt from concerns and complaints are used to improve the quality of care.	OUTCOME: BLUE as we are on the road to outstanding but still have a long way to go. Review date: 3 months (June) Actions: None outstanding or new	
TW 21.1	The trust must ensure that patients are treated with dignity and respect at all times	OUTCOME: BLUE as significant progress has been made. Review date: 3 months (June) **Action: AS to add external review and other evidence to the repository.** **Action: SOP to be amended to the appropriate Trust template and published on TrustDocs, this is being actioned as part of the IP&C work. AS to add SOP link to evidence sheet once on Trust docs.**	
Red Recommendations			
TW 11.1	The trust must ensure that resuscitation equipment is checked in accordance with trust policy.	OUTCOME: Remains RED Review date: None set **Action: NF to send a safety alert for all safety checks**	
TW 26.1	The trust must ensure temperature charts for blood and medicine fridges are appropriately completed and records held in line with national requirements	OUTCOME: Remains RED Review date: None set **Action: NF to raise this as an issue at the Senior Practitioners' Forum and Clinical Leaders' Forum.**	
Amber Recommendations			
TW 19.1	The trust must ensure that the healthcare records for patients' (requiring assessment for restrictive intervention) subject to restraint are complete and in line with the trust's policy and procedure Target outcome date: 30/06/19 This has been to Evidence Groups in January and February as part of the Section 29A letter deep dives. Status: Amber. Pending Policy & Training plan.	OUTCOME: Remains AMBER Review date: 2 months (May) **Action: AS to liaise with delivery lead to identify the number and location of people that need to be trained and add to evidence sheet for meeting in May.**	
TW 32.1	The trust should continue to monitor and actively recruit to ensure that there is an adequate number of nursing staff with the appropriate skill mix to care for patients in line with national guidance. Status: Amber. Target outcome date: 1/04/19 –	OUTCOME: Change control to extend the deadline until 1st October Review date: None set **Action: AS to split between adult, child**	

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	further work and evidence required.	**and midwifery** **Action: NF to submit skill mix paper to Trust Board and Finance & Investment committee** **Action: AS to work with delivery lead to collate more evidence** **Action: AS to submit change control to April QPB**
Green Recommendations		
TW 29.1	The Trust should ensure that complaints are responded to in line with the complaints policy deadline of 25 working days Status: Green, work ongoing to update policy. Change control agreed at Quality Programme Board 12/03/19 revised outcome date: **1/6/19**	OUTCOME: Remains GREEN. NF complimented the team on the quality of their responses to patient complaints. Further work will focus on the clinical teams and how they link with the team. Review date: 2 months (May) **Action: NF (via Sarah Higson) Policy needs to be modernised.**

New Actions

Ref.	Action	Owner
TW 13.1	AS to send diary invitation for deep dive evidence group to LR	AS
TW 34.1	LR to send additional evidence to KK (incident number)	LR
TW 36.1	LR to send QIR evidence to AS.	LR
TW 21.1	AS to add external review and other evidence to the repository.	AS
	AS to add SOP link to evidence sheet once on Trust docs.	AS
TW 11.1	NF to send a safety alert for all safety checks	NF
TW 26.1	NF to raise this as an issue at the Senior Practitioners' Forum and Clinical Leaders' Forum.	NF
TW 19.1	AS to liaise with delivery lead to identify the number and location of people that need to be trained.	AS
TW 32.1	AS to split between adult, child and midwifery	AS
	NF to submit skill mix paper to Trust Board and Finance & Investment committee	NF
	AS to work with delivery lead to collate more evidence	AS
	AS to submit change control to April QPB	AS
TW 29.1	NF (via Sarah Higson) Policy needs to be modernised	NF

4. AOB

5. Date and Time of Future Meetings

Thursday 4th April 08:30 - 10:00 Board room

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REPORT TO THE QUALITY PROGRAMME BOARD	
Date	**4th April 2019**
Title	**Outcome of Evidence Group**
Author & Lead	**Jane Robey Rosemary Raeburn Smith**
Purpose	**For Information**

1   Background/Context

The QIP Evidence Group met on 4th April, to review the evidence in respect of two recommendations, in addition to eleven recommendations brought back for review. The Agenda and Evidence Reports presented at the meeting are attached.

The group reviewed the evidence for suitability, relevance, and completeness, using an appreciative enquiry approach, assessing the quality of the evidence supplied by the SRO and action leads and the current level of assurance for each recommendation.

2   Outcome

Both of the recommendations presented for review and potential sign-off were signed off as BLUE (complete and evidenced).

Of the eleven recommendations brought back for review, the outcomes were as follows:

- Two reverted from BLUE to RED pending a deterioration in performance (TW3.1 & U11.1)
- Three were assessed as BLUE (complete and evidenced) (TW33.1; U14.1; U24.1)
- One was confirmed as remaining BLUE (S3.1)
- One was closed as it is superseded by the IP&C action plan (U20.1)
- Four remained RED as insufficient assurance was presented (TW18.1; U15.1; U18.1; U19.1)

All were assigned dates to be brought back for review with additional evidence to ensure practice is being embedded. The group provided guidance as to the additional evidence required for the remaining recommendation and offered suggestions how this could be achieved.

3   Conclusions/Outcome/Next steps

The Evidence Group is scheduled to meet again at 9.00am on Thursday 25th April 2019, at which meeting the Committee is due to conduct a 'deep dive' review into the Section 29a ED recommendations.

Recommendation:

The Quality Programme Board is asked to note the work of its Evidence Group.

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1. **Apologies and declarations of interest**

Apologues received from Erika Denton

2. Introductions

Persons in attendance

The following people attended the meeting:
- Nancy Fontaine (NF), Chief Nurse, NNUH
- Jane Robey (JR), Head of Improvement Team, NNUH
- Kathryn Jones (KJ), HR Business Partner, NNUH
- Stacy Hartshorn (SH), Improvement Manager, NNUH
- Abbe Swain (AS), Improvement Manager, NNUH
- Jess Woodhouse (JW), Improvement Manager, NNUH
- Clair Anderson (CA), Senior Improvement Officer, NNUH
- Katie Smith (KS), Improvement Officer, NNUH
- Rosemary Raeburn-Smith, Quality Programme Director, NNUH
- Karen Kemp (KK) Associate Director Quality and Safety, NNUH
- Andrée Glaysher (AG), Medicine Division Governance Lead, NNUH
- Charlotte Sebastian (CS), Surgical Division Governance Lead, NNUH
- Claire Nash (CN), MH Improvement Manager, NNUH
- Gemma Lynch (GL), Compliance Manager, NNUH
- Joel Fiddy(JF), Governance and Risk Management (Theatres), NNUH
- Lisa Read (LR), Clinical Quality & Patient Safety Manager, North and South Norfolk Clinical Commissioning Groups

2. actions from previous meeting 07/03/2019

Open actions from the meeting of 07/03/2019 and 28/03/19 were reviewed. Updates in red below.

OPEN ACTIONS FROM EVIDENCE GROUP 07/03/2019		
Ref.	**Action**	**Owner**
TW 14.1	JW to request breakdown of the Emergency Department compliance figures by profession. Remains open as breakdown requested but not received. JW will re-chase.	JW
TW 25.1	Need to include an example of an area audit to ensure they have all their assets on eQuip JW to liaise with Mark Bowpitt regarding creating a small sub-group to progress this. NF to ask Simon Hackwell for an update regarding the 5 year rolling Capital Replacement Programme including the process and governance arrangements. Remains open. NR will request clarification from the Capital Committee	JW / NF
TW 36.1	NF & NH to go through list of potential improvement activities and identify spending for the last £30K of NHSi funding. LR & NF to discuss funding from underachievement of CQUIN Closed	NF / NH LR / NF
AOB	Prepare Rapid Tranquilisation SOP Joint piece of work re ED and NSFT re mirroring the NSFT policy. SH to take forward with Simon McKay	GLa
TW 27.1	Request an up to date copy of the amended RTT RAP Closed	JW

TW 24.1	Obtain percentage figures for fridge and resus trolley checks for NF ahead of next OAG meeting Closed	JR
TW 16.1	JR to obtain the Thrombosis and Thromboprophylaxis Committee minutes in the Evidence Repository. Closed	JR
TW 23.1	NF to follow up with Karen Kemp regarding non-clinical incidents and time taken to complete RCAs Closed	NF
TW 30.1	JR to speak to ED to discuss the possibility of an exploratory review into this subject Closed – recommendation is turning red. Will do a focus on M&M at next Evidence Group. NH to share structured deep dive approach with NF Closed	JR / NH
DI 5.1	Add to the agenda for QPB on 12th March Closed	JR
OPEN ACTIONS FROM DEEP DIVE EVIDENCE GROUP 28/3/2019		
TW 13.1	AS to send diary invitation for deep dive evidence group to LR Complete	AS
TW 34.1	LR to send additional evidence to KK (incident number)	LR
TW 36.1	LR to send QIR evidence to AS.	LR
TW 21.1	AS to add external review and other evidence to the repository.	AS
	AS to add SOP for audit assurance framework link to evidence sheet once on Trust docs. Complete – now on Trust Docs	AS
TW 11.1	NF to send a safety alert for all safety checks	NF
TW 26.1	NF to raise this as an issue at the Senior Practitioners' Forum and Clinical Leaders' Forum. Complete – raised at both forums and at SIG	NF
TW 19.1	AS to liaise with delivery lead to identify the number and location of people that need to be trained.	AS
TW 32.1	AS to split between adult, child and midwifery	AS
	NF to submit skill mix paper to Trust Board and Finance & Investment committee	NF
	AS to work with delivery lead to collate more evidence	AS
	AS to submit change control to April QPB	AS
TW 29.1	NF (via Sarah Higson) Policy needs to be modernised	NF

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3. Recommendations Brought Back for Review

Ref.	Recommendation	Outcome of Review
TW3.1	The Trust must ensure that staff annual appraisal completion improves. Current status: Recommendation was assessed as BLUE at March 7th Evidence Group	As at 28th Feb we had achieved 80% compliance; assurance about monitoring poor compliance – would impact compliance by If no appraisals were carried out for a whole month compliance would drop to 71.7%. Warning system is incorporated to the spread sheet sent all managers, showing who is approaching appraisal date. **Action: KJ (via Jeremy Over or Ashley Judd) to find out how much notice is given.** Poor compliance hotspot is the medicine division. **Action: KJ (via Jeremy Over or Ashley Judd) to provide breakdown by service and staff group.** Appraisal improvement trajectory is difficult to ascertain as it's driven by managers. All Trusts should aspire to 95% for 2019/20. **Action: NF to take forward for monitoring via Divisional Performance Accountability Meetings** Need 6 consistent months at 80%+ to feel assured. **Action: OL to bring back for review in 2 months (June).** **Action: KJ (via Jeremy Over or Ashley Judd) to complete outcome box on Evidence Form with Oli Loveless** **OUTCOME: Reverts from BLUE to RED Review in 2 months (June).**

TW18.1	The trust must ensure that computers are locked and that patient healthcare records are stored securely. Reviewed at Evidence Group on 10th January, and more evidence requested. Current status is RED	Notable improvement during notes audit; polarised screens in place in ED. Physical notes – no statistical improvement from repeat audit. **Action: JW to plan rapid improvement cycle with Vimmi, including adjusting IG elearning training and induction learning.** **Action : NF to send out a safety alert** **Action : RRS to raise a Datix re weight of notes audit QAA** **OUTCOME: TURNS RED Review in 2 months (June)**	
TW33.1	The Trust should review the support managers provide to support staff in times of increased demand Current status: RED	Full training programme, proformas and rotas now in place. Silver on-call in place. Clinical matrons on site out-of-hours. Tactical and strategic group meet to discuss lessons learned; after-action reviews are in place. **Action: SH to survey staff to check if they feel better supported.** **Action: SH to discuss 'Winter debrief' with Chris Cobb** **Action: SH to confirm that the flowchart and TOR are on TrustDocs** **OUTCOME: BLUE.** **Review in 2 months (June), with evidence re staff feedback evidence and winter debrief.**	

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S3.1	The trust must ensure that the World Health Organisation (WHO) and five steps to safer surgery checklist is completed appropriately, and that learning from incidents and regular monitoring processes become embedded to empower staff to challenge and report any poor practice. March Gauzette included WHO incidents and associated learning; also a poster in place in Theatres, with WHO compliance scores displayed. Human Factors training ongoing. Updated debrief form was trialled and will be embedded going forwards. Current status: Submitted to Evidence Group 07/02/19 and approved as BLUE.	**Action: AS to ensure the posters are also displayed in Cromer** **Action: AS/JF ensure WHO learning is disseminated to all other areas that would find the learning useful (e.g. radiology, cath labs) for discussion at governance meetings.** **OUTCOME: Remains BLUE. Review in 3 months (July)**
U11.1	The trust must ensure that there is a local audit programme in place for the service, that action plans are in place and necessary improvements are made to practice following audit. New audit format is now in place; evidence in repository to show discussion at ED Governance Meeting Current status: Sent to Evidence Group on the 1st of November 2018 and approved as BLUE.	**Action: SH to confirm that there is demonstrable evidence that learning from RCHEM audits is robust, disseminated.** **OUTCOME: Reverts from blue to RED. Review at 23rd May ED deep dive.**
U14.1	The trust should ensure that sepsis training is available to all staff providing urgent and emergency care. Current status: RED	**OUTCOME: BLUE** **Review at the 23rd May ED deep dive**

U15.1	The trust must ensure there are effective governance processes in place to ensure timely and appropriate capacity and risk assessments for mental health patients are undertaken Reviewed at Evidence Group on 10th January, and more evidence requested. No evidence of discussion at ED CG minutes. Current status: RED	**Action: CN to chase missing audit evidence from Alice Richardson** **Action: KK/NF to discuss good CG approach with Caroline Kavanagh and Rachael Cocker** **Action: SH/KS to send NF an invitation to the next ED CG meeting** **Action: SH to arrange a meeting between SH, NF and Diego** **Action: SH to confirm to NF who is on the interview panel for the ED CG lead** **OUTCOME: Remains RED – review at 23rd May ED deep dive**	
U18.1	The trust must ensure that effective governance and quality assurance processes are in place to measure service improvement. Including escalation of concerns and monitoring of actions arising from meetings, local audits, recommendations from regulators and external reviews. Reviewed at Evidence Group on 10th January, and more evidence requested. Current status: GREEN	**OUTCOME: Turns RED – review at 23rd May ED deep dive**	
U19.1	The trust must ensure that effective processes are in place, and monitored, to ensure clinical policies and guidelines are regularly reviewed and updated in line with national guidance Reviewed at Evidence Group on 10th January, and more evidence requested. Current status: AMBER	**OUTCOME: Turns RED – review at 23rd May ED deep dive** **Action: ED/NF to discuss offline with ED leadership**	
U20.1	The staff must improve staff understanding of isolation procedures and ensure that compliance is regularly monitored Reviewed at Evidence Group on 10th January, and more evidence requested. Current status: GREEN	**OUTCOME: Recommendation CLOSED as covered by IP&C recommendation**	

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U24.1	The trust should review the level of scrutiny and oversight that the mental health board provides Reviewed at Evidence Group on 10th January, and more evidence requested. Current status: AMBER	**OUTCOME: BLUE** **No further review required.**

4. Recommendations for Review and Potential Sign Off

Outcome of evidence reviews

Ref.	Recommendation	Outcome of Review
S2.1	The trust must ensure that there is effective governance, safety and quality assurance processes within the theatre department that are structured, consistent, and monitored to improve practice and reduce risk to patients.	**OUTCOME: BLUE** **No further review required.**
S4.1	The trust should ensure that theatre staff adhere to the dress code policy.	**OUTCOME: BLUE** **Action: JF to carry out audits in staff restaurant** **Action: JF to put posters in staff side of restaurant.**

5. Recommendations for discussion not for sign off

Ref.	Recommendation	Outcome of Review
	None identified.	

Open Actions

Open actions from Evidence Group		
Ref.	**Action**	**Owner**
TW 14.1	JW to chase breakdown of the Emergency Department compliance figures by profession.	JW
TW 25.1	• JW to include an example of an area audit to ensure they have all their assets on eQuip • JW to liaise with Mark Bowpitt regarding creating a small sub-group to progress this. • NF to ask Simon Hackwell for an update regarding the 5 year rolling Capital Replacement Programme including the process and governance arrangements. • NF to request clarification from the Capital Committee	JW JW NF NF
TW3.1	KJ (via Jeremy Over or Ashley Judd) to find out how much notice is given re staff nearing appraisal due date.	JO/AJ
	KJ (via Jeremy Over or Ashley Judd) to provide breakdown of appraisal compliance by service and staff group.	JO/AJ
	NF to take forward for monitoring via Divisional Performance Accountability Meetings	NF

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	OL to bring back for review in 2 months (June).	OL
	KJ (via Jeremy Over or Ashley Judd) to complete outcome box on Evidence Form with Oli Loveless	JO/AJ/OL
TW18.1	JW to plan rapid improvement cycle with Vimmi, including adjusting IG elearning training and induction learning.	JW
	NF to send out a safety alert	NF
	RRS to raise a Datix re weight of notes audit QAA	RRS
TW33.1	SH to survey staff to check if they feel better supported.	SH
	SH to discuss 'Winter debrief' with Chris Cobb	SH
	SH to confirm that the flowchart and TOR are on TrustDocs	SH
S3.1	AS to ensure the posters are also displayed in Cromer	AS
	AS/JF ensure WHO learning is disseminated to all other areas that would find the learning useful (e.g. radiology, cath labs) for discussion at governance meetings	AS/JF
U11.1	SH to confirm that there is demonstrable evidence that learning from RCHEM audits is robust, disseminated.	SH
U15.1	CN to chase missing audit evidence from Alice Richardson	CN
	KK/NF to discuss good CG approach with Caroline Kavanagh and Rachael Cocker	KK/NF
	SH/KS to send NF an invitation to the next ED CG meeting	SH/KS
	SH to arrange a meeting between SH, NF and ED CG lead	SH
	SH to confirm to NF who is on the interview panel for the ED CG lead	SH
U19.1	ED/NF to discuss offline with ED leadership	ED/NF
S4.1	JF to carry out audits in staff restaurant	JF
	JF to put posters in staff side of restaurant.	JF
AOB	Prepare Rapid Tranquilisation SOP - Joint piece of work re ED and NSFT required to mirror the NSFT policy. SH to take forward with Simon McKay	SH
	RRS to review the TOR and invitation list for this meeting	RRS
	RRS to discuss patient voice with Sarah Higson	RRS
Open actions from Deep Dive Evidence Group 28/3/19		
TW 34.1	LR to send additional evidence to KK (incident number)	LR
TW 36.1	LR to send QIR evidence to AS.	LR
TW 21.1	AS to add external review and other evidence to the repository.	AS
TW 11.1	NF to send a safety alert for all safety checks	NF
TW 19.1	AS to liaise with delivery lead to identify the number and location of people that need to be trained.	AS
TW 32.1	AS to split between adult, child and midwifery	AS
	NF to submit skill mix paper to Trust Board and Finance & Investment committee	NF
	AS to work with delivery lead to collate more evidence	AS
	AS to submit change control to April QPB	AS
TW 29.1	NF (via Sarah Higson) Policy needs to be modernised	NF

4. AOB
- NF publicly thanked the Improvement Team and governance leads for their hard work in improving safety and culture – this was echoed by LR.

5. Date and Time of Future Meetings

Thursday 25th April 2019, 09:00 to 10:00. This meeting will focus on a deep dive for the recommendations associated with the Section 29a notice.

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Quality Improvement Plan (QIP) Change Control Request

Date	09th April 2019
Title	Quality Improvement Plan (QIP) change control request
Author(s): **SRO:**	Abbe Swain, Improvement Manager Professor Nancy Fontaine, Chief Nurse
Purpose	To request approval from the Quality Programme Board to amend the outcome completion date for QIP action TW32.1
Summary including	**CQC Recommendation:** The trust should continue to monitor and actively recruit to ensure that there is an adequate number of nursing staff with the appropriate skill mix to care for patients in line with national guidance. Submitted to evidence group 28/03/19. Outcome: Change control to be submitted to request extension to deadline until 1st October. Further actions required recommendation from group to split actions between adult, child and midwifery, submission of a skill mix paper to Trust Board and Finance & Investment Committee and to encompass wider work that is being carried out as part of recruitment. **Proposed revised outcome completion date:** 01/10/19 {table below}
Action Required (✓)	FOR DISCUSSION AND APPROVAL

ID	Original Date submitted to CQC	Target Completion Date	Revised Target Completion Date
TW 32.1	01/04/19	01/04/19	01/10/19

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REPORT TO THE QUALITY PROGRAMME BOARD	
Date	**2nd May 2019**
Title	**Outcome of Evidence Group**
Author & Lead	**Jane Robey** **Rosemary Raeburn Smith**
Purpose	**For Information**

1   Background/Context

The Evidence Group met on 2nd May to review the evidence in respect of three recommendations, in addition to six recommendations brought back for review. The Agenda and Evidence Reports presented at the meeting are attached.

The group reviewed the evidence for suitability, relevance, and completeness, using an appreciative enquiry approach, assessing the quality of the evidence supplied by the SRO and action leads and the current level of assurance for each recommendation.

2   Outcome

One recommendation was signed off as BLUE in this meeting. The group provided guidance as to the additional evidence required to turn the other recommendations BLUE, and offered suggestions how this could be achieved. These recommendations will be brought back to future meetings, when the supplementary evidence will be reviewed.

3   Conclusions/Outcome/Next steps

The Evidence Group is scheduled to meet again at 8.30am on 23rd May 2019, at which meeting the Committee is due to conduct a 'deep dive' review into the Section 29a ED recommendations.

Recommendation:

The Quality Programme Board is asked to note the work of its Evidence Group.

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1. **Apologies and declarations of interest**
Andrée Glaysher Geraldine O'Sullivan

2. Persons in attendance

The following people attended the meeting:

- Nancy Fontaine (NF), Chief Nurse NNUH (Chair)
- Erika Denton (ED), Medical Director, NNUH
- Alison Leather (AL), Chief Quality Officer, NN/SN CCG
- Rosemary Moore (RM), Patient Panel Lead
- Rosemary Raeburn-Smith (RRS), Programme Director for Quality
- Jane Robey (JR), Head of Improvement Team, NNUH
- Abbe Swain (AS), Improvement Manager, NNUH
- Stacy Hartshorn (SH), Improvement Manager, NNUH
- Jess Woodhouse (JW), Improvement Manager, NNUH
- Gemma Lynch (GLy), Governance Compliance Manager, NNUH
- Debbie Laws (DL), Emergency Planning, Resilience, Response & Business Continuity Lead, NNUH
- Andrea Dyke (AD), Mental Health Deputy Matron, NNUH
- Kieron Loane (KL), Mental Health Deputy Matron, NNUH
- Amy Eagle (AE), Divisional Ops Director Medicine Director, NNUH
- Joel Fiddy (JF),), Governance and Risk Management (Theatres), NNUH
- Gemma Lynch (GL), Compliance Manager, NNUH
- Gemma Lawrence (GLa), Mental Health Matron
- Fotoula Blias, Service Operations Manager DCSS, NNUH
- Claire Nash (CN), MH Improvement Manager, NNUH
- Melissa Flanagan (MS), Improvement Team Facilitator, NNUH

2. Review of open actions

OPEN ACTIONS FROM EVIDENCE GROUP 04/04/2019		
Ref.	**Action**	**Owner**
TW 14.1	JW to chase breakdown of the Emergency Department compliance figures by profession. Remains open New Action: JW to find out why sessions are being cancelled and ensure this doesn't happen in future.	JW
TW 25.1	• JW to include an example of an area audit to ensure they have all their assets on eQuip	JW
	• JW to liaise with Mark Bowpitt regarding creating a small sub-group to progress this.	JW
	• NF to ask Simon Hackwell for an update regarding the 5 year rolling Capital Replacement Programme including the process and governance arrangements.	NF
	• NF to request clarification from the Capital Committee Action closed	NF
	New action: JW to put on agenda for discussion at QPB in May	JW
TW3.1	KJ (via Jeremy Over or Ashley Judd) to find out how much notice is given re staff nearing appraisal due date. Remains open	JO/AJ
	KJ (via Jeremy Over or Ashley Judd) to provide breakdown of appraisal compliance by service and staff group. Remains open	JO/AJ
	NF to take forward for monitoring via Divisional Performance Accountability Meetings – Action closed	NF
	OL to bring back for review in 2 months (June). – Action closed	OL

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	KJ (via Jeremy Over or Ashley Judd) to complete outcome box on Evidence Form with Oli Loveless Action closed.	JO/AJ/OL
TW18.1	JW to plan rapid improvement cycle with Vimmi, including adjusting IG elearning training and induction learning. Online IG Training is national and cannot be changed. Action closed. New action: JW to roll out screensaver and liaise with Sarah Egleton to amend face to face health records training.	JW
	NF to send out a safety alert – Action closed	NF
	RRS to raise a Datix re weight of notes audit QAA - Action closed	RRS
TW33.1	SH to survey staff to check if they feel better supported. Remains open	SH
	SH to discuss 'Winter debrief' with Chris Cobb Remains open	SH
	SH to confirm that the flowchart and TOR are on TrustDocs Action closed	SH
S3.1	AS to ensure the posters are also displayed in Cromer Action closed	AS
	AS/JF ensure WHO learning is disseminated to all other areas that would find the learning useful (e.g. radiology, cath labs) for discussion at governance meetings Remains open New action: NF to raise cancellation of meetings with radiology with Tracey Fleming	AS/JF
U11.1	SH to confirm that there is demonstrable evidence that learning from RCHEM audits is robust, disseminated. Action closed – will be discussed at next deep dive	SH
U15.1	CN to chase missing audit evidence from Alice Richardson Action closed – will be discussed at next deep dive	CN
	KK/NF to discuss good CG approach with Caroline Kavanagh and Rachael Cocker Action closed – will be discussed at next deep dive	KK/NF
	SH/KS to send NF an invitation to the next ED CG meeting Action closed – will be discussed at next deep dive	SH/KS
	SH to arrange a meeting between SH, NF and ED CG lead Action closed – will be discussed at next deep dive	SH
	SH to confirm to NF who is on the interview panel for the ED CG lead Action closed – will be discussed at next deep dive	SH
U19.1	ED/NF to discuss offline with ED leadership Action closed – will be discussed at next deep dive	ED/NF
S4.1	JF to carry out audits in staff restaurant – Action closed New action: JF to send info to AE for discussion at Div Board New action: NF to discuss with CODs	JF JF
	JF to put posters in staff side of restaurant. Action closed	JF
AOB	Prepare Rapid Tranquilisation SOP – Remains open Joint piece of work re ED and NSFT required to mirror the NSFT policy. SH to take forward with Simon McKay Remains open	SH
	RRS to review the TOR and invitation list for this meeting Action closed	RRS
	RRS to discuss patient voice with Sarah Higson Action closed	RRS
OPEN ACTIONS FROM DEEP DIVE EVIDENCE GROUP 28/3/2019		
TW 34.1	LR to send additional evidence to KK (incident number) Action closed	LR
TW 36.1	LR to send QIR evidence to AS. Action closed	LR
TW 21.1	AS to add external review and other evidence to the repository. Action closed	AS
TW 11.1	NF to send a safety alert for all safety checks Action closed	NF
TW 19.1	AS to liaise with delivery lead to identify the number and location of people that need to be trained. Action closed – now have training and restrictive interventions data	AS
TW 32.1	AS to split between adult, child and midwifery Remains open	AS
	NF to submit skill mix paper to Trust Board and Finance & Investment committee DW needs to arrange. Remains open	NF

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	AS to work with delivery lead to collate more evidence Action closed	AS
	AS to submit change control to April QPB Action closed	AS
TW 29.1	NF (via Sarah Higson) Policy needs to be modernised Remains open	NF
OPEN ACTIONS FROM EVIDENCE GROUP 25/04/2019		
IP&CR S1.1	Add meeting minutes and QAA evidence to the repository Action closed	CA

3. Actions for Review and potential sign Off

Outcome of evidence reviews

Ref.	Recommendation	Outcome of Review
Recommendations brought back for review		
U13.1	The trust should ensure that a safety thermometer is implemented for children's and adult urgent and emergency services. **Status prior to meeting: BLUE** **Progress discussed during meeting:** • Process is now embedded; data is in the public domain.	Outcome: BLACK – complete with no further review required. Review date: None **Action(s): None specific**
TW4a.1	The trust must ensure that there is an effective process for quality improvement and risk management in all departments **Status prior to meeting: BLUE with bi-monthly review** **Progress discussed during meeting:** • Further evidence has been put in the repository. Trust Docs has been updated with version 4.	Outcome: Remains BLUE Review date: 3 months (August) **Action(s): None specific**
TW4b.1	The trust must ensure that there is an effective process for quality improvement and risk management in all departments **Status prior to meeting: BLUE** **Progress discussed during meeting:** • Karen Kemp to present to Risk Oversight Committee	Outcome: Remains BLUE Review date: 3 months (August) **Action(s): None specific**
TW14.1	Compliance improves for major incident training **Status prior to meeting: RED** **Progress discussed during meeting:** Compliance has improved from 43% to 66%; some ED courses have been cancelled (by ED); Debbie Laws can evidence that 100% of appropriate staff that MUST be trained have been trained, but there is currently no way to show this on ESR.	Outcome: Remains RED Review date: July (2 months) **Action(s): JW to arrange a meeting with NF, DL, JW and Sarah Pask to identify a way to update ESR**
TW19.1	The trust must ensure that the healthcare records for patients' (requiring assessment for restrictive intervention) subject to restraint are complete and in line with the trust's policy and procedure. **Status prior to meeting: AMBER**	Outcome: RED Review date: One month (June) **Action(s):**

		Progress discussed during meeting: Policies have been updated and loaded to Trust Docs; reporting in place to MH Board; training plan in place; currently 56% compliant with training (up from 51% in February); the target for mandatory training compliance should be 90% - aim to achieve this by October; Elite Training are planning to run 8 restrictive intervention courses per year for 16 staff per course.	**CN to discuss with senior matrons to identify staff groups that need to be trained in priority order** **CN/AS to raise a change request to change deadline to 31st October and submit to May QPB**
TW29.1	The Trust should ensure that complaints are responded to in line with the complaints policy deadline of 25 working days **Status prior to meeting: AMBER** **Progress discussed during meeting:** Currently averaging 68%; performance has improved significantly, but the process has not yet changed. Services need to 'own' their complaints review process – this will require cultural shift and a significant process change to shift the process from a central team (Legal) to local ownership of complaints at Divisional/specialty level.	Outcome: Remains AMBER Review date: Two months (July) **Action(s):** **None specific**
Recommendations for Potential Sign Off			
TW7.1	The trust must improve the relationship and culture between the site management team and the Senior Nursing and Clinical teams to ensure open dialogue where patient safety is equally weighted to operational pressure to reduce risks to patients and staff. **Status prior to meeting: GREEN** **Progress discussed during meeting:** Not discussed as no attendance from ED due to operational pressures	Outcome: Remains GREEN Review date: 23rd May **Action(s): None specific**
TW17.1	The trust must ensure that necessary risk assessments and healthcare records are complete for mental health patients **Status prior to meeting: RED** **Progress discussed during meeting:** Not discussed as no attendance from ED due to operational pressures	Outcome: Remains Red Review date: 23rd May **Action(s): None specific**
S1.1	The trust must ensure that leadership, culture and behaviours within the operating theatre department are actively addressed. **Status prior to meeting: GREEN** **Progress discussed during meeting:** Chief of Service has been appointed for theatre; however Theatre Matron post is now vacant, which could impact the support to the team; mitigation has been put in place. Atmosphere in theatres has significantly improved compared	Outcome: BLUE Review date: 6 months (November) **Action(s): None specific**

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	with six months ago. Speak up guardian role promoted in Theatres; the Gauzette is well received.	

New Actions

Ref.	Action	Owner
AOB	Identify an early June date for a further deep dive into IP&C	RRS
TW 14.1	JW to find out why sessions are being cancelled and ensure this doesn't happen in future	JW
TW 25.1	JW to put on agenda for discussion at QPB in May	JW
TW 18.1	JW to roll out screensaver and liaise with Sarah Egleton to amend face to face health records training	JW
S3.1	NF to raise cancellation of meetings with radiology with Tracey Fleming	NF
S4.1	JF to send info to AE for discussion at Div Board	JF
S4.1	NF to discuss with CODs	NF
TW14.1	JW to arrange a meeting with NF, DL, JW and Sarah Pask to identify a way to update ESR	JW
TW19.1	CN to discuss with senior matrons to identify staff groups that need to be trained in priority order	CN
	CN to raise a change request to change deadline to 31st October and submit to May QPB	CN

4. AOB

5. Date and Time of Future Meetings

Thursday 23rd May 08:30 - 10:00 Board Room

QIP Risk and Issues Log

Risk No.	Risk	Project	Raised By	Date Raised	Owned By	Description	Status	Unmitigated			Measures currently in place to manage the risk	Mitigated		
								Consequence (1-5)	Likelihood (1-5)	Score (1-25)		Consequence	Likelihood	RR score
1	If there is insufficient executive capacity to drive improvement our improvement will not gain the necessary traction	Overall	CEO	07/08/2018	CEO	The Trust's strategic and operational agenda is challenging; therefore it is possible that executive directors and chiefs of division will find it difficult to release time to drive the improvements required to meet the CQC recommendations	Open	5	3	15	Discussion to be held at QIP Board about capacity and resources required to deliver, and consideration of the Trust's short and medium term priorities	5	2	10
2	If pressures within the hospital place competing priorities on staff it could lead to staff finding it difficult to engage with the quality improvement plan	Overall	CEO	07/08/2018	CEO	Staff are feeling under pressure and therefore may feel a little change fatigue and be concerned that their efforts may not make any difference	Open	4	4	16	Staff engagement plan needs to be developed	4	2	8
3	If there is insufficient capacity within individual roles within divisions, services and functions to undertake additional activity to drive the QIP, improvement may not proceed at pace	Overall	CEO	07/08/2018	CEO	Individual staff across the Trust will be required to undertake activity to drive forward the improvement work; it is likely that those staff do not have current capacity within their role	Open	4	4	16	Executive leads will need to consider the capacity required within the workforce to deliver the plan.	4	3	12
4	If the Trust's financial position remains challenged and the QIP requires more resources (recurrent and non recurrent) than the Trust has currently allocated, this will either add to the Trust's CIP or starve the QIP of needed resource	Overall	CEO	07/08/2018	CEO	It is possible that in order to provide the capacity and/or expertise required to deliver the plan the Trust will need to buy in additional people ; it is also possible that the sustainable solution to some of the quality challenges requires significant recurrent additional investment	Open	5	4	20	Significant financial involvement in the development of the plan and its delivery to ensure that costs in excess of provision can be mitigated	5	3	15
5	If the Trust's focus on quality and the operational challenges reduces the focus and attention on the systems of financial control and delivery of the CIP, this could lead to a worsening financial position	Overall	CEO	07/08/2018	CEO	The Trust's financial position is challenging and requires considerable attention to ensure the Trust delivers the financial plan. With the addition of significant quality pressures to address, there's a danger that the good work that has been achieved with finance starts to slip through lack of capacity to maintain the current level of focus	Open	5	4	20	The trust will need to consider the capacity it requires to deliver both financial and quality improvement	5	3	15

QIP Risk and Issues Log

Risk No.	Risk	Project	Raised By	Date Raised	Owned By	Description	Status	Unmitigated			Measures currently in place to manage the risk	Mitigated		
								Consequence (1-5)	Likelihood (1-5)	Score (1-25)		Consequence	Likelihood	RR score
6	If the wrong actions and metrics have been selected the desired outcomes may not be achieved.	Overall	Head of Improvement	04/09/2018	Head of Improvement	The 60 'must do' and 22 'should do' recommendations are underpinned by supporting actions. Completion of these actions by the deadline could lead to false assurance that the aims of the recommendation have been addressed when, in reality, further work is required to ensure that the necessary changes have been embedded and could be articulated by staff.	Open	5	4	20	The Improvement Team is working with action owners and teams to amend actions and metrics to ensure that they are SMART and outcome focused. The revised actions/metrics should then provide greater assurance that the necessary changes will be properly embedded, fully understood by staff, and could be articulated by all members of the front line teams.	5	2	10
7	If action owners do not send their updates to Information Services in good time, or if the data source is inaccurate, incomplete or poor quality, IS will not be able to provide robust management reports, and monitoring of progress will be compromised	Overall	Chief Nurse	09/10/2018	Pete Best	Good quality, timely, relevant data is necessary to enable monitoring of progress towards achieving the recommendations. If this is not forthcoming, remedial action may be delayed and key milestones may be missed.	Open	4	4	16	Information Services is working with the Improvement Team to identify data providers for each of the agreed metrics. IS have a data collection proforma and a tried-and-tested process for requesting timely updates (which works well for the IPR). This process includes escalation triggers and named escalation routes if data submission dates are missed.	4	2	8
8	If the reporting interface is changed from slide pack format to live dashboard format in January, just prior to the CQC inspection, this could confuse members of the QPB and reduce confidence in the assurance process	Overall	Rosemary Raeburn-Smith	15/11/2018	Nancy Fontaine	Clear, understood, and familiar reporting processes are essential for gaining assurance. Changing the reporting interface in the immediate run-up to the CQC inspection has the potential to cause confusion and erode confidence among members of the QPB, especially if reporting & data/comment collection timescales result in the reported data being disseminated too close to the January QPB to enable members to thoroughly review the information in advance of the meeting.	Open	3	4	12	If the data collection template is ready in time, the Improvement Team will attempt to parallel run the two reporting interfaces for the December Board, by producing a full Slide Pack (original reporting interface) and also contributing fully to the live dashboard (new reporting interface).

An agenda item on the December QPB will clearly outline the new reporting process that members can expect in January. | 3 | 3 | 9 |

REPORT TO THE TRUST BOARD

Date	31st May 2019
Title	Quality Programme Board update following 7th May meeting
Author Exec lead	Jane Robey, Head of Improvement Nancy Fontaine, Chief Nurse
Purpose	For Information

1   Background/Context

The Quality Programme Board met on 7th May 2019.

The following documents are attached:
- a) Agenda
- b) Evidence Group Outcome Reports
- c) Change control report for TW19.1
- d) Risk register

2   Key Issues/Risks/Actions

Items of note considered at the meeting included:

	Issues considered	Outcomes/decisions/actions
1	Highlight reports	<table><thead><tr><th></th><th>Number of recommendations</th><th>RED</th><th>AMBER</th><th>GREEN</th><th>BLUE</th><th>BLACK</th></tr></thead><tbody><tr><td>May</td><td>82</td><td>23%</td><td>13%</td><td>11%</td><td>45%</td><td>7%</td></tr><tr><td>April</td><td>81</td><td>22%</td><td>12%</td><td>15%</td><td>49%</td><td>1%</td></tr><tr><td>March</td><td>76</td><td>24%</td><td>12%</td><td>9%</td><td>55%</td><td></td></tr><tr><td>February</td><td>75</td><td>16%</td><td>21%</td><td>19%</td><td>44%</td><td></td></tr><tr><td>January</td><td>67</td><td>12%</td><td>16%</td><td>33%</td><td>39%</td><td></td></tr><tr><td>December</td><td>65</td><td>15%</td><td>19%</td><td>37%</td><td>29%</td><td></td></tr><tr><td>November</td><td>65</td><td>9%</td><td>32%</td><td>45%</td><td>14%</td><td></td></tr><tr><td>October</td><td>65</td><td>6%</td><td>46%</td><td>40%</td><td>8%</td><td></td></tr><tr><td>September</td><td>64</td><td>40%</td><td>33%</td><td>27%</td><td>0%</td><td></td></tr></tbody></table>
2.	Change control	TW19.1 Restrictive Intervention – the deadline was extended from 30th June to 31st October 2019 to allow time to train all appropriate staff.
3.	Outcome of the Evidence Group	The Evidence Group met: • on 25th April, , to review the evidence in respect of six recommendations related to Infection Prevention and Control. One recommendation was signed off as BLUE; • on 2nd May, to review the evidence in respect of three recommendations, in addition to six recommendations brought back for review. One recommendation was signed off as BLUE.
4.	Risk register	No new risks were added to the Risk Register; the register was not reviewed during the meeting.

3   Conclusions/Outcome/Next steps

The Quality Programme Board is scheduled to meet again at 9am on Tuesday 11th June 2019, at which meeting the Committee will review:
- Highlight reports from Trust-wide and functional areas for May.
- Recommendations assured as 'Complete and Evidenced' by the 23rd May and 6th June Evidence Groups

Recommendation:

The Board is recommended to note the work of its Quality Programme Board.

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QUALITY PROGRAMME BOARD AGENDA

Tuesday 7th May 2019 Boardroom 0900-12:00 Hours

	Item	Lead	Purpose	Format
1.	Apologies and declarations of interest	CEO		Verbal
2.	Review of actions, minutes and matters arising	Exec Directors and CODs	To note and discuss	Document
3.	OAG Deep Dives	CEO	Discussion	Verbal
4.	Changes in reporting processes, including: - Black 'Archived' status - Reporting the 77 new recommendations - PowerBI demonstration	RRS and Vicky Cross	Discussion	Verbal
5.	Outcome of Evidence Groups held on 25th April and 2nd May	RRS	Discussion	Documents
6.	Change control – TW19.1	RRS	Discussion	Document
7.	Highlight reports from Trust-wide and functional areas, focusing on: - New Blue recommendations (complete and evidenced) - Red recommendations (Off track) - NHSi IP&C Recommendations Any successes or concerns that SROs wish to particularly highlight	Exec Directors and CODs	To note and discuss	Slide presentation
8.	AOB			

Date and Time of next meeting: Tuesday 11th June 2019, 09:00 hours, Boardroom

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REPORT TO THE QUALITY PROGRAMME BOARD	
Date	**25th April 2019**
Title	**Outcome of Evidence Group**
Author & Lead	**Jane Robey** **Rosemary Raeburn Smith**
Purpose	**For Information**

1   Background/Context

The Evidence Group met on 25th April, to review the evidence in respect of six recommendations related to Infection Prevention and Control.

The group reviewed the evidence for suitability, relevance, and completeness, using an appreciative enquiry approach, assessing the quality of the evidence supplied by the SRO and action leads and the current level of assurance for each recommendation.

2   Outcome

One recommendation was signed off as BLUE in this meeting. The group provided guidance as to the additional evidence required to turn the other recommendations BLUE, and offered suggestions how this could be achieved. These recommendations will be brought back to future meetings, when the supplementary evidence will be reviewed.

3   Conclusions/Outcome/Next steps

The Evidence Group is scheduled to meet again at 8.30am on 2nd May 2019, at which meeting the Committee is due to consider:

- New potential blue recommendations
- Bring back actions from previous evidence groups

Another Deep Dive review into Section 29a ED recommendations is scheduled for 23rd May.

Recommendation:

The Quality Programme Board is asked to note the work of its Evidence Group.

1. Apologies and declarations of interest

Joel Fiddy, Abbe Swain, Rosemary Raeburn-Smith, Frances Bolger, Karen Kemp

2. Persons in attendance

The following people attended the meeting:

- Nancy Fontaine (NF), Chief Nurse NNUH (Chair)
- Jane Robey (JR), Head of Improvement Team, NNUH
- Clair Anderson (CA), Senior Improvement Officer, NNUH
- Gemma Lynch (GLy), Governance Compliance Manager, NNUH
- Lisa Reed (LR), Quality & Patient Safety Manager, NN/SN CCG
- Rosemary Moore (RM), Patient Panel Lead
- Debbie Whittaker (DW), Deputy Chief Nurse, NNUH
- Sarah Morter (SM), Senior Nurse, IP&C NNUH
- Kate Keeling (KK), Divisional Nurse Director, Medicine Division, NNUH
- Lucy Weavers (LW), Divisional Nurse Director, Women & Child Division, NNUH
- Heather Watts (HW), Divisional Nurse Director, Surgery Division, NNUH
- Bethany White (BW), Clinical Educator and ED Sister, NNUH
- Tracey Fleming (TF), Divisional Clinical Support Director, CSSD, NNUH
- Rachael Cocker (RC), Winter Room Nurse Director, NNUH
- Glynis Bennett (GB), NHSE/NHSi
- Judy Ames (JA), IP&C Nurse, Norfolk and Waveney CCGs
- Alice Richardson (AR), ED Matron
- Caroline Kavanagh (CK), Winter Room
- Andrée Glaysher (AG), Medicine Division Governance Lead, NNUH

3. Actions for Review and potential sign Off

Outcome of evidence reviews

Ref.	Recommendation	Outcome of Review
Recommendations for consideration to become blue		
IP&CR TW1.1	The Trust must ensure patient safety through the provision of good Infection Prevention & Control (IP&C) and cleaning systems & standards. **Status prior to meeting: GREEN** Progress discussed during meeting: • 81 Perfect Ward (PW) audits in April thus far despite PW officially not launched until 1/5/19. The PW tool has been well received and has heightened awareness of IP&C. Compliance not yet above 95% (86% compliance). • Walkrounds led by senior nurses are taking place; there is a matron-led walkround every Tuesday. • Band 6s still not attending C4C audits; this is monitored via the monthly nursing dashboard Band 6 attendance is required to challenge the level of cleanliness. • C4C training has been improved and increased. SOP has been circulated to all Band 7s and put on Trust Docs. (Numbers trained not yet known). • In 97% of audited clinical areas, the IP&C link person's name is visible on the IP&C Board. • Palpable shift in ownership and cultural change. • Dress code & uniform policy; dress code has been approved but still some debate regarding the uniform policy (re. dark socks, tights and tailored shorts).	Outcome: **GREEN;** requires further audit evidence to show compliance and sustainability. Review date: Not set **Action(s): None specific**

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	• Hand hygiene & dress code results at the end of March = 97% and 99% respectively (98% in aggregate). • Recommendation: Incorporate hand hygiene audits into Perfect Ward, so that IP&C audits become verification audits.		
IP&CR CSS1.1	The Division of Clinical Support Services must ensure patient safety through the provision of good Infection Prevention & Control (IP&C) and cleaning systems & standards. **Status prior to meeting: GREEN** Progress discussed during meeting: • Audit plan adapted to carry out daily and weekly IP&C checks; designed a monthly escalation report to prompt further action and investigation if compliance is under 100%.	Outcome: **GREEN** Review date: Not set **Action(s): None specific**	
IP&CR M1.1	The Medical Division must ensure patient safety through the provision of good Infection Prevention & Control (IP&C) and cleaning systems & standards. **Status prior to meeting: GREEN** Progress discussed during meeting: • Discussed via dashboard monthly meetings. • Perfect Ward being used in Weybourne and Mattishall. • Weybourne are ranking 6/20 – a competitive element will improve compliance.	Outcome: **AMBER** Review date: Not set **Action(s): None specific**	
IP&CR S1.1	The surgical division must ensure patient safety through the provision of good IP&C and cleaning **Status prior to meeting: GREEN** Progress discussed during meeting: • Issues around commode audits and hand hygiene; discussed at monthly dashboard monitoring. Sluice monitoring process has been implemented; makes one person responsible on each ward for checking the sluice and the commodes – this has improved compliance. • Dress code – particularly around compliance with not wearing masks and hats outside the theatres areas – staff are being challenged; observational audits are in place. • In the theatre complex, there is a monthly audit of dress code compliance within theatres.	Outcome: **BLUE** Review date: 3 months **Action(s): Add meeting minutes and QAA evidence to the repository (CA).**	
IP&CR WR1.1	The Winter Room Division must ensure patient safety through the provision of good Infection Prevention & Control (IP&C) and cleaning systems & standards **Status prior to meeting: AMBER** Progress discussed during meeting: • Includes ED Aylsham Suite and D/C suite. Education re roles and responsibilities was key issue. Lots of work going on re governance framework; nursing dashboard has be discussed at CG meetings for the past 2 months. Means that cleanliness and IP&C is now discussed in a multi-disciplinary forum. IP&C tsk and finish group meets weekly – includes representation from the IP&C teams. Have strengthened	Outcome: **AMBER** Review date: Not set **Action(s): None specific**	

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	IP&C link nurses in CHED, OPED, Minors, Majors, Resus, CDU etc.	
	• An education and training pack has been developed; well received by the team.	
	• IP&C nurses have attended study sessions and have been involved in the development of the C4C training	
	• Links with SERCO and Octagon to review cleaning schedules; SERCO will move some night cleaning to afternoon to improve visibility; in negotiation to have a monthly handyman who will proactively fix small issues.	
	• The engagement of the team is key; the team know they have to own the issue, the environment etc. There's a buzz around the department; posters have been put around the department about appropriate dress, removal of lanyards etc.	
	• Yellow borders being put at all entrances to alert staff to the fact that they're entering a clinical area.	
	• Clinical Lead role – the majors/RATS/minors coordinator now knows their responsibility for IP&C etc.	
	• Will be moving to Perfect Ward. Paper audits are being done, but this will be improved with the start of PW. IP&C links will be trained to do the PW audits.	
	• Some minor works have been completed.	
IP&CR WC1.1	The Women & Children's Division must ensure patient safety through the provision of good Infection Prevention & Control (IP&C) and cleaning systems & standards **Status prior to meeting: GREEN** Progress discussed during meeting: • NICU had big issues with IP&C; pseudomonas issue in water supply. Cramped area in NICU. • Screens around sinks are now in place. • C4C audit results are good; IP&C link nurses are strong. • Datawise, pockets of good practice; paeds was good at submitting data but then compliance dipped due to annual leave; reverse happened in Maternity. • Toy cleaning; policy in place – toys must now be cleaned weekly. There is evidence that this happens in W&C areas, shown on daily, weekly and monthly checks.	Outcome: **AMBER** Review date: Not set **Action(s): None specific**

New Actions

Ref.	Action	Owner
IP&CR S1.1	Add meeting minutes and QAA evidence to the repository	CA

4. AOB

5. Date and Time of Future Meetings

Thursday 2nd May 08:30 - 10:00 Brancaster Room

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Quality Improvement Plan (QIP) Change Control Request

Date	07th May 2019
Title	Quality Improvement Plan (QIP) change control request
Author(s):	Claire Nash, Improvement Manager
SRO:	Professor Nancy Fontaine, Chief Nurse
Purpose	To request approval from the Quality Programme Board to amend the outcome completion date for QIP action TW19.1
Summary including	**CQC Recommendation:** The trust must ensure that the healthcare records for patients' (requiring assessment for restrictive intervention) *subject to restraint* are complete and in line with the trust's policy and procedure. Submitted to evidence group 02/05/19. Outcome: Change control to be submitted to request extension to deadline until 31st October. Further actions required in relation to establishing the appropriate staff groups and specialities who should receive PMA training. Team to also establish priority areas for delivery. Revised training plan required. **Proposed revised outcome completion date:** 31/10/19

ID	Original Date submitted to CQC	Target Completion Date	Revised Target Completion Date
TW 19.1	01/10/18	30/06/19	31/10/19

Action Required (✓)	FOR DISCUSSION AND APPROVAL

QIP Risk and Issues Log

Risk No.	Risk	Project	Raised By	Date Raised	Owned By	Description	Status	Unmitigated			Measures currently in place to manage the risk	Mitigated		
								Consequence (1-5)	Likelihood (1-5)	Score (1-25)		Consequence	Likelihood	RR score
1	If there is insufficient executive capacity to drive improvement our improvement will not gain the necessary traction	Overall	CEO	07/08/2018	CEO	The Trust's strategic and operational agenda is challenging; therefore it is possible that executive directors and chiefs of division will find it difficult to release time to drive the improvements required to meet the CQC recommendations	Open	5	3	15	Discussion to be held at QIP Board about capacity and resources required to deliver, and consideration of the Trust's short and medium term priorities	5	2	10
2	If pressures within the hospital place competing priorities on staff it could lead to staff finding it difficult to engage with the quality improvement plan	Overall	CEO	07/08/2018	CEO	Staff are feeling under pressure and therefore may feel a little change fatigue and be concerned that their efforts may not make any difference	Open	4	4	16	Staff engagement plan needs to be developed	4	2	8
3	If there is insufficient capacity within individual roles within divisions, services and functions to undertake additional activity to drive the QIP, improvement may not proceed at pace	Overall	CEO	07/08/2018	CEO	Individual staff across the Trust will be required to undertake activity to drive forward the improvement work; it is likely that those staff do not have current capacity within their role	Open	4	4	16	Executive leads will need to consider the capacity required within the workforce to deliver the plan.	4	3	12
4	If the Trust's financial position remains challenged and the QIP requires more resources (recurrent and non recurrent) than the Trust has currently allocated, this will either add to the Trust's CIP or starve the QIP of needed resource	Overall	CEO	07/08/2018	CEO	It is possible that in order to provide the capacity and/or expertise required to deliver the plan the Trust will need to buy in additional people ; it is also possible that the sustainable solution to some of the quality challenges requires significant recurrent additional investment	Open	5	4	20	Significant financial involvement in the development of the plan and its delivery to ensure that costs in excess of provision can be mitigated	5	3	15
5	If the Trust's focus on quality and the operational challenges reduces the focus and attention on the systems of financial control and delivery of the CIP, this could lead to a worsening financial position	Overall	CEO	07/08/2018	CEO	The Trust's financial position is challenging and requires considerable attention to ensure the Trust delivers the financial plan. With the addition of significant quality pressures to address, there's a danger that the good work that has been achieved with finance starts to slip through lack of capacity to maintain the current level of focus	Open	5	4	20	The trust will need to consider the capacity it requires to deliver both financial and quality improvement	5	3	15

QIP Risk and Issues Log

Risk No.	Risk	Project	Raised By	Date Raised	Owned By	Description	Status	Unmitigated			Measures currently in place to manage the risk	Mitigated		
								Consequence (1-5)	Likelihood (1-5)	Score (1-25)		Consequence	Likelihood	RR score
6	If the wrong actions and metrics have been selected the desired outcomes may not be achieved.	Overall	Head of Improvement	04/09/2018	Head of Improvement	The 60 'must do' and 22 'should do' recommendations are underpinned by supporting actions. Completion of these actions by the deadline could lead to false assurance that the aims of the recommendation have been addressed when, in reality, further work is required to ensure that the necessary changes have been embedded and could be articulated by staff.	Open	5	4	20	The Improvement Team is working with action owners and teams to amend actions and metrics to ensure that they are SMART and outcome focused. The revised actions/metrics should then provide greater assurance that the necessary changes will be properly embedded, fully understood by staff, and could be articulated by all members of the front line teams.	5	2	10
7	If action owners do not send their updates to Information Services in good time, or if the data source is inaccurate, incomplete or poor quality, IS will not be able to provide robust management reports, and monitoring of progress will be compromised	Overall	Chief Nurse	09/10/2018	Pete Best	Good quality, timely, relevant data is necessary to enable monitoring of progress towards achieving the recommendations. If this is not forthcoming, remedial action may be delayed and key milestones may be missed.	Open	4	4	16	Information Services is working with the Improvement Team to identify data providers for each of the agreed metrics. IS have a data collection proforma and a tried-and-tested process for requesting timely updates (which works well for the IPR). This process includes escalation triggers and named escalation routes if data submission dates are missed.	4	2	8
8	If the reporting interface is changed from slide pack format to live dashboard format in January, just prior to the CQC inspection, this could confuse members of the QPB and reduce confidence in the assurance process	Overall	Rosemary Raeburn-Smith	15/11/2018	Nancy Fontaine	Clear, understood, and familiar reporting processes are essential for gaining assurance. Changing the reporting interface in the immediate run-up to the CQC inspection has the potential to cause confusion and erode confidence among members of the QPB, especially if reporting & data/comment collection timescales result in the reported data being disseminated too close to the January QPB to enable members to thoroughly review the information in advance of the meeting.	Open	3	4	12	If the data collection template is ready in time, the Improvement Team will attempt to parallel run the two reporting interfaces for the December Board, by producing a full Slide Pack (original reporting interface) and also contributing fully to the live dashboard (new reporting interface). An agenda item on the December QPB will clearly outline the new reporting process that members can expect in January.	3	3	9

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REPORT TO THE TRUST BOARD

Date	31 May 2019
Title	People and Culture Committee - 14 May 2019
Author	John Paul Garside, Board Secretary, on behalf of Professor Richardson (Committee Chair)
Purpose	For Information

1   Background/Context

The People and Culture Committee met on 14 May 2019 and discussed matters in accordance with its Terms of Reference. The Agenda for the meeting is attached. Papers for the meeting have been circulated to all Board members for information in the usual way.

2   Key Issues/Risks/Actions

Items of note considered at the meeting included:

	Issues considered	Outcomes/decisions/actions
1	Workforce Demand and Supply	Based on the BAF, the question that the Committee asked was "*What are our estimates of future workforce demand and are we educating sufficient staff to be self-sufficient where appropriate?*"
		The Committee received reports from each of the Divisions with regard to workforce demand and supply. This is an initial piece of work and it was apparent that there is not a consistent approach or level of analysis across the Trust. **Attached** is the report from the Clinical Services Division, which was the most detailed of all the reports.
		The outcome of the Committee discussion was that there is an opportunity for cross-divisional learning and Trust-wide overview. This is to be reviewed by the Management Board and scheduled for further reporting to the Committee and Board in due course.
		This work will inform our ongoing discussions with UEA about our future workforce needs and the Committee's next meeting which is to focus on staff education.
2	Overview of vacancies, recruitment & temporary staffing processes	The Committee received a report with regard to recruitment initiatives in the Trust.

3   Conclusions/Outcome/Next steps

The Committee is scheduled to meet again on 17 September 2019, at which meeting the Committee is due to consider:
-        undergraduate education (medical, nursing, AHP, other)
-        post-registration & specialist education

Recommendation:
The Board is recommended to note the work of its People and Culture Committee

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MEETING OF THE PEOPLE AND CULTURE COMMITTEE - 14 MAY 2019

A meeting of the People and Culture Committee will take place at 2pm on 14 May 2019 in Room UG 55A of the Quadram Institute, Norwich Research Park

AGENDA

	Item	Lead	Purpose	Page
1	Apologies and Declarations of Interest			
2	Minutes of meeting held on 12.02.19 & matters arising		Approval	**2**
3	Focus on BAF 1.8 : **Reliance on recruitment of staff trained by other health education systems threatens ongoing workforce supply**			**9**
	Workforce demand and supply *What are our estimates of future workforce demand and are we educating sufficient staff to be self-sufficient where appropriate?*	JO	Discussion	**10**
	Reports from: a) *Division of Surgery*	TL		**13**
	b) *Division of Clinical Support Services*	RG		**33**
	c) *Division of Women & Children*	FB		**41**
	d) *Division of Medicine*	TG		**44**
4	Focus on BAF 1.7: **Staff vacancies and/or demand outstripping supply has potential quality impact and may result in premium pay costs**			**47**
	4.1 Overview of establishments, vacancies and temporary staffing *How do we establish and monitor our staff establishments?* *What are our vacancy 'hotspots'? (F&I Cmtee Action Point 19/018)* *What is our temporary staffing usage to mitigate impact of vacancies?*	JO	Information	**48**
	4.2 Recruitment processes *How are we doing and is there anything else/different we want to do?*	JO	Discussion	**62**
	4.3 Staff retention *How do we ensure NNUH is a place staff recommend to work?*	JO	Discussion	**72**
5	Corporate Risk Register – relevant risks	NF	information	**To Follow**
6	Agenda for next meeting	JPG	Agreement	**78**
7	Reflections on the meeting	All	Discussion	
8	Any other business			

Date and time of next meeting:
The next meeting of the People and Culture Committee will take place on 17 September 2019 at 1pm in Room 8 of the Bob Champion Research and Education Building

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Workforce demand and supply: People and Culture Committee – 14 May 2019

Divisional presentations – agenda item 3

Clinical Support Services Division	Imaging	Eastern Pathology Alliance	Cellular Pathology	Therapies & Support Services	Pharmacy	Quality Assurance

How has your division's workforce changed over the past 12-24 months? (WTE growth; pay bill; professional mix; new / extended roles). Include examples.

Across Clinical Support Services work on recruitment over the months is starting to show outcomes and vacancies are reducing.

Each Directorate in the Division has completed a workforce and Education plan for 19/20.

The plan was developed by the Director (DCSD) and HR partner, the plan was used to inform business planning and is reviewed by the DCSD and HR business partner with the service operational manager on a 6 monthly basis. See example for Pharmacy in Appendix A.

The Workforce plan identifies budget WTE, contracted hrs, vacancies, grades of staff, age profile, workforce gap analysis, impact of changes on the horizon, action plan, risk analysis, CPD requirements service recruitment plan and overall workforce action plan.

The plan has assisted staff in planning for the future, horizon scanning, extended roles.

Examples of new and emerging roles:
Imaging, the development of the Radiology Department Assistant (RDA) which is now a well-established post. RSWs (radiology support workers) are currently being introduced and the role is to collect patients from the ward, cannulate if required, ensure the transfer of care documentaion is complete and wait while the patient is scanned. This ensures that patients are brought

down to the scanner in a timely manner with the correct documentation and the RSW is able to explain the process to the patient and allay any fears.
Additional radiographers are being trained to report on plain film images.

Cellular Pathology. Due to difficulty recruiting to band 6 / 7 staff, the service has grown their own staff, developing a career pathway to support staff to move through the bands, completing their portfolio, degree then specialist portfolio. Two staff are currently undertaking an advanced practitioner pathway to be able to take on some consultant roles. The career development has taken some years but all BMS vacancies are filled.

Therapeutic Services Extended scope roles support consultant clinics in MSK and work is in progress to map ACP opportunities in RATS and ED.

The recruitment and retention Divisional plan has actions to address recruitment time to hire reduction, encouraging leavers to meet with a staff member and complete a leavers interview

Annualised Staff Turnover rate

01-Apr	01-May	01-Jun	01-Jul	01-Aug	01-Sep	01-Oct	01-Nov	01-Dec	01-Jan	01-Feb	01-Mar
8.95	9.07	9.51	9.53	9.66	10.4	10.21	10.2	10.49	10.17	10.64	11.14

What are your projections for the next 3-5 year period in terms of workforce demand? e.g. growth; reductions; new roles; education & development

As a Division we need to look at new ways of recruiting staff, developing new roles to meet the needs of our patients and working across Norfolk with our Partners in health and social care

- Working alongside the other Divisions, developing a student academy, interesting the GCSE and A level students, particularly in uncommon NHS occupations such as BMS, phlebotomy, clinical engineering, bereavement and mortuary.

- Further development of apprenticeship entry pathways with universities, UEA currently working to start apprentice entry of OT , to work in partnership with UEA and Hertfordshire to look at apprentice entry for other professions, PT, Dietetics

- Areas such as EPA and Cellular pathology will continue to "grow their own staff".

- Norwich Radiology Academy is working closely with HEEoE and regional HEIs to develop pre-and post-graduate courses for radiographers and sonographers.

- To work in partnership with UEA to deliver new courses to support the delivery of courses eg BMS degree which is currently provided by Hertfordshire

- Skill mix review of current roles, understanding what the patient requires, what knowledge and skill do professionals need to meet the requirements , who can carry out the competency with training, thereby leading to the development of new and emerging roles

What are your top workforce supply risks, where you lack confidence about ability to recruit to vacancies / develop people?

Workforce / Education supply risks

Workforce/ Education Issues	Actions
IRU nurses	Recruitment drive to recruit additional nurses using Just R recruitment
Consultant posts in histopathology, microbiology and radiology	To review adverts, use of Just R, recruitment incentives. Extended / advanced roles / ACP posts also being developed to take on some previous consultant roles
EPA removal of long term locums	EPA has a workforce plan that involves reskilling staff to cross cover haematology and chemistry and work different roster patterns. Following the training, locum staff will be reduced
Use of overtime and agency	All Directorates are working to reduce the use of overtime and bank, encouraging staff to move across to Bank, where there are patterns of overtime use review to understand if overtime can be converted to substantive roles and provide some CIP
Education and training	Very small amounts of money allocated to education and training within budget, inconsistent HEE money to support training, which within CSSD is very specialist and cannot be undertaken locally.
Improve Staff survey results	Each Directorate is engaging with staff to identify their top three actions, these are to be shared at Divisional Board in June and signed off

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What actions / decision / strategies could we adopt together, including partnering with other NHS orgs and education providers, to address these supply risks?

- AHPs are forming a steering group across Norfolk including all Trusts(first meeting has been held), recruitment and retention is on the agenda and looking at ways to support recruitment and retention, joint advertising, rotational posts across Trusts / specialities, joint training events, shared learning

- The Division has developed a recruitment and Development group that has attendance by all Directorates, HR partner and HR recruitment, chaired by the DCSD. The group has developed a strategy alongside HR which is to be presented to Divisional Board in May 2019 (see appendix B).

- Creating a centre of excellence - Promotion of research , innovation, awards won by teams outside the Trust, we have staff who present at conferences and are leaders in speciality topics, we are not good at sharing and promoting, even within the Trust

Appendix A

Clinical Support Services Workforce and Educational Plan 19/20

Service – Pharmacy   Date updated: - January 2019

Date	Add Prof Scientific and Technical (P)	Add Prof Scientific and Technical (PT)	Additional Clinical Services (assistants)	Administrative and Clerical
Budgeted WTE	65.26	58.75	31.53	11.34
Contracted WTE	58.54	50.31	24.72	9.81
Vacancies	6.72**	8.65	6.81	1.53

**Excludes recent ESRs

	WTE	Headcount
Add Prof Scientific and Technic	117.67	134
Additional Clinical Services	25.32	30
Administrative and Clerical	9.81	12
Grand Total	**152.8**	**176**

Staff Grades	WTE	Headcount
Apprentice	2	2
Band 1	-	-
Band 2	15	20
Band 3	16	20
Band 4	18	18
Band 5	33	36
Band 6	22	20
Band 7	19	22
Band 8a	14	13
Band 8b	4	5
Band 8c	1	1
Band 8d		
Band 9	1	1
M & D	-	-
Totals	**145**	**158**

Headcount v WTE by staff group

	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical
WTE	112	27	10
Headcount	126	32	14
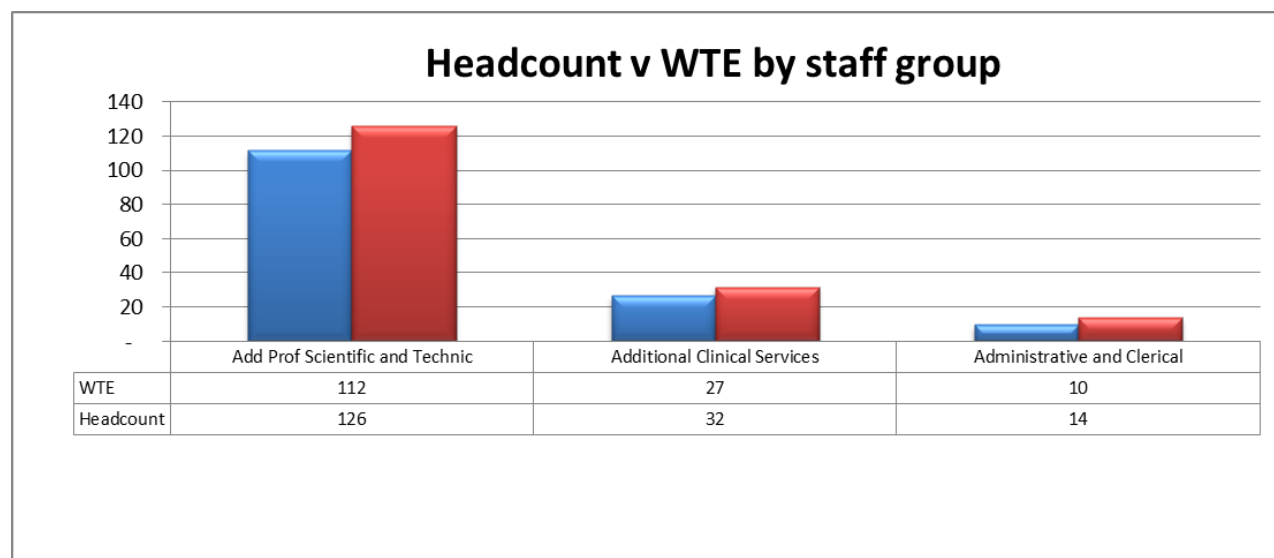
Staff Group WTE% Apportionment

- Administrative and Clerical
- Additional Clinical Services
- Add Prof Scientific and Technic

Staff Grades

	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	M & D
WTE	1	-	14	16	17	33	23	21	16	5	1	1	1	-
Headcount	1	-	19	19	19	40	24	24	17	5	2	1	1	-

Headcount by Grade %

- Apprentice
- Band 1
- Band 2
- Band 3
- Band 4
- Band 5
- Band 6
- Band 7
- Band 8a
- Band 8b
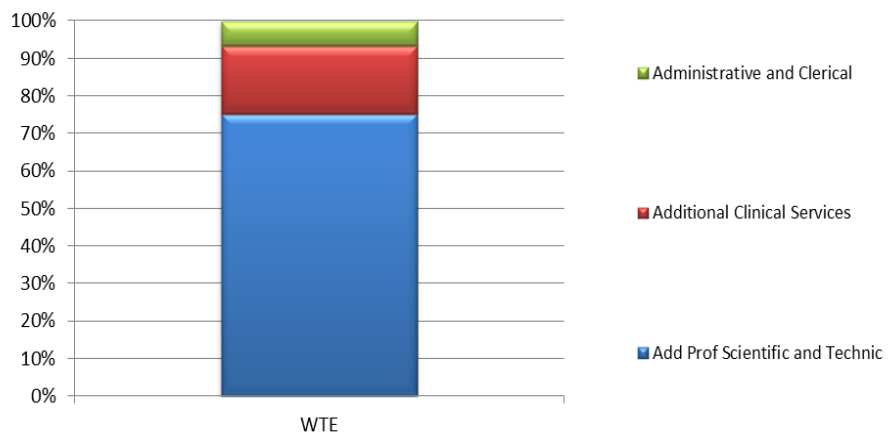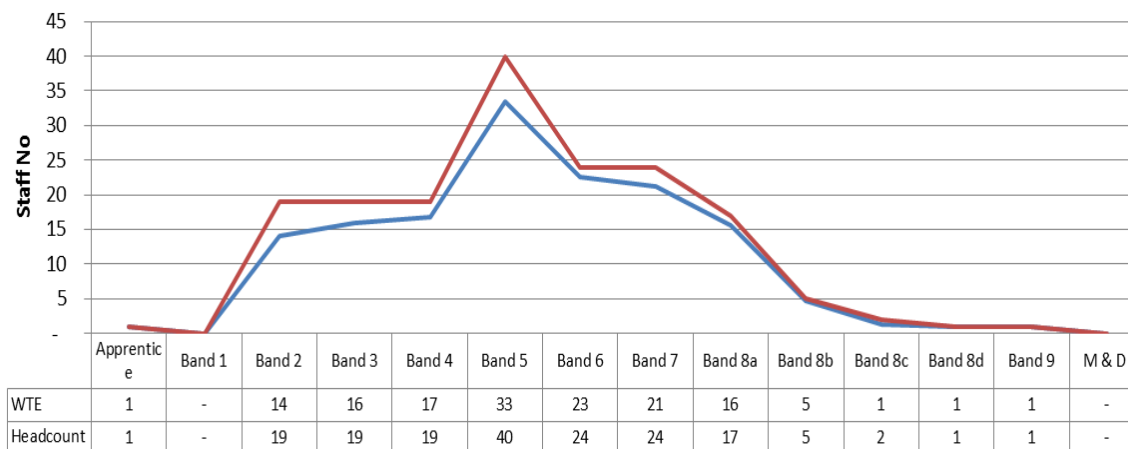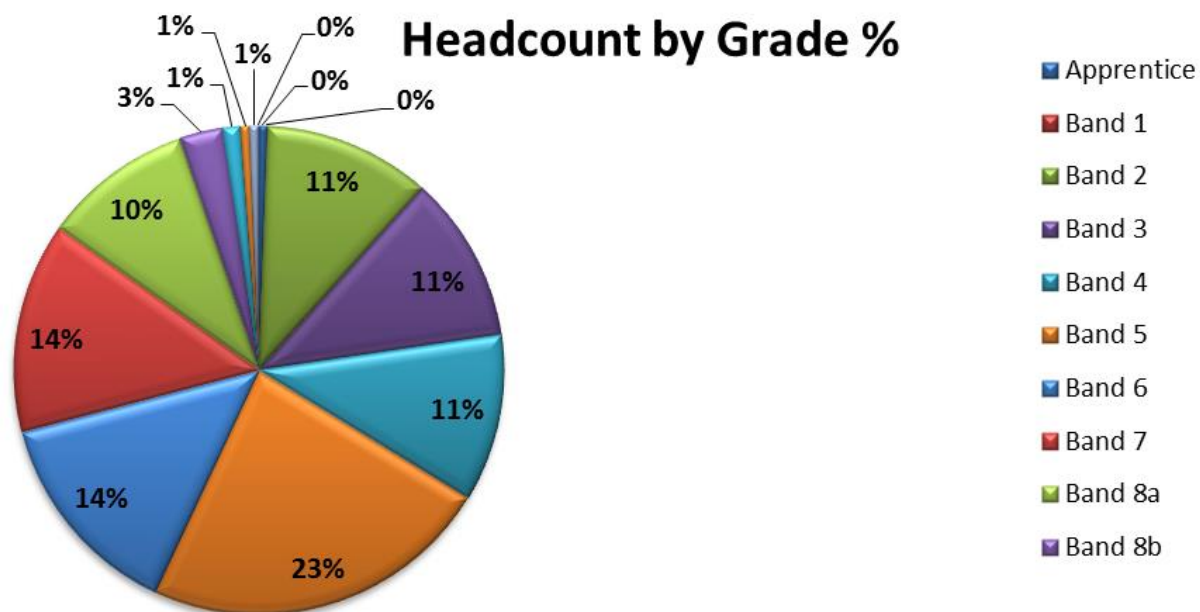
Age Band	Headcount
16-20	0
20-25	16
25-30	32
30-35	17
35-40	26
40-45	20
45-50	20
50-55	17
55-60	10
60-65	10
65-70	4
Grand Total	**172**

Age Profile

Age Profile Headcount

	16-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70
Headcount	0	16	32	17	26	20	20	17	10	10	4

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Annual Sickness Absence %

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Absence Rate %	4.8%	5.4%	4.2%	4.6%	4.9%	4.3%	3.9%	2.9%	1.4%	2.8%	3.5%	2.4%	3.2%
Trust Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
12 month average	3.6%	3.7%	3.8%	3.9%	3.8%	3.8%	4.0%	4.0%	3.8%	3.8%	3.8%	3.7%	3.6%

Top 5 Annual Absence Reasons by Absence Days Oct-17 to Sep-18

Reason	Absence Days
Anxiety/Stress/Depression/Other Psychiatric	720
Other Known Causes	275
Musculo-Skeletal	237
Cold/Cough/Influenza	217
Gastrointestinal	173

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Strengths	Weaknesses
Ability to skill mix across different staff groups Flexible and adaptable Experience – a large static workforce with many members of staff who have been here for a significant amount of time Innovative – new roles, taking on "medical" roles e.g. writing of TTOs Reputation for delivery within the Trust and wider afield Staff-focussed flexible working patterns Links with UEA teaching – both pre and post-graduate Collaboration with JPUH and QEH Non-medical prescribers EPMA Norwich Radiology Academy	Sickness rates Space and resources for the team Too flexible / accommodating Still primarily a 9-5 service Professionalism of technician staff group Risk averse nature Change resistance Structured induction and training programme – time consuming Clinical leadership Clinical vs management responsibilities Unable to provide the current required demand of pharmacists
Opportunities	**Threats**
Progressive career pathway from apprenticeships upwards Ability to offer a variety of apprenticeships – to new and current staff Post-qualification training opportunities (although can be limited numbers and spaces) Joint working with primary care – CSU & CCGs Develop roles outside of pharmacy e.g. quality improvement New head of department – change in style and participation Growth of future seven day services Pathways outside of pharmacy e.g. ACPs Further use of e-roster to understand workforce STP collaboration Consultant pharmacist roles	Primary care vacancies – CSU care homes, GP practices Technician training places and change to qualification pathway Lack of resource pool externally for pharmacy technicians Transport/parking to site Restricted by legislation more so than other professions Lack of external candidates, particularly for higher banded jobs Community pharmacy offering large recruitment/retention bonuses Insufficient workforce for demand Commercial takeover of pharmacy services CPD funding – no longer any ring-fenced funding specifically for pharmacy

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Current workforce gaps / issues

Current vacancies:

9.24WTE Pharmacists B6-8a. We have also recently received confirmation of ESRs from Medical Division for 2 x B7 pharmacists, and this also excludes posts currently funded at risk for Winter Services i.e. B7 pharmacist for Discharge Suite and B7 pharmacist to support NNUH at Home.
1 WTE 8b pharmacist for leading EPMA on a long-term basis

8.19WTE Pharmacy Technicians B4-7. Several higher banded vacancies expecting to be filled by current B4 staff, creating internal moves and B4 vacancies which are difficult to fill. Usually B4 pharmacy technician roles are filled from other sectors e.g. community pharmacy, but the external pool has been depleted locally in recent years with fewer technicians being trained in the sector.

4.31WTE Pharmacy Assistants B2-3. Usually these posts are quite easy to recruit to, but can also turnover quite quickly as staff progress into higher banded posts – good progression rates.

3.07WTE Admin & Clerical.

There is currently a high demand and vacancy rate for pharmacists. This time of year can be difficult to recruit to, with the main season for Band 6 posts being following graduation in the summer months. Unless from the local area, or studied locally at UEA, usually posts require relocation.

Recent implementation of seven day working patterns has led to a number of resignations, although these were largely team members who were near or at retirement. Whilst the allocation of weekends (1 in 10) is quite generous comparing to other trusts (usually 1 in 7 or 8), other sectors who are also growing and recruiting in primary care, remain Monday to Friday working and are attractive in terms of flexibility and working conditions too.

Winter pressures posts + ongoing need: despite continuing pleas for cross-divisional engagement, there are continuing assumptions made about being able to divert posts away from current work, the speed that recruitment can proceed at and the availability of a recruitment pool. Whilst we have been able to offer overtime payments for current staff to help with winter pressures, there is some element of volunteer fatigue with other projects such as the EPMA rollout also requiring large amounts of volunteer time.

There are upcoming changes to the qualifications for pharmacy technicians and pharmacy assistants. Not all of the detail about the qualifications are yet finalised, how they will be delivered or funded, so there are some elements of unknown. Some discussion needs to occur around the skill mix, particularly within dispensary, and potentially increasing our training numbers to "grow our own" staffing for the future. This has impacts on the time for training, both within the department, but also to release staff for training, depending on the course delivery. The courses may move to apprenticeship funding, which also has further implications.

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Health Education England has recently announced changes in the way that pre-registration places are allocated and the funding for placements has been reduced by 25%. This may mean converting establishment to cover the full staff cost of these posts.

Pharmacy is a largely female workforce, so is often affected by maternity leave and requests for flexible working on return to work. The pharmacy service needs to best consider how to meet the needs of the service and individuals when these requests are made.

Retirement: there are several staff who are expected to retire within the next five years, including the Deputy Chief Pharmacist within the next 12 months. This will remove a great amount of experience from the workforce. Senior pharmacy technicians and pharmacists are expected to retire and planning needs to occur for filling these roles, both in terms of clinical/technical expertise, but also management. Staff currently aged 50+ and can potentially retire in the next five years:
Pharmacists x 7; Technicians x 13; Pharmacy Assistants x 8 and Admin & Clerical x 8.

Impactive changes on the horizon

PLAN TO ADDRESS
a. Current gaps
b. Horizon gaps
c. Workforce design

1) Automation and Digital improvements – a number of changes are required to be implemented over the next two years, which will lead to a change in how dispensary functions. The replacement of the pharmacy robot is planned, and any replacement will be more efficient, both in terms of the machine's capability, but also the operators use. Upgrades to the EPMA software will also automate more of the dispensing process which will change the skill mix of the team. This will also meet the requirements of the Falsified Medicines Directive and Scan4Safety / GS1 compliance. In additional, e-invoicing will automate more of this process.

	Add Prof Scientific and Technical	Additional Clinical Services (assistants)	Administrative and Clerical
Replacement of robot and implementation of EPMA v 2019(2019-2020). Exact change to staff unknown at this point until capability of machine and software is demonstrated	Est -2-4WTE – redeployed to patient facing roles	Est +2WTE	-
Implementation of e-invoicing (2019-2020)			-1WTE

2) Review of seven day services. Seven day services are to be introduced in pharmacy in February 2019. This is the first stage of service, and at this moment is quite limited i.e. a minimal ward service can be run. Likely that as other Divisions and services come online with seven day working, demand for ward based work will increase. Proportionally more staff are required for business cases for full seven day coverage. Gold standard service would be for no difference to be seen in service provision on any day of the week.

Over this period of time, the pharmacist role is also likely to develop with more working as Advanced Clinical Practitioners e.g. carrying out routine prescribing, requesting of bloods and investigations. Training for this is currently via six-month study at Manchester University and requiring backfill for training time.

	Add Prof Scientific and Technical	Additional Clinical Services (assistants)	Administrative and Clerical
Increase of seven day working over the next five years	+20WTE	+5WTE	+2WTE

3) Full implementation of the Hospital Pharmacy Transformation Plan – more members of staff carrying out patient facing activities including pharmacy assistants. Introduction of Band 7 rotational posts.

	Add Prof Scientific and Technical	Additional Clinical Services (assistants)	Administrative and Clerical
Change in use of staffing and where located i.e. based on ward, rather than in dispensary	+4WTE		-

Action Plan to meet workforce issues/gaps

Workforce Strategy Action Plan

Recruitment

Aim	Objective	Department action	Lead	Date
Social media campaign	Raise awareness in the pharmacy department at NNUH and any current vacancies that are available, develop a talent pool	Arrange recruitment campaign with Just R and division.	Helen Wilson	Feb 19
CCG joint posts	Advertise vacancies with a rotation into primary care	Arrange how the rotation will work and amend job descriptions accordingly	Clive Beech	Oct 19
Recruiting to PRIDE values / interview	Appoint good quality candidates	Managers to attend recruiting with PRIDE training	Nicola Rudge	Apr 19
Update candidate application packs	Increase the attractiveness of the department to come and work at NNUH	Update front sheet and welcome letter when uploading to Trac	Helen Wilson	Feb 19
Explore military placements / secondments	As a military friendly trust, to offer vacancies for current MOD staff to gain experience during service and attract on leaving MOD	Investigate MOD leads	Nicola Rudge	Apr 19

Retention

Aim	Objective	Department action	Lead	Date
Joint posts with primary care – CSU/CCGs as appropriate	Offer a rotation to pharmacists within primary care and maintaining a good pool of experienced staff & improving retention	Discuss recruitment and rotation plans with CSU (Francoise Price)	Nicola Rudge	2019
B7 rotations	Offer rotational placements to Band 7 pharmacists to increase knowledge and experience in higher level areas	Design rotational placements	Helen Willimott / Clive Beech	2019
New roles for pharmacy technicians	Explore roles in new areas to support pharmacists patient-facing roles e.g. Medicines Information	Review roles as they come up for recruitment, design new departmental structure to work within teams across professions	Nicola Rudge / Helen Wilson	Oct 19
Increase the use of SATO posts	Skill mixing of dispensary and other areas e.g. production to allow technicians into greater	As above	Nicola Rudge / Helen	Oct 19

Aim	Objective	Department action	Lead	Date
	patient facing roles		Wilson	
Research	Ensure any potentials for inclusion within research projects are maximised	Follow up as/when opportunities arise	Nicola Rudge	

Training /Developing an Experienced workforce

Aim	Objective	Department action	Lead	Date
Develop clinical mentoring	Engagement of managers and team members in their work area, gain a better understanding and improve clinical practice	Work on team management structure, design clinical supervision sessions, training for mentors.	Helen Willimott	Jun 19
Improve management and leadership within the department	Use of apprenticeships and other training opportunities e.g. CPPE to increase managers with formal management training	Identification of those who should complete a management course	Nicola Rudge / Helen Wilson	Jun 19
Increase the number of pharmacist prescribers	All Band 7 pharmacists to be active prescribers	Explore CPD funding, ensure staff registered for all available spaces on courses	Clive Beech	May 19
Continue to offer post-graduate qualifications	Band 6-7 pharmacists are able to develop a professional portfolio and increase knowledge and experience	Explore CPD funding, ensure staff registered for all available spaces on courses	Clive Beech	May 19
Continue to offer apprenticeship posts for new and existing staff	Encourage completion of formal recognised learning using the apprenticeship levy	Review jobs on turnover. Create a plan for those who wish to complete an apprenticeship	Lucy Spinks / Helen Wilson	Jun 19
Implementation of the new pharmacy technician and assistant qualifications	Have sufficient members of staff in training to maintain staffing requirements	Develop training pathway for staff wishing to complete these qualifications	Lucy Spinks / Helen Wilson	2020

Agency / Bank

Aim	Objective	Department action	Lead	Date
Avoid use of agency / locum staff	To not use agency /locum staff	Support other areas of this plan	All	
Increase resource available on the internal staff bank	Have appropriate types and numbers of staff on bank	Offer bank roles on leaving department Create talent pool for when suitable vacancies arise	All	

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Appendix B

Imaging → Eastern Pathology Alliance → Cellular Pathology → Therapies & Support Services → Pharmacy → Quality Assurance
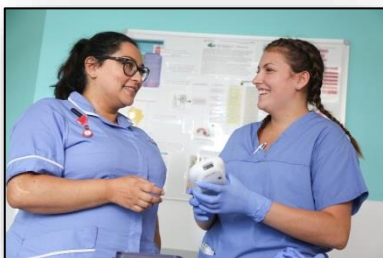
Clinical Support Services
Recruitment & Retention Strategy

Vision:- Directorates within Clinical Support Services are an employer of choice offering a work culture and environment that attracts and retains the very best people

Plan our workforce	Employer of choice	Develop our workforce	Care for our colleagues

• Workforce plans are developed in partnership with other Divisions and HR and Finance to ensure our services can meet future demand
• Role redesign to improve patient services, reduce vacancies and increase job satisfaction through the development of new and amended roles
• Reduce reliance on premium pay agency staff and manage temporary pay expenditure
	• Showcase what we do well and promote our employer brand
	  – Poster exhibitions/study days
	  – Research
	  – Improvement work
	• Expand innovative recruitment practices, including values based recruitment practice
	• Focus on equality, diversity, and inclusivity ensuring fair treatment for all during recruitment and employment
		• Support our staff to reach their full potential through appraisal, education and training
		• Develop a structured approach to the growth of future talent in clinical leadership across services
			• "Know your Staff", leaders and managers know their staff
			• All staff have a regular 1:1 / clinical supervision
			• Build the confidence of our staff to raise concerns / worries
			• Staff feel listened to and heard
			• We can demonstrate how we are improving the lives of staff
			• Build on Mental Health support for staff (mental health first aid?)

65

Norfolk and Norwich University Hospitals NHS

NHS Foundation Trust

CSS Division

Time to Hire Update

Dec 2018, Jan 2019, Feb 2019

Divisional Comparison

	Trust	Medicine	Surgery	W & C	CSS
Time to Hire	72.7	74.4	64.4	81.1	77.2
Time with Manager	21.1	21.3	17.1	22.4	24.9
Time to Advert Close	8.9	8.1	8.2	9	10

CSS Division TTH

CSS Division	Volume	TAC	TWM	TTO	TTCC	TTH
Dec 2018	27	11.3	23.8	11.5	28.7	75.3
Jan 2019	43	9.6	22.6	13.3	33.5	79
Feb2019	39	9.1	28.4	14.9	25	77.3

Norfolk and Norwich University Hospitals NHS
NHS Foundation Trust

Our Vision
To provide every patient
with the care we want
for those we love the most

CSS Division TTH

Time to Hire

TTH Breakdown By Area

Area	Volume	TAC	TWM	TTO	TTCC	TTH
Dietetics	3	8	16.2	7.5	29.66	61.3
Divisional Management	7	5.3	13	11.7	24	54
Health Records	9	13.1	20.8	17	25.8	76.7
Laboratories and Pathology	17	7.6	26.4	12.6	34.7	81.3
Mortuary	3	13	26.9	12.1	34	86
Occupational Therapy	15	13.9	34.2	14.1	27.7	90
Pharmacy	16	11.7	37.4	13.1	26	88.3
Phlebotomy	5	6	25.9	6.5	25.4	63.8
Physics Workshop/ MEM	2	5.5	32.5	6.5	21	65.5
Physio	16	14.1	24	11.3	22.9	72.3
Radiology	17	7.2	16.6	9.7	42.11	75.6

TTH Progress

- TTO for 2019 at 7.5 days currently
- 49 candidates have been offered a post in 2019, 33 have completed recruitment checks already
- For those that have completed checks the TTH is 65 days

Norfolk and Norwich University Hospitals NHS
NHS Foundation Trust

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Appendix D

Cellular Pathology

EPA

Imaging

Our Vision
To provide every patient
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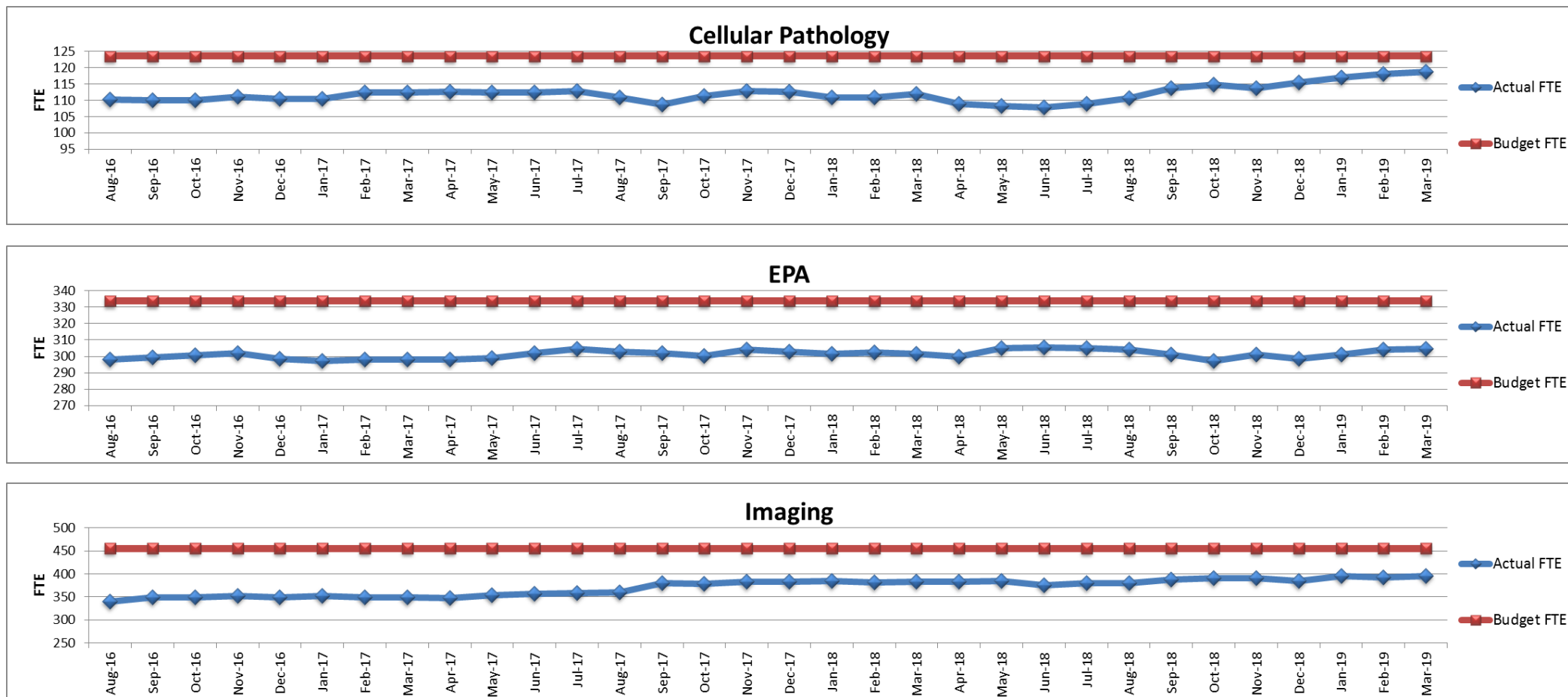
Pharmacy

Therapeutic &SS

Our Vision
To provide every patient with the care we want for those we love the most

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust
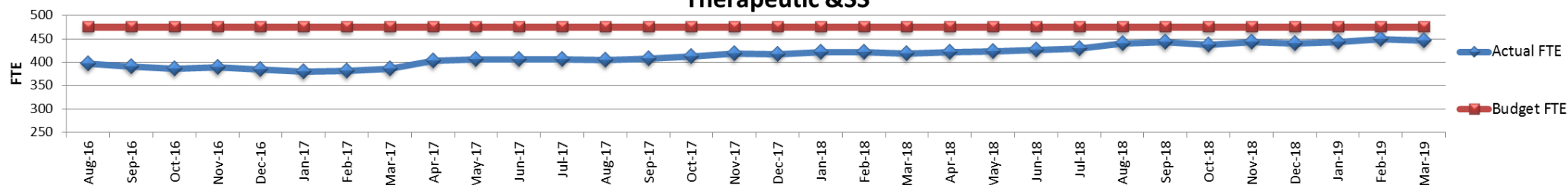
REPORT TO BOARD OF DIRECTORS	
Date	**31 May 2019**
Title	**Staff Survey – how are we responding?**
Author(s) & Exec Lead	**Jeremy Over, Director of Workforce**
Purpose	**For Information**

1   Background/Context

- We regularly discuss the importance of focusing on organisational culture, particularly in relation to staff experience and support for staff

- Organisational culture is fundamentally linked to quality and safety in healthcare – which is a service provided by people for people – relationships, attitudes and satisfaction in the workplace will impact on how staff members relate to each other, to the organisation and to our patients and their families

- We use the staff survey as a measure of staff engagement, attitude and satisfaction. In addition to identifying hot spots and trends, it provides a wider benefit of keeping this in the spotlight and ensuring we maintain a continual focus on improving NNUH as the best possible place to work

- We saw some notable improvements in our staff survey in 2017, both in relation to our own results from 2016, and in relation to other hospitals. We used the results to identify the priorities to work on in 2018. The latest survey of all staff took place in October-November 2018.

2   Staff Survey 2018

- The results of the national staff survey were received in March 2019. Members of the Board will be familiar with the previous methodology used to present and benchmark the scores (32 key findings split into quintiles). The national co-ordination centre has completely replaced this scoring methodology with a new approach – 10 themes, each scored out of 10, highlighting the scores of the best and worst organisations, the average, and your own organisation's score.

- 3,500 forms were returned representing a 46% response rate. The national average was 44%.

- Appendix 2 is a one-page summary of our performance across these 10 themes.

- We were better than or equal to the average for 4; and worse than average for 6. We were not the worst organisation in the country for any of the 10 measures.

- Our scores for the two headline questions in the staff survey were as follows:
  o *Recommend NNUH as a place to work – improved by 1% to 62% (equal to national average)*
  o *Recommend NNUH as a place to receive care – unchanged at 76% (better than national average)*

- The other positive change to the methodology is that the co-ordination centre now presents the data over a 5-year trend period, rather than merely year on year changes.

3   Sharing and responding to the report

- Since publication of the report we have shared the results in a variety of ways and built in opportunities for staff to provide commentary and feedback
- This has included through:
  - o All-staff communication
  - o CEO Viewpoint session
  - o Hospital Management Board
  - o Joint Staff Consultative Committee
  - o Divisional Boards
  - o Staff Experience Working Group
  - o People and Culture Committee
- The **attached** action plan (appendix 1) identifies the top 5 themes arising from the staff survey and demonstrates a variety of actions that have either commenced or are planned for 2019.
- This is to be reviewed by the Management Board at its meeting on 28 May and additional detail will be presented to the Board at its meeting.

4   Conclusions and next steps

- The Board is asked to review and note for information the proposed response to the staff survey themes

APPENDIX 1: Actions to respond to staff feedback through the 2018 Staff Survey

#	Staff Survey priority	Action/s	Lead
1	Divisional / departmental reports highlight areas of good practice / need for improvement	• Divisions to use staff survey reports to identify priority teams that need help / support to improve staff experience • Utilise support available from Workforce teams – HRBPS, OD facilitators, Lead Freedom to Speak Up Guardian, Leadership and Management Development programmes.	Chiefs of Division supported by HR Business Partners
2	Bullying, harassment and abuse ○ 3% increase in reported poor behaviour between colleagues	• Continue to promote new dignity at work framework (Communicating with PRIDE) which was created with staff in 2018 • Leading with PRIDE leadership development session for all line managers • Development sessions for teams needing support to improve teamwork and culture	Ashley Judd Deputy Director of Workforce
3	Freedom to Speak Up ○ Feeling safe to raise concerns is 4% below national average	• New Lead (full-time) Freedom to Speak Up (F2SU) Guardian post created and appointed to • New lead F2SU to facilitate awareness and coaching sessions for teams across the hospital, focusing on why raising concerns is important, how to do it and safeguards • Feedback to Board of Directors from lead Guardian to improve culture and speak up practices • Use daily Serious Incident Group meetings to promote raising concerns as routine normal practice and to share actions / learning	Fran Dawson Lead Freedom to Speak Up Guardian
4	Equality and Diversity ○ Approx. 1% per year decrease in staff agreeing NNUH acts fairly with regard to promotion / career progression	• All recruiting managers to participate in unconscious bias training (linked to Workplace Race Equality Scheme – WRES)	Ashley Judd Deputy Director of Workforce
5	Staff Health and Well-being ○ Staff reporting experience of stress at work has increased by 3% ○ Staff agreeing that NNUH takes positive action on health and well-being decreased by 5%	• Schwartz Rounds (licence just renewed for further two years and new facilitators being trained) • Nurse preceptorship workshops with the ability to extend sessions to all newly qualified staff • Deliver Know your Staff Mental wellbeing training - to help early identification of staff who might be struggling • Develop supportive programme to educate line managers on undertaking stress risk assessment - both departmentally / individually • Develop programme of support for post shift debrief / supervision	Hilary Winch Head of Staff Health, Safety and Well-being

APPENDIX 2:

2018 NHS Staff Survey Results > Theme results > Overview

NHS England
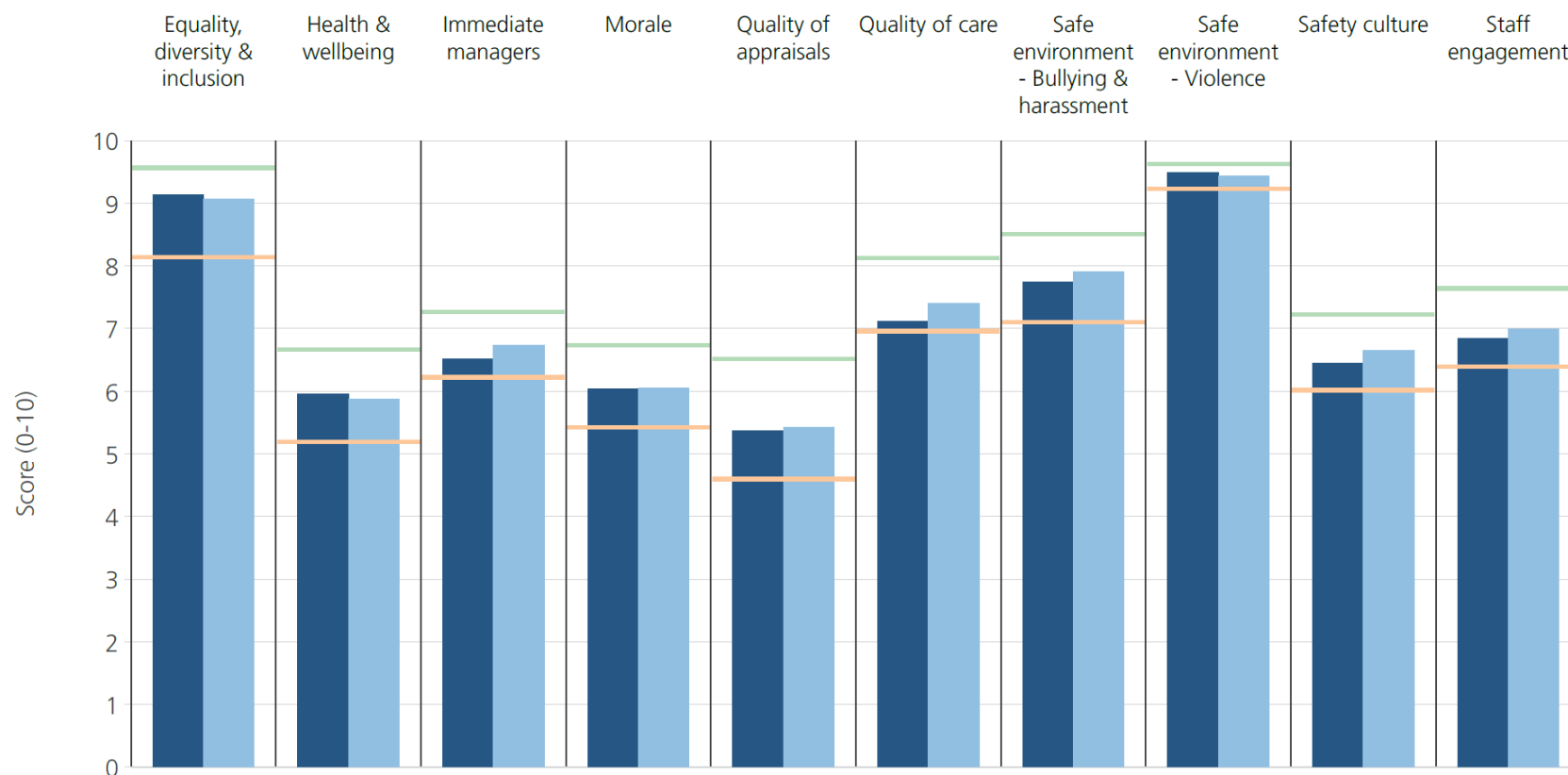
	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	9.1	6.0	6.5	6.0	5.4	7.1	7.7	9.5	6.4	6.8
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
Responses	3,482	3,495	3,497	3,440	2,955	3,125	3,475	3,482	3,495	3,501

7

77

Final Draft of the revised 'Integrated Performance Report'

The following is the final draft copy of the revised Integrated Performance Report (IPR). This new style report has been designed in consultation with the Board and will be presented electronically via a new piece of software, PowerBI. In addition to a standard presentation, this software will allow members to interact with the report and will also enable board members to access more detailed information should they want to.

It is the intention that from June this pack will replace the existing PowerPoint Report. It is included within this months pack for final comment and approval.

It should be noted that final data quality checks are still taking place and so some data may be incorrect. Because of this no comments have been collated from Operational teams.

This pack should be treated as a draft and should not be used in the place of the current IPR.

NNUH Integrated Performance Report

ED Performance

The four hour access standard refers to the pledge set out in the NHS Mandate that at least 95 per cent of patients attending A&E should be admitted to hospital, transferred to another provider or discharged within four hours. Nationally information is reviewed by combining performance for both the NNUH and the walk-in centre. Key factors which can affect performance include the number of attendances, their mode of arrival and their acuity as well as patient flow throughout the hospital.

Month Selector

Most Recent ∨

ED 4Hr Access Target - Combined

●Current Year ●Last Year ●Preceding Year
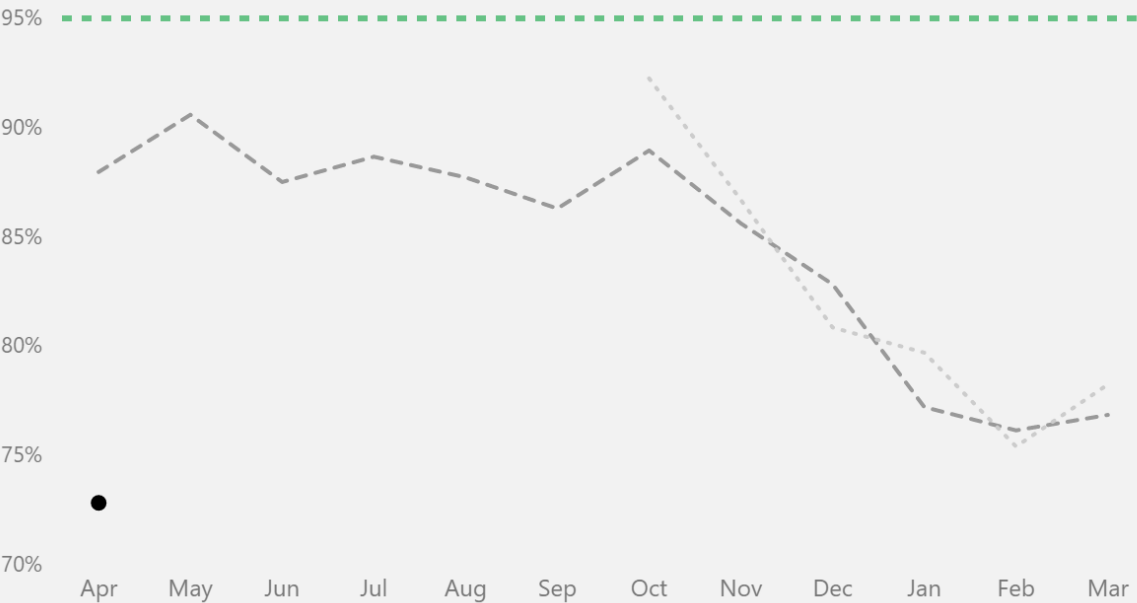
ED Combined Performance			12 Hour Breaches			Ambulance Handovers		
Month	2018	2019	M	2018	2019	M	2018	2019
April	88.0%	72.8%	Apr	0	2	Apr	128	112

Data Observations	Comments and Actions

12 Hour Breaches
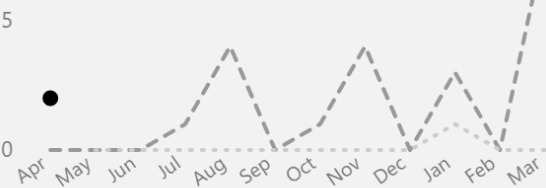
Ambulance Handovers (60+mins)

79

Bed occupancy gives an indication of the pressures faced by the hospital and its capacity to accommodate variations in demand and ensure that patients can flow through the system. The target is to keep occupancy below 92%. Please note that bed occupancy reporting was changed from 01/04/2019, to capture patients on beds who were not assigned to a bed appropriately on the PAS system. This change brings our 19/20 bed occupancy rate up by approximately 3%. The figures are hence not completely comparable to 18/19 figures.

Month Selector

Most Recent

Bed Occupancy Rate (GAB & ESC)

● Current Year ● Last Year ● Preceding Year

Bed Occupancy Rate			Avg. LoS (Inc. 0)			Boarders		
Month	2018	2019	M	2018	2019	M	2018	2019
April	91.3%	93.8%	Apr	4.0	3.9	Apr	27.5	54.8

Data Observations	Comments and Actions

Avg. Length of Stay (Inc. 0 LoS)

Boarders

RTT Performance

NNUH Integrated Performance Report

The RTT key performance indicator measures how trusts are delivering on a patient's right to receive treatment within 18 weeks of being referred to a consultant-led service. The standard is that at least 92% of patients should be treated within this timeframe. This standard has not been met since October 2014 and is a problem for acute NHS trusts across the country.

Month Selector

Most Recent ⌄

RTT Performance

● Current Year ● Last Year
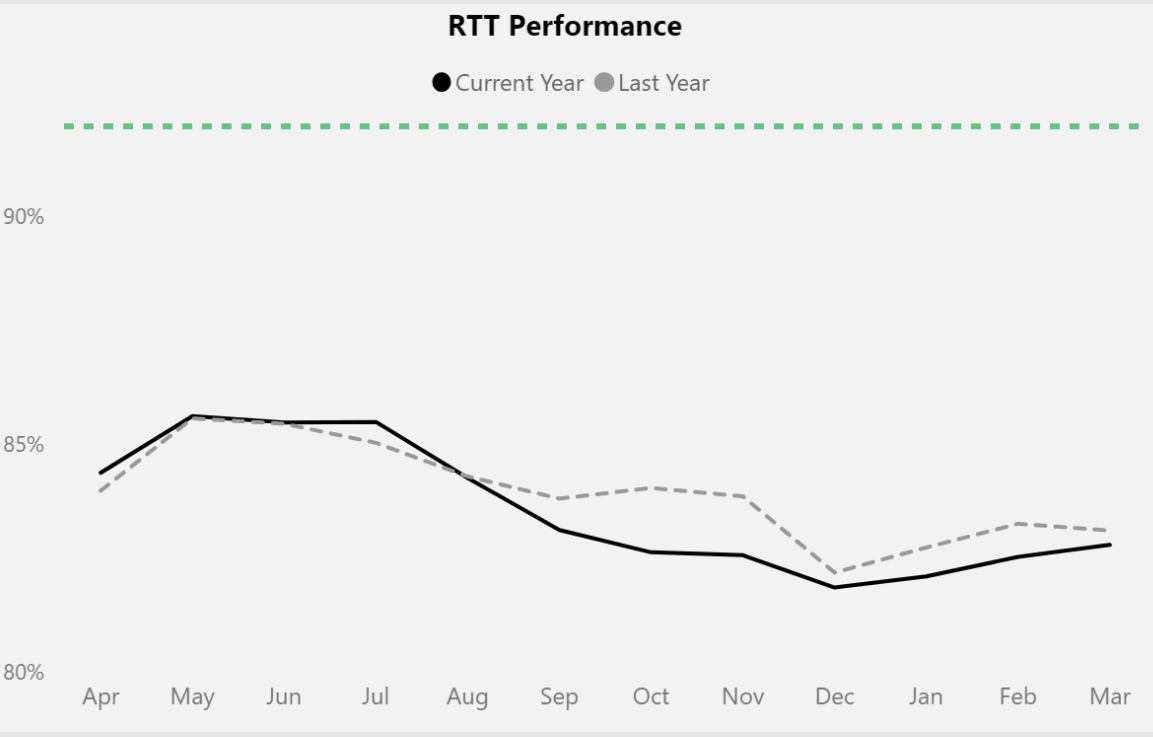
	RTT Performance		Waiting List			Backlog		
Month	**2018**	**2019**	**M**	**2018**	**2019**	**M**	**2018**	**2019**
March	83.1%	82.8%	Mar	37,882	41,332	Mar	6,393	7,105

Data Observations

Comments and Actions

Waitlist Size

Backlog

Norfolk and Norwich University Hospitals NHS Foundation Trust

Information Services

The DM01 key performance indicator measures how trusts are delivering on a patient's right to receive certain diagnostic tests within 6 weeks of the clinical decision that the test was required. The standard is that at least 99% of patients should be treated within this timeframe. We typically meet this standard however equipment failures within Radiology and winter pressures result in considerable strain on our ability to deliver this.

Month Selector

Most Recent

Diagnostic Performance

● Current Year ● Last Year ○ Preceding Year

Diagnostic Performance			Waiting List			Breaches		
Month	2018	2019	**M**	2018	2019	**M**	2018	2019
April	99.4%	97.5%	**Apr**	12,150	11,656	**Apr**	69	290

Data Observations

Comments and Actions

Waiting List

Breaches

82

Cancer Performance: 31 Day

The 31 Day Treatment Standards monitor the trust against the delivery of definitive cancer treatments within 31 days of a decision to treat. For a First Definitive Treatment, 96% of patients should receive their treatment within this timeframe. Subsequent treatments are also monitored, with targets for chemotherapy (98%), radiotherapy (94%) and surgery (94%).

Month Selector

Most Recent ▾

31 Day First Performance

● Current Year ● Last Year ● Preceding Year
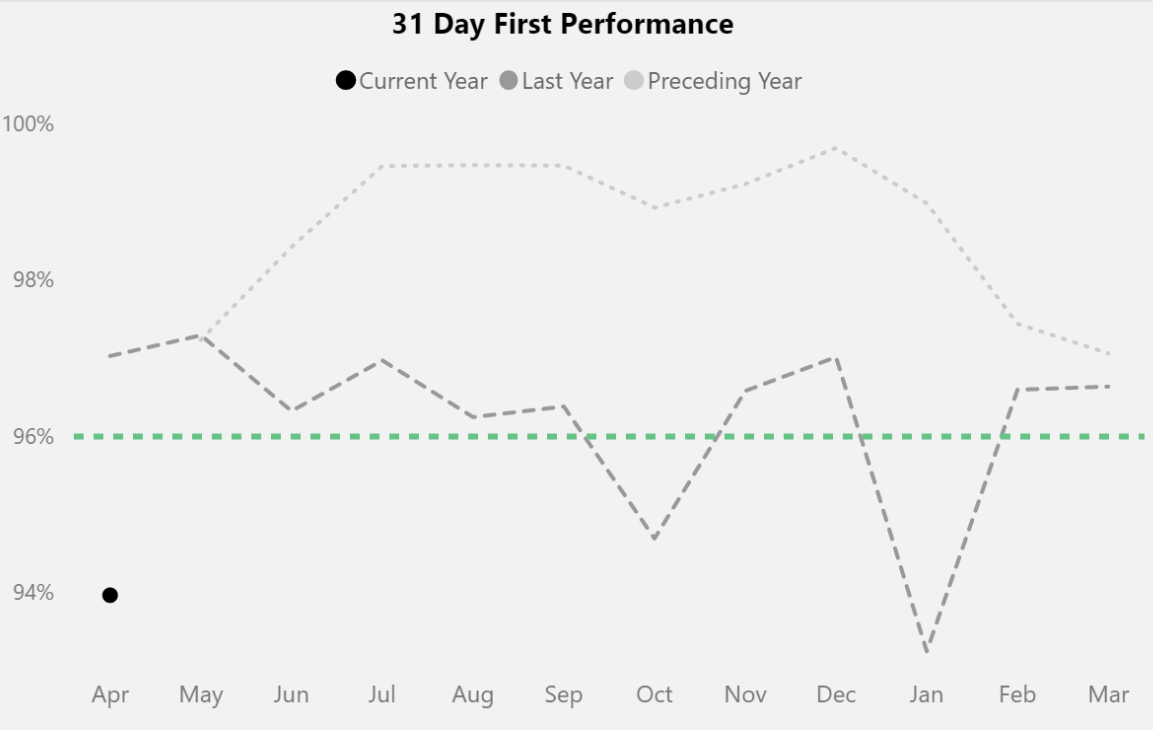
31 Day Performance			Waiting List			Backlog		
Month	**2018**	**2019**	**M**	**2018**	**2019**	**M**	**2018**	**2019**
April	97.0%	94.0%	Apr	72	73	Apr	6	12

Data Observations	Comments and Actions

Waiting List

Backlog

83

NNUH Integrated Performance Report
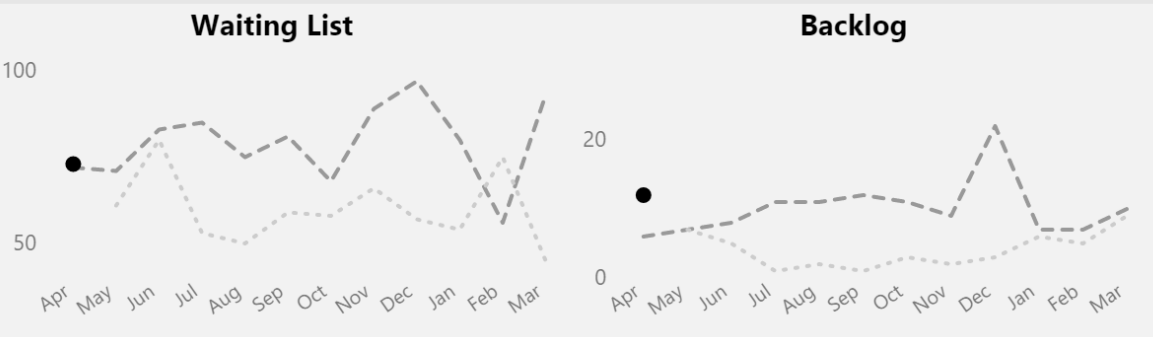
Cancer Performance: 62 Day

The 62 Day GP standard monitors the trust's delivery of a first definitive treatment within 62 days of receiving a 2WW referral. The target is to treat 85% of patients within this timeframe.

Month Selector

Most Recent

## 62 Day GP Performance

● Current Year ● Last Year ● Preceding Year
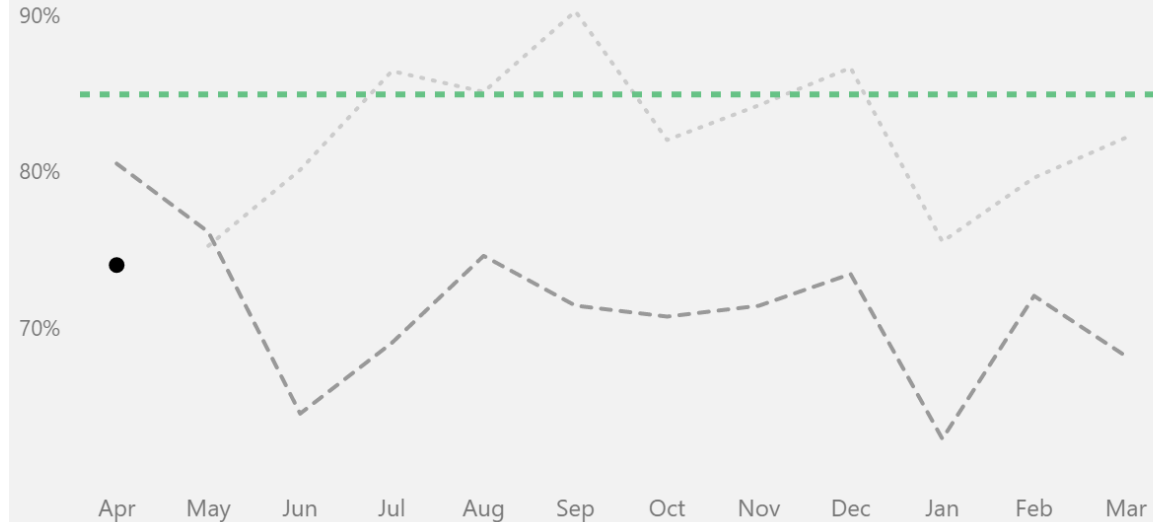
62 Day Performance			Waiting List			104+ Day Waiters		
Month	2018	2019	M	2018	2019	M	2018	2019
April	80.6%	74.1%	Apr	2,112	1,771	Apr	5	5

Data Observations	Comments and Actions

Waiting List

104+ Day Waiters

84
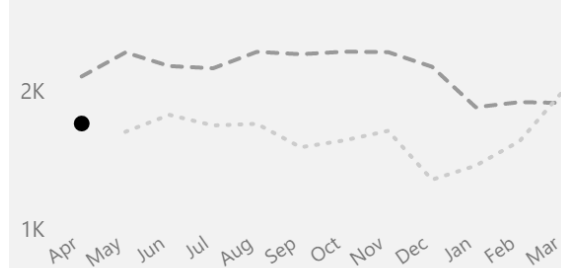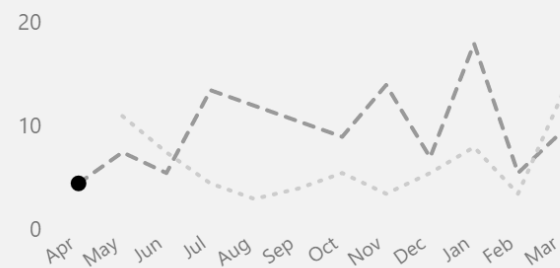
Stroke

Stroke's key standard, Sentinel Stroke National Audit Programme (SSNAP), measures the quality and organisation of stroke care within the Trust. SSNAP considers 10 distinct domains. Domain 2 shown below focuses on the Stroke Unit, including admission within 4hrs. Domain 3 is based on Thrombolysis, including the 1hr clock start target. Each domain is graded according to their score.

Month Selector

Most Recent ⌄

SSNAP

● Current Year ● Last Year
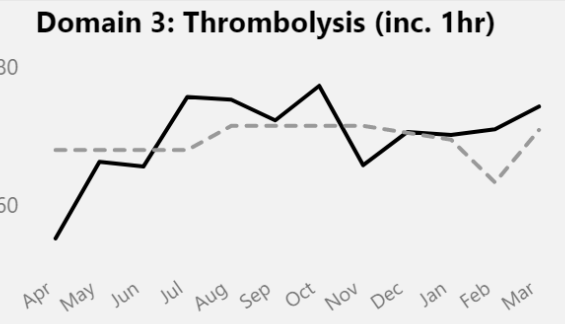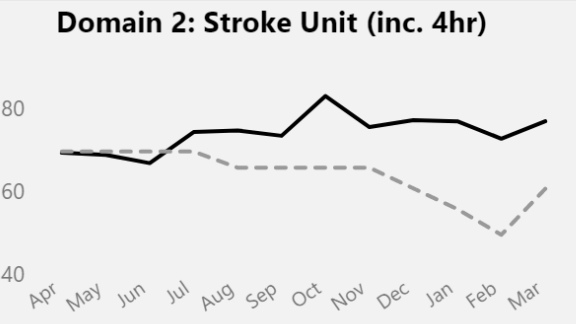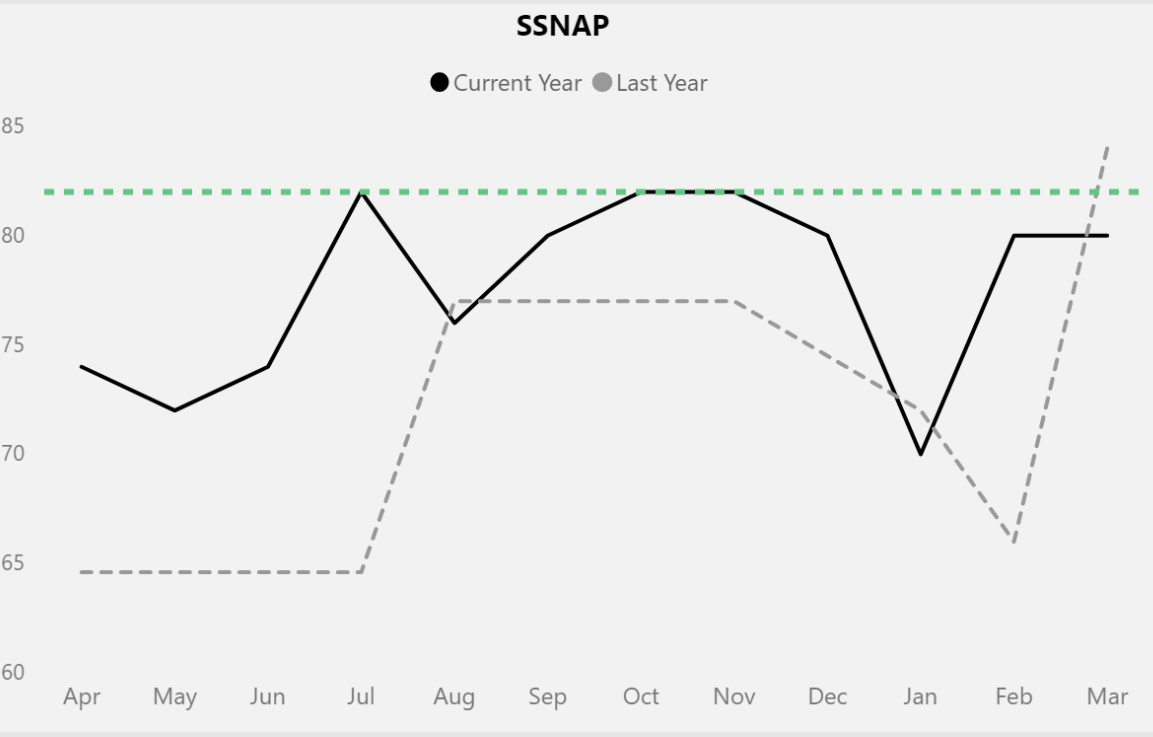
Month	MetricName	2018	2019
March	SSNAP - Score	84	80
	Domain 2 - Score	61	77
	Domain 3 - Score	71	74

Month	MetricName	2018	2019
March	SSNAP - Grade	A	B
	Domain 2 - Grade	D	C
	Domain 3 - Grade	B	B

Data Observations

Comments and Actions

Domain 2: Stroke Unit (inc. 4hr)

Domain 3: Thrombolysis (inc. 1hr)

Cardiology

Cardiology in the Trust is considered in three distinct areas: number of eligible Non-ST-Elevation Myocardial Infarction (NSTEMI) who were treated in 72 hours, number of eligible patients receiving a Primary Percutaneous Coronary Intervention (PPCI) within 150 minutes of first calling for medical attention (Call to Balloon), and the number of eligible patients receiving a PPCI within 60 minutes of arriving at the hospital (Door to Balloon).

Month Selector

Most Recent ⌄

NSTEMI

● Current Year ● Last Year ● Preceding Year
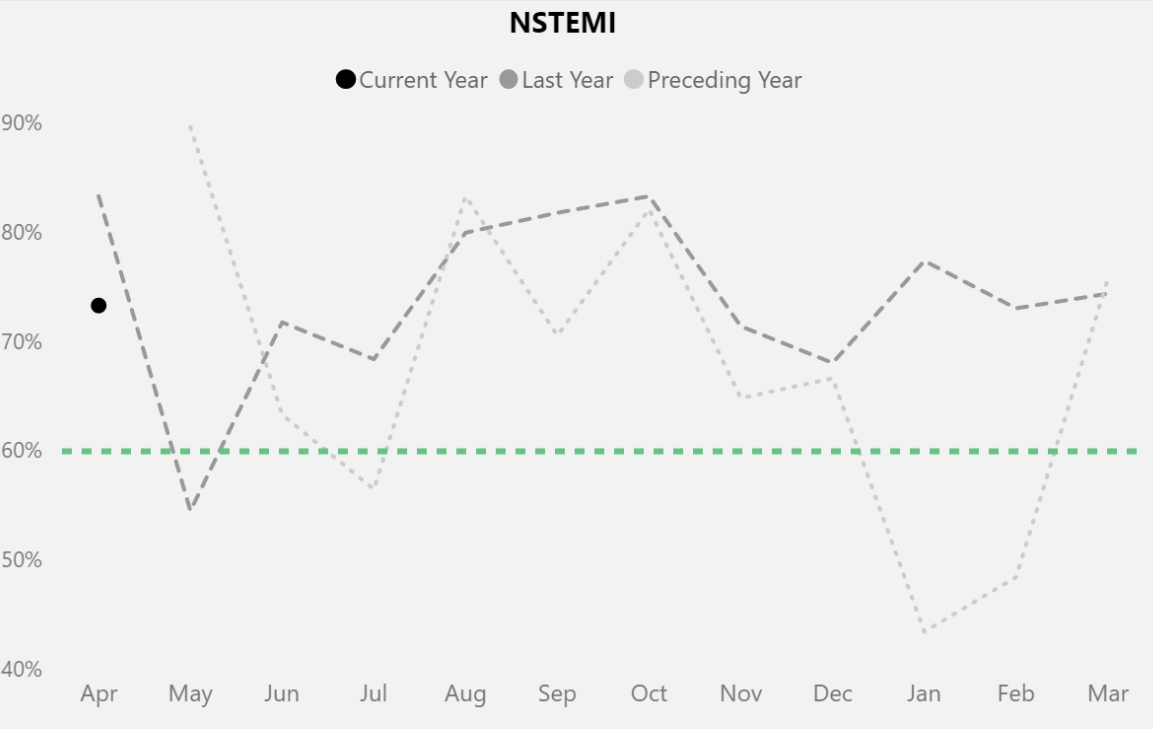
	NSTEMI			Call to Balloon			Door to Balloon	
Month	**2018**	**2019**	**M**	**2018**	**2019**	**M**	**2018**	**2019**
April	83.3%	73.3%	**Apr**	63.9%	68.0%	**Apr**	75.0%	96.0%

Data Observations   **Comments and Actions**

Call to Balloon

Door to Balloon

86

Mortality Rate

NN UH IPR Integrated Performance Report
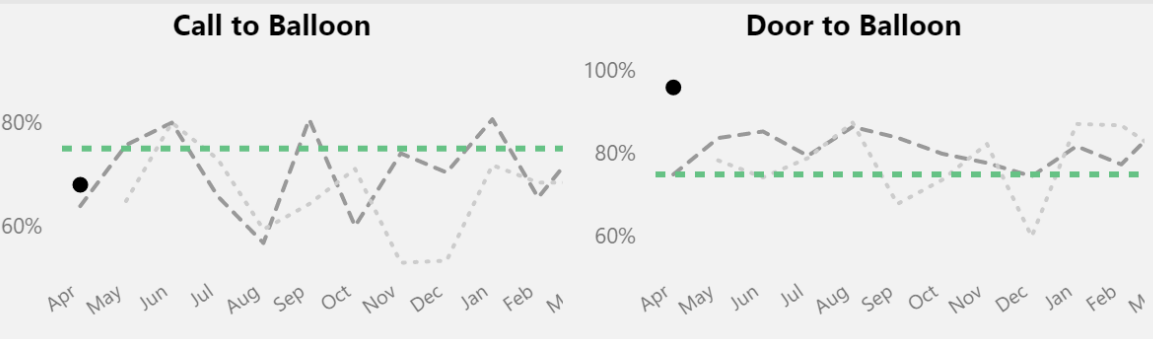
The Trust's key mortality standard, Hospital Standardised Mortality Ratio (HSMR) is the ratio of the observed number of in-hospital deaths to the number of expected in-hospital deaths multiplied by 100. HSMR expected deaths are calculated from logistical regression models with a specified case-mix.

Month Selector

Most Recent ⌄

HSMR (rolling 12 month)

● Current Year ● Last Year
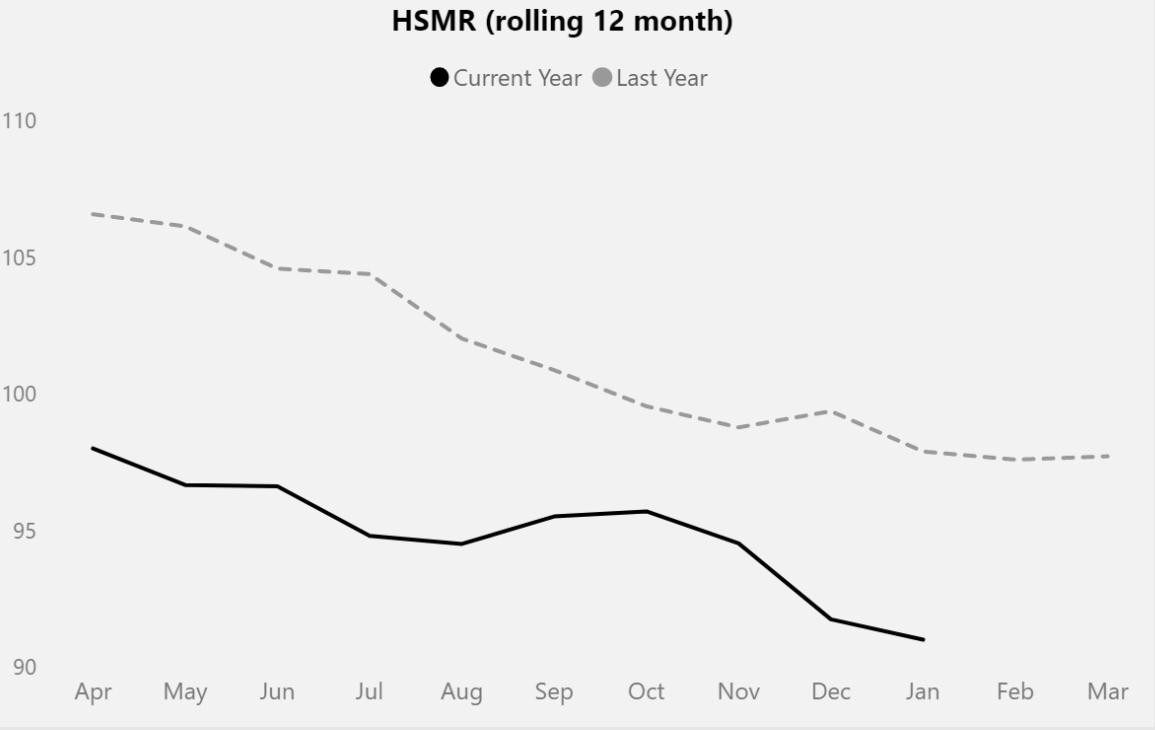
	HSMR			SHMI			Crude Mortality	
Month	**2018**	**2019**	**M**	**2018**	**2019**	**M**	**2018**	**2019**
January	97.9	91.0	**Jan**	107	108	**Jan**	5.2%	4.8%

Data Observations

Comments and Actions

SHMI (rolling 12 month)

Crude Mortality Rate
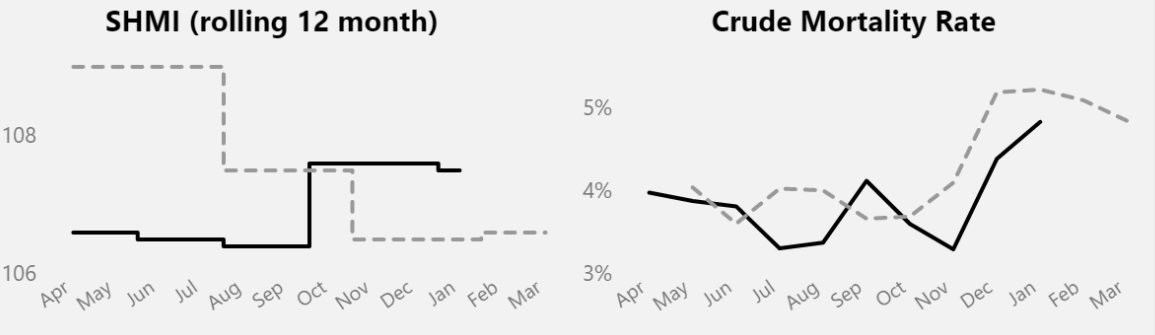
Infection Control

Monitoring the hospital's exposure to harmful infections, with the intention of minimising harm to the patient population. These metrics are submitted to Public Health England as part of their ongoing national surveillance into Health Care Associated Infections, the results of which are made public.
Please note all information presented here is showing cumulative Financial Year to Date.

Month Selector

Most Recent ⌄

Hospital Acq. C.Difficile

● Current Year ● Last Year
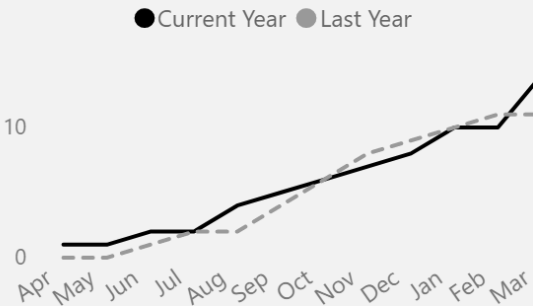
C. Diff FYTD		MRSA FYTD		E. Coli FYTD		Klebsiella FY...		Pseudo. FYTD	
2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
11	14	0	1	57	57	21	14	11	15

Data Observations

Comments and Actions

Hosptial Acq. MRSA
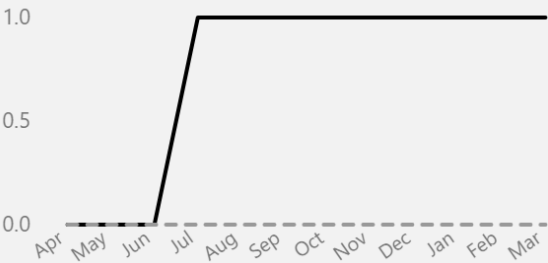
E. Coli (Trust Apportioned)
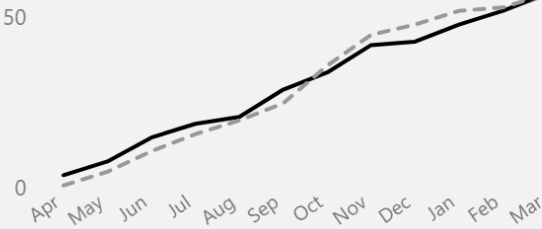
Klebsiella (Trust Apportioned)
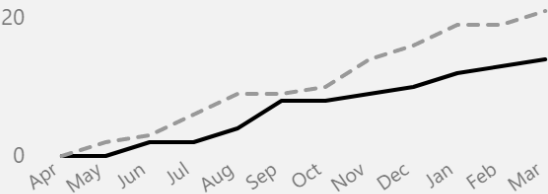
Pseudonomas (Trust Apportioned)

88

Patient Safety

NNUH Integrated Performance Report

Monitoring elements which contribute to patient safety. Never Events are shown as cumulative financial year to date. Pressure Ulcers and Patient Falls are measured per 1,000 patient bed days.

Month Selector

Most Recent ⌄

Never Events (Cumulative)

● Current Year ● Last Year ● Preceding Year
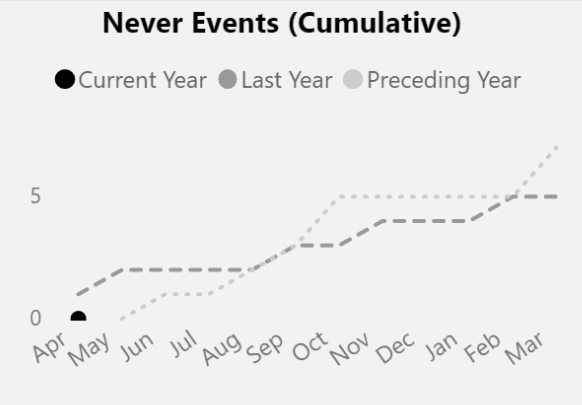
	Never Events FYTD		Recorded Incidents (DATIX)			Placeholder for Metric	Pressure Ulcers /1000 bed days			Patient Falls /1000 bed days		
	2018	2019	M	2018	2019	M	M	2018	2019	M	2018	2019
	5	0	Apr	1,458	1,797		Apr	1.1	1.2	Apr	0.2	0.0

Data Observations	Comments and Actions

Incidents

Awaiting Metric

Hosp. Acq. Pressure Ulcers/1000bed ...

Patient Falls per 1000 bed days

89
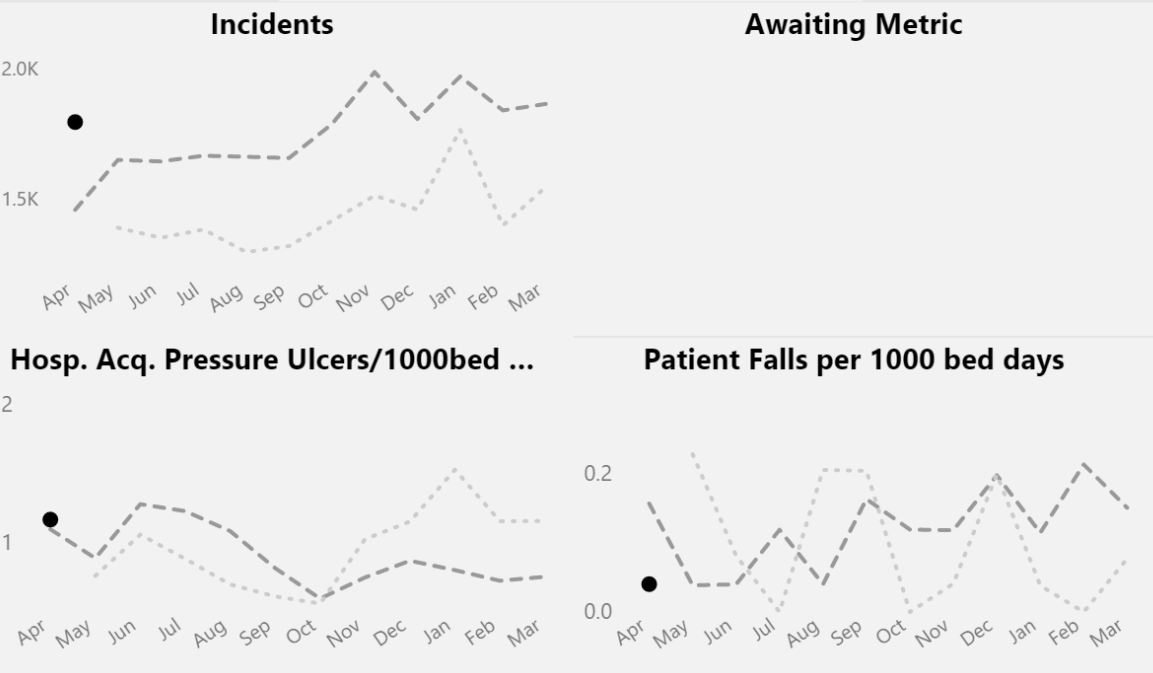
The Friends and Family Test is a national survey which provides people who have had contact with NHS services with the opportunity to provide feedback on their experiences. The Friends and Family score below is the percentage of people who responded as likely or extremely likley to recommend our service to others. The process of recording compliments was changed in Dec 2018, compliments provided to staff are now recorded on Meridian.

Month Selector

Most Recent ⌄

Friends & Family Score

● Current Year ● Last Year
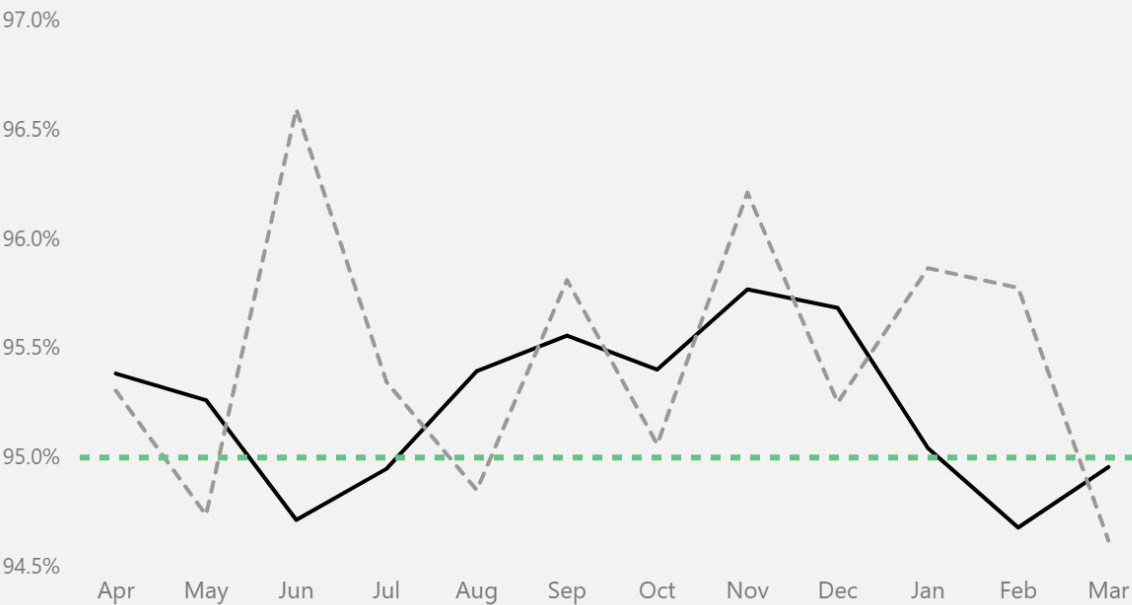
Friends & Family			Compliments		Complaints		
Month	**2018**	**2019**	**M**	**2019**	**M**	**2018**	**2019**
March	94.6%	95.0%	**Mar**	277	**Mar**	92	102

Data Observations	Comments and Actions

Compliments

Complaints

90

Plan vs Activity: Admitted

Information Services | Norfolk and Norwich University Hospitals NHS Foundation Trust

Activity for the current year seen in context of last years activity and the current year's plan. Admitted activity: Daycase Elective, Inpatient Elective and Non-Elective Discharges.

Month Selector

Most Recent ▼

Daycase Elective

● Current Year - Activity ● Current Year - Plan ● Last Year - Activity

Daycase Elective	
Measure	**Apr**
Current Year - Activity	7,468
Current Year - Plan	7,128
Last Year - Activity	7,053

Inpatient Elective	
Measure	**Apr**
Current Year - Activity	954
Current Year - Plan	1,087
Last Year - Activity	1,010

Non-Elective Discharges	
Measure	**Apr**
Current Year - Activity	5,421
Current Year - Plan	5,542
Last Year - Activity	5,274

Data Observations   **Comments and Actions**

Inpatient Elective

Non-Elective Discharge

91

Plan vs Activity: Non-Admitted

Activity for the current year seen in context of last years activity and the current year's plan. Non-Admitted activity: Outpatient and Emergency Department Attendances.

Month Selector

Most Recent ⌄

Outpatient

● Current Year - Activity ● Current Year - Plan ● Last Year - Activity

Emergency Department Attendances
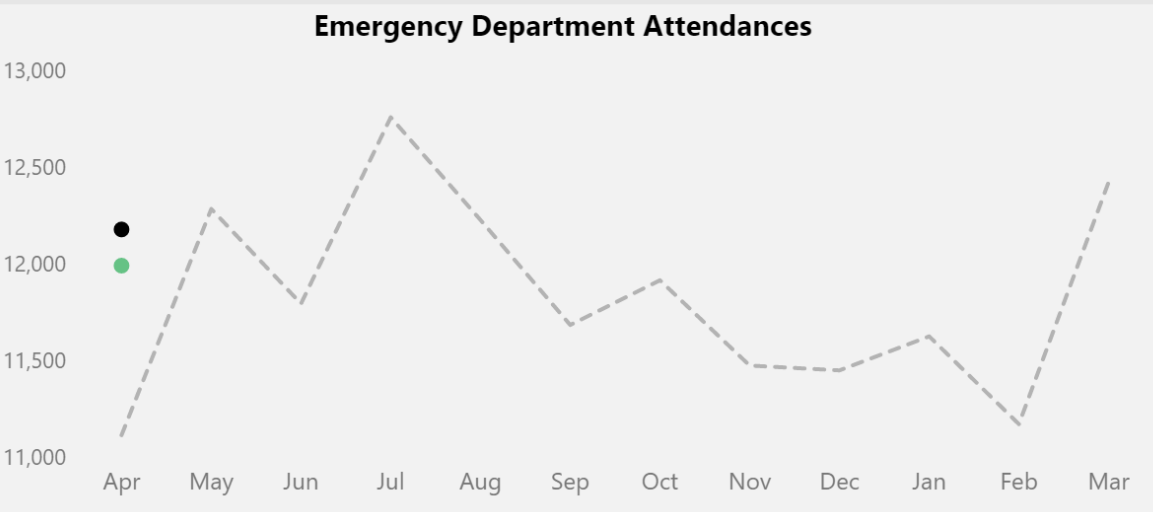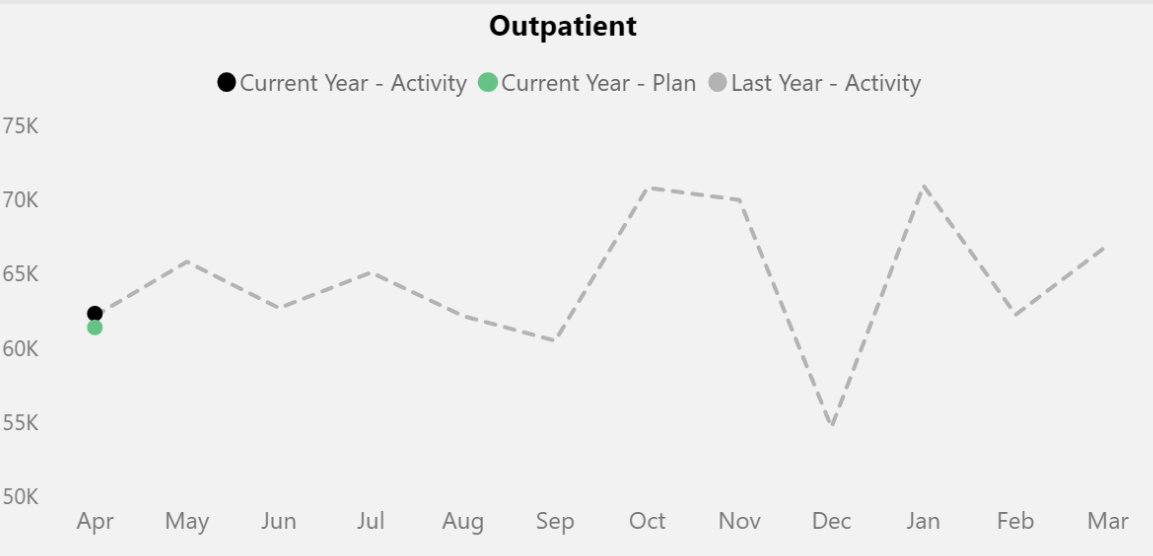
Outpatient		Emergency Department	
Measure	**Apr**	**Measure**	**Apr**
Current Year - Activity	62,376	**Current Year - Activity**	12,182
Current Year - Plan	61,449	**Current Year - Plan**	11,995
Last Year - Activity	62,223	**Last Year - Activity**	11,118

Data Observations	Comments and Actions

92

NNUH Integrated Performance Report

Workforce

An overview of the workforce at NNUH - Substantive Vacancies (WTE) by Staff Group, with supplementary financial information including the GBP variance between actual spend and pay cost budget, as well as the proportion of pay costs paid to temporary staff. All workforce information shown is provided by Finance.
N.B. With regards to Variance: Actual to Budget (GBP) a positive value indicates an underspend of the budget, whilst a negative value indicates overspend.

Month Selector

Most Recent

Substantive Vacancies (WTE)

● A&C ● Clin. Support ● Reg. N&M ● M&D ● S,T &T ● Other
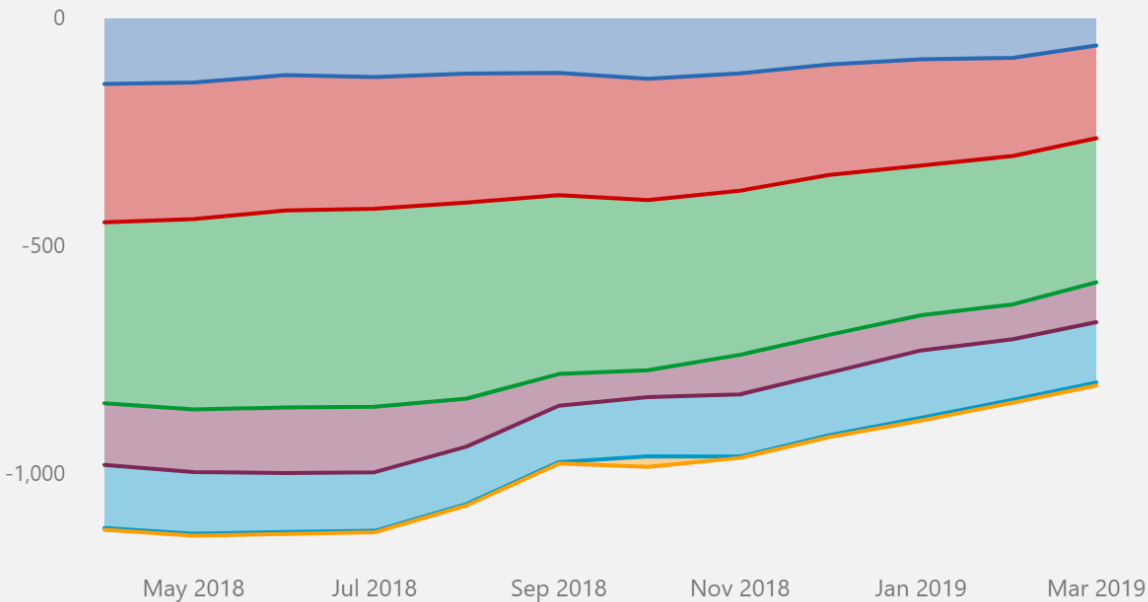
	Vacancies							Spend Varia...		% Temp Sp...	
Month	**A&C**	**Clin. Support**	**Reg. N&M**	**M&D**	**S,T &T**	**Other**	**Total**	**M**	**2019**	**M**	**2019**
March	-60	-203	-316	-87	-132	-7	**-806**	Mar	-2.01M	Mar	15.4%

Data Observations

Comments and Actions

Variance: Actual to Budget (GBP)
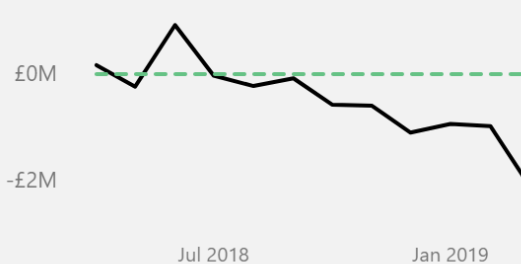
Pay Costs: % Temporary Staff (GBP)

93

Safer Staffing

NN UH Integrated Performance Report

These measures provide information on the availability of care for patients. Care hours per patient day (CHPPD) provides information on how many staff are deployed; fill rates record the extend to which rota hours are being filled. By themselves these metrics do not reflect the total amount of care provided on the ward, nor do they directly show whether care is safe, effective or responsive. They should therefore be considered alongside measures of quality and safety.

Month Selector

Most Recent ⌄

Safe Staffing CHPPD Average

● Current Year ● Last Year ● Preceding Year
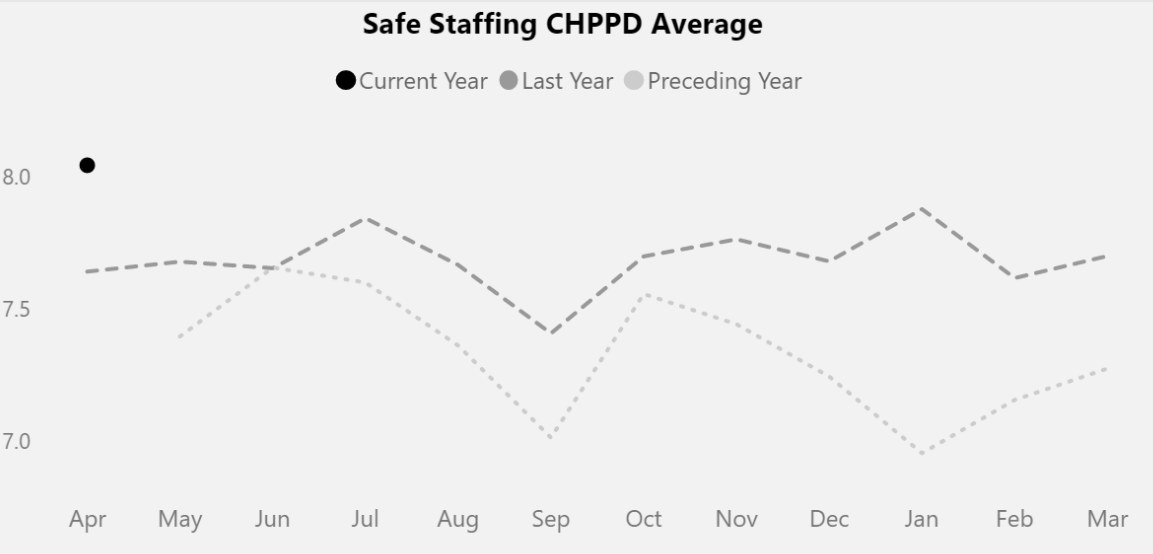
	CHPPD Avg.			Fill Rates %	
Month	2018	2019	**M**	2018	2019
April	7.6	8.0	**Apr**	104.6%	99.1%

Data Observations	Comments and Actions

Safe Staffing Fill Rates Percentage

94
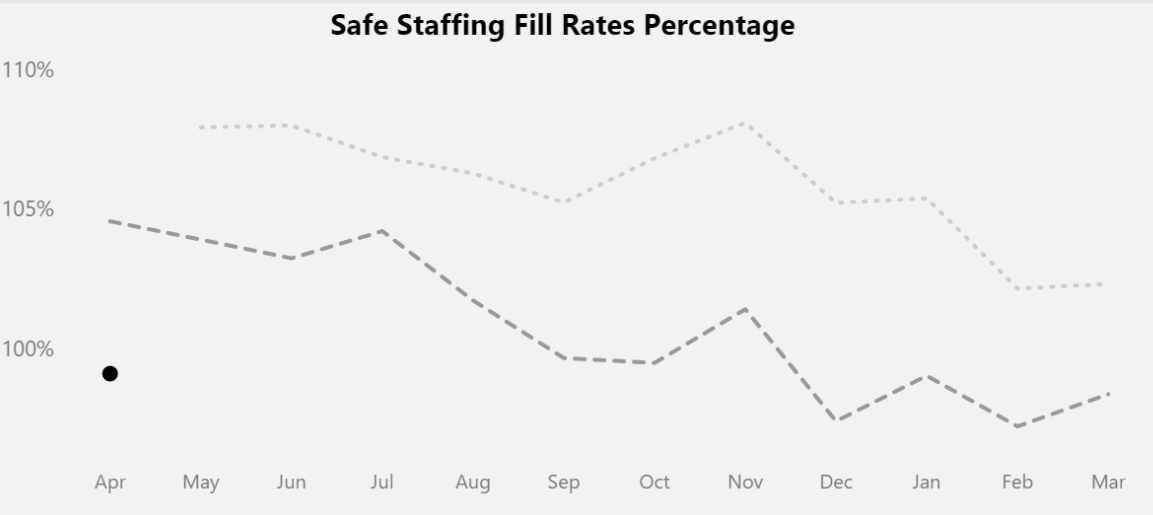
Sickness & Turnover Rates

Staff well being and retention is an important factor in the long-term workforce picture for the NHS. The measures below show monthly sickness rates (recorded on ESR) and staff turnover. Turnover is presented as both an annualised figure (showing the level of staff leavers over the preceding twelve month period) and well as a monthly figure which highlights any trends or seasonality.

Month Selector

Most Recent ⌄

Sickness Absence

●Current Year ●Last Year

Sickness Absence		
Month	**2018**	**2019**
March	4.2%	4.2%

Annualised Turnover		
M	**2018**	**2019**
Mar	9.8%	11.3%

Monthly Turnover		
M	**2018**	**2019**
Mar	0.8%	1.0%

Data Observations
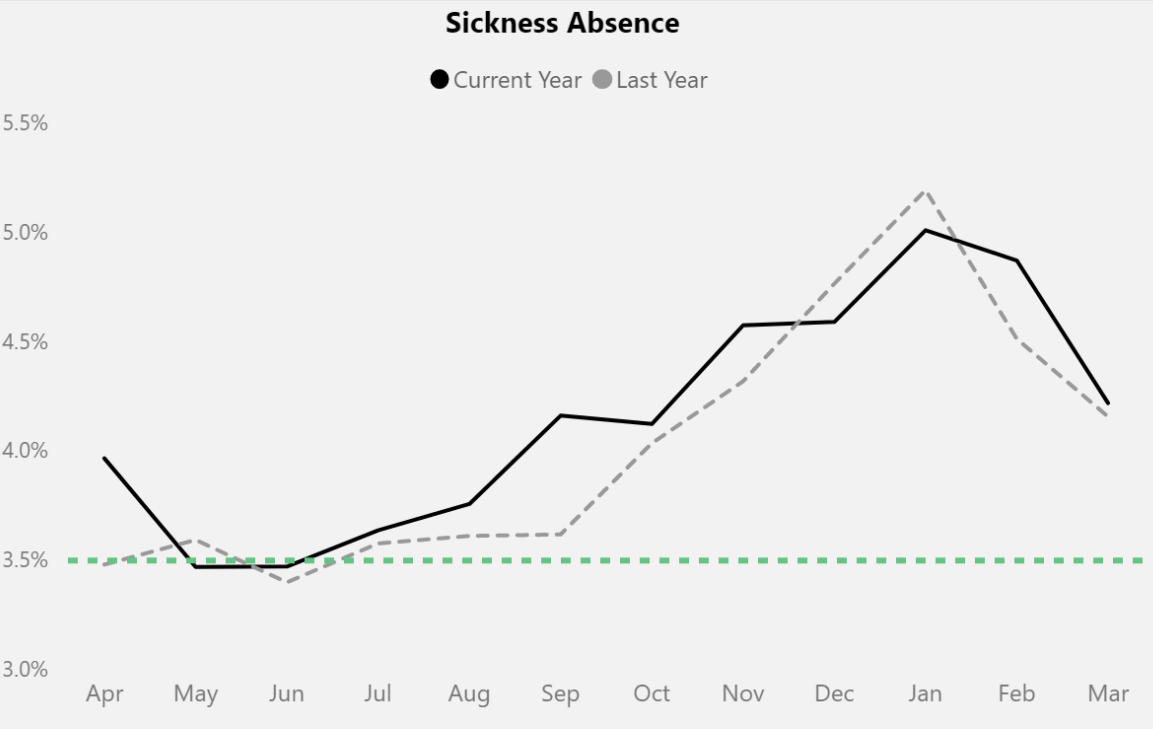
Comments and Actions

Annualised Turnover

Monthly Turnover

95

Appraisals & Mandatory Training

NN UH IPR — Integrated Performance Report
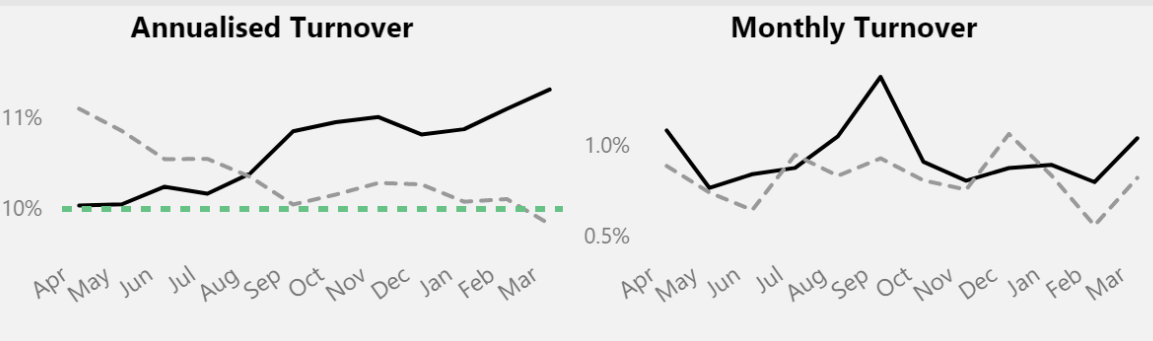
An insight into the proportion of non-medical staff who have recieved appraisals (of those eligible), alongside the proportion of staff meeting their Mandatory Training requirements.

Month Selector

Most Recent ⌄

Non-Medical Appraisals

● Current Year　● Last Year　● Preceding Year
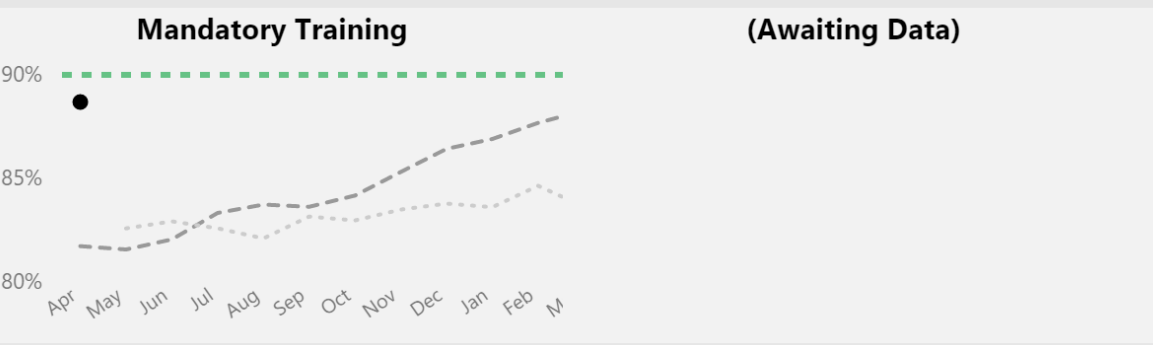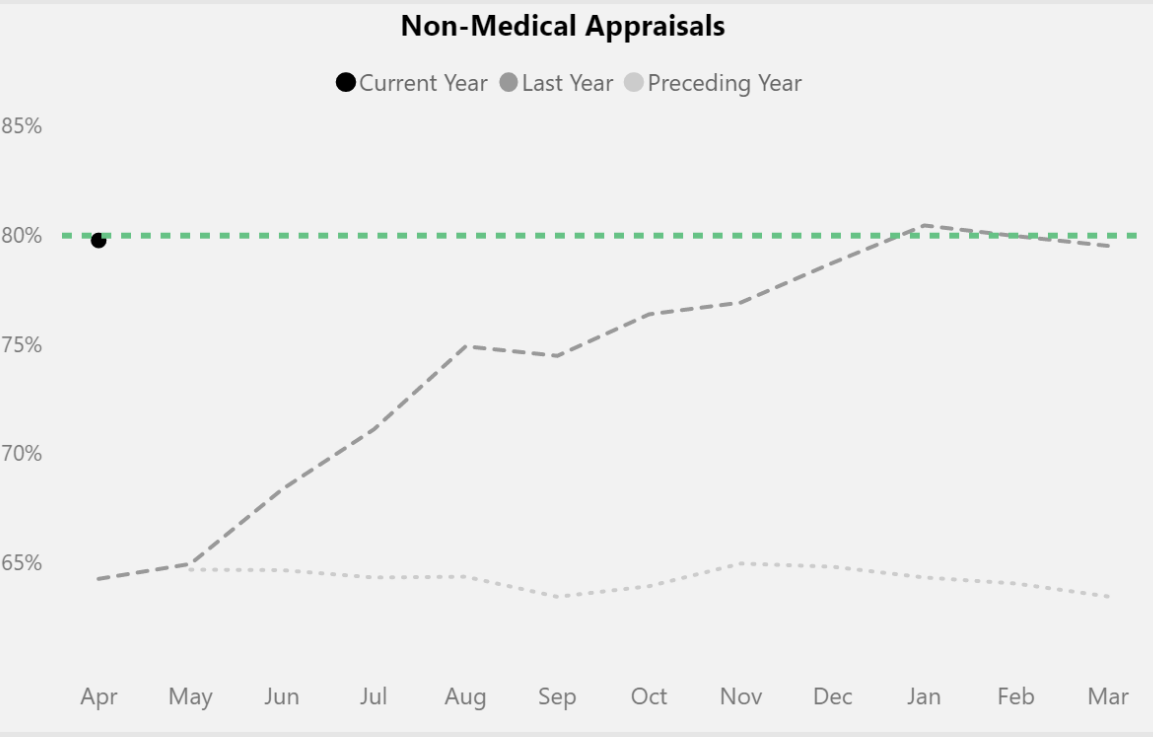
Non-Medical Appraisals			Mandatory Training			(Awaiting Data)		
Month	**2018**	**2019**	**M**	**2018**	**2019**	**M**		
April	64.3%	79.8%	**Apr**	81.7%	88.7%			

Data Observations	Comments and Actions

Mandatory Training

(Awaiting Data)

96

Integrated Performance Report — NNUH

Information Services | Norfolk and Norwich University Hospitals — NHS Foundation Trust

A summary of financial information. Deficit / Surplus after tax.

Month Selector

Most Recent

Actual and Budget

● Actual: Deficit / Surplus after tax   ● Budget: Deficit / Surplus after tax
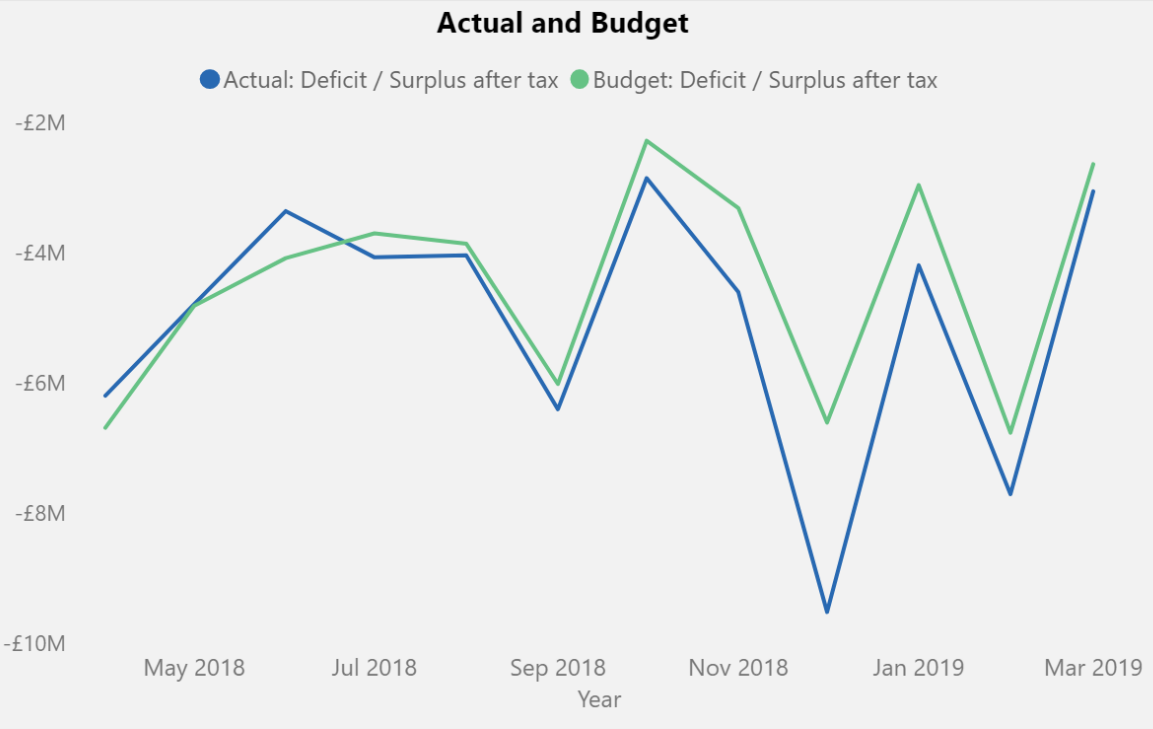
	Actual: Deficit / Surplus		Variance	
Month	2018	2019	M	2019
March	£2.7M	-£3.0M	Mar	-£0.4M

FYTD Actual & Variance

Coming Soon

Data Observations

Comments and Actions

Variance to Budget

Actual Deficit/Surplus Timeseries
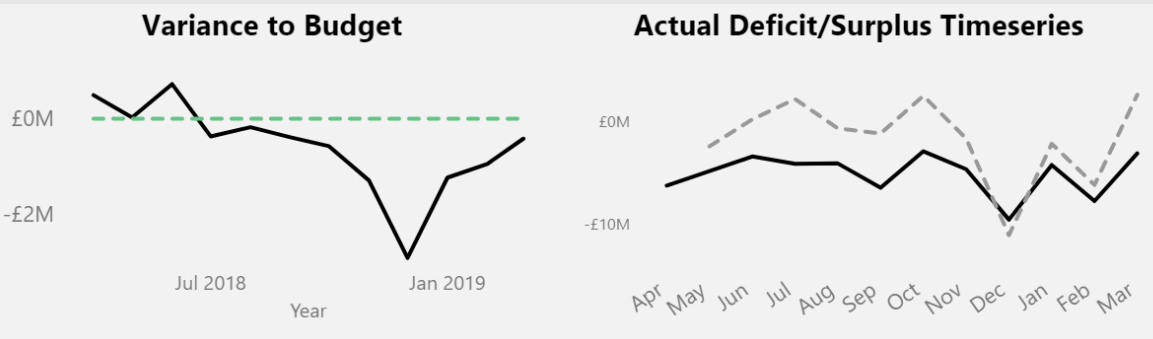
A summary of Operating Income, Clinical Income (excl. NT Drugs) from Commissioning, all other income from Finance.

Month Selector

Most Recent ⌄

Actual and Budget

● Actual: Operating Income ● Budget: Operating Income
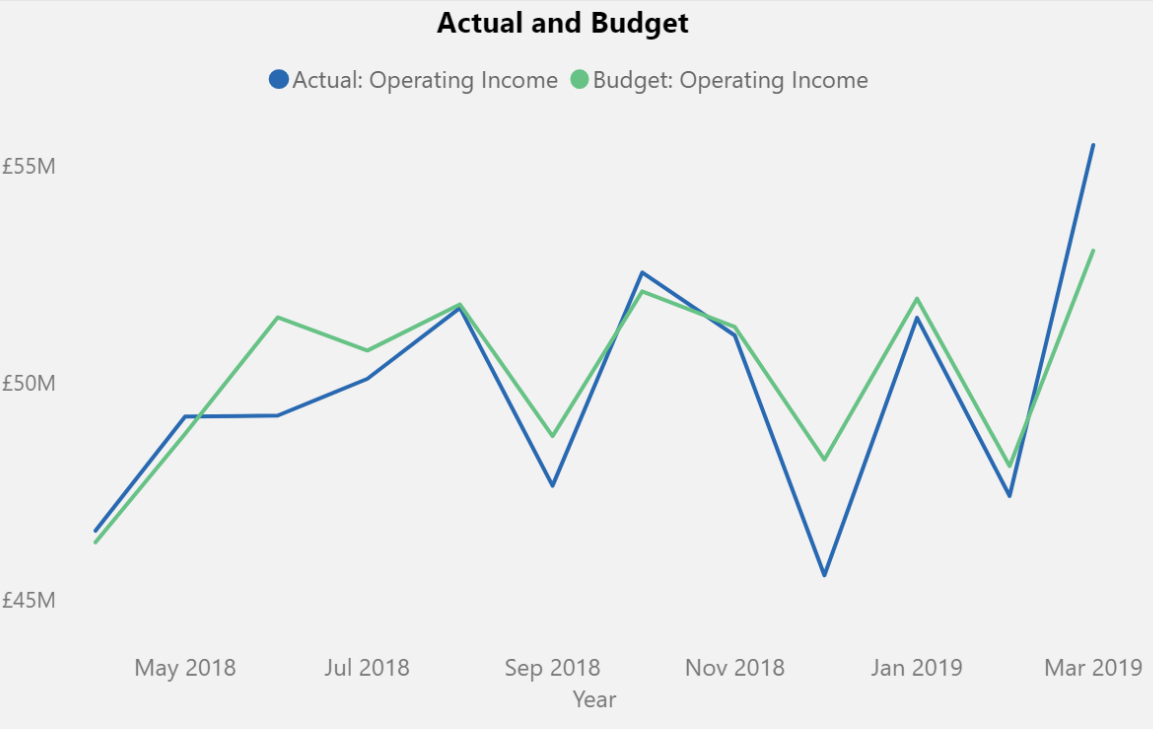
	Actual: Operating Income		Variance	
Month	**2018**	**2019**	**M**	**2019**
March	£50.5M	£55.5M	**Mar**	£2.4M

FYTD Actual & Variance

Coming Soon

Data Observations	Comments and Actions

Variance to Budget

Actual Operating Income Timeseries

98
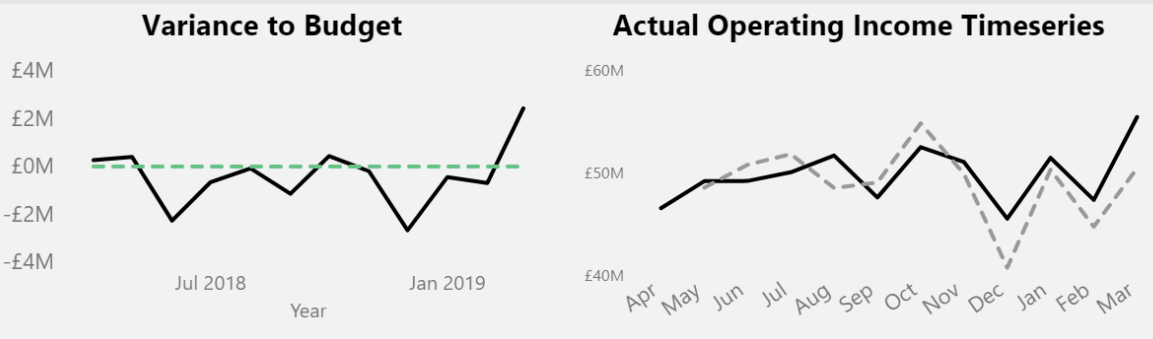
Pay Costs

A summary of Operating Expenses - Pay Costs from Finance.

Month Selector

Most Recent ▾

Actual and Budget

● Actual: Pay Costs Only ● Budget: Pay Costs Only
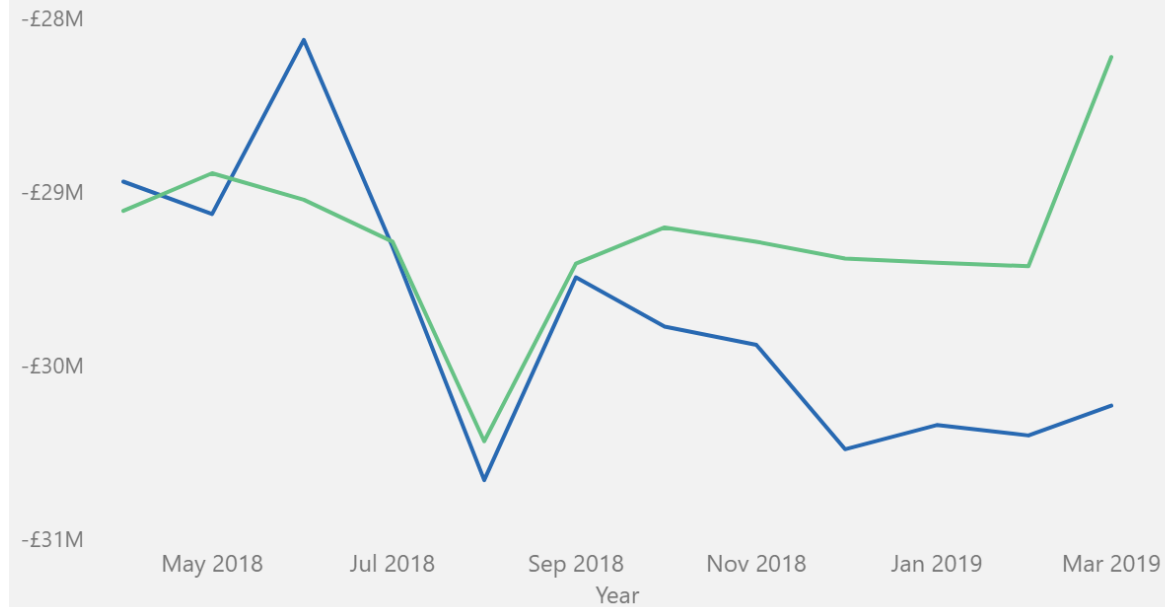
Actual: Pay Costs			Variance	
Month	**2018**	**2019**	**M**	**2019**
March	-£26.3M	-£30.2M	**Mar**	-£2.0M

FYTD Actual & Variance

Coming Soon

Data Observations	Comments and Actions

Variance to Budget
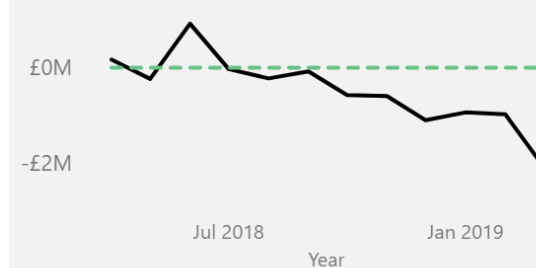
Actual Pay Costs Timeseries

99

Operating Expenses (Exc. Pay)

NN NN Integrated
UH Performance
Report

Norfolk and Norwich University Hospitals NHS
NHS Foundation Trust

Information Services
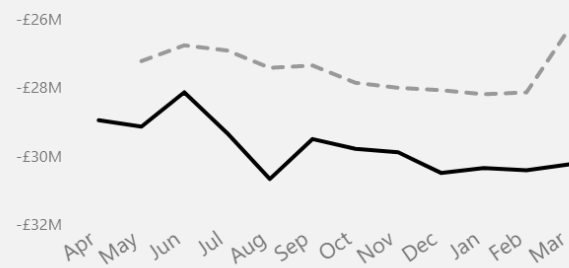
A summary of Operating Expenses - Excluding Pay.

Month Selector

Most Recent

Actual and Budget

● Actual: Operating Expenses (Excluding Pay) ● Budget: Operating Expenses (Excluding Pay)
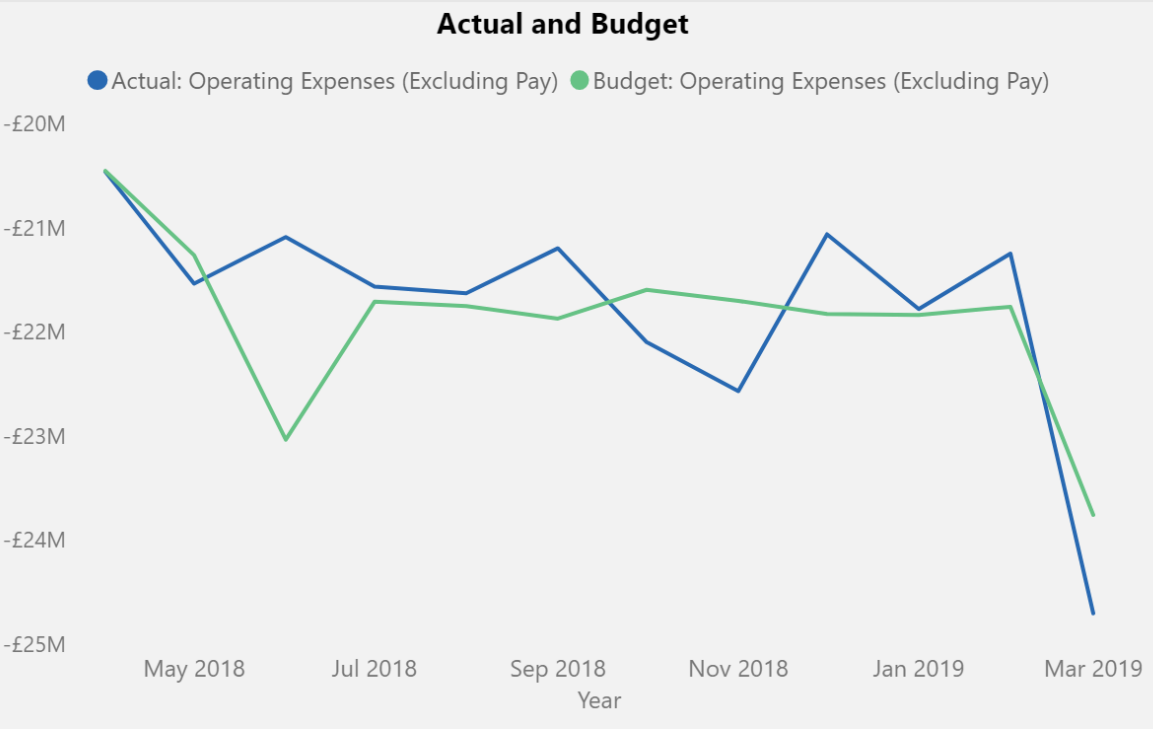
Actual: Operating Expenses			Variance	
Month	**2018**	**2019**	**M**	**2019**
March	-£18.4M	-£24.7M	**Mar**	-£0.9M

FYTD Actual & Variance

Coming Soon

Data Observations	Comments and Actions

Variance to Budget

Actual Operating Expenses Timeseries

100
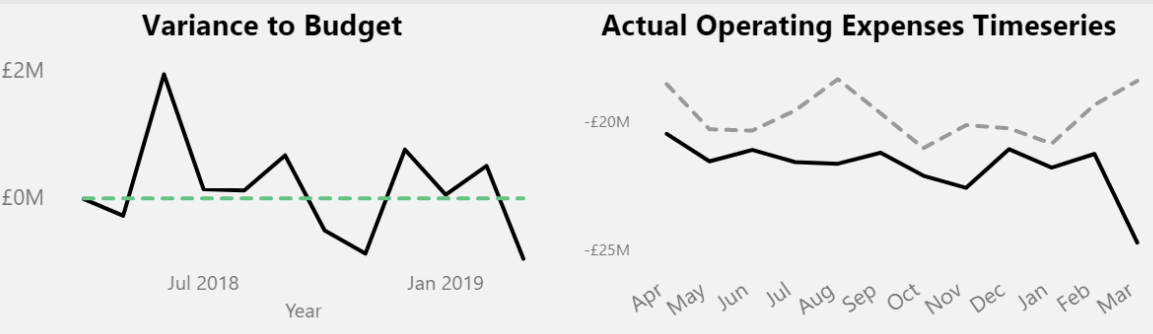
Non-Op. Income & Expenses

A summary of Non-Operating Income and Expenses

Actual and Budget

● Actual: Non-Operating Income & Expenses ● Budget: Non-Operating Income & Expenses
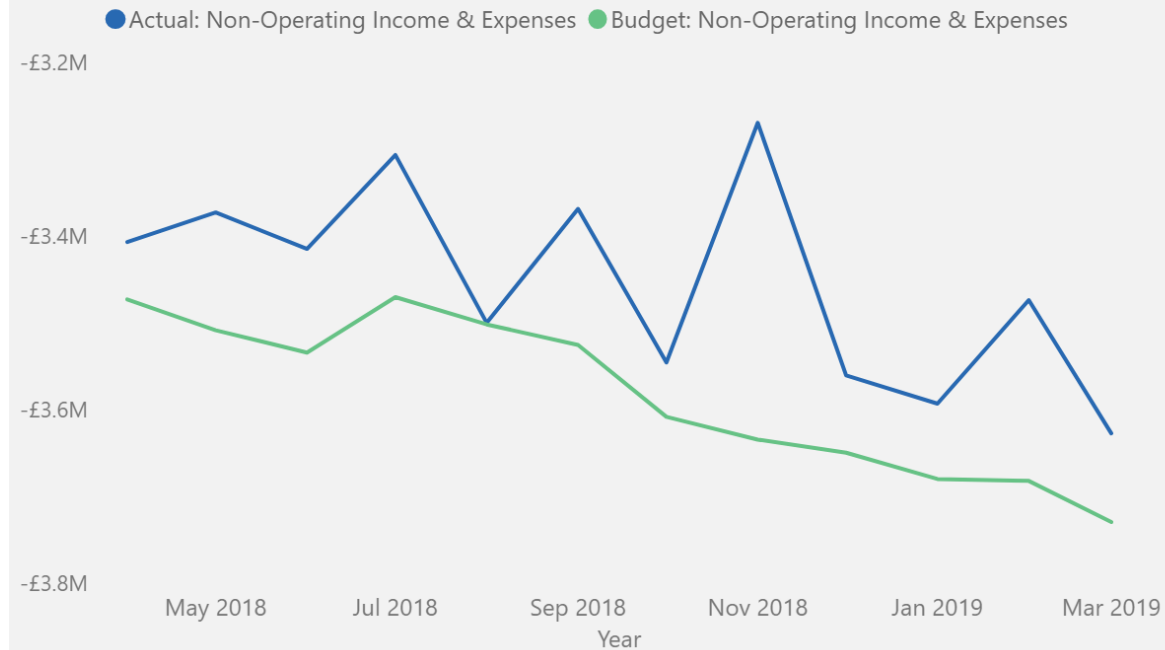
Actual: Non-Operating I&E			Variance	
Month	2018	2019	M	2019
March	-£3.2M	-£3.6M	Mar	£0.1M

FYTD Actual & Variance

Coming Soon

Data Observations	Comments and Actions

Variance to Budget

Actual Non-Op. I&E Timeseries

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REPORT TO THE TRUST BOARD

Date	31 May 2019
Title	National Institute of Health Research (NIHR) Clinical Research Network (CRN) Eastern: Annual Report 2018/19
Author & Exec lead	Fiona Robertson, Chief Operating Officer/ Erika Davies, Host Accountable Officer, NNUHFT
Purpose	For Approval

1. Background/Context

Host Organisation

• The Norfolk and Norwich University Hospital NHS Foundation Trust has continued to fulfil its responsibilities as a Local Clinical Research Network (LCRN) Host Organisation in line with the Department of Health and Social Care (DHSC) /LCRN Host Organisation Agreement. Norfolk and Norwich University Hospitals NHS Foundation Trust fully met all requirements in the Performance and Operating Framework (POF) in terms of LCRN structure, management roles and governance arrangements.

• Executive Group meetings refreshed from a monthly to a 6-weekly basis, with attendance from the Host Accountable Officer (Professor Erika Denton), LCRN Clinical Directors (Professor Jesus Perez (Lead) and Professor Jeremy Turner), LCRN Chief Operating Officer (Fiona Robertson) and Deputy Chief Operating Officer (Dr Martin Batty), Host Finance Lead (Debbie Cooper) and Patient Lay Representative (Mrs Catherine Harvey).

• Excellent attendance and engagement by the Partnership Group, with 3 meetings convened for R&D Directors/Medical Directors (with letter of delegated authority from the Chief Executive Officer (CEO)) and 2 meetings for CEOs/Medical Directors only. Mr Matthew Winn, CEO for Cambridgeshire Community Services, has chaired these meetings.

• Strong relationship between CRN Eastern and the Host Organisation. Regular meetings, the ability to escalate where needed and Host support has been key to successful performance.

Governance and LCRN Management Arrangements

• The Host Accountable Officer, Professor Erika Denton, attended the Performance meeting in July 2018 with the LCRN team and Coordinating Centre (CC) CRN team. Professor Denton also attended the mid-year performance review meeting in January 2019 along with Professor Jesus Perez and Mrs Fiona Robertson.

• The LCRN Management arrangements were strengthened for 2018/19, with the Deputy Chief Operating Officer, Dr Martin Batty, in post for the full financial year, secondment of a 0.4 WTE Industry Strategy Manager, Mr Lyndon Bridgewater (North West Anglia NHS Foundation Trust) from June 2018, and the appointment of the Clinical Industry Lead, Dr John Hall, for 1 PA per week. The Deputy Research Delivery Manager for Division 1 went on maternity leave in October and a full-time replacement, Dr Heidi Cate, was appointed in September 2018. The 'Hub' model was fully integrated during 2018/19 and all core business was completed on time, with the LCRN delivering improvements in performance.

• Effective performance management and the fruition of a variety of service improvement projects saw performance improve in the following areas:

- High Level Objective (HLO) 1: Eastern CRN returned its highest ever performance on this metric, with 47,599 patients recruited onto portfolio studies, an increase of 5,789 (14%) on the previous year and 4,846 (11%) above target.

- HLO 2a (Recruitment to Time and Target (RTT) for commercial studies): 2018/19 showed a small increase in recruitment to time and target from 72% to 73.7%, placing the network fifth out of the 15 LCRNs and maintaining the continued growth against this metric. Division 1 achieved the

highest percentage of RTT for Commercial studies of the 15 LCRNs (91.7%), a 30% improvement on the previous year.
- HLO 2b (RTT for non-commercial studies): CRN Eastern topped the table on this measure, at 94%
- HLO 7 (number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies): CRN Eastern recruited 2,864 patients, 143% of target.

Financial Management
• Delivered financial break-even position for 2018/19.
• Internal audit of LCRN funding (sample of two Partner Organisations (POs) with the largest Commercial Portfolios) managed by the LCRN Host Organisation completed in September 2018. Two minor actions identified, with action plan fully instigated.
• Monitoring visits for 11 (58%) Partner Organisations completed. (POs in receipt of minimal (<2%) funding not included in audit.)

CRN Specialties
• Recruited to all 30 CRN specialties.
• Local Clinical Research Specialty Leads appointed for 30/30 CRN specialties
• 27/30 (90%) of specialty objectives met.
• SUNSHINE achieved a global first (and second) patient in a Commercial study (Study ID: 38734 in the Dermatology Disorders Specialty.

Information and Knowledge
• Local Portfolio Management System (LPMS) operational and good engagement with all POs.
• All LPMS data points provided to the CRNCC's timelines. Data quality assurance and data validation systems in place and regular telecons/webinars with POs to support ongoing LPMS development and functionality updates.
• Ongoing resolution of data issues, queries and quality in both LPMS and Central Portfolio Management System (CPMS). • Developed analysis and benchmarking of activities from Open Data Platform (ODP) and financial data to improve operational delivery and Value for Money.
• Responsive 'Helpdesk' service provided by Business Intelligence Team to support all users in relation to systems provided for NIHR CRN (Hub/ODP/LPMS), supported by face-to-face and webinar training as appropriate.

Stakeholder Engagement and Communications
• In line with current National Institute for Health Research (NIHR) Communications Strategy the LCRN increased visibility of the NIHR within the local research community and wider audiences using a range of mediums, including local and national TV, radio, web and print platforms.
• CRN Eastern managed to increase staff engagement in monthly corporate communications bulletins from 26% to 34% and grew new external publics' audience engagement to 40% despite challenges of negotiating General Data Protection Regulations (GDPR) in line with Information Governance requirements.
• The LCRN exceeded the POF media coverage target for fourth year running.

Workforce Learning and Organisational Development
• Workforce Development (WFD) Team have developed a clear process for attracting, preparing and supporting PO staff to deliver CRN Eastern training across the region, incorporating a Quality Assurance process to ensure consistency in the quality of delivery.
• Within year, 957 people trained across a range of courses including Introduction to Good Clinical Practice (GCP), GCP Refresher, Valid Informed Consent, Essentials of Clinical Research, Cancer Researcher's Introductory Course, PI Master class and Advanced Research in Practice.
• Promoted a culture of modern workplace learning, including awareness of NIHR National Learning Directory, e-learning Programmes, and Resources and Communities by developing a slide set for use in

all specialty meetings/events and forums.
• WFD Lead involved in National Learning Directory Steering Group.

Business Development and Marketing
• CRN Eastern has engaged with partner research organisations across the Eastern region to produce a brochure highlighting the region's research capabilities 'East of England Research Infrastructure: An integrated Pathway'.
• Linking up with Eastern Academic Health Sciences Network (AHSN), CRN Eastern have presented the benefits of portfolio adoption at 'Clinical Trial Readiness Events' across the region and updated a clinical trial tool kit on the AHSN website.
• In collaboration NIHR Office for Clinical Research Infrastructure (NOCRI), CRN Eastern has run workshops at Small Business Research Initiative (SBRI) events promoting the value of the NIHR and infrastructure accessible through the portfolio adoption process.
• The team have focused on developing contacts in Pharma, including regular performance calls with Novartis to discuss progress on studies. Contact has been made with site engagements teams of pharma and locally based Clinical Research Organisations (CROs) to promote the benefits of the CRN and local network of sites.
• Work is ongoing to embed the CRN in local development pathways at the point of funding applications. Initial discussions have been held with Health Enterprise East and Eastern AHSN, who support SMEs locally to promote awareness of the CRN This work will enable companies to be supported through access to NIHR infrastructure through portfolio adoption.

National Contributions
• The network has contributed to all national Communications campaigns.
• Regular Research Delivery Manager contribution to Divisional meetings and attendance at Specialty meetings on a rotational basis.
• COO member of 'Clinical Research Practitioner Strategic Working Group' led by Nick Lemoine (Medical Director of CRN) and part of the 'New skills for new roles' group led by Susan Hamer (Director of Nursing, Learning and Organisational Development, CRN).
• Continuous Improvement Lead working with National Team on Accelerating Digital.
• Local work on LPMS has been actively shared through the LPMS Lead, along with contributions to the Business Intelligence community.
• Appointment of Communications Manager to NIHR Regional Communications Lead Pilot role for East of England.
• Contribution to NIHR Digital Engagement Group, including full consultation and support during planning and implementation of new NIHR Digital and Social Media strategy.

2. Key issues, risks and actions
There are no major issues, risks or actions. Risks and issues are regularly updated and presented at the Executive, which is attended by the Host Accountable Officer, Professor Erika Denton.

3. Recommendations
That the report is approved by the Trust Board on 31 May 2019.

The report was submitted in draft to the NIHR Co-ordinating Centre on 17 May 2019 and will be confirmed once the Trust Board has given approval.

Our Values **P**eople focused **R**espect **I**ntegrity **D**edication **E**xcellence

NIHR | National Institute for Health Research

Clinical Research Network
Eastern

Integrated Annual Plan and Report 2018/19

Date of Mid Year Prgoress Report submission: 14 December 2018
Date of End of Year Report submission: 17 May 2019

Section 1. Host Organisation Approval

Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	**Yes**
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	**(22/03/18)**
Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:	**Yes**
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:	**(23/03/18)**
Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group:	**Yes**
Date of the LCRN Partnership Group meeting at which this Annual Report was agreed:	
Confirmation that this Annual Report has been reviewed and approved by the LCRN Host Organisation Board	**Yes**
Date of the LCRN Host Organisation Board meeting at which this Annual Report was (or will be) approved:	31/05/19
If this Report has not been approved by the LCRN Host Organisation Board at the time of submission to CRNCC, then the LCRN Host Organisation Nominated Executive Director should provide that confirmation by email to the CRNCC once the Board has approved the Report	

Section 2. Compliance with the Performance and Operating Framework

Please indicate whether the Host Organisation and LCRN Partners are delivering the LCRN in full compliance with the specific areas/clauses of the Performance and Operating Framework 2018/19 listed below. Please provide a brief explanation of the reasons for partial / non-compliance in the commentary section.

POF area	Annual Plan Compliance	Commentary	Mid Year Compliance	Commentary	Annual Report Compliance?	Commentary
Part A: Context						
3. Working Principles	Yes		Yes		Fully Compliant	The network is fully compliant with the working principals
Part B: Performance Framework						
2. LCRN Performance Indicators						
2.2 Specialty Objectives	No	20 Specialty targets rated green for compliance (already in place or will meet in year). Ageing, Anaesthesia and Pain Management, Critical Care, Dementia and Neurodegen. Diseases, ENT, Gastroenterology, Health Services Research, Hepatology, Infectious Diseases, Injuries and Emergencies, Metabolic and Endocrine, MSK, Opthalmology, Oral Health, Primary Care, Public Health, Reproductive Health and Obstetrics, Respiratory, Surgery 5 Specialty targets rated amber for compliance (work plan shows high confidence will be met in year). Cardiovascular, Paediatrics, Genetics, Non-Malignant Haematology, Neurology. 5 Specialty targets rated red for compliance. (work plan shows low confidence can be met in year) Red rated: Dermatology, Diabetes, Mental Health, Renal and Stroke. See supporting text in plan.	Yes	Please see detailed response in Specialty Group Objective (SGO) section	Partially Complia	
2.1 High Level Objectives	No	HLO 1 (2.3.5, 2.4.2, 2.4.5, 2.5.7, 2.8.5, 2.8.6)	Yes		Fully Compliant	The network is fully compliant with the working principals
	No	HLO 2A (2.3.1, 2.3.4, 2.3.7, 2.3.8, 2.8.5,)	No	Please see supporting text in key projects	Partially Complia	HLO2a narrowly (1.3%) missed the local target
	No	HLO 4, 5A and B (2.6.8)	No	Please see supporting text in key projects	Not Compliant	
2.3 LCRN Operating Framework Indicators	No	Cat B contract implementation (2.1.6)	Yes		Fully Compliant	Cat B contracts have been issued to those partners that meet the criteria for Cat B.
2.4 Initiating and Delivering Clinical Research Indicators	Yes					
2.5 LCRN Partner Satisfaction Survey Indicators	Yes					
2.6 LCRN Customer Satisfaction Indicators	Yes					
2.7 LCRN Patient Experience Indicators	Yes					
3. Performance Management Processes	Yes					
Part C: Operating Framework						
2. Governance and Management	Yes					
3. Financial Management	Yes					
4. CRN Specialties	No	See text above 2.2				
5. Research Delivery	Yes					
6. Information and Knowledge	Yes					
7. Stakeholder Engagement and Communications	Yes					
8. Organisational Development	Yes					
9. Business Development and Marketing	Yes					

Section 3. Executive Summary

Please complete the Table below, entering key performance highlights, successes and challenges from 2018/19

Please specify up to five areas where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.	1	The network's performance on HLO 2b was 94%, an increase of 16% on the previous year and the highest performing of all the LCRNs.
	2	Division 1 achieved the highest percentage of RTT for Commercial studies of the LCRNs (91.7%), a 30% improvment on the previous year
	3	HLO 7's target was surpassed by 43% (total of 2,864 recruits)
	4	Significant increase in HLO2b performance for Division 3 studies, from 50% (1/2) in 17/18 to 100% (9/9 studies) in 2018/19
	5	The SUNSHINE study, a commerical dermatology study run across 33 countries recruited the first two global patients during 2018/19 in CRN Eastern

High Level Objectives	CRN Eastern (CRNE) exceeded national and/or local targets on 6/10 High Level Objectives (HLOs); 1, 2b, 6a, 6b, 6c and 7. HLO 2a performance narrowly (1.3%) missed the local target, but was was nonetheless within the the top 5 performing Networks on this measure, continuing the trend established in the previous year. Within the Cancer specialty, CRNE was the highest performing network on HLO2b (92.7%). Through the development of our Hub model and sharing of best practice, also promoted at Partnership Group, we expect commercial RTT performance to improve further still during 2019/20. This is also likely to include improved performance on study start up and first recruit (HLOs 4 and 5), both of which missed national targets.
Specialty Objectives	Specialty leads were in place for all 30 specialties during 2018/19 and 27/30 (90%) specialty objectives were met. Only 3 Speciality Objectives were not fully met: Anaesthesia, Perioperative Medicine and Pain Management (national target met); Musculoskeletal Disorders; and Stroke. As Stroke prevelance is particularly high in certain parts of the region (e.g. North Norfolk CCG), we willl look at whether this greater prevalance can be converted into a greater uptake of participation in Stroke trials in line with the agenda of bringing research to the areas of greatest need. This was most recently highlighted at NNUH's Research Oversight Board in March 2019.
LCRN Operating Framework Indicators	Governance and Management compliance has included all Category A, B and a high number of Category C contracts being returned; a green rating on the financial audit and additional funding being made available to Chief Investigators (CIs) to deliver a CI Support Scheme to further increase HLO delivery; reconfiguration of our Study Support Service, including integration within our Hub model; a new suite of reporting tools and reconfiguration of databases to a more robust system within Business Intelligence; leading Communicaitons and PPI/E work, including the appointment of our Communications Manager to the NIHR Regional Communications lead pilot role and development of an aphasia patient experience survey; and increased collaboration with partners across the Eastern region within the Business and Marketing remit.
LCRN Partner Satisfaction Survey Indicators	Links to the Partner Satisfaction Survey were sent out from the CRNE admin inbox to Partner Organisations (POs) in the first instance and followed up with an email from the Chair of the Partnership Group, Mr Matthew Winn, Chief Executive of Cambridge Community Services NHS Trust. As of 15/04/2019, the POs' response rate in the Eastern region was 10/16 (62.5%), marginally ahead of the national CRN average PO response rate.
LCRN Customer Satisfaction Indicators	A link to the Coordinating Centre's Customer Satisfaction survey was sent to PO R&D Managers and Directors during 2018/19 to forward to their researchers. These data will be published in due course.
LCRN Patient Experience Indicators	15/17 Trusts representing 23 out of 30 specialities participated in the 2018/19 Patient Research Evaluation Survey (PRES), returning 1255 responses, marginally higher than 2017/18's retun (1225). In addition to this, the PRES ran across Primary Care during the course of the HEAT Study (2015 - 18). 505 responses were received and a results report was published in August 2018 and shared with the Primary Care locality teams in the Eastern region. In order to improve the design of the PRES, improve patient accessibility to the survey, and to increase responses, a number of projects were started or completed during 18/19 including: • A patient focus group at North West Anglia NHS Foundation Trust to improve the questions used in the 18/19 survey and ensuring that we gather information about the things that are important to participants. • During 2017/18 the number of children and young people completing the PRES had declined (year on year) to 31. Working with the paediatric champions in the POs from the Children's Specialty Group, the survey was redesigned and paper and online versions produced. This helped to increase the response rate from 31 to 93 for the 18/19 PRES. • The stroke nurses identified a need for an aphasia accessible version of the survey. Working with the University of East Anglia (UEA), Norfolk Community Health and Care NHS Trust and the UEA patient group, a paper and online survey was produced. This version of the survey is still running. An evaluation of this project will be carried out later this year. • The ambulance trusts across the country have been unable to use the PRES produced by CRNs. Working with CRN East Midlands and West Midlands and our local ambulance trusts, we have started a project to produce an ambulance version of the PRES that will be ready for the 2019/20 PRES.
Host Organisation	• The Host Organisation has continued to fulfil its responsibilities as an LCRN Host in line with the DHSC/LCRN Host Organisation Agreement. Norfolk and Norwich University Hospitals NHS Foundation Trust fully met all requirements in the Performance and Operating Framework (POF) in terms of LCRN structure, management roles, and governance arrangements. • Executive Group meetings refreshed from a monthly to a 6-weekly basis, with attendance from the Host Accountable Officer (Professor Erika Denton), LCRN Clinical Directors (Professor Jesus Perez (Lead) and Professor Jeremy Turner), LCRN Chief Operating Officer (Fiona Robertson) and Deputy Chief Operating Officer (Dr Martin Batty), Host Finance Lead (Debbie Cooper) and Patient Lay Representatives (Mrs Catherine Harvey). • Excellent attendance and engagement by the Partnership Group, with 3 meetings convened for R&D Directors/Medical Directors (with letter of delegated authority from the CEO) and 2 meetings for CEOs/Medical Directors only. Mr Matthew Winn, CEO for Cambridgeshire Community Services, has chaired these meetings. • Strong relationship between CRN Eastern and the Host Organisation. Regular meetings, the ability to escalate where needed, and Host support, has been key to successful performance.

Governance and Management	• The Host CEO, Mr Mark Davies, and Host Accountable Officer, Professor Erika Denton, both attended the Performance meeting in July 2018 with the LCRN team and CCCRN team. Professor Denton also attended the mid-year performance review meeting in January 2019. • The LCRN Management arrangements were strengthened for 2018/19, with the Deputy Chief Operating Officer, Dr Martin Batty, in post for the full financial year, secondment of a 0.4 WTE Industry Strategy Manager, Mr Lyndon Bridgewater (North West Anglia NHS Foundation Trust) from June 2018, and the appointment of the Clinical Industry Lead, Dr John Hall, for 1 PA per week. The Deputy Research Delivery Manager for Division 1 went on maternity leave in October and a full-time replacement, Dr Heidi Cate, was appointed in September 2018. The 'Hub' model was fully integrated during 2018/19 and all core business was completed on time, with the LCRN delivering improvements in performance. • Effective performance management and the fruition of a variety of service improvement projects saw performance improve in the following areas: o High Level Objective (HLO) 1 – Eastern CRN returned its highest ever performance on this metric, with 47,599 patients recruited onto portfolio studies, an increase of 5,789 (14%) on the previous year and 4846 (11%) above target. o HLO 2a (Recruitment to Time and Target (RTT) commercial studies) – 2018/19 showed a small increase in recruitment to time and target from 72% to 73.7%, placing the network fifth out of the 15 LCRNs and maintaining the continued growth against this metric. Division 1 achieved the highest percentage of RTT for Commercial studies of the 15 LCRNs (91.7%), a 30% improvment on the previous year. o HLO 2b (RTT for non-commercial studies) – CRN Eastern topped the table on this measure, at 94% o HLO 7 (number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies) – CRN Eastern recruited 2864 patients, 143% of target.
Financial Management	• Delivered financial break-even position for 2018/19. • Internal audit in respect of LCRN funding (sample of two Partner Organisations with the largest Commerical Portfolios) managed by the LCRN Host Organisation completed in September 2018. Two minor actions identified, with action plan fully instigated. Audit report included in Appendices (see 10.7). • Monitoring visits for 11 (58%) Partner Organisations completed. (POs in receipt of minimal (<2%) funding not included in audit; see Section 8.4 for full details).
CRN Specialties	• Recruited to all 30 CRN specialties. • Local Clinical Research Specialty Leads appointed for 30/30 CRN specialties • 27/30 (90%) of specialty objectives met. • SUNSHINE achieved a global first (and second) patient in a Commerical study (Study ID: 38734 in the Dermatology Disorders Specialty.
Research Delivery	• Recruitment to Time and Target performance increased for both commercial (73.7%) and non--commercial (94%) activity (HLO 2a and 2b). For non-commercial studies (HLO 2b), Eastern CRN was the best performaning LCRN in the country (94%). • Division 1 in Eastern achieved the highest percentage of RTT for Commercial studies (HLO2a) of the LCRNs (91.7%), a 30% improvment on the previous year's performance. • Study Support Service (SSS): Completed SOP on Early Contact and Engagement and performance data collection for Commercial Studies using LPMS (EDGE). • NHS Cambridgeshire and Peterborough CCG is the 2nd highest recruiter in the country for Diabetes studies, with 1563 recruits; East Suffolk and North Essex NHS Foundation Trust is the third highest recruiting Trust, with 1302 recruits. • Suite of PowerBI reports instigated or near completion to faciliate HLO2a performance (see Evolving Systems in Eastern project details). • Delivered the NIHR CRN Study Support Service in accordance with NIHR CRNCC Standard Operating Procedures (SOPs) and guidance documents. Research and Development Community actively engaged in the development of local SOPss to support Study Support Service. • Met the target of recruiting 10% of participants to Dementia studies on the NIHR CRN Portfolio from "Join Dementia Research".
Information and Knowledge	• LPMS (EDGE) operational and good engagement with all Eastern Partner Organisations (POs). • All LPMS data points provided to the CRNCC's timelines. Data quality assurance and data validation systems in place. • Regular telecons/webinars with POs to support ongoing LPMS development and functionality updates. • Ongoing resolution of data issues, queries and quality in both LPMS and CPMS. • Developed analysis and benchmarking of activities from ODP and financial data to improve operational delivery and Value for Money. • Responsive 'Helpdesk' service provided by Business Intelligence Team to support all users in relation to systems provided for NIHR CRN (Hub/ODP/LPMS), supported by face-to-face and webinar training as appropriate.
Stakeholder Engagement and Communications	• In line with current NIHR Communications Strategy and February 2019 Brand Guidelines refresh, the LCRN increased visibility of the NIHR within the local research community and wider audiences using a range of on-line and off-line communications channels, including local and national TV, radio, web and print platforms e.g. https://www.express.co.uk/life-style/health/1011822/cancer-news-breath-test-breathalyser). • CRN Eastern managed to increase staff engagement in monthly corporate communications bulletins from 26% to 34% and grew new external publics' audience engagement to 40% despite challenges of negotiating GDPR in line with Information Governance requirements. • The LCRN exceeded the POF media coverage target for 4th year running.
Workforce Learning and Organisational Development	• Seconded experienced Senior Research Nurse into Training Manager Role. • Workforce Development (WFD) Team have developed a clear process for attracting, preparing and supporting PO staff to deliver CRN Eastern training across the region. • Quality Assurance process developed for CRN Training and Facilitators to ensure consistency in the quality of delivery. • Within year, CRN Eastern have trained 957 people across a range of courses including Introduction to GCP, GCP Refresher, Valid Informed Consent, Essentials of Clinical Research, Cancer Researcher's Introductory Course, PI Masterclass and Advanced Research in Practice. • Promoted a culture of modern workplace learning, including awareness of NIHR National Learning Directory, e-learning Programmes, and Resources and Communities by developing a slide set for use in all specialty meetings/events and forums. • Supported the Advanced Leadership Programme Alumni in Eastern from appointment through to discussions and involvement in their leadership challenge. • WFD Lead involved in National Learning Directory Steering Group with John Castledine and Amanda Leslie and other WFD Leads. • WFD Team actively supporting the CRP community. • Produced a Workforce Plan to CRN CC in September 2018 that has been accepted by the Coordinating Centre.

Business Development and Marketing	• CRN Eastern has engaged with partner research organisations across the Eastern region (RDS, Cambridge BRC, Brain Injury MIC, EoE CLAHRC and AHSN) to produce a brochure highlighting the region's research capabilities 'East of England Research Infrastructure: An integrated Pathway'. • External events attended included the Genesis conference, a major life sciences conference held in December 2018 (attendance in conjunction with Eastern AHSN), the SBRI Healthcare Alumni Conference and the Health Enterprise East SNE event. • Engagement with SMEs has been a key focus. Linking up with Eastern AHSN, CRN Eastern have presented the benefits of portfolio adoption at 'Clinical Trial Readiness Events' across the region and updated a clinical trial tool kit on the AHSN website for initial information on running a clinical research study. • In collaboration with NOCRI, CRN Eastern have run workshops at SBRI events promoting the value of the NIHR and infrastructure accessible through the portfolio adoption process. • The team have focused on developing contacts in Pharma, including regular performance calls with Novartis to discuss progress on studies. • Contact has been made with site engagements teams of pharma and locally based CROs to promote the benefits of the CRN and local network of sites. • Work is ongoing to embed the CRN in local development pathways at the point of funding applications. Initial discussions have been held with Health Enterprise East and Eastern AHSN, who support SMEs locally to promote awareness of the CRN This ongoing work will enable companies to be supported through access to NIHR infrastructure through portfolio adoption. • CRN Eastern also participated in numerous Business Development Managers and Industry Operation Managers' meetings.
National Contributions	• The network has contributed to all national Communications campaigns. • Regular Research Delivery Manager contribution to Divisional meetings and attendance at Specialty meetings on a rotational basis. • COO member of 'Clinical Research Practitioner Strategic Working Group' led by Nick Lemoine and part of the 'New skills for new roles' group led by Susan Hamer. • Continuous Improvement Lead working with National Team on Accelerating Digital. • Local work on LPMS has been actively shared through the LPMS Lead, along with contributions to the Business Intelligence community. • Appointment of Communications Manager to NIHR Regional Communications Lead Pilot role for East of England. • Contribution to NIHR Digital Engagement Group, including full consultation and support during planning and implementation of new NIHR Digital and Social Media strategy.

Section 4. Key Projects

Section 4 of the template should be used to detail the key projects to be delivered by the network in 2018/19. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN-Cluster collaborative activities or other LCRN collaborations), and projects to be delivered nationally/CRN-wide led locally by the LCRN. Projects to be delivered in collaboration with other parts of the NIHR and/ or other external organisations should also be included. Please add additional rows as required.

Columns A-F should be completed as part of the 2018/19 Annual Plan.
Columns G-H should be completed as part of the 2018/19 Mid Year Progress Report.
Columns I-J should be completed as part of the 2018/19 Year End Report.

RAG Information:
The RAG ratings are automated. Please select Complete, Green, Amber or Red from the drop-down menu in column I and the colour will update automatically.

Complete (C)	Milestone complete.
Red (R)	The specified deliverable was not delivered by the Milestone Date. Commentary is mandatory.
Amber (A)	There is a risk that the specified deliverable will not be delivered by the Milestone Date. Commentary is mandatory.
Green (G)	On target to deliver the specified deliverable by the Milestone Date.
N/A	The Key Project and/or Outcome is no longer required and therefore this Milestone is no longer applicable. Commentary is mandatory.

	To complete at Annual Plan stage						To complete at Mid Year Progress Report stage		To complete at Year End Report stage	
Ref	Key project	Outcome	Lead	Milestone	Milestone date		RAG	Commentary	RAG	Commentary
1. Governance and Management										
4.1.1	• Work with host IG lead to inform and monitor CRN and Partner Organisations (POs) for compliance with the new General Data Protection Regulations (GDPR).	• CRN and Partner Organisations are compliant with the new General Data Protection Regulations (GDPR) from May 2018.	FR/V LB	https://drive.google. com/file/d/1rTfDPfHYITN1t-8Qi5faO_SUAMtDDkcZ/view?usp=sharing	Q1		Green		Complete	
4.1.2	• Review terms of reference for all governance groups in light of contractual requirements for 2018/19.	• Terms of reference are compliant with contract.	FR	• Revised terms of reference signed off by relevant governance groups.	Q1		Green		Complete	
4.1.3	• Business continuity arrangements to be refreshed with particular reference to pandemic outbreaks.	• Public Health Outbreak Plan to be refreshed by new speciality group leads - infectious diseases and public health.	HP	• Revised document agreed by LCRN Executive.	Q2		Green	• The UPHP has been completely updated in collaboration with Partner Organisations and is ready for review by the CRN Executive Group.	Complete	The UPHP has been approved by the Partnership Group and a copy sent to the Coordinating Centre.
4.1.4	• Clinical Director maximum term of office (five years) will be reached in March 2019. Host to seek appointment of new leadership in conjunction with NIHR CRNCC.	• New Clinical Director leadership positions in place for end of 2018/19.	ED/JS	• Appointment process completed.	Q4		Green	• Agreement of continuation of current CD posts following appraisal undertaken October 2018	Complete	
4.1.5	• Revise Terms of Reference for Executive in light of changes in leadership structure.	• ToR are updated in line with revised contract.	FR	• Revise and circulate to Executive Committee for final sign off by Host Organisation.	Q2		Green		N/A	
4.1.6	Issue Category B contracts during 2018/19 in phased approach once new template contract is released.	• Compliant with requirement 1.5 within POF	FR/MB	• Analysis of risk according to financial allocations. Stepped approach to contract issue and review at each quarter	Q1 to Q4		Complete	• 4/4 Contracts issued.	Complete	
2. Financial Management										
4.2.1	• At the Partnership Group in November 2017, Partner Organisations expressed an interest in reviewing how funding across partners might best be allocated from 2019/20 onwards. • A Partnership Working Group, comprising representatives from 7 POs, together with core members of the CRN Eastern Finance and Executive team has been formed to review other LCRN models of funding and how they might be implemented in CRN Eastern. • This will allow sufficient time to explore a variety of options and obtain Partnership agreement for any changes.	• Alternative models to be explored and a SWOT analysis undertaken. • Preferred models to be developed and working group to propose options to Partnership Group during 2018/19, with a decision made by Autumn 2018.	NH / DCo	• Review potential models. • Undertake financial analysis of potential models. • Agree preferred models. • Take options analysis paper to Partnership Group. • Confirm agreed model with all Partner Organsiation teams.	Q1 Q1 Q1 Q2 Q3		Complete	• Model now agreed by PWG.	Complete	• Model now agreed by Partnership Working Group (PWG).
3. High Level Objectives										
4.3.1	• Cancer: Ensure HLO2a meets 80% target. Refine and enhance action plan during Q1 of 18/19 to further improve RTT for HLO2a.	• 80% studies closing on green for HLO2a in Division 1. Work with the partner organisations that are regularly missing targets to oversee and influence the setting of targets at sites. Implement clear monitoring procedures with sites.	KJ	• Meet with Acting IOM, Industry Liaison Officer, Deputy RDM to work on refining the action plan going forward. • Refresh the existing escalation procedure to be applied to all failing studies to include alerting all R&D departments if adequate feedback is not received from investigator by deadlines. • Include steps to ensure that feasibility and target setting is triaged through R&D departments and encourage use of recruitment 'ranges'. • Give full consideration to targeted incentivisation to meet performance targets.	Q1	HLO2	Amber	I&I	Green	HLO2a has vastly improved during the course of 2018/19 and for the Cancer specialty closed at 91.7%. The success is due to the following actions: • Escalation policy applied so that SGL is alerted at monthly face-to-face meetings of any studies that are failing and need higher level intervention. • Previous work on ensuring feasibility and target setting is steadfastly applied has come to fruition • Where circumstances beyond the study team's control (e.g. substantial amendments) have interrupted recruitment, targets have been revisited with the sponsor. • Performance monitoring has generally been a very high priority for a newly appointed Study Delivery Officer who is dedicated to the Cancer portfolio.

4.3.2	• Cancer: Undertake a full review of the study set-up process and the network's interaction at key points in the process to improve set up times.	• Understand key areas where the network can have greater interaction in the study set-up process to ensure smooth delivery. • Review network staff involved in the process to ensure the necessary skills and expertise are in place to influence the shaping of study targets and subsequent review proceedures.	KJ	• Recruitment of Study Delivery Officer to supplement the Study Support Services (SSS) team in Division 1 (and Cluster 1-3-6).	Q2		Amber		Green	• Study Delivery Officer was appointed in June 2018. • Increased input on Early Contact and Engagement processes.
4.3.3	• Primary Care CI project focus on improved site selection and RTT. For details see 2.9.1.)						Amber	Process for study flow reviewed with locality managers.New processes for study delivery for primary care instituted including a new practice facing website which has been well received. Fine tuning of the process has now led to inital communications to include a simple study flier with sign up to an excel spreadsheet on the hub. Study flow chart for the whole process being reviewed. Actions sheet in place. New locality manager responsibilities to work with PC sites to ensure commercial RTT	Green	• New internal study support service systems now in place for primary care industry studies/ sites • LPMS developments locally to support processes • New industry training package developed and launched • Industry event for cluster sites held in March was well received • 74 sites selected in Eastern for 'Discover Me' industry genomics study opening in 2019/20
4.3.4	• Divisions 3 and 6: Ensure RTT achieves 80% for HLOs 2a and 2b.	• To effectively monitor and manage the large volume of commercial and non-commercial (Eastern led) studies, the underpinning admin structure supporting the divisions requires expansion and development. This will be addressed in 2018/19 within the cluster model described in section 2.8.6.	HP	• See 2.8.6 for milestones.	See 2.8.6 for milestone date	HLO2a and HLO2b	Amber	• The cluster model (now called the Divisional Hub model) is in place with new processes implemented for the management of the commercial and non-commercial portfolios in Divs 3 and 6. The outcome has been achieved, although significant improvement in HLO2a and 2b will not apparent until 2019/20.	Amber	As stated in the mid-year report, new processes for monitoring and managing performance have been introduced within in the Study Support Service (SSS), which is embedded in the Divisional Hubs. Significant improvement in streamlining and improving efficiency in the SSS has been achieved and early signs of improved performance demonstrate the service is working well. **HLO2a Division 3** 17/18 78% (7/9 sites) acheived RTT 18/19 79% (11/14 sites) acheived RTT - note the increase in commercial activity **HLO2a Division 6** 17/18 59% (23/39 sites) acheived RTT 18/19 61% (28/46 sites) acheived RTT - note also the increase in commercial activity **HLO2b Division 3** 17/18 50% (1/2 studies)acheived RTT 18/19 100% (9/9) acheived RTT - note also the significant increase in performance and the number of Eastern led studies closing in year. **HLO2b Division 6** 17/18 88% (16/18) acheived RTT 18/19 92% (13/14) acheived RTT
4.3.5	• Improve contribution to HLO1 by strengthening Study Delivery Officer support in Cluster 1-3-6.	• The benefits of Study Delivery Officer support for study promotion amongst partner organsiations has been demonstrated in Division 6 This support will be increased within the cluster model described in section 2.8.6.	HP	• See 2.8.6 for milestones.	See 2.8.6	HLO1	Complete	• Dedicated Study Delivery Officer support is now in place for Divisional Hub 1-3-6 (formerly Cluster 1-3-6). The impact on HLO1 is shown below. Please note all figures are approximate: • Division 6 April-Nov 17/18 5500 compared with 18/19 7400. Division 3 April-Nov 17/18 2100 compared with 18/19 2700. • Division 1 April- Nov 17/18 3200 compared with 18/19 3800	Complete	Update on improved contribution to HLO1 compared with 2017/18 (datacut 29/4/19): Division 1: 17/18 4891 recruits, 18/19 6057 recruits (increase 24%) Division 3: 17/18 3693 recruits, 18/19 4649 recruits (increase 26%) Division 6: 17/18 7885 recruits, 18/19 9965 recruits (increase 26%)

4.3.6	• Division 4: Increasing the portfolio of commercial studies in CRN Eastern.	• Increased number of commercial studies in Division 4. • Forecasted increase in commercial income for Partner Organisations, which can be used to develop the research infrastructure across the region.	SH	• Determine what the National picture is in Division 4, which studies are missing from the Eastern region, and explore the reasons why the Division 4 commercial portfolio is small in the Eastern region. Use findings to create an action plan for improvement. • Work alongside the Division 4 Specialty Group Leads to engage with local commercial companies to promote the Eastern region. • Identify an appropriate location within CPFT that could be used for Mental Health Commercial studies. Once preferred location is identified, permissions will be obtained and the site will be set up. This site will also be able to act as a satellite site for the Dementia and Neurodegeneration commercial portfolio. • Continue to support collaborative working between Mental Health Trusts within the Eastern region e.g. to act as PIC sites for each other.	• End Q1 • End Q1 •End Q2 • End of Q1	HLO 3	Amber	• First milestone complete; may not see desired outcome of action plan in this financial year. 2017/18 Baseline: 13 open studies Current situation: 10 open studies in year • Placement of 1 mental health study at 2 sites, following a meeting held with a commercial company. Continued success in placing Dementia studies in Cambridge. All 3 Mental Health Trusts in the Eastern region now have a commercial study on their portfolio. • Funding secured by Trust to refit local dementia research unit enabling mental health research to be undertaken safely. Works to be completed by January 2019. • PIC sites are being set up/used.	Amber	• 13 studies opened in 2018/19. Whilst the desired outcome was not achieved, we have seen growth in the number of Trusts supporting Division 4 studies and there are a number of Mental Health commercial studies in set up. • Meetings held wth two commercial companies, which resulted in the placement of two mental health studies at two sites. All three Mental Health Trusts in the Eastern region now have a commercial study on their portfolio. • The CPFT Windsor Research Unit has undergone a reburbishment and is now able to host mental health commercial research. • PIC sites are being set up/used.
4.3.7	• Division 4: Ensure RTT achieves 80% for HLO2a.	• Improved HLO2a performance.	RH SH	• Monitor all open Divison 4 commercial studies on a fortnightly basis. Monthly contact with recruiting sites and update requests actioned. • Action plans implemented for any amber or red studies.	Qs1-4	HLO 2a	Amber	An HLO2a improvement is predicted, however it is unlikely to reach 80% target. • 2017/18 year end performance 63.6% (n=11) • Predicted 2018/19 year end performance is 71.4% (n=7) • Current 2018/19 performance 66.6% (n=3) RH and SH are working with Trust R&D departments to create plans/recruitment strategies for the studies which are behind target.	Red	• A slight improvement has been achieved from 2017/18, but the target of 80% was not achieved • 2018/19 year end performance 66.6% (n=6). A further study has been extended into 2019/20 and has already met target at our local site.
4.3.8	• Division 2: Ensure RTT achieves 80% for Renal studies.	• Improved HLO2a performance.	JMP	Fortnightly review status of Renal studies, particulary at E&NHT. Create action plans for red or amber studies.	Qs1 - 4	HLO2a	Amber	Currently 40% (2/5) Predicted 18/19 - 70% (7/10) assuming x2 red studies extend. Worse case scenario 58% (7/12). JMP actively managing under performing PIs.	Red	We knew this would be a challenge and the predicted RTT at the mid year point has not been achieved. E&NHT had planned to renegotiate their targets for the two studies which they thought would be extended, but the studies closed earlier than expected. Following discussions at study performance review meetings, the team are now better placed moving forward 2018/19 year end performance 55.6% (5/9)
4. LCRN Specialty Activities										
4.4.1	• Improve performance in delivery of studies in the haematology portfolio.	• Increased number of sites offering studies within the Haemotology portfolio.	HP	• Establish the level of engagement with the NIHR portfolio among haematologists by identifying who is involved in the delivery of studies managed and supported by haematology. • Draw up a list of haematology studies open to recruitment according to disease type, and map against disease prevalence in CRN Eastern. • Review list and mapping exercise with research active haematologist to identify suitable studies based on local population. • Determine skill set and experience required to deliver studies. • Work with POs to identify investigators and delivery staff with the necessary skills to manage studies. • Identify candidate for the SGL role, and trainees to join HAEMstar as the project is rolled out.	End Q1 End Q1 End Q2 End Q2 End Q3 Ongoing throughout Qs1-4		Amber	**I&I Project** Significant progress has been made this year in this specialty. • Report produced by BI team mapping engagement across the network. • Introduction of Study Delivery Officer roles has led to improved communication with trusts regarding study opportunities. This has resulted in one new trust (QEHKL) recruiting to studies in the Haematology portfolio in 18/19 compared with 17/18. •The appointment of a Clinical Lead is expected following interviews in Jan 2019. •The national trainee lead for haemSTAR and RDM have identified a potential trainee lead for the LCRN, based in Cambridge. We are now contributing to one of the haemSTAR national projects	Complete	Huge progress has been made within this specialty with the appointment of a Clinical Lead in January 2019, and the identification of a trainee to collaborate with the Haemstar trainee group. Trainees at CUH have contributed to the Haemstar workstream which has enabled us to achieve the SGO for 18/19.

4.4.2	• To implement consistent administrative support for all SGLs so they can deliver local and national responsibilities.	SGLs receive as a minimum: • Quarterly performance reports and other bespoke reports as required (such as updates prior to the national SGL meeting to enable input into RTT of local portfolio). • Support for clinical intelligence/ implications relevant to SSS activities. • Meeting management for Eastern specialty meetings, encouraging participation of new PIs (all HCPs) & new sites. • Training opportunities for themselves & other PIs. • Support for SGLs contributing to nation wide study support activities with appropriate monitoring. • RDMs/deputies to deputise at national SGL meetings where necessary to ensure Eastern representation at all events. • Opportunities to network with peer group at bi-annual Network Developement Sessions and advise on the organisational development of the network service.	All RDMs	• Administrative appointments in Cluster 1-3-6	Ongoing throughout Qs 1-4	This project will support all HLOs and in particular HLO1, 2a and 2b	Amber	• Refinements are being made by BI team to improve reporting to SGLs to facilitate more timely and active management • Training in PI offered to new PIs • SG meetings include training / development as part of the agenda, particularly for face to face meetings • A productive Network Development session with a focus on local CIs took place in November 2018	Amber	• New, live reports in Power BI have been piloted to SGLs, and will go live with 2019/20 data. Additional new reports tailored to specific purposes are in development, with a particular focus on commercial performance. A report in this area with restricted visibility is due to include narrative on a study's progress and any obstacles, and local assessments of likely RTT outcomes based on both official current status and known issues.
4.4.3	• Increase clinical engagement in NIHR CRN portfolio research within (but not limited to) specialties with objectives referring to increasing involvement of early career researchers (ECRs), trainees or development of new principal investigators.	• Identify appropriate communication materials aimed at ECRs and trainees. • Identification of, and engagement with, appropriate trainee networks (e.g. Integrate for ENT), deaneries, and other groups (e.g. nurses, allied health professionals) to deliver key messages about opportunities and benefits of involvement in portfolio research. Include information on portfolio adoption for home grown research and training opportunities from CRN Eastern, as detailed in the LCRN training and education plan and available via CRN Learn. • Ensure adequate provision of training across the region for target groups through liaison with LCRN Training and Education Manager.	RH, KT	• Communication materials identified or developed as required. • Target audiences/groups identified. • Enagagement work. • Training opportunities provided.	Q1 Q1 Qs 2-4 Qs 2-4		Green	• Key messages and current communication materials have been identified. For development/completion: CI brochure, blogs/vlogs to showcase successful ECR stories in Eastern. WFD flyer. NIHR Academy slideset. PPI info. • Target audiences/groups identified. • Engagement work; events held for a number of specialty areas e.g. Ageing, Ophthalmology, Dementias. • Survey to assess ECR training need has been developed and sent for Cardiology. Plans to send out to other specialties. • Training opportunities provided by WFD team have so far been sufficient. • Post-course surveys collect data on GCP attendees that can be used to measure ECR involvement in training. Improvement to data collection will be complete by year end. Recent Regional Renal meeting included SpRs from across Eastern. I&I	Green	• Many of the milestones for this project were achieved and reported in the mid-year progress report. • Mechanisms are now in place to collect data on early career researcher attendance at regional training sessions e.g. Intorduction to GCP, PI masterclass. • The following specialty group objectives relating to ECRs and trainees have been rated as green: Neurological disorders, Ageing, Dementias and Neurodegeneration, ENT, Primary Care. • Work will continue into 2019/20 regarding the development of additional communication materials listed in the mid-year progress report.
4.4.4	• During 2018/19 CRN Eastern will initiate an LCRN fellowship scheme as part of a coordinated strategy, along with the green shoots delivery PA scheme, to grow and strengthen our PI workforce from within the existing network. This will be achieved through collaboration with CLARHC East of England (EoE) as part of the "One NIHR" strategy. We are already strengthening our links with CLARHC EoE and meet regularly with its director (Peter Jones) as well as the AHSN, Clinical Senate and CUH health partners to strengthen collaboration across the region and gain more traction in areas of mutual interest. • The instigation of a joint CRN Eastern – CLARHC EoE fellowship scheme will be part of this broader strategy to grow and develop our PI workforce and will synergise with the existing CLARHC fellowship scheme, providing maximum impact, while sharing the cost burden. Other example schemes nationally cost in the region of £500k for 30 - 40 fellows per annum, where a part-funding model, up to a maximum of 50% is used. In our first year we aim to run this scheme on a small scale (£100k), before scaling this up in later years.	• During 2017/18 a total of 9 awards were made (5.5 PAs) through the 'green shoots' scheme across all divisions, resulting in 5 additional PI studies and a number of other studies in set up. We will build on this foundation in 2018/19 through the award of additional PAs to increase the number of LCRN PIs, in particular, boosting activity in specialties with low activity, e.g. Children's.	JT	• Call for applications for green shoots PA scheme mid-year depending on CRN Eastern's financial position.	Q2-3		Green		Green	• Eight awards (3.7 PAs) were made through the PA 'Greenshoots' scheme from 1/4/2019 for a period of 24 months. Awards will be reviewed after 12 months to ensure that recipients are delivering on their objectives and to support them where necessary.

Ref	Objective	Measure	Lead	Actions	Timescale	HLO	RAG	Progress	RAG	Year-end update
4.4.5	• CRN led Public health studies adopted onto the portfolio and supported by CRN	• Increase from one PH study in 17/18 to five PH studies in 2018/19	FR/HM/JT	• Strategic planning with PH speciality lead and dedicated resources to grow portfolio	Q1 to Q4	HLO 1	Green	• 7 PH led studies opening 18/19 to date • 2 grant PHR grant submissions supported Survey to assess ECR training need has been developed and sent for Cardiology. Plans to send out to other specialties. • Training opportunities provided by WFD team have so far been sufficient. • Post-course surveys collect data on GCP attendees that can be used to measure ECR involvement in training. Improvement to data collection will be complete by year end.	Green	• Supported five PHR grant submissions - second stage with confirmation of three funded studies. • Appointment process for PH SGL is underway • Engagement work with PH services/ academics/ PHE is taking place.

5. Research Delivery

Ref	Objective	Measure	Lead	Actions	Timescale	HLO	RAG	Progress	RAG	Year-end update
4.5.1	• Partnering with the Third Sector to establish a coordinated, collaborative approach to local promotion of Join Dementia Research.	• Increased volunteer sign up through joint initiatives.	RH	• Joint initiatives agreed collaboratively. Involvement of additional LCRNs to work across a wider geography.	Q4	HLO7	Amber	• Delayed appointment of Join Dementia Research Coordinator has impacted on delivery of this project.	Amber	• Join Dementia Research Coordinator appointed in September 2018. The post-holder began work with local AgeUK and Alzheimer's Society branches. This was extended to include other community groups. • Eastern is sixth out of the 15 LCRNs for overall volunteer sign up to Join Dementia Research. • However, there was not a marked increase in sign up of volunteers despite promotion of the service by the third sector and community groups. • 2019/20 work will concentrate on working with clinical staff and memory services, who diagnose dementia and MCI, in order to promote Join Dementia Research.
4.5.2	• Following an initial review by patient representatives in 2017, review how patients with cancer in the Eastern region can find out what Cancer studies are available locally.	• Patients with cancer in the East of England have access to clear, up-to-date information on potentially suitable local studies.	KJ	• Establish what plans are in place nationally. • Action plan created for how we can improve the visibility of Cancer studies that are open to recruitment in CRN Eastern, ensuring information is clear, accessible and up-to-date. • Extend findings to other divisions.	End Q1		Green	• This has been put in place via the UK Clinical Trials Gateway by the end of Q1.	Complete	• This has been put in place via the UK Clinical Trials Gateway by the end of Q1.
4.5.3	• Work with Division 1 SSGLs to scope where there are shortfalls in all of the Cancer portfolio by geography.	• Work to open relevant studies in areas identified.	KJ	• Objective to be on the agenda for SSGLs meetings in June and September 2018.	End Q2		Green	• This has been discussed at the SSGL meeting, but no conclusion or actions have been taken as to how cancer studies can be relocated to areas where there is shortfall by geography. This can be addressed via the delevopment of up-to-date study organograms, which are shared throughout th network in order that clinicans can refer patients into studies open at other sites.	Green	• This has been discussed at the SSGL meeting, but no conclusion or actions have been taken as to how cancer studies can be relocated to areas where there is shortfall by geography. This can be addressed via the delevopment of up-to-date study organograms, which are shared throughout th network in order that clinicans can refer patients into studies open at other sites.
4.5.4	• Exploit the suite of cancer portfolio organograms within the Eastern region.	• All cancer clinicians and research nurses to have access to study organograms to ensure they know what studies may be suitable for patients. • More information available for members of MDT meetings.	KJ	• All SSGLs in Division 1 have access to an up-to-date study organogram. • Ensure these are adequately disseminated around the region.	End Q1		Amber	• Study organograms have been set up for all Sub-Specialties and work is on-going to disseminate these around the region using SSGL networks and NSGs.	Amber	• 8 out of 13 Sub-Specialty Groups have complete and current study organograms for dissemination within the network. This piece of work continues to be updated as new studies come on board.
4.5.5	• The GP cluster model has been piloted in 3 GP clusters during 2017/18 and will be refined and expanded during 2018/19 to include up to 6 clusters.	• The clusters have opened up research recruitment, increasing uptake by practices in a cluster by 500%. This has increased the number of participants recruited. • 6 clusters contracted to deliver NIHR portfolio research. • Successful recruitment across each cluster.	HL	• Refine the contract offering based on pilot experience • Invite applications • Review and award funding • Close support to ensure organisational arrangements made • Monitor and advise for effective study set up for first study • Performance manage	Funding awarded & contracts signed by end Q1. Recruitment to first study end of Q2 for new clusters. Quarterly performance management across all clusters		Complete	• CRN Eastern Primary Care now contract with 6 regular GP clusters and 1 adapted cluster in Cambridge (practice of 45,000 patients). Some of the larger studies this year in Primary Care are starting to roll out across Eastern, so it is likely that we will see the real benefit of these clusters in 19/20. Research teams are finding the work with clusters, which have network support, satisfying in terms of recruitment numbers and speed of set up. One of the most successful new clusters is in South Norfolk, who have recruited 487 participants across 7 studies this year. Exisitng clusters are recruiting well and embracing the new large-scale studies coming through. The clusters work well together and share information and aim to meet in March 2019, where they will focus on improving Commercial uptake.	Complete	• The cluster contract is a successful model for research delivery and has drawn in practices that previously were not research active. • Based on our experience to date we are further developing the model, particularly to support practices in areas of high socio-economic deprivation.

4.5.7	• Divison 6: Infection. Meeting needs of local population. • Undertake scoping exercise to identify opportunities for growth within sexual health. This will include identifying capacity for research delivery in iCASH clinics and mapping capacity against availability of pipeline studies open to new sites. Where opportunities are being missed, develop a strategy for investment.	• Increased number of participants accessing sexual health studies.	HP	• Deputy RDM will undertake scoping exercise to establish capacity for research delivery within iCASH. • SDO will identify available studies that meet the needs of the local population. • RDM to write investment strategy for the next 3 years.	End Q2 End Q2 End Q3	HLO1	Complete	• With support from the STI Champion, capacity for research delivery within iCASH has been identified, • The Study Delivery Officer for Infection identifies and circulates via the STI Champion and Research Facilitator for Cambridge Community Services (CCS - the host organisation for iCASH) suitable studies. • The investment strategy for CCS is to steadily invest in a flexible workforce to work across all branches of the organisation. In 2018/19 investments are as follows: Research Facilitator 0.7 WTE for 12 months, Research Administrator 0.2 WTE for 12 months. IMPACT 1 :From a baseline of zero in 14/15, recruitment to STI studies in 18/19 = 90 patients to Safetxt interventional study and 99 patients to PrEP observational study. IMPACT 2: In Oct 18 CRN Eastern won two awards from the National Specialty Group for most improved network, both for number of studies and recruitment. This achievement is largely due to work in sexually transmitted infection.	Complete	• IMPACT 1 (updated) :From a baseline of 0 in 14/15, recruitment to STI studies in 18/19 = 116 patients to Safetxt interventional study and 147 patients to PrEP observational study. IMPACT 3: Early Contact & Engagement work with investigators including an HIV Consultant and Clinical Psychologists working in Sexual Health. This included the Inaugural Infection, Immunology and Microbiology Symposium in November 2018 to bring together researchers with those who can support them, i.e. Research Design Service, Study Support Service, Specialty Group Lead, other investigators and researchers working in CRN Eastern. This event will be repeated annually. The HIV Consultant also attended the National Infection Specialty Group Early Career Researchers' meeting in March 2019.
4.5.8	• Dementias and Neurodegeneration: Dementia Prevalence and Research Participation. The Alzheimer's Research UK Dementia Prevalence maps show North Norfolk CCG has the highest percentage of the population living with dementia in the UK (2.2%). Neighbouring CCGs across Norfolk & Suffolk are also amongst the highest percentage (1.59 - 2.19%).	• Determine the level of research participation and research interest in North Norfolk CCG using Join Dementia Research Volunteer Data. • Understand barriers to research participation and sign up to Join Dementia Research (see 2.8.1). • Utilise findings to develop a strategy to increase rates of participation through increasing sign up to Join Dementia Research. • Assess success of strategies using Join Dementia Research registrations as a measure.	RH	• Data capture from Join Dementia Research. • Strategy development undertaken with local Partner Organisations, Specialty Group Lead and Join Dementia Research Coordinator with CRN Eastern PPI & Communications input. • Implementation and review of project.	End Q1 End Q3 Q4	HLO7	Green	• Baseline data for Join Dementia Research registrations available by CCG • Work has started on developing new avenues for promotion in North Norfolk **I&I**	Amber	• Promotional activities in 2018/19 Q3/Q4 focused on engagement with local community groups and non-NHS organisations with a remit to support people with dementia and their carers. • However, there was not a marked increase in sign up of volunteers despite this engagement work. • 2019/20 work will concentrate on working with clinical staff and memory services, who diagnose dementia and MCI, in order to promote Join Dementia Research. The Partner Organisation providing memory services across Norfolk is supportive of this work.
6. Information and Knowledge										
4.6.1	• Single Intelligence System: LPMS-CPMS Integration - Recruitment Activity Application Programming Interface (RA API - technical data transfer process) which will automatically push recruitment activity from EDGE to CPMS.	• This is a large and all-encompassing priority piece of national work, which will involve many months of planning, getting both systems and data quality up to scratch, cross-organisational collaboration and technical testing to ensure that we are ready for the API to go live. A readiness framework has been developed for all LCRNs, which we will need to be regularly working on and updating.	REH	• LPMS-CPMS mapping and site matching. • Data quality reports through the Study Start up app. • LPMS-CPMS National call (bi-weekly). • ODP/EDGE comparson reports (RA and MDS). • Technical systems testing.	Tbc - currently set by the CC as end of financial year 17/18.		Green	We have done a huge amount work to get all of our LPMS instances compatible with CPMS for the new Research Activity API (technical link). We are confident that we have made all of the necessary system updates in preparation for this. We have updated all sites in our LPMS' from generic trust sites to specific geographical sites. We have added/updated all research-active sites in CRN Eastern. We have created a new Non-NHS instance of EDGE for non-NHS recruitment. We have been working with our P/Os to regularly correct data errors (C&C, data quality issues, site mis-matches between LPMS and CPMS etc.) and updating our Minimum Dataset and Readiness Framework in line with national policy. We have been regularly updating our P/Os on updates to LPMS and the RA link to CPMS, how it will work and what they need to do and we have carried out testing of the new RA API functionality.	Complete	• We are confident that we have made all of the necessary system updates in preparation for this. We have updated all sites in our LPMS from generic trust sites to specific geographical sites. We have added/updated all research-active sites in CRN Eastern. We have created a new non-NHS instance of EDGE for non-NHS recruitment. We have been working with our POs to regularly correct data errors (C&C, data quality issues, site mis-matches between LPMS and CPMS etc) and updating our Minimum Dataset and Readiness Framework in line with national policy. We have been regularly updating our POs on updates to LPMS and the RA link to CPMS, how it will work and what they need to do and we have carried out testing of the new RA API functionality.
4.6.2	• LPMS-CPMS Integration: CRN Eastern study record creation to ensure studies are set up correctly for transfers of information between LPMS and CPMS.	• A project to set up all CRN Eastern-led studies and then transfer them out to all POs. This will reduce duplicates and increase data quality.	REH	• Discuss and agree study record creation process with POs and Study Support Service. • Standardisation of study record ownership. • Implement study record creation for CRN Eastern-led studies.	End Q1		Green	• This target was deliberately ambitious to get a process established before other major changes in data management. While originally planned as a simple administrative project, it has been paused to allow for data migration into EDGE from a local database to happen first. It will be implemented by the end of the FY, in collaboration with Study Delivery Officers.	Complete	• The create records process has been adapted slightly, due to national changes (e.g. PAF form made non-mandatory). Eastern BI team have been working with our POs and Eastern Study Support Service to create missing studies/sites when they have not already been added to LPMS. This process is up and running and is working well. If a study or site is missing from LPMS, CRN Eastern add it to LPMS and then transfer it to the owning PO EDGE Admin to update and manage the study/site record.

4.6.3	• Communications, Support and ongoing training.	• Revising, improving, creating support documents, training materials/webinars etc. to assist POs and empower independent working.	REH	• Regional call/webinars to look at system functionality with POs. • Development of topic-specific training. • Ongoing ad-hoc communications re system/process updates.	End Q1 End Q2 Ongoing		Complete	We have implemented regular t-cons/webinars with our P/Os to look at system functionality, national updates, ODP apps, developments etc. These have been well accepted, however we have multiple IT issues within and across the Eastern area, with a lot of trusts blocking access to Google Hangouts, which makes holding training webinars difficult.	Complete	• We have implemented regular t-cons/webinars with POs to look at system functionality, national updates, ODP apps, developments etc. These have been well accepted. However, we have multiple IT issues within and across the Eastern area, with a lot of trusts blocking access to Google Hangouts, which makes holding training webinars difficult. • We have developed a suite of training materials and user-guides in response to local and national system updates/changes. We will continue to develop training materials and system user-guides for Eastern POs.
4.6.4	• Open Data Platform: Further development of our local app to fully exploit CPMS/LPMS integration.	• Users to be trained to access realtime data on demand, with regular reporting reviewed/discontinued, freeing up resources for further development and training.	DW	• Effective replication of existing reports. • Training and setup of all users. • Full review of regular reporting. • Publication of enhanced analysis and visualisation in response to demand.	App in place by end Q2 2018. Full plan complete by year end (dependent on LPMS/CPMS RA interface timelines).		Amber	• Reporting plans broadly on target, but now intending to use Host's Power BI over ODP, for greater flexibility/functionality in covering day-to-day reporting and visualisation needs. ODP development to focus on specific analytical requirements.	Amber	• Initial reports for general consumption now live. Further, more detailed reports for internal management, especially of commercial studies, are being finalised and are due to released very soon. After this, with the key information built into our data model, we aim to develop rapidly in response to new requests and changing needs.
4.6.5	• Enable use of the NIHR Hub amongst partner organisations and improve engagement with collaborative functionality across CRN Eastern.	• Enable access to information systems as specified by the CRN CC. • Enhance the knowledge of the NIHR Hub within the core CRN Eastern team. • Improve engagement with and use of collaborative functionality to support cross-regional and national work e.g. document sharing, surveys, research communities, Google Hangout meetings.	ST	• Engage with NIHR CRNCC regarding enabling and influencing Trusts. • Deliver basic Hub training to core CRN Eastern staff. • Provide support to enable partner organisations to train local staff and access helpful resources going forward. • Deliver enhanced Hub training to core CRN Eastern staff, as required. • Identify Hub Champions at partner organisations (where feasible) • Deliver basic Hub training to partner organisation Hub Champions. • Investigate and resolve specific IT issues at Trusts where possible.	End Q1 End Q1 End Q2 End Q2 End Q3 End Q3 End Q4 and ongoing		Amber	• There has been limited response from the NIHR CRNCC regarding Trust access issues. No viable solution offered at present. • Training has been delivered to Core CRN staff and we are looking to create training videos in future. It would be helpful if this was available centrally, but we are not aware of anything at present. • 14 Hub Champions have been identified. • Some locally collated resources and tools have been provided for use by Hub Champions. Limited engagement at some organisations. Value of sharing resources through Google Communities is limited unless Trusts staff access their NIHR Hub email accounts regularly. • Unable to train Partner Organisation Hub Champions via Google Meet due to connection issues. Training will be provided in Q4 due to venue availability and other CRN project priorities.	Complete	• We have received responses from the NIHR CRNCC regarding support for supporting with Trust issues. There is no replacement for the letter from the Department of Health from 2014 to help influence IT departments to open up access to the NIHR Hub at present, but escalations of persistent issues can be redirected to the Hub service desk. • Training videos have not been developed due to the limited software availability. We are currently able to meet our user needs by using the available resources that have been collated through the year. • Face to face training has been delivered to Hub Champions and further IT issues have been investigated and resolved through engagement with IT, developments in IT software availability and training. Ongoing issues and learning from resolutions will be managed through the regional mailbox which has been setup for Hub issues.
4.6.6	• Implementation of Primary Care IT specialist roles, piloted in 2017/18. The IT specialists are responsible for working with study teams to develop study search reports for Primary Care clinical systems. This streamlines work for practices, helps to increase site study uptake and generate more accurate identification of research participants. This model has been welcomed by researchers, sites and network teams.	• Study search reports in SystmOne and EMIS for 80% of Eastern led Primary Care studies.	HL	• Refine process for IT system specialists. • Ensure mechanisms in place for QA review of report through beta testing site & RSI IT support group. • Oversight (by SGL). • Site and team training to ensure consistent implementation. • Make available to other LCRNs for multi site studies through SSS.	End Q1 End Q1 Review at SGL/RDM meetings End Q2 As required for multi site studies. Review overall performance against 80% benchmark			• The IT specialist contracts are in place under the practice level category B contract process. The processes are working well, with study searches being provided to Eastern teams for Eastern led studies in a timely manner. CRN Eastern have also implemented a robust search testing process using the exisiting RSI levers to ensure implementation of the programme. This is working well and the report has been shared nationally within Division 5 managers' arena, with positive feedback from the group. The IT specialists are uploading the Eastern led study searches onto the national search sharing platform and this has been working well. Searches from other CRNs have also been pulled from other areas from the national platform. CRN Eastern Primary Care are about to launch a Primary Care Microsite for practices to have access to a one stop shop of study information and SOPs. The site will also link to the Eastern study search platform to practices to access.	Complete	• The system is in place and refinements continue to be made so that it works efficiently for local practices and in a way consistent with the national model.

Ref	Description	Success Measure	Lead	Actions/Milestones	Timeline		Status	Comments	Status	Comments
4.6.7	• Primary Care data quality improvement.	• RSI contracted research practices will have improved data quality for research on their clinical system by using research codes and templates.	HL	• Update RSI contract to reflect this required activity. • Create research organisational group in SystmOne to enable easy access to templates, including beta testing group. • Ensure matched support for EMIS sites. • Training for sites & CRN teams. • Explore potential of using 'preset' functionality.	Q1 2018 Q1 2018 Q1 2018 Q1 2018 Q3 2018		Complete	• The research templates are now accessible to all practices in Eastern to use, but require longer to ensure that the process is embedded at practice level by stand alone practice nurses. We anticipate that we will lose our EMIS specialist next year and have plans to advertise this post again at the appropriate time. Implementation of the use of the templates can be strengthened by designing a measure within the next year's RSI contracts at individual and cluster level to ensure the templates are used. SystmOne organisational group for the research template is now in place and instructions have been sent to practices as to how to access the organisational group for this template. Practices have received an electronic step by step guide for implementation of research templates. but this can be strengthened next year by ensuring training is delivered at the RSI contract visit.	Complete	• Work continues to embed the use of templates so that it becomes routine in practices - good progress to date.
4.6.8	Improvement of HLOs 4, 5A and B. During 2017/18 the LPMS system was adopted by all Partner Organisations across the region and a project was run called the ABC project to improve data completeness for monitoring purposes. The BI team, along with RDMs, will work on the next phase of compliance monitoring across all organisations now data terms have been agreed between all sites. This will lead to an improvement in all three measures within the year.	10% improvement in HLOs 4, 5A and B in year.	MB	ABC plan taken to stage 2. Monitoring and action plans by organisation using Divisional Structures.	Q1 to Q4		Amber	• Performance on HLOs 4, 5A and 5B at year end 2017/18 was 45%, 26% and 41% respectively. Peformance in 2018/19 to date on these same measures stands at 57%, 34% and 45%. Although peformance on HLOs 5A and 5B remains slightly behind target at 2% and 6% respectively, HLO 4 performance is ahead of target, with an increase of 12%.	Amber	• Performance at the year-end data cut was 48% for HLO 4, 35% for HLO 5a and 41% for HLO 5b.
7. Stakeholder Engagement and Communications										
4.7.1	• PPIE INVOLVE standards test bed project submitted by NIHR PPI Eastern Collaborative.	• Successful application and delivery of associated projects and collaborative initiative. • Contribution to and evidence of meeting 'Going Extra Mile' objectives.	HM/DC/AS	• See workplan (project number 16) for details including milestones, leads and timelines. • Review of all work plan objectives against 6 pilot standards.	End Q1		Green	• The Eastern PPI collaborative was not successful in its bid for test bed project • Led by RDS the Eastern PPI collaborative was successful in securing funding from INVOLVE for 'reaching out' bid. This project is underway and on target	Green	• Funding was secured and the bulk of the project has been delivered i.e. we have worked with community groups to engage young people. The young people have developed four projects, which will be showcased at the CRN-led event on 12/6/19. A final event will also be delivered in July 2019. See appendix A for progress report.
or 4.7.1	• NIHR PPIE Eastern Collaborative (RDS, CLAHRC, BRC, HTC, CRN).	• Deliver the CRN Eastern contribution to the NIHR PPI standards as expressed in the Going Extra Mile (GEM) strategic objectives on behalf of the collaborative ambition.	HM/DC/AS	• CRN Eastern 2018/19 work plan expresses how the network will deliver the standards as part of core business. • Reporting of work plan activities with reference to standards at CRN Eastern PPI steering group meetings.	End Q1 At each Steering Group (3 per year)		Green		Green	• Received thanks for our contribution to the UK standards in public life 'freestyle projects' evaluation work from NIHR INVOLVE
4.7.2	• Deliver 'business as usual' PPIE programme	• PPIE POF requirements met.	DC/AS/HM/ AR	• See PPIE workplan - Appendix 6.4 for details, including milestones/ leads & timelines.	Milestones set out in Workplan		Green	• The workplan is being delivered as intended and is regularly RAG rated. • The vast majority of the PPIE work plan is on schedule. • Where projects cannot be delivered this financial year due to unforeseen barrriers (e.g. where funding is not accessed) they will either be delivered early next financial year or alternative meaningful PPI projects will be delivered instead.	Green	• The workplan is being delivered as intended and is regularly RAG rated. • The vast majority of the PPIE work plan is on schedule. • Highlights include: - "On the Nose" event for anosmia awareness day at the James Paget University Hospital in partnership with voluntary organisation "Fifth sense" - "IBD and Me" event with the Queen Elizabeth Hospital, King's Lynn, in partnership with Crohns and Colitis UK - Developing "Rebo's research adventure" computer game app to raise research awareness, which is now available for download on both iOS and Android platforms - Completing PRA evelauation based on PRA experiences - Producing patient video for SYMBAD dementia study for use in clinical teams to assist with recruitment. - Improved design, content and availability of the PPI Hub Site as a resource for research staff, including the introduction of a section for primary care - Improved evaluation of PPI activities and events using the CRNCC PPI team's "5 Os" evaluation tool. - Patient Focus group held at North West Anglia NHS Foundation Trust to improve the 18/19 PRES questions. Members of the focus group went on to be further involved, e.g. share their story via video to be included on the Trust website, talk about their experiences at the CRN's training courses.
4.7.3	• PPIE project with focus on inclusion/diversity (see 2.8.1).	• Improved recruitment of participants from practices in less priviledged areas.	HM	• PPIE team will support the project described in 2.8.1, cross-referenced as Project 12 in the PPIE Workplan.			Green	• This project is underway and on target. • Additional resources have been allocated to this comprehensive project.	Green	• 'Listening to patients' report produced and reported to the 'population needs' steering group

| 4.7.4 | • Share learning from PRES projects with national team.
Collaborate with other LCRNs where appropriate. | • Improved delivery of PRES by advancing the use of digital technology:
• 5% PRES data collected through iPads in 2018/19.
• Minimum 1% PRES data collected using the 'aphasia' (communication difficulties) version in 2018/19 PRES data .
• Learning shared with national team and LCRNs. | HM/DC | • Share evaluation of iPad pilot.
• Participate in LCRN teleconferences to share knowledge and experience.
• Use of ipads/ 'Aphasia (communication difficulties) in 2018/19 PRES.
• Share outcomes from 'Aphasia'(Commication Difficulties) PRES. | Q1
Monthly

Q4

Q4 | | Green | • The 5% iPad target has not been met due to data governance barriers in storing PID online. We continue to address this challenge.
• We have already collected 1145 survey responses to date (this figure may still rise).
• Collection of Aphapsia PRES is ongoing and will continue beyond the financial year to enable adequate data collection for the the project to be fully evaluated. | Green | • An evaluation report for the iPad pilot has been shared with CRNCC/LCRNs and is avaiilable through website.
• The 5% iPad target was not met due to data governance barriers in storing PID online. A plan is in place to look at ways of overcoming this challenge. This has included the development of an online survey for the aphasia accessible and children's versions of the PRES. Work is ongoing to identify the barriers which stop staff from using the online version with their patients.
• Regular participation in the CRNCC PRES teleconferences to share knowledge and experience.
• Part way through a project working with East Midlands and West Midlands CRNs and Ambulance Trusts to share our PRES experience and develop a suitable PRES for Ambulance studies
• Shared a report on the learning form the Aphasia Accessible PRES project locally (with other NIHR and NHS partners, the voluntary sector and the University of East Anglia, and nationally with the other LCRNs. We attended the CRNCC's Digital Fesitval in Birmingham to share the project.
• In order to increase the number of PRES responses from children and young people, we worked with the children's SG and their paediatric champions in each trust to redesign the children's PRES and develop an online version. This has been shared with CRNCC/LCRNs.
• A total of 1,255 survey responses were collected during the 2018/19 PRES. (This includes 1,089 adult, 93 childrens' and 73 dementia surveys. The aphasia accessible survey continues to run).
• Results of the 2018/19 PRES have been published in a full report, highlights report, SG supplementary document and a patient facing report. This has been shared with CRNCC, LCRNs, NIHR partners and NHS organisations across Eastern. Presentation of PRES results are being given to SGs on request.
• The patient facing PRES report has been shared with 593 participants who requested a copy of the results whilst completing the survey. The results were sent out with a thank you letter, the PPI Eastern Collaborative leaflet explaining how to get involved in research and the UKCTG website information.
• 36 participants have been sent information on JDR after requesting this via the dementia version of the PRES.
• In primary care, the PRES was distrubuted during the course of the HEAT Study (2015-18). 505 responses were collected in and the results report was published in August 2018 and shared. The results were promoted via presentations to primary care locality groups, displays at events and a poster was produced and shared across the region.
• All I&I activity from the PRES and PRES related projects is recorded on the CRN's CIP Database. This information is being used as part of the PRES communications plan to promote outcomes and improvements from the PRES as part of the CRN's "You said, we did" promotional campaign.
• During the 2018/19 PRES 55 patient quotes taken from the PRES were tweeted to promote research. These were all retweeted by the participant's local Trust. |
| 4.7.5 | • A sufficient non-pay budget line to deliver patient and public involvement, stakeholder engagement and communications activities will be provided. | • Agreed communications non-pay budget line allocated. | FR/HM/ER | • Sign off of annual budget at Partnership Group. | Q4 2017/18 | | Green | • Funding from CRN supports a range of stakeholder engagement and communication activities including production of leafelts, venues for meetings and events
• We have one FTE PPIE Manager Post, one PT PPIE Administrator and dedicated time from an RDM as PPIE Lead. | Green | • As mid-year commentary |

Ref	Objective/Activity	Approach	Owner	Milestones	Timing		Status	Commentary	Status	Commentary
4.7.6	• Specialist, experienced, dedicated CRN Eastern Communications function is in place: - 1 x WTE Band 6 Communications Manager (MCIPR). - 1 x WTE Apprentice Communications Assistant.	• Research opportunities will continue to be promoted to patients and the public in line with the NHS Constitution for England, including informing patients about research being conducted within the LCRN region.	ER	• Lead for communications will report directly to the LCRN Executive on a biannual basis.	Qs2 and 4		Green	• Currently recruiting to now vacant Communications Assistant role, but outcomes and milestones continue to be met by Communications Lead.	Green	• New 1 x WTE Band 3 Communications Assistant appointed. Outcomes and milestones continue to be met by the Communications Lead with support from the Communications Assistant.
4.7.7	• Continue production delivery and promotion of monthly staff-facing network bulletins featuring news, shared best practice, study updates, training opportunities, events, commendations, awards and information cascaded from national newsletters and other communications. • Organise, promote and deliver the 2018 CRN Eastern Celebration Day, dedicated to recognising the research achievements of teams from around the region. • Produce and deliver a patient and public facing magazine. Content will promote research within the Eastern region to raise awareness of the NIHR 'brand', the benefits of taking part in research and how to get involved in research. • Work in collaboration with CRN Eastern PPI Managers to increase the external-facing links and raise awareness of the benefits of clinical research, including in the organisation and promotion of public events. • Develop and deliver a social media campaign to increase our Twitter followers. • Develop and trial use of a CRN Eastern Instagram account. • Promote communications as assistance to recruitment e.g. to ailing studies. Develop and strengthen professional relationships with regional and local television, radio and press media contacts. • Continue to produce regional and local leaflets, posters, banners, postcards, GP television screen slides and other engagement tools to raise awareness of NIHR research delivery among all stakeholders, including the general public, patients, researchers, NHS healthcare professionals, students and academics. • Oversight of the CRN Eastern Communications Steering Group to help guide progress of strategic objectives. • Work with Continuous Improvement lead to develop materials for Academia engagement project.	• A CRN Eastern communications delivery plan is in place and the defined approach to communications aligns with both the NIHR CRN and NIHR strategies, supporting: - Implementation of the NIHR CRN, NHS Engagement and Communications strategies and the NIHR Communications Strategy. - Implementation of the Communications Contract Support Document. - Development and maintenance of the LCRN's positive reputation. - Transparency of local performance on research delivery. - Strong internal and external stakeholder relationships. - Patient, staff, carer and public awareness of local clinical research opportunities. - Effective working with other parts of the NIHR, at a local, regional and national level.	ER	• Monthly CRN Eastern Bulletin. • Attendance of a minimum of 250 stakeholders at all day event. • Production of 12-page magazine. • 10% increase in PPI contacts on CRN Eastern Bulletin mailing list. • 10% increase in Twitter followers. • 250 followers on Instagram. • Media coverage of one staff story and three patient stories. • One banner and one leaflet for distribution at staff and public events. • Two CRN Eastern Communications Steering Group meetings. • One Academia brochure.	Monthly End Q2 Q3 Q4 Q4 Q4 Qs1-4 Q2 Qs 2 and 4 Q2		Amber	• Delay to NIHR Visual Identity launch, increased remit for Communications Lead due to additional Regional Communications Role and loss of Communications Assistant mean the 12-page magazine milestone has not been met.	Amber	• Communications Lead resource continues to be re-allocated to Regional Communications Lead role, therefore magazine milestone not met. • Strategic decision made to delay Instagram campaign due to national changes to social media plans (64% of target met). • All other milestones met. • Additional delivery of 'Rebo's Research Adventure' video game, a free downloadable app available on both iOS and Android tablets with soft launch at Norwich Science Festival.
	• Work with commercial and non-commercial study teams to engage life-sciences audience. • At a network level support the roll-out of national campaigns and initiatives. • Attend National NIHR meetings and conferences to update others, stay informed of and connect to colleagues on a national level. Continue to support CRN and wider NIHR colleagues around the country, providing guidance, and cascading and sharing communications. • Collaborate with colleagues in CRN East and West Midlands to discuss and troubleshoot issues and exchange ideas. • Connect with regional NIHR, NHS and partner communications teams to support research, share ideas and promote NIHR.	• Contribution to National CRN and NIHR campaigns and initiatives.	ER	• Media coverage of 1 staff story and 3 patient stories, plus 2 media relations activities. • Regional support of national campaigns: - NHS 70 - I Am Research - UK Clinical Trials Gateway - Join Dementia Research - Rare Diseases Day - One NIHR - Awards (Royal Colleges etc). - Any other annual health awareness campaigns • Attendence at all quarterly Network Communications Group Meetings. • Attendence at all quarterly 'cluster' meetings with East and West Midlands, and CRNCC link member. • Attendence at all NHS East of England Communications Meetings.	Qs 1-4 Ongoing Ongoing Ongoing Ongoing		Green	• Media coverage milestones met by Q2, regional support given to national campaigns and all possible meetings attended or briefed on.	Green	• Milestones exceeded with 4 patient stories, 2 staff stories and 3 media relations activities. • Campaign and initiative support milestones continue to be met fully.
4.7.8	• Continue to provide engaging content for the CRN Eastern public facing 'microsite' website, including news and events. • Redevelop the CRN Eastern hub site to provide an internal resource for guidance documents, news, and general contact information about the network. This will include clear signposting to other relevant network subpages, e.g. Divisional hub pages.	• Management of LCRN websites.	ER	• Functioning CRN Eastern public-facing website. • Basic content management system structure of staff intranet.	Ongoing Q4		Green	• External website maintaned and staff intranet on course for delivery by year end.	Complete	• External website milestone fully met. • Basic staff intranet content management system delivered. Currently in beta testing.

4.7.9	• Ensure the LCRN operates in line with brand guidelines, operational requirements and national messaging as advised by the CRNCC. • Work with Partner Organisations' Research & Development teams to help them connect with their communications teams to promote research. • Edit, update and continue to distribute 'A Guide to CRN Eastern' as an information resource for staff and other stakeholders.	• Adherence of stakeholders to NIHR and CRN branding, operational requirements and national messaging.	ER	• Reduce incorrect use of branding by communications function. • Media coverage from partner organisations communications teams relating to NIHR research. • Updated 'A Guide to CRN Eastern' distributed to all staff, at GCP Introduction courses, and any other relevant opportunities.	Ongoing Ongoing Ongoing (with revisions in Qs 2 & 4)		Green	• Stakeholder engagement with partner organisations ongoing to influence outcomes and achieve milestones.	Green	• Stakeholder Engagement Plan developed as part of Regional Communications Lead role building on continued achievement of milestones.
8. Organisational Development										
4.8.1	• Assess the barriers and drivers associated with delivering research in less priviledged communities across 2 specialties, focussing on site/staff/ patient perspectives.	• Recommendations on service redesign (NIHR workforce). • Increased recruitment to portfolio studies from less priviledged communities.	HM/HL/RH	• Scope project informed by BI and portfolio requirements. • Engagement with sites, clinical teams and network delivery team in eligible communities. • Engage other local stakeholders. • Patient 'focus' group to identify patient leaders. • Open sites to recruitment and capture recruitment experience (with support from flexible workforce project). • Produce final report with recommendations.	Beginning Q1 End Q1 End Q 2 End Q2 Q3 End Q4		Green	• Patient focus groups taking place (see 2.7.3) • Conversations with staff working in practices in areas of greatest deprivation underway and with other Primary Care service teams. • Conversations with teams covering areas of high deprivation in set up, including Hertfordshire area. RSI contracts for 1920 to take account of areas of deprivation. Working with practices in these areas to explore extra nurse support to help to approach and recruit harder to reach groups. Working closer with study teams to ensure their projects are designed in such a way to reach patients with lower literacy levels. **I&I**	Green	• The 4 sub-projects to this service improvement project reported in Q4 • Sub projects have informed development of bespoke research contract for sites in areas of high deprivation • Engagement work with Chief Investigators has secured interest and commitment to open study sites in target practices • Will open studies in target practices in 19/20 based on the 18/19 development & improvement work
4.8.2	• Hertfordshire flexible workforce hub. Establish flexible team hub across primary/ community/ acute services (STP footprint) to deliver portfolio research across the patient pathway.	• Flexible workforce team for Primary Care and acute, supporting research participants across the pathway.	HM & ENHT research lead	• Administrator appointed. • Office set up and new management arrangements established. • Recruitment support continues and expanded. • Performance management.	End Q1		Amber	• Administrator post has been appointed, but candidate has not yet taken up post. Update: Administrator eventually declined the role. ENH Research Director agreed to appoint 0.5 WTE Band 7 locality manager for Hertfordshire area. Currently out to advert. Plans to expand the team in the Hertfordshire hub. Research interested in Hertfordshire increasing, with two potential GP clusters interested in applying for a cluster contract. Working closely with ENHCCG to promote research at events during 2019/20.	Amber	• Plan has been modified in terms of the team structure, - interviews are scheduled this month for B7 locality manager (the candidate for the administrative role withdrew) • Engagement work with potential new sites has been successful generating one cluster application and several applications for single site RSI contracts in 19/20
4.8.3	• Pilot of a regional research bank for Mental Health. Utilising clinical staff in situ to deliver observational portfolio studies across the wider CRN geography.	• Determine cost effectiveness of the research bank . • Determine whether this increases research participation in areas not usually frequented by CRN funded mental health research staff.	RH	• Clinical staff recruited to a regional research bank for mental health. • Training and mentor system implemented by POs. • Research bank staff actively delivering research. • Analysis of pilot to include survey of bank staff.	Q1 - pilot completion	HLO1	Green	• Pilot extended to end Q4 to facilitate uptake across the region. • Initial data suggests this is a cost effective method of recruitment.	Green	• The pilot demonstrated that this was a cost effective model of working. • It is effective when trying to cover a large geography with limited resources for research delivery.
4.8.4	• Member of national primary and community genomics steering group, with specific contributions to the 'operations' workstreams (Chair Professor Phil Evans).	• Clear CRN guidance on the operational requirements for successfully running genomics studies in Primary/Community care setting.	HM	• The work stream is likely to be convened by Q2 and specific milestones will then be set out with associated timelines.	Deliver as per agreed timelines		Green	• This is a national project with local participation	Green	The final report of this national project has been prepared by Professor Evans - 'Preparing Primary and Community Care in the NHS for Genomic Research: a joint report by the NIHR CRN and RCGP'
4.8.5	• Division 3: Progress NIHR CRN/CRF collaborative in Children's medicine at Cambridge University Hospital to increase opportunities for delivery of commercial and non-commercial research.	• Negotiate agreements to transfer line management arrangements for CRN paediatric team and office base to CRF. • Negotiate agreements around working arrangements for CRN funded staff to include proportion of time spent on delivery of commercial research. • Ensure paediatricians at CUH are aware of new processes for requesting CRN support.	HP	• Line management and office base to be transferred to CRF. • In parallel with milestone 1, negotiate agreements around working arrangements. • Ensure clinicians are aware of changes and routes to access CRN support through regular updates at the quarterly Paediatric Research Group Meeting.	End Q1 End Q1 Qs1-4	HLO1 and HLO2a	Complete	• All milestones have been achieved • Line management and office base of CRN paediatric core team nurses at CUH has been transferred to CRF. • Agreements have been reached regarding working arrangements. • Clinicians have been made aware of changes.	Complete	

4.8.6	• Divisons 1-3-6: Development of cluster organisational model to support research delivery.	• Formation of two Clusters to increase cross-divisonal working. This will enable mirroring and integration of systems successfully established within Divisions 2 and 5, maximising output and integration of the Study Support Service. • Appoint and train Study Delivery Officers (SDOs) and administrative support staff to mirror infrastructure arrangements in the 2-4-5 cluster. • Explore opportunities for cross-cover and shared initiatives between senior managers in the 1-3-6 cluster. • Redefine the operational processes associated with the Study Support Service to align with the cluster configuration.	HP/KJ	• Identify level of SDO support required to support clusters. • Make appointments as necessary. • Train new staff drawing on expertise in the 2-4-5 cluster. • Realign the Study Support Service to fit with the cluster model.	End 2017/18 Qs1-2 Qs 2-4 Qs 2-4	HLO1 and HLO2a	Complete	I&I Project • All milestones have been achieved. • Level of SDO support required has been identified • All appointments have been made. • Initial training in the day-to-day management of the Study Support Service is complete. • The Study Support Service is now firmly realigned to sit within the Divisional Hubs	Complete	NIHR CRN and RCGP
4.8.7	• Pre-Workforce Planning project.	• Progress towards a complete workforce profile of funded staff across CRN Eastern. • Funding for posts is used as effectively as possible. Vacancy Approval (VA) process reviewed and new form with a consistent, transparent use of funding across POs developed.	ET	• Review the current vacancy approval process for posts funded by CRN Eastern and make recommendations for capturing information to provide a profile of the workforce. • With support from the BI team, formulate a workforce survey to capture the professions, roles, location and management structure of funded staff to feed into the workforce plan. • WFD Lead to review VAs in relation to role, banding and structure and make recommendations based on transparency and equity across the region. • WFD Lead to introduce CRN Integrated Workforce Framework for engagement with POs regarding skill mix and structure. • WFD Lead to engage with POs regarding the new process for Vacancy Approval.	Q2 Q2 ongoing ongoing Q2		Red	• First meeting to discuss current vacancy approval system arranged. This milestone will be complete by end of Q4 • Workforce survey completed in 2017, which fed into workforc plan. In order to build on information in workforce plan meetings are arranged with partner organisations in Q4 • First meeting arranged as above • Meetings arranged with POs where the Integrated Workforce Framework will be presented. Previously WFD Lead has presented the IWF at cluster meetings with R&D Leads and Delivery Team Leaders • This milestone has not been achieved by Q2, but will be achieved by Q4	Green	• VA process reviewed and tabled at SMT for approval • Workforce survey was not required as WFD Lead visited POs to update information provided in previous workforce plan survey • As part of each PO workforce review, recommendations have been given on skill structure and role outlines. • Integrated Workforce plan offered to all POs • Once VA process approved, roll out to POs will be via central CRN Admin office. VA approval expected 20th May 2019.
4.8.8	• Development and implementation of Wellbeing Strategy for CRN Eastern.	• CRN Eastern will influence POs to provide a positive work environment, including appropriate professional line management, performance reviews, continuing professional development plans and opportunities to undertake learning and development, in line with the NIHR CRN Workforce Development strategy.	ET	• WFD to feedback results from wellbeing survey to POs and re-survey POs in Q1. • WFD to make contact with Health and Wellbeing Lead and Chief Nurses at host organisation and POs to share what NIHR expects for funded staff and the outcomes of CRN Eastern's Wellbeing survey 2017. • Develop a Wellbeing Bulletin for all funded staff, where information can be shared and disseminated regarding wellbeing initiatives, ideas and events. • Invite PO staff to appoint a lead for wellbeing within their organisations. Plan an event to share tools, tips, ideas and initiatives and create a community for CRN Eastern PO wellbeing leads. • WFD to lead coaching programme for CRN Eastern to determine what coaches can offer POs. This will include defining coaching sessions, matching coaches to those to be coached, reviewing outcome of coachee and coach experience. WFD to procure supervision for coaches and facilitate cross-network coaching community meetings.	Q1 Q3 ongoing ongoing ongoing		Red	• Results of Wellbeing survey were fed back at a cluster meeting with R&D Leads and Delivery Team Leaders. Re-survey not achieved by stated milestone due to prolonged sickness absence of WFD Lead. New timeline for milestones is Q4 • This milestone was not achieved by stated timeline due to absence of WFD Lead. This will be complete by Q4 • The wellbeing bulletin will be available through the WFD Google site, which is in the process of being built • Partner Organisations will be approached once the 2019 wellbeing survey is complete • CRN Eastern, CRN KSS, and CRN NW London have had regular Tri-Network coaching meetings throughout 2018. The Tri-Network offering has been agreed and is in the process of being disseminated through the core teams	Amber	• Wellbeing survey delayed until IG manager has checked this is fully compliant with GDPR legislation. • The wellbeing page of the WFD site will encourage staff to contact their own organisation for health and wellbeing support. • WFD site not built yet, but is a key plan for Q1 2019/20 • Tri-network coaching is offered across all 3 network core teams and beyond in some cases. Offering has clear remit and positive testimonials placed on Tri-network coaching site. • WFD Lead attained Level 7 certificate in Executive Coaching and Mentoring.

4.8.9	• Pilot a multi-specialty flexible workforce team project to run for 2 years.	• Appoint 1 x Band 7 and 3 x Band 6 Research Nurses to increase recruitment onto portfolio studies. This team will ensure that portfolio studies meet time and target during periods where capacity within Trust /PO research teams is reduced (e.g. maternity leave, long term sickness or unfilled vacancies). The workforce team will also be available to cover periods of research team training/inductions to ensure that recruitment is not delayed. The model will have a proactive approach to support studies reporting a red/amber rating on performance reports.	ET	• During induction period of team visit other LCRNs where a flexible workforce is established to gain insight into what works best to help shape CRN Eastern service. • Identify and plan a process for applying for flexible workforce support which is acceptable clear, fair and transparent. • Appoint further Research Nurses to cover Suffolk and North East Essex and Cambridge and Peterborough STP. • Establish a system where we use Business Intelligence to assess impact of Flexible Workforce involvement. • Demonstrate PO satisfaction with the service by running a satifaction survey with POs that have used the service.	End Q1 End Q1 End Q2 End Q2 End Q4		Amber	• This milestone was complete in the specified timeline • This milestone was complete in the specified timeline • Further nurses were not appointed by the stated milestone, therefore the pilot phase of this project is covering only part of the region. Plans to increase the pilot area are being evaluated • Due to the size of the team, impact is managed by the team at this stage • Every supported organisation are asked to provide feedback. This feedback has been overwhelmingly positive	Complete	Pilot came to the end on 31/3/19. Flexible workforce project will not be continued into 2019/20.
4.8.10	• Provide a comprehensive programme of training and education for all staff working on portfolio studies.	• All PO staff who have a role in delivering portfolio studies will have access to training and education commensurate with their role. • All PO staff who have a role in delivering portfolio studies will have access to a handbook introducing the role of the CRN and the world of clinical research. • PO staff will be offered the opportunity to share their knowledge and expertise through the training and education opportunities hosted by CRN Eastern.	ET	• Appoint a Training Manager to lead a training needs analysis across the region. • Plan a programme of training and education activities that meets the needs of the workforce. • Offer opportunities for the workforce to become involved in the development, delivery and evaluation of training courses through an application and informal interview process. • Develop a system for attracting staff who would be potential GCP facilitators, either through advertising or recommendations. •Support the GCP facilitators' training and provide support and mentorship post-training. Monitor all GCP facilitators' performance to quality assure the programme for CRN Eastern, providing performance feedback to facilitators using coaching approaches in line with National QA tools. • Ensure that National Quality Standards and Processes are adopted for all national and local training and education courses delivered in the region. • WFD Lead to feed into National training programmes and adoption process. • Offer opportunities for specific staff groups to join in with national workstreams, ensuring there are no barriers to prevent this from happening. • See separate appendices 6.3 Training and Education activities 2018/19.	End Q1 End Q1 Qs 1-4 Qs 1-4		Green		Complete	GCP Annual Report infographic attached
4.8.11	• In conjunction with NIHR CRNCC, CRN Eastern will support in the development of effective networking leaders.	• CRN Eastern will have senior leaders who have been through the NIHR Clinical Research Network Advanced Leadership Programme and have contributed to innovative projects which have had a positive impact within the region.	ET	• Support the advertising, application, appointment of staff applying for the NIHR Clinical Research Network Advanced Leadership Programme. • The WFD Lead will keep in contact with the NIHR Clinical Research Network Advanced Leadership Programme delegates and provide opportunities for shadowing, meeting, working with senior leaders within the LCRN. • The WFD Lead will facilitate opportunities for the NIHR Clinical Research Network Advanced Leadership Programme delegates and previous attendees to showcase their projects through local and national events.	Qs 1-4 Qs 1-4 Qs 1-4		Green		Complete	
9. Business Development and Marketing										

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Ref	Project	Benefits	Lead	Actions	Q		Status	Comment	Status	Comment
4.9.1	• CI project focussed on increased selection of primary care sites for industry studies.	• Streamlined effective internal processes from EOI to RTT. • Increase in number of sites selected - externally facing focus.	HL/HM	• Undertake end to end review of supporting processes. • Review practice feedback of their experiences of working with industry teams/ studies. • Redesign of internal service and implement. • Monitor performance impact.	Q2 Q2 Q3 Q4		Amber	• Background data are currently being collected • There has been significant change in internal infrastructure for industry in Eastern and so the timeline for this project has had to be revised with a view to completion at end Q4. Internal processes now significantly improved. More commercial research expressions of Interest being sent to practices as a result of optimisation of cross-hub working. Large scale commercial genomics study to occur in over 50 sites in Eastern in 19/20. GP Cluster Industry event in Newmarket in March 2019. Well attended. Eastern GP respresentation at the CRN Industry National event. Industry research training package available for practices to use to help them to become involved in commercial research. Locality Manager responsbilities for Commercial RTT clarified	Green	see 4.3.3

10. Life Sciences

Ref	Project	Benefits	Lead	Actions	Q		Status	Comment	Status	Comment
4.10.1	• Develop early contact with local SMEs in conjunction with CUHP and AHSN.	•To ensure bespoke commercial service provision for SMEs. •To provide continuity from early engagement to study set up and delivery.	FR	• Malcolm Lowe Laurie, MD CUHP, co-project using SME contacts.	Q1		Complete	• Project now part of AHSN/CRN joint venture - see note in row 79 for detail.	Complete	
4.10.2	• Development of strategic regional lifescience plan.	• Local strategic lifescience plan for 2018 to 2020 to mirror national guidance	FR/MB	• Appoint strategic industry lead • Develop plan and sign off through local NIHR/AHSN working group	Q1 Q4		Green	• Dr John Hall was appointed in June 2018 to work alongside the ISM. The AHSN are in the process of appointing a Senior Director to lead on commercial work across the region. The network offered funding for the post, which was declined, but are investigating a collaborative 2 days a week post working on commercial pipeline for the portfolio.	Green	• CRN Eastern continue to work closely with Eastern AHSN, with shared representation and attendance at local and national events e.g. Genesis Conference, December 2018. • We have engaged with partner research organisations across the Eastern region (RDS, Cambridge BRC, Brain Injury MIC, EoE CLAHRC and AHSN) to produce a brochure highlighting the region's research capabilities 'East of England Research Infrastructure: An integrated Pathway'.
4.10.3	• Introduction of regional CRN commercial research training and mentorship.	• To ensure research team understanding of the role and added value of CRN support in robust feasibility, realistic target setting, communication and optimal performance management for RTT.	CS	• Compile workshop presentations, learning materials, group work activites and develop resources. • Schedule workshops in the east and west of the region. • Course evaluation mechanism to provide feedback and areas for improvement.	Q2 - Q3		Amber	• I&I. Ongoing during Q 3/4	Amber	• NIHR Portfolio Study Support Manager Post appointed at CUH in Q4 with remit of ensuring feasiblity and delivery of studies, with particular focus on RTT for Commercial studies.
4.10.4	• Establish regional commercial research champion group.	• To promote PO / CRN sharing of local knowledge, expertise and best practice. • Improve understanding and commitment to HLO 2A .	CS	• Seek volunteer representatives from across region. • Inaugural meeting and agree ToR.	Q1		Green	• This project has been delivered in an alternative way. The culmination of individual meetings with key stakeholders was a presentation to the Partnership Group in early December. Improvement in performance through shared ownership and vision.	Green	
4.10.5	• Annual regional commercial event.	• Raise awareness of CRN service offerings and how they contribute and compliment other early engagement organisations such as HEE/AHSN/RDS.	CS	• Plan event to encompass the outcomes of Study Support Service National Improvement Plan for commercial research.	Q3 - Q4		Amber	• Work ongoing	Amber	

11. New Projects

Ref	Project	Benefits	Lead	Actions	Q		Status	Comment	Status	Comment
4.11.1	• Evolving systems project to improve system integrity and suitability	• Provide greater resilience and reliability of local data management systems • Improve data quality • Minimise duplication • Streamline and automate/semi-automate reporting functions • Maximise the utilisation of the Trusts existing reporting resources • Configure a system to support the work of the Study Support Service	ST	• Provide training to core team members • Assess suitability of current data and reporting provision • Configure EDGE to support the efficient recording of relevant CRN data and narratives • Migrate data from existing CRN systems to EDGE • Develop draft reports in Power BI which are populated with suitable data from ODP and EDGE	Q4	Information and Knowledge C.6.1.1. C.6.1.10. C.6.2.3	N/A		Complete	• Legacy systems ZEST and ZEUS decommissioned due to structural challenges, and lack of support and maintenance resource. • Useful data has been migrated and restructured from the decommissioned systems to EDGE. • Removal of the need to duplicate ODP data in the local system by taking it directly from the source to inform reporting. • EDGE has been configured to enable the Study Support Service to use EDGE to record EOI information, additional study information not available in national systems and recording of study and site narratives. • Draft reports have been developed and the relevant fields added to the host organisation data warehouse. • Revisions to reporting will be managed through collaborative work between the Business Intelligence team and the Study Support Service.
4.11.2							N/A			

Section 5. High Level Objectives Targets			
HLO	LCRN Target		Year End Commentary
1	42,753		A number of large primary care studies that planned to open in September 2018 are opening in March 2019, with more due to open in May 2019. Total recruitment was over 11% above target.
2A	75%		RTT for commercial studies narrowly missed the local target (by 1.3%), but continued the positive trend set in the previous financial year. Division 1 achieved the highest percentage of RTT for Commercial studies of the LCRNs (91.7%). High levels of engagement and attendance at Partnership Group and sharing of best practice helped increase performance. We aim to build on these principles in the new financial year.
2B	80%		Target exceeded. Eastern performance on this metric was the highest of all the LCRNs.
4	60%		Performance on this metric remains relatively static. We are sharing best practice at Partnership Group and in meetings with R&D Managers and Directors to increase performance moving forward.
5A	70%		Performance on this metric remains relatively static. We are sharing best practice at Partnership Group and in meetings with R&D Managers and Directors to increase performance moving forward.
5B	70%		Performance on this metric remains relatively static. We are sharing best practice at Partnership Group and in meetings with R&D Managers and Directors to increase performance moving forward.
6A	100%		Engagement by Partner Trusts remains high.
6B	80%		Engagement by Partner Trusts remains high.
6C	55%		Engagement remains high, but has declined slightly from previous years due to the merger of surgeries.
7	2000	Recruitment on track to meet this target.	Dementias and Neurodgeneration recruitment increased significantly on the previous year's performance, exceeding the local target by 43%. In total CRN Eastern had 64 open studies throughout the year.

Section 6. Specialty Objectives

RAG Information:

The RAG ratings are automated. Please select Complete, Green, Amber or Red from the drop-down menu in column F and the colour will update automatically.

Complete (C)	Milestone(s) complete.
Red (R)	One or more specified deliverable was not delivered by the Milestone Date.
Amber (A)	There is a risk that one or more specified deliverable will not be delivered by the Milestone Date.
Green (G)	On target to deliver all specified deliverables by the Milestone Date.

Ref	Specialty	Local activities to achieve the national objective	RAG	Commentary	RAG (Year End Report)	Commentary (Year End Report)
1	Ageing	Establish the baseline. Build on the success of 2017/18 through targeted specialty meetings with emerging researchers in order to build the local portfolio. See also Key Projects 2.4.3. Increasing Clinical Engagement.	Green	• We have collated evidence to show we have an increase in ECR involvement. • Specialty meeting held Spetember with ECR speakers and attendees.	Green	• We have demonstrated early career researcher involvement in portfolio studies in a number of ways; involvement in regional specialty meetings as presenters and attendees; as chief investigators on portfolio studies; as sub investigators and other roles as indicated on the delegation logs of portfolio studies.
2	Anaesthesia, Perioperative Medicine and Pain Management	We are currently meeting both objectives due to previous engagement with NEACTAR (the regional anaesthetist trainee network) and numerous Eastern sites opening the RAFT (the national anaesthetist trainee network) led studies PRISM and PQIPP. As PRISM will remain open until December 2018, objective 2b will be met in 2018/19 and we will continue our engagement with trainee networks via the SGL and CUH consultant who continues to signpost trainees to appropriate opportunities. We will continue to gather information regarding trainee led studies via monthly teleconferences with Divison 6 colleagues nationally and work with the SDO to place these studies in the Eastern region. This work has already started, with the SDO seeking expressions of interest for the trainee-led DALES study, with one Eastern site already indicating their interest in participating.	Amber	Locally this objective will not be achieved this year, but the SGL has been awarded a grant which is eligible for portfolio adoption and would be suitable for a trainee CI. Recruitment will open in June 2019. Nationally this objective has been met since only 5/15 networks are required to evidence trainee involvement at CI level. Currently 6/15 networks can provide this evidence which may mean that LCRNs are compliant, hence the amber rating.	Amber	• No change from mid-year position. Nationally the target has been met, but Eastern was not one of the 6 LCRNs with studies led by trainees.
3	Cancer	Plans are in place to continue the close contact with Sub-Specialty Group Leads (SSGLs) for each disease area in the Cancer portfolio. All SSGLs have a job description that includes the expectation that they run at least one (preferably two) face-to-face Subspecialty meetings or teleconferences per year. Ensure that all SSGLs are aware of the targets and the contribution of their sub-specialty to this target. Monitor and inform SSGLs if this is below expected performance. Devise an action plan with the Colorectal SSGL, which will include the SSGL forging closer links with EN&H to see if colorectal studies can be taken on at those sites. Consideration to be given to additional resource in colorectal surgery to support research studies. The Specialty fully expects to meet and out-perform 2018/19 SSGL national objectives for patient participation (one of the seven LCRNs to be green on all Sub-specialty objectives in 17/18).	Green	This has been on-going throughout the year. The Specialty Group Lead and RDM have carried out annual 1-to-1 meetings with all SSGLs as keep in contact through quarterly meetings to which all SSGLs are invited. All SSGLs have made contact with their colleagues in the region via email correspondence, t-cons or face-to-face meetings. Face-to-face meetings have taken place in Skin, Urology, Head & Neck, Brain, and Sarcoma. All SSGLs are aware of targets for their SSGLs, their ranking nationally and RAG ratings for commernical and non-commercial studies in their sub-specialty. This is on-going and contact has been made with the Colorectal SSGL James Hernon to make progress with this. To date there has not been any additional resource allocated to support colorectal surgery. At the time of writing all SSGO objectives are forecast to close on green for the year 18/19 and 12 out of 13 subspecialties are already green.	Green	• The Specialty Group Lead and RDM have arranged annual 1-to-1 meetings with all SSGLs during the year and kept in contact through quarterly meetings to which all SSGLs are invited. All SSGLs have made contact with their colleagues in the region via email correspondence, t-cons or face-to-face meetings. Face-to-face meetings have taken place in Skin, Urology, Head & Neck, Brain, and Sarcoma. CRNE delivered an Annual Cancer Research Conference on 21 March 2019 attended by over 100 delegates. • All SSGLs are aware of targets for their SSGLs, their ranking nationally and RAG ratings for commernical and non-commercial studies in their sub-specialty. • An action plan to take forward Colorectal SSG business is still required. • All 13 SSGO objectives closed on green for the year 18/19.
4	Cardiovascular Disease	Establish baseline for cohort required. Devise a plan in collaboration with Papworth (this is the only cardiovascular surgery centre in the Eastern region) on how cardiac surgeons can engage with potential PIs. Papworth Hospital is relocating this year, which may have implications on how we can move forward with this objective. We plan to meet with the lead senior CV surgeon in June/July before the proposed move in September 2018. Once we have engaged with the cardiac surgeons we will follow the CRN Eastern training and education plan via CRN learn (see also Key Project Section 2.4.3). We will monitor the number of PIs in this cohort over the course of 2018/19 and ensure that all PIs are aware of existing training opportunities.	Green	RPH move has been delayed until April 2019. Our consultation progress report was submitted and accepted. As part of this process a questionnaire was developed and circulated to the 17 cardiac surgeons asking what they felt their training needs were. To date we have received 4 responses. Only 1 had not acted as a PI and they are interested on taking on this role. To further our engagement with the CV surgeons we intend to appoint an additional CSGL - a surgeon at RPH is keen to take this role on. In conjuction with our workforce development team and the new CSL we will devise a plan.	Green	• RPH has now moved to the Addenbrookes site. • Our workfoce development plan was submitted in Febuary 2019 and was accepted.
5	Children	Engagement between SGLs and Trusts will continue throughout 2018/19 via monthly teleconferences and an annual paediatric research symposium. Although the majority of recruitment occurs at CUH and NNUH, all acute sites have a portfolio of open studies. Two sites on ODP are showing as non-recruiting (CPFT and NCHT); however, both have recently opened the 'Costs of Autism' children's study, which should allow the objective to be met in 2018/19.	Green	As of Dec 2018, the network holds joint first position nationally with 94% (16/17) trusts recruiting to Children's studies	Green	• The position remains unchanged at year end with 94% trusts recruiting to Children's studies as of 29/4/19.
6	Critical Care	Work closely with Specialty Group Leads (SGLs) to maintain level of engagement at intensive care units (ICUs) in CRN Eastern. Discuss upcoming studies at annual face to face specialty group meetings and 6 monthly teleconference between specialty leads and RDMs/deputy RDMs. Ensure portfolio critical care studies are offered to Trusts with an ICU. Liaise with the research teams at Trusts with ICUs not currently running critical care trials with a view to understanding the barriers to their participation. If appropriate, identify studies suitable for these Trusts to engage in.	Green	This objective has been achieved with 82% (9/11) of units recruiting to NIHR portfolio studies.	Green	•The local position is even stronger than the mid year position with 91% (10/11) trusts recruiting.
7	Dementias and Neurodegeneration	Continue to work with Partner Organisations to generate opportunities for Early Career Researchers to participate in NIHR CRN portfolio research. e.g. supporting initiatives to identify and train new Principal Investigators. Work closely with the Dementia and Neurodegeneration Specialty Group Leads to develop their Regional Specialty Groups. (See also Key Project 2.4.3 - Increasing Clinical Engagement.)	Green	• We have identified two Early Career Researchers who are new Principal Investigators.for portfolio studies. • Specialty meeting held in October promoted research involvement and the PI role. • Partner Organisation plans to develop the PI workforce continue.	Green	• We have demonstrated early career researcher (ECR) involvement in portfolio studies in a number of ways; two new principal investigators who are ECRs; ECR attendance at regional specialty meetings; 7 sub-investigators and other roles highlighted on the delegation logs of portfolio studies.

#	Specialty	Plan		Update		Year-end
8	Dermatology	Actively seek out and promote suitable nurse-led PI studies (50% of Acute/ Community Trusts have experienced nurse PIs in CRN Eastern). Following a thought sharing session at a recent local specialty meeting we plan to: • Encourage interested nurses to act as co-investigators in the first instance. • Follow the CRN Eastern training and education plan via CRN learn (see also Key Project Section 2.4.3). • Encourage nurse participation at Trust Journal Clubs.	Amber	The objective was discussed at the regional dermatology teleconference held in November. Potential strategies and studies were discuss and a suitable study and potential nurse PI has been identified. Discussions about this objective have taken place with various sites throughout the Eastern region and plans have been put in place to develop the PI workforce	Green	• One nurse PI has been identified.
9	Diabetes	Appoint new SGLs and agree induction. Await baseline from central team and notification of the studies that qualify for this objective. We have a track record in the Eastern region of strong recruitment in both sectors, with all acute Trusts recruiting to diabetes studies during 2017/18. Research active practices across all 11 CCG areas are able to undertake diabetes studies as needed.	Red	We have appointed a new Diabetes Specialty Group Lead. The baseline for this objective is 2556, which is the highest of all LCRNs. We have currently recruited 1815 participants (2nd highest recruiter) into studies which require collaboration between primary and secondary care but because the baseline is so high, it makes the objective challenging to achieve.	Green	• CRN Eastern achieved a 17% increase in recruitment. (Baseline - 2556; 2018/19 recruitment - 2994)
10	Ear, Nose and Throat	Explore opportunities to work with ENT trainee network, "Integrate", via network representatives working in CRN Eastern Trusts. Liaise with network regarding their project pipeline and assist with portfolio adoption where applicable. Horizon scan for other studies suitable for trainee involvement. Work with audiology champion to explore opportunities for trainee audiologists (see also key project 2.4.3).	Green	We have achieved this objective. Our local trainee lead is the national lead for the trainee group INTEGRATE. Six trusts in Eastern are particpating in the BAHNO national head and neck follow up audit which is run by INTEGRATE. **Other highlights** - We are running a trainee event on 14th Dec and are expecting 25-30 trainees to attend from across the network. An expert panel will review and give feedback (Dragon's den style) on 4 trainee research proposals.	Green	• We have achieved this objective through initiatives highlighted in the mid year plan. The Dragon's den event was very successful with positive feedback from participants.
11	Gastroenterology	Work closely with Specialty Group Lead to ensure new portfolio gastroenterology studies are offered to all Trusts. Continue to flag up new studies at quarterly specialty group teleconferences. Engage with gastroenterology CIs in CRN Eastern to assist with portfolio adoption and successful roll out of Eastern-led studies. Identify barriers and drivers to faciliate recruitment and assist local PIs to optimise utilisation of local resources for successful delivery.	Green	We have acheived this objective with more than double the required number of participants into Gastroenterology studies per 100,000.	Green	• By year end (datacut 29/4/19) Eastern was the third highest recruiter to Gastroenterology studies per 100,000 population.
12	Genetics	This will be achieved through assessment of Involvement of clinical genetics and genetic counsellor trainees in recruiting patients (or referring patients for recruitment) to portfolio studies (as evidenced by delegate log and referrals to recruitment team). Engagement of clinical genetics and genetic counsellor trainees in opportunities to undertake their own research project (as evidenced by dedicated time to undertake a research project and conference presentations and published papers.	Amber	Very likely to be green - awaiting confirmation of increased early career involvement in 18/19 from Eamonn Maher. This SGO was flagged as needing further information when first submitted, which was provided.	Green	• This objectives is now rated green in the Specialty Objective ODP app. A full report has been provided to the cluster office demonstrating increased ECR involvement.
13	Haematology	Achievement of this objective will be dependent upon the success of the project outlined in 2.4.1 to identify a Specialty Group Lead and engage senior clinicians in the haematology portfolio. In parallel to the project work, opportunities for trainees will be developed as described in 2.4.3. Where identified, trainees will also be encouraged to join the national trainee network HAEMstar.	Amber	Interviews for the Clinical Lead role are scheduled for Jan 2019. In the meanwhile, supported by the national trainee lead for haemSTAR we now have trainee involvement in the haemSTAR workstreams from Cambridge. This will be extended to all parts of the LCRN when the Clinical Lead is in post.	Green	• The SGL has been appointed as discussed in the mid year report, and there has been involvement in the haemSTAR workstreams resulting in the LCRN achieiving this objective.
14	Health Services Research	14a - SGL in post already. 14b - Baseline = 3 sites with 3 studies that meet funding criteria in 2017/18, giving a target of 4 sites for 2018/19. Actively identify new eligible studies, working closely with the SGL. We will also contact study team for exisiting open studies to see if other sites can be opened in our region.	Green	14a - SGL in post 14b - Opel H&H opened at Arthur Rank. This was an additional site not listed on the IRAS form. In addition we have increased the overall number of sites from 46 in 17/18 to 87 in 18/19 (including pharmacies and practices). We have also increased our number of studies from 15 to 18.	Green	• 14a - SGL is currently on maternity leave. • 14b - Objective met as indicated in mid-year plan
15	Hepatology	The LCRN will continue to offer a range of commercial and non-commercial studies in the disease areas specified. The LCRN will support the continued growth of infrastructure support for this specialty.	Green	• This objective has been achieved due to high recruitment to studies in Non Alcoholic Fatty Liver Disease.	Green	• No change from mid year position.
16	Infection	Continue to grow the portfolio of research by working with the study delivery officer to identify new studies, particularly high recruiting studies for the iCASH sexual health services to replace SafeTXT, which is due to close in 2018/19. Work with newly appointed SGL to identify and engage potential PIs across the region to widen the number of Trusts recruiting into the Specialty.	Green	• We have appointed a named champion for sexuallly transmitted infection from one of our very engaged iCASH clinics. In Oct 18 CRN Eastern won two awards from the National Specialty Group for most improved network, both for number of studies and recruitment. This achievement is largely due to work in sexually transmitted infection.	Green	• No change from mid year position.
17	Injuries and Emergencies	At the close of 2017/18 there are 3 pre-hospital care studies recruiting in the East of England Ambulance Trust and by the end of Q1 2018/19, another study will be added to the local portfolio. This will ensure that the objectives for this specialty are fully met.	Green	• In 18/19 there have been 5 pre-hospital Injuries and Emergencies studies delivered by the EEAST, exceeding the target of 2.	Green	• No change from mid year position.
18	Mental Health	Work with local Universities to promote Portfolio adoption for PhD and Clinical Psychology Doctorate students, whose studies may be eligible. Contine work started in 2017/18, working alongside the Child and Adolescent Mental Health Services (CAMHS) Regional Champion to arrange further CAMHS Research Collaboration Workshops, to encourage local clinicians to work collaboratively in order to produce their own research ideas, which can be turned into NIHR grant applications. This will also help to create a Regional CAMHS Network, whereby new PIs can be identified. Conduct promotional work within each Mental Health Trust to encourage CAMHS engagement with research and identify new PIs.	Green	• This is a national objective. Activities CRN Eastern will undertake to support this objective are progressing as planned. • Research Collaboration Workshop held November 2018. Excellent feedback. Another Child and Youth Resaerch Collaboration event is scheduled for April 2019. Individuals with lived experience included in programme. Regional collaboration on 2x grant aplications in 2018. • Eastern currently has a baseline of 17 studies.	Green	• 8% increase in the number of studies
19	Metabolic and Endocrine Disorders	Information about the profile of the workforce will be collated and reported on the spreadsheet supplied by the central office. PIs and recruiting staff will be given a unique identifer (not named), their employing Trust, their job role and the number of portfolio studies they contribute to will be captured. We have 'Met&End' recruitment taking place in 7/14 Trusts (excluding mental health Trusts) in CRN Eastern. Each quarter we will review EDGE and liaise with our POs to ensure the information is correct and up to date.	Green	• Submission 1 and 2 have been submitted. Partner organisations were contacted in order to obtain the necessary information.	Green	• All 3 submissions were submitted and objective was achieved.

20	Musculoskeletal Disorders	20A: In addition to the orthopaedic champion already in place, a champion will be identified from the East of the region to further develop the orthopaedic potential - we expect this to be reflected in increased study/site uptake and recruitment. 20B: Once the additional orthopaedic champion has been identified, we plan to hold a roadshow in the East of the region to engage with the teams.	Red	• 20a - We have successfully appointed an orthopaedic champion from the East of the region. • 20b - We hope to run the roadshow in Q4. Our baseline for 17/18 is high (1,295 participants). We currently have 6 studies open in 9 sites with a total recruitment figure of 299 participants.	Red	• 2a - No change from mid-year position • 2b - We have not delivered our roadshow in the East of the region. However we have engaged with the teams and have actively supported them to recruit to studies. • The national target of a 10% increase in the number of partcipants recruited into orthopaedic studies has not met. • Despite our best efforts Eastern recruitment fell to 525 in 18/19. The percentage fall in recruitment is mirrored by the other top recruting LCRNs in 17/18.
21	Neurological Disorders	Continue to build the local portfolio in order to generate opportunities for Early Career Researchers to participate in NIHR CRN portfolio research, e.g. support commercial expressions of interest, ensure CRN presence at commercial site selection visits and seek non-commercial studies for Partner Organisations. (See also Key Projects 2.4.3 - Increasing Clinical Engagement.)	Green	• We have collated evidence to show we have an increase in ECR involvement.	Green	• We have demonstrated early career researcher involvement in portfolio studies in a number of ways; involvement in regional specialty meetings as presenters and attendees; 1 x new sub investigator working on a portfolio study. Four ECRs identified in 2017/18 continue to be actively involved in portfolio research. Historically Eastern has had a relatively small local portfolio. Work done in 2018/19 to increase the number of studies and organisations delivering neurological disorders studies will benefit continued work with ECRs in 2019/20.
22	Ophthalmology	Work closely with specialty leads to maintain level of engagement at Trusts offering ophthalmic services in CRN Eastern. Roadshow to be held at Norfolk and Norwich Hospital in Q1 2018/19 with the research team there and plans for roadshows at other Trusts in the region following this. Ensure all new portfolio studies are offered to all Trusts offering Ophthalmic services in CRN Eastern.	Green	Objective achieved in 18/19 with 80% (8/10) of trusts with eye services recruiting to the Opthalmology portfolio.	Green	• No change from mid-year position.
23	Oral and dental health	Plans for dissemination of the national survey across CRN Eastern will be developed with the Specialty Group Lead. Implementation as per the National Specialty Group timelines.	Green	Expect to deliver this objective by year end • Dissemination of the survey is expected to be through a coordinated local and national approach. • We await final survey and guidance from the National Specialty Group.	Green	• The survey was disseminated to primary care dental practices via the Local Dental Committees. It was also circulated to NHS Organisations providing dental hospital services as well as promoted via LCRN communication channels. Eastern has received responses to the survey (Cluster F office have the data).
24	Primary Care	Programme of workshops for GP registrars liaising with deanery and programme directors; presentations and meetings with ACFs; invitation to ACFs to observe primary care research leaders' meetings.	Green	• 4 Workshops to GP registrars have been delivered this year to in excess of 200 delegates, along with presentation to Master's students • We have a GP registrar now involved with the Eastern Primary Care Research Leaders Group and • our GP champion attended the national meeting Nov 18 along with a GP registrar	Green	• Based on progress during 2018/19, the 2019/20 RSI cluster contract requires GP registrars to support recruitment to 1 study. Feedback from this work is detailed below: • A GP at a Medical Centre in Peterborough spent some of her GP registrar training at a very experienced Eastern research practice. During the time that she spent there, she had been in awe of the clinical research they did and hoped she would be able to replicate this in her own practice. Following telephone conversations a and site visit they were set-up on the RSI scheme. Since then they have recruited 235 patients into 10 interventional CTIMP studies and they have just started to work on commercial studies. They have a dedicated research nurse, who has protected time alongside practice nurse clinics to make research happen and they are currently our top recruiting site in C&P with 224 patients to date. • Whilst conducting a GP registrar workshop at the end of last year we were approached by a delegate who had spent some of her time at another experienced research primary care site in Eastern where she had been involved in research. She had enjoyed it so much that she took the time to ask that her next placement was in a research active practice. Between the CRN, the local practices and the GPStR Programme Administrator we were able to facilitate that the next placement that she had was with a research active practice for which she was very grateful.
25	Public Health	E-SEE study to open site in Eastern region during 2018/19 involving local authority. Will closely monitor for RTT and learn from this exemplar for future studies. SGL to raise awareness of the changes in eligibility criteria at the regional public health forum and support applications for portfolio adoption outside HRA process. Ensure infrastructure in place to deliver the studies on case by case basis.	Green	• The E-See study opened but for a reduced recruitment window. Recruitment was achieved but not to target. We will follow up with the LA and study teams to understand how uptake could have been improved. included in programme. Regional collaboration on 2x grant applications in 2018. • SGL is raising awareness and liaising with public health consultants for other studies	Green	• 25A - We are recruiting a new PH SGL following the • 25B - Objective met - 5 recruiting studies.

26	**Renal Disorders**	Continue to identify new PIs for commercial studies by: • Identifying PIs who are working on academic studies and support them to submit EOIs and open commercial studies. • Following the CRN Eastern training and education plan via CRN learn (see also key project section 2.4.3). • Offering peer support from PIs/research nurses who have experience of running commercial studies. • Raising awareness at specialty meetings.	Red	• We have identified a new PI and study. We are waiting to hear when the study will open.	Green	Objective met - X1 new PI engaged in commercial renal disorder study
27	**Reproductive Health and Childbirth**	The newly appointed SGL and Research Midwife Champion have outlined a strategy for growth and engagement for 2018/19, which will include quarterly videoconferencing and an annual research symposium. Most sites have a small portfolio of open studies, so the Part A specialty objective for 70% of units to be active in the RH&C portfolio should be met, especially with increased engagement facilitated by the network leadership team. Exploratory work will be undertaken by the LCRN Business Intelligence Team for Part B in order to establish baseline levels of infant mortality and set appropriate local targets for future years.	Green	• Part A - We achieved this objective with 100% (10/10) of trusts recruiting to RH&C studies against a target of 70%. • Part B - We will achieve this objective (establish baseline recruitment as a proportion of infant mortality to determine appropriate level of growth for 19/20). The BI team will produce the baseline data in time for objective setting for 19/20.	Green	• 27B - Using PHE figures for infant mortality, we calculate 197 per year based on assumed Eastern boundaries (East of England total less Luton, Southend, Thurrock). This makes Eastern RH&C annual recruitment roughly 4x that total for 18/19.
28	**Respiratory Disorders**	Maintain current performance by regularly reviewing the portfolio to ensure 4 main respiratory disease areas are covered. Promote the specialty objective during CRN performance updates at East Anglian Thoracic Society meetings to engage potential PIs working in each disease area.	Green	• We have achieved this objective with 112 recruits to subspecialties across 9 studies.	Green	• By year end we have recruited 163 patients to 12 studies.
29	**Stroke**	Build on the successful Stroke CRN Education meetings by holding quarterly meetings. Re-establish the combined education meetings with the clinical meetings to encourage clinicians to attend. This would increase PI engagement from DGHs. 1/14 Trusts achieves > 8% of SSNAP patients. We have reviewed Trust SSNAP data for most recent 4 quarters and will provide Trusts with reports indicating the numbers needed to increase their current performance by 1, 2 and 3% as a basis for growth improvement targets. Review performance at Trusts where recruitment has fallen in the last 12 months. Given current performance levels and the restricted list of 'eligible' studies we are highly unlikely to achieve this SGO.	Red	• Only 1 LCRN (Thames Valley) is achieving this objective. • Eastern is 1% for Stroke RCTs but 9% for all stroke recruitment. • 9 trusts are recruiting to Stroke studies this financial year compared to 11 at year end in 17/18.	Amber	• As with other LCRNs this objective remains a challenge. Although Eastern has not met this objective, we have achieved 2% for stroke RCTs and 20% for all stroke recruitment. • 11 Trusts recruited to stroke studies in 18/19 matching the figure of 17/18. • Our quarterly stroke education meetings have had excellent engagement from clinicians, nurses and AHPs.
30	**Surgery**	Work closely with SGL to ensure we continue to conduct research in at least 12 of the 14 surgical subspecialties. Specialty group lead to meet with subspecialty group leads on an annual basis. Ensure that all new surgical portfolio studies are offered to all Trusts in CRN Eastern to maintain an even spread across the surgical portfolio and to ensure we continue to meet the requirement of 2 recruits per 100,000 population.	Green	• We have achieved this objective with recruitment into 14 subspecialty areas (joint first position nationally with 3 other networks), and 7 subspecialties recruiting at least 2 patients per 100,000 population against a target of 6.	Green	• By year end recruitment into subspecialty areas remained unchanged at 14. However, there was significant improvement in the number of patients recruited per 100,000 population, with 11 subspecialties recruiting >2 per 100,000 population, placing Eastern in the top position nationally.

Section 7. LCRN Operating Framework Indicators

Section 7 of the template should be used to provide commentary on adherence to the LCRN Operating Framework Indicators.

ID		Guidance	Year End Commentary
1.1	**Domain**: Governance and Management **Indicator**: LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre **Assessment Approach**: Monitoring of provision of key documents requested by the National CRN Coordinating Centre	No further information required	
1.2	**Domain**: Governance and Management **Indicator**: LCRN Clinical Director and/or LCRN Chief Operating Officer attend all National CRN Coordinating Centre/LCRN Liaison meetings **Assessment Approach**: Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings	Please comment on attendance at national meetings, if wished. The CRNCC maintain a central record	• The LCRN COO or Deputy COO has attended all LCRN meetings and a CD has attended all meetings throughout the year with the exception of one meeting, where clinical commitments and annual leave prevented attendance. This meeting was attended by both the COO and dCOO.
1.3	**Domain**: Governance and Management **Indicator**: LCRN Host Organisation and LCRN Category A Partners submit an NHS Information Governance Toolkit annual assessment to NHS Digital and attain Level 2 or Level 3 **Assessment Approach:** Analysis of information on the NHS Digital Information Governance Toolkit website which provides open access to attainment levels for all submitting organisations	Please confirm that the Host Organisation have completed the NHS Digital Data Security and Protection Toolkit submission and that they have met all standards. If the Host Organisation completed the Information Governance Toolkit assessment prior to the launch of the NHS Digital Data Security and Protection Toolkit and within the financial year, please confirm the score and attainment level	• All Partner Organisations in the region have met the required standard, with the exception of the host organisation. The action plan submitted by NNUHFT to NHS digital has been accepted and the required actions do not relate to or impact on the CRN business.
1.4	**Domain**: Governance and Management **Indicator**: Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners **Assessment Approach**: LCRN Annual Report	Please comment on Category A Partner organisation recorded in AR Appendix 3, if wished	• All Category A contracts were signed and in place for 2018/19
1.5	**Domain**: Governance and Management **Indicator**: Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners **Assessment Approach**: LCRN Annual Report	Please comment on Category B Partner organisation contracting as recorded in AR Appendix 1, if wished	• All Category B contracts were signed and in place for 2018/19
2.1	**Domain**: Financial Management **Indicator**: Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the minimum scope requirements specified by the National CRN Coordinating Centre **Assessment Approach:** Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre	Please indicate any outstanding recommendations from the last internal audit performed that may not have been implemented fully by the Host Organisation. Please also provide the "opinion" provided by the auditor for the Host audit	• An internal audit was conducted by the Host Trust's external auditors in September 2018. All financial processes were rated as green, with only one recommendation required. An action plan was agreed and submitted to the host and that has now been closed. The auditors did not feel that the two Partner Organisations that were audited could demonstrate clearly how commercial income was being reinvested. A paper prepared by the dCOO and a Research Director from one of the organisations was tabled at Partnership Group in April 2019 and accepted by the Partners. This requires each organisation to be able to clearly evidence where commercial funding has been reinvested.
2.2	**Domain**: Financial Management **Indicator**: Deliver robust financial management using appropriate tools and guidance **Assessment Approach:** ● Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%) ● Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%) ● Monitoring of financial management via LCRN financial health check process	No further information required	

2.3	**Domain**: Financial Management **Indicator**: Distribute LCRN funding equitably on the basis of NHS support requirements **Assessment Approach:** Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements	Please comment on whether the LCRN adopted a bidding process for LCRN Partners to apply for additional LCRN funding to meet NHS support requirements. If applicable, please confirm the percentage of funding requests approved / rejected	• The 2018/19 investment pot was £250k. Investment bids to the value of £1,057.7k were received. Of these 20% (£214.7k) were approved. • Additional funding requests for £146.2k were received, of which 82%% (£119.5k) were approved. • During 2018/19 a CI incentive support scheme was run. Requests for £283.6k were received, of which 84% (£239k) of applications were approved. • In total across all initiatives, requests for £1,487.5k were received. Of these requests, £573.2k (38.5%) were accepted (£914.3k; 61.5% rejected).
3.1	**Domain**: CRN Specialties **Indicator**: LCRN has an identified Lead for each NIHR CRN Specialty **Assessment Approach:** The LCRN Host Organisation shall: ● Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information ● Notify the National CRN Coordinating Centre if there are changes within the financial year ● Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies	Please provide commentary on intentional vacancies or the expected timeframe to fill Local Specialty Lead vacancies as referenced in the LCRN Fact Sheet	• No intentional vacancies were held in 2018/19. There were replacements of postholders as required throughout the year. Oral and Dental was filled for the first time since inception and the new SGL has made a positive impact on recruitment in this area.
3.2	**Domain**: CRN Specialties **Indicator**: Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings **Assessment Approach:** Attendance registers for National Specialty Group meetings	We are in the process of creating and sharing a central record. In the meantime, please provide locally held information in respect of this indicator	• All RDMs monitor SGL attendance at national meetings and cover for them when they cannot attend.
3.3	**Domain**: CRN Specialties **Indicator**: Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews **Assessment Approach:** Review by the National CRN Coordinating Centre of evidence of support provided in LCRN Annual Plan and Report	Please provide evidence of the impact and outcomes from activities delivered to enable your Local Speciality Leads to undertake national activities in respect of commercial early feedback and non-commercial adoption	• All Specialty Leads now receive the support as outlined including performance reports, regional meetings management; support to enable full participation in national meetings including RDM/dRDM deputising where required. Update on changes to commercial early feedback process. Network development session with a focus on developing local Chief Investigators.
4.1	**Domain**: Research Delivery **Indicator:** Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN Coordinating Centre and available as part of the LCRN Contract Support Documents **Assessment Approach:** Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead	Please ensure your commentary references and provides context for the Study Support Progress Tracker app information available on Open Data Platform for studies led by the LCRN in 2018/19 as this provides a mechanism for visualising the local CRN provided service outputs at a study level. For example the number of study delivery assessments completed and the number of study start up documents uploaded into CPMS as a percentage of the number of studies for which the LCRN is assigned as the Lead LCRN	• Our Study Support Service has been significantly enhanced over the course of 2018/19, brought about by the establishment of a team of 7 Study Delivery Officers supported by Deputy RDMs and RDMs. This team is carrying out all elements of Study Support, as evidenced by their completion of the Study Support Progress Tracker on the Open Data Platform. In 18/19 the network was the lead CRN for 91 non-commericial studies and has a 100% completion under Optimising Delivery; 84/91 (92%) for Effective Study Start-up and Early Contact and Engagment on CPMS. For Performance Monitoring plan we have 55/91 currently, but this would not take into account studies that will only have just opened and therefore do not have a plan in place yet.

4.2	**Domain**: Research Delivery **Indicator:** Each LCRN provides near time Minimum Data Set data items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS **Assessment Approach:** ● Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework ● Analysis of percentage of missing and inaccurate data points from each LCRN	Please provide an analysis of percentage of missing and inaccurate data points	• We continue to work with study teams in Eastern to ensure timely and accurate recording of recruitment data for their studies. We have improved site level recruitment and study start-up data quality through regular reporting and follow-up throughout the year, and data quality/completeness is a major part of our current reporting developments. • We are a high performer in terms of data completeness, with site level HLO4/5 completeness all in excess of 90% for 18/19 (HLO 4- 97%, HLO 5a- 91%, HLO 5b- 91%). We regularly check appropriate ODP apps for data accuracy flags, to ensure that any errors are corrected in a timely manner.
5.1	**Domain**: Information and Knowledge **Indicator**: LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system **Assessment Approach:** Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system	No further information required	
5.2	**Domain**: Information and Knowledge **Indicator**: LCRN provides support for ongoing provision of an LPMS solution **Assessment Approach:** Review of budget line for provision of an LPMS in LCRN Annual Financial Plan	No further information required	
5.3	**Domain**: Information and Knowledge **Indicator**: Each LCRN has a nominated representative in attendance at all national NIHR CRN Virtual Business Intelligence meetings **Assessment Approach:** Attendance registers for national NIHR CRN Virtual Business Intelligence meetings	Please comment on attendance at national meetings. The CRNCC maintain a central record	• Our BI Manager (David Ward) attended all meetings and contributed strongly to discussions in all areas outside these meetings.Where our BI Manager was unable to attend meetings, our LPMS Manager (Rosa Hunn) deputised.
5.4	**Domain**: Information and Knowledge **Indicator**: Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required **Assessment Approach:** Attendance registers for national CPMS-LPMS meetings	Please comment on attendance at national meetings. The CRNCC maintain a central record	• Our BI or LPMS Manager attended all meetings and contributed strongly to discussions in all areas outside these meetings.
6.1	**Domain**: Stakeholder Engagement and Communications **Indicator**: LCRN has an experienced and dedicated communications function **Assessment Approach:** ● Individual's name and contact details provided to the National CRN Coordinating Centre ● Non-pay budget line for communications identified in LCRN Annual Plan	Please provide any additional commentary on vacancies and the expected timeframe to fill these. Please comment on non-pay communications spend. The CRNCC maintains a central contacts list	• Specialist, experienced, dedicated CRN Eastern Communications function is in place: - 1 x WTE Band 7 Communications Manager: Esther Reeve, esther.reeve@nihr.ac.uk, 01603 287481 - 1 x WTE Band 3 Communications Assistant: Samuel Doyle, samuel.doyle@nihr.ac.uk, 01603 647206
6.2	**Domain**: Stakeholder Engagement and Communications **Indicator**: Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report ● Evidence of joint work with local NIHR infrastructure reviewed	Please cross-reference from Section 4.7 and add any additional commentary as required	• Please see key projects (section 4.7.7), most aspects of which has been successfully fulfilled over 2018/19.
6.3	**Domain: Stakeholder Engagement and Communications** **Indicator: The LCRN has in place a senior leader with experience and identified responsibility for PPIE** **Assessment Approach:** **Individual's name and contact details provided to the National CRN Coordinating Centre**	Please provide any additional commentary on vacancies and the expected timeframe to fill these. The CRNCC maintains a central contacts list	• Helen Macdonald, RDM is the senior leader and has overall responsibility for PPIE: helen.macdonald@nihr.ac.uk • PPIE is delivered by 1 x WTE PPIE Manager, comprising 2 part time managers, donna.coe@nihr.ac.uk and anne.sykes@nihr.ac.uk and a 0.5 WTE PPIE Administrator

6.4	**Domain: Stakeholder Engagement and Communications** **Indicator: The LCRN records metrics of research opportunities offered to patients** **Assessment Approach:** ● **The LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc)** ● **Evidence of local patient evaluation system** ● **Progress discussed at national PPIE meetings and reported in LCRN Annual Report**	Please cross-reference from Section 4.7 and add any additional commentary as required	• PPIE activity is recorded on a database and larger projects are evaluated (and metrics recorded) using the CRNCC's 5 Os evaluation tool. • All PRA activity across Eastern has been recorded and evaluated using the CRN's Patient Research Ambassador Activity Log, designed using Google Forms. Plans are in place to extend the use of the online resource to all PPIE activity.
6.5	**Domain: Stakeholder Engagement and Communications** **Indicator: The LCRN has collaborative PPIE workplans across CRN and partners with measurable outcomes for delivery of learning resources** **Assessment Approach:** ● **LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets** ● **Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan** ● **Progress reported in LCRN Annual Report**	Please cross-reference from Section 4.7 and add any additional commentary as required	• PPIE workplan has clear outcomes and targets and is RAG rated. Updates on the plan are regularly taken to the PPIE Steering Group and to the Executive Committee. • Progress on the PPIE workplan is also reported on in the CRN's annual plan. The PPIE workplan is included as an appendix.
6.6	**Domain: Stakeholder Engagement and Communications** **Indicator: Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and the UK Clinical Trials Gateway (UKCTG)** **Assessment Approach:** ● **Review of outcomes as reported within LCRN Annual Report** ● **Review of performance on JDR**	Please comment on how the LCRN has supported the awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG)), cross-referencing from Section 4.7 as required	• Please see key projects (section 4.7.8) of which all objectives have been successfully fulfilled. • The LCRN has given full support to the national Be Part of Research campaign, consulting on initial brand pitches and providing patient case studies for national campaign and print materials. • The LCRN has fully managed expectations of internal staff and other stakeholders during the implentation of Be Part of Research and the approach to the switchover from UKCTG to the Be Part of Research website. • The LCRN utilised targeted corporate communications cascaded via the Senior Management Team and full e-briefings to selected audiences as appropriate. Messaging was reinforced via monthly bulletins and staff community platforms in order to ensure all neccessary stakeholders were aware of the implementation plan, opportunities, expecations and calls-to-action in relation to the campaign. • The LCRN has collaborated closely with the CRN Eastern Join Dementia Research Coordinator in order to communicate JDR performance and opportunities to all stakeholder groups .

| 6.7 | **Domain: Stakeholder Engagement and Communications**
Indicator: Each LCRN delivers the Patient Research Ambassadors (PRAs) project
Assessment Approach:
● **Review and monitoring of LCRN Annual Plan**
● **Review of outcomes as reported within LCRN Annual Report** | Please cross-reference from Section 4.7 and add any additional commentary as required | •The planned in depth PRA co-produced evaluation is complete.
• Project updates are now recorded via a google form "activity log" and corresponding sheet. This was co-was completed to schedule.
• PRA numbers have been shared monthly with the coordinating centre in the monitoring sheet. There are currently 43 PRAs across the network in two thirds of Trusts.
 • PRAs have delivered over 30 projects this year, from large-scale events to literature development.
 • All PRA active trusts have their own internal PRA work plans, which are developed in partnership with their PRAs and are regularly reviewed. All activities are reported back at the quarterly PRA development sessions.
 • The PRA training plan has been reviewed at the PRA development session and through this consultation with PRA and PRA leads we have agreed a more adaptive training plan; we are compiling a suite of training from all existing resources, e.g. induction to research, BRP, GCP, MOOC and local training packages. These are available to all trusts to deliver according to the PRA's individual development needs. The CRN PPI Manager will be co-delivering training within trusts as needed. This is designed to complement the coordinating centre online PRA resource.
• The CRN play an active role as part of the Eastern Region PPI Collaborative, which is helping to bring together training support across the region. |
| 6.8 | **Domain: Stakeholder Engagement and Communications**
Indicator: Each LCRN delivers the patient experience survey, as specified by the National CRN Coordinating Centre
Assessment Approach:
● **Review and monitoring of LCRN Annual Plan**
● **Review of outcomes as reported within LCRN Annual Report** | Please comment on the Patient Research Experience Survey findings, impacts, and plans for continuous improvement | • 1,257 responses to the 2018/19 PRES were received. The 593 patient facing PRES results report were sent out to patients who requested a copy. 36 respondents (of the dementia accessible PRES) requested and were sent JDR information. |

6.9	**Domain: Stakeholder Engagement and Communications** **Indicator: Each LCRN develops and implements a plan to deliver the CRN NHS Engagement Strategy** **Assessment Approach:** ● **Review and monitoring of LCRN Annual Plan** ● **Review of outcomes as reported within LCRN Annual Report**	Please comment on the plan, outcomes and impacts resulting from delivery to date of the CRN NHS Engagement Strategy	• 505 responses were received for the HEAT Study in primary care (which ran from 2018 to 2018). The results of this PRES were published in August 2018. The CRN holds a Continuous Improvement database to record all activity/improvements planned, or which have taken place to improve patient experience of research. • The results of the PRES have been presented as SG specific and a presentation given at SGs on request so that SG specific actions can be identified. A SOP for the PRES was designed for less than perfect feedback. A SOP was raised for 3 POs during the 18/19 PRES collection period and plans are in place to address these. • A communications plan is in place to feedback the PRES results and encourage "you said, we did" stories to demonstrate to the public that we are listening to their feedback. During the collection period 55 patient quotes were tweeted. • An infographic and a poster has been designed to use the results to promote research. Two projects are being developed to improve the PRES and increase the number of respondents. This includes a survey for amublance trusts, which is being co-produced with East and West Midlands CRNs and the local ambulance trusts. • Mental Health Trusts do not currently engage well with the PRES. To overcome this and increase the response rate, the CRN is working with the Mental Health Trusts to ensure the survey is appropriate to MH service users, through engagement with service users and staff.
7.1	**Domain: Workforce, Learning and Organisational Development** **Indicator: The LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff** **Assessment Approach:** ● **Individual's name and contact details provided to the National CRN Coordinating Centre** ● **Implementation of the local action plan to support the wellbeing framework and action plan**	Please advise if there has been any change in the name or contact details of the senior leader with identified responsibility for the wellbeing of all LCRN-funded staff. The CRNCC maintains the central contacts list.	• No change - Esther Thomas remains named welbeing lead.
7.2	**Domain: Workforce, Learning and Organisational Development** **Indicator: Each LCRN has an active programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all** **Assessment Approach:** ● **Evidence of programme of learning opportunities provided in LCRN Annual Plan and Report** ● **Increased engagement of local partners in promoting the work of the NIHR**	Please cross-reference from Section 4.8 and add any additional commentary as required	• Please see Key Project (section 4.8.10), which has been successfully completed in year. • All training provided by CRN Eastern in 2018/19 is visible via NIHR Learn. • A facilitator development pack and quality assurance process for all courses has been developed in addition to this key project. • An infographic of GCP training provided in CRN Eastern is included in the appendicies.

7.3	**Domain: Workforce, Learning and Organisational Development** **Indicator: The LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics** **Assessment Approach:** ● **Evidence of programme of activities provided in LCRN Annual Plan and Report** ● **Effective approaches shared by Continuous Improvement Leads at national meetings**	Please cross-reference from across the Annual Report and add any additional commentary as required, including details of impacts, benefits, lessons learned, and how these have been shared with the wider CRN.	• Sally-Anne Hurford remains the named Innovation and Improvement (I&I) lead, with responsibility for identifying and driving through a range of I&I projects within CRN Eastern. This work and details of the projects are listed in Section 4 (see 4.3.1, 4.4.1, 4.5.8, 4.8.1, 4.8.6, 4.10.3). • All core staff members have completed an I&I training module, which has helped to equip them with the skills and resources necessarry to develop and successfully complete their own continuous improvement projects. CRN Eastern continues to work closely with CRN West Midlands and CRN East Midlands, to share best practice and drive a culture of Continuous Improvement. Together the 3 LCRNs hosted a joint I&I Showcase Event, where speakers from each region were invited showcase a Continuous Improvement project they have successfully completed. This has led to further collaborative work between the LCRNs and provided an opportunity for innovative ideas to be shared. • Continuous Improvement was also introduced into the Advanced Research in Practice (ARIP) course. A training session was delivered by the I&I Lead and all delegates were required to submit a Continuous Improvement plan for an area within their workplace, which needed improvement. A number of these plans were them implemented by the delegates after the course and have contributed to CRN Eastern achieving both local and national initiatives.
8.1	**Domain**: Business Development and Marketing **Indicator**: Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre **Assessment Approach:** ● Profile template submitted as part of LCRN Annual Plan ● Contact details provided for assigned LCRN Profile lead in LCRN Annual Plan	No further LCRN information required	
8.2	**Domain**: Business Development and Marketing **Indicator**: The LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report	Please cross-reference from Section 4.9 and add any additional commentary as required	• This information is detailed in sections 4.9.1 and 4.3.3
8.3	**Domain**: Business Development and Marketing **Indicator**: The LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers using the template provided by the National CRN Coordinating Centre **Assessment Approach:** LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings	Please report on interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings	• Senior members of CRNE (d/RDMS, ISM, Clinical Industry Lead, dCOO) attend all Industry Meetings on a rotational basis. • CRNE have run workshops in collaboration with NOCRI at SBRI events to promote the value of the NIHR and infrastructure accessible through the portfolio adoption process.

Section 8. Financial Management (for information only at Annual Report)

| 8.1 | Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2018/19. (For example particular studies that require large investment, concentration on a particular specialty) | CRN Eastern has a fully devolved model of funding and thus, unless there are significant cost pressures, Partner Organisations are expected to deliver within their overall resource envelope. Any extraordinary studies will be reviewed on an individual basis and additional funding may be granted for these needs. | |

| 8.2 | In respect of the LCRN 2018/19 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this. |

Funding Element	Examples	https://drive.google.com/file/d/1rTfDPfHYITN1t-8Qi5faO_SUAMtDDkcZ/view?usp=sharing	% of Total CRN Funding Budget 2018/19 Budget
Host Top Sliced Element.	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team.	Top sliced (RTTQA and NSL) paid as passthrough to POs. Hosted staff, Core Leadership team and Host Support costs. Note that Eastern has 3 RDMs hosted at POs. PPIE, Comms, Workforce hosted at NNUH.	20%
Block Allocations.	Primary Care, Clincal Support Services (i.e. Pharmacy).	Primary Care per patient and RSI costs, Clinical Support Services (Pharmacy, Pathology, Radiology etc).	6%
Activity Based.	Recruitment HLO 1, number of studies.	While the basis for opening budgets is prior year outturn, no element of PO funding is fixed and the mechanism for allocating activity based funding is via a value for money assessment. Recruitment data cut-off was February 2018 and weighted recruitment for the previous 11 months was reviewed in depth by the SMT. This figure is extrapolated up for 12 months and POs are allocated a CPWR banding on which savings targets are based. Savings are applied on a sliding scale, with POs with a CPWR in excess of £200 having received the maximum reduction.	70%
Historic allocations.	PO funding previously agreed.	2018/19 funding of investment allocations approved on fixed term basis in 2017/18.	3%
Performance Based.	HLO performance, Green Shoots funding.	No adjustment for Performance Based element.	0%
Population Based.	Adjustments for NHS population needs.	No adjustment for Population Based element.	0%
Project Based.	Study start up.	No funding attributed as Project Based at AFP.	0%
Contingency / Strategic funds.	Funds held centrally to meet emerging priorities during the year.	Total investment of £250k pending Partnership agreement.	1%
Cap and Collar.	Please provide your upper and lower limits if applicable.		0% CAP
		Collar is 4.2% of total allocation. However, the maximum reduction that any individual PO will receive is 6.5%. In January 2018 letters were sent to POs notifying them of expected percentage funding reductions in light of the funding allocation reduction for CRN Eastern. All partners to receive a reduction of 3% of funding for Delivery posts, plus a further reduction that will be applied on a sliding scale pending outcome of CPWR performance as at 28 Feb 2018.	-6.5% COLLAR
Other funding allocations.		None.	0%
Comments			

*Notes	1. It is assumed that the Local Funding Model is net of any National Top Slice as these are pass through costs
	2. If the funding element category is not applicable to your Local Funding Model, please enter 0%
	3. The percentages (%) entered in the table should equate to 100%

| 8.3 | If the 2018/19 local funding model methodology has changed since 2017/18 please give a brief description of the changes | CRN Eastern has continued to apply the same funding model methodology for 2018/19 as 2017/18 - using cost per weighted recruit as a basis for distributing funding across its POs. It was agreed by the Partnership Group in November 2017 that the savings required by the Network (as a result of reduction in allocation and inflationary cost pressures) would be spread among the partners on a sliding scale basis. |

| 8.4 | Please confirm whether monitoring visits will be taking place over the course of 2018/19. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion of your Partner organisations are being monitored (Category A Partners). | CRNE will carry out an annual visit to POs during 2018/19, except for those with minimal funding where there are no particular areas of risk or concern. This is in line with guidance issued by the NIHR CRN Minimum Controls draft version 3.0 issued November 2017.

CRNE has taken the approach that "minimal funding" represents less than 2% of the total annual allocation. On this basis, there are 8 Category A POs who fall below this limit. There are no significant risks or concerns surrounding these POs currently and therefore for 2018/19 it is proposed that these will fall outside the current requirements, but this will be continually reviewed. As a result, CRNE will perform monitoring visits for 58% of our total Category A Partners (11 POs) in 2018/19.

Dates and attendance of monitoring visits have been set out in the CRNE PO Monitoring SOP and workplan. |

8.5	What are the key financial risks and mitigations for 2018/19?	The key risks to achieving a balanced plan are similar to those of prior years.
		The plan has been set with a vacancy factor slightly higher than 2017/18's at £1.4m. The decision to increase this vacancy factor has been based on actual vacancy slippage achieved in the last 2 financial years, resulting in an over-achievement of the vacancy factor. CRNE operates a central monitoring process for all vacancies held across the Network. This process enables us to maintain tight control over Network resources and to monitor achievement of the vacancy target during the year.
		At AFP stage there is likely to be some uncertainty as to the level of required payments to Primary Care contractors, due to the potential for delays in study delivery and the difficulty in calculating robust forecasts. These forecasts are reviewed quarterly and at Q1 we will be in a better position to assess progress on key studies and their realistic performance.
8.6	Please provide details of any planned audit of the LCRN Host Organisation in 2018/19	Internal audit in respect of LCRN funding to be carried out in September 2018, with clear objectives identified in line with the minimum scope requirements specified by the CRNCC.

Section 9. Non-Supported Non-Commercial Studies

Please provide a list of any studies that your LCRN has decided not to support, or has been unable to support, in the 2018/19 financial year, where the study had no feasibility concerns but the study was not supported for other reasons, e.g. funding constraints or study not meeting value for money metric. See Eligibility Criteria for NIHR Clinical Research Network Support; https://www.nihr.ac.uk/funding-and-support/documents/study-support-service/Eligibility/Eligibility-Criteria-for-NIHR-Clinical-Research-Network-Support.pdf

CPMS Study ID	Study Title	Priority Category	Name of the LCRN Partner(s) that did not support the study	Primary reason for non-support	Comments

Section 10. Appendices

Ref no	Title	Link
Provided by CRNCC (please update and return as part of the 2018/19 Annual Report)		
10.AR Appendix 1	Category B Partner organisations	https://docs.google.com/spreadsheets/d/14MmaCdNFBZVJGj1MgVX1jJpN-Vr9JVgPH8cgDwwbxfo/edit?usp=sharing
10.AR Appendix 2	Category C Partner organisations	https://docs.google.com/spreadsheets/d/1L7zjkhk602FhFDG5atBZNipRsqT0Op93pPS5mCAwPS4/edit?usp=sharing
10.AR Appendix 3	LCRN Fact Sheet	https://docs.google.com/document/d/1fWGVyKoh4OzH8bEVwvyv-u7FqsHWZSnJdKvtss8U6VA/edit?usp=sharing
10.AR Appendix 4	Finance Section for the LCRN Fact Sheet	https://drive.google.com/file/d/1cp2UIqLQjuBKRqHUDDtCWJ0ZMCmwgCxV/view?usp=sharing
Provided by LCRN as part of Annual Plan and/or Mid-Year Performance Report (please amend or remove as appropriate for the 2018/19 Annual Report)		
10.1	Business Development and Marketing Profile	https://drive.google.com/open?id=1c0Ut6EdhAbU_QjSOJVF1BOZFlM678U4B2wDl8EljISc
10.2	Risk and Issues Log	https://drive.google.com/open?id=1R0hOxlFwb3izbapzW6RsBBaR0K6Qjel5FoqOhWKMlc0
10.3	Training and Education Activities 2018/19	https://drive.google.com/open?id=1aIo1XmTvkNlbecAfP3hcsvJsCJ-w9WYe8YaJ_YviG2s
10.4	PPIE Workplan 2018/19	https://docs.google.com/spreadsheets/d/1sWr9eIAlkcGB4WHLgEid2SW-A_UKaUQ02wBE5-Ybd1I/edit#gid=766955790
10.5	Workforce Plan	https://docs.google.com/spreadsheets/d/18B0UBMCM3oxvlMzOkZ0OJ9kx9MTgclW7yz5cW8q_W7g/edit?usp=sharing
10.6	GCP Site Information	https://drive.google.com/file/d/1F1VklgPNMnSP0mVIhQ5k1dxf7wq_dBkF/view?usp=sharing
10.7	Internal Audit	https://drive.google.com/file/d/1b9eB1iqWdFuAGDS4tGXKOFZ5bHKgWlwR/view?usp=sharing

Section 11. Glossary

Abbreviation	Definition
AHSN	Academic Health Sciences Network
CI	Chief Investigator
CPMS	Central Portfolio Managment System
CPWR	Cost Per Weighted Recruit
CRNCC	Clinical Research Network Coordinating Centre
CSL	Clinical Specialty Leads
CUH	Cambridge University Hospital
DHSC	Department of Health and Social Care
ECR	Early Career Researchers
ETC	Excess Treatment Costs
GCP	Good Clinical Practice
HLO	High Level Objective
IOM/ISM	Industry Operations Manager / Industry Strategy Manager
LCRN	Local Clinical Research Network
LPMS	Local Portfolio Management System
LSL	Local Speciality Lead
MHRA CTA	Medicines and Healthcare products Regulatory Agency Clinical Trial Authorisation
NIHR	National Institute for Health Research
NNUH	Norfolk and Norwich University Hospitals NHS Foundation Trust
PI	Principle Investigator
PO	Partner Organisation
PPIE	Patient and Public Involvement and Engagement
PRA	Patient Recruitment Ambassador
PRES	Patient Research Experience Survey
QA	Quality Assurance
R&D	Research and Development

RDM	Research Delivery Manager
RTT	Recruitment to Time and Target
SDO	Study Delivery Officer
SGL	Specialty Group Leads
SME	Small and Medium sized Enterprises
SMT	Senior Management Team
SSS	Study Support Service
STP	Sustainability Transformation Plan
TOR	Terms of Reference
WFD	Workforce Development

(For reference only) Section 12. Example CRN XXXX Annual Report Executive Summary

Please complete the Table below, entering key performance highlights, successes and challenges from 2018/19

Please specify up to five areas where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.	1	
	2	
	3	
	4	
	5	

High Level Objectives	
Specialty Objectives	
LCRN Operating Framework Indicators	
LCRN Partner Satisfaction Survey Indicators	
LCRN Customer Satisfaction Indicators	
LCRN Patient Experience Indicators	

Host Organisation	• The Host Organisation has continued to fulfil its responsibilities as an LCRN Host in line with the DHSC/LCRN Host Organisation Agreement. Norfolk and Norwich University Hospitals NHS Foundation Trust fully met all requirements in the Performance and Operating Framework in terms of LCRN structure, management roles, and governance arrangements. • Executive Group refreshed to quarterly meetings with support from Host Organisation Medical Director (CRN XXXX's Executive Lead), and attendance from Senior Human Resources Lead, XXXX. • Quarterly Board report reviewed at Host Organisation Executive Performance Board Meeting, and then considered at full public Host Board meeting with Clinical Director (CD) and Chief Operating Officer (COO) in attendance. • Strong relationship between CRN XXXX and the Host Organisation. Regular meetings, the ability to escalate where needed, and Host support, has been key to successful performance. • Stable management infrastructure enabling constructive challenge and effective decision- making.
Governance and Management	• Improved Partnership Group engagement and senior attendance.
Financial Management	• Delivered financial break-even for 2018/19. • Internal audit in respect of LCRN funding managed by the LCRN Host Organisation completed by Host Organisation in MMM YYYY and report submitted to the CRNCC on MMM YYYY.
CRN Specialties	• Recruited to all 30 CRN specialties. • Local Clinical Research Specialty Leads appointed for X/30 CRN specialties • nn% of specialty objectives met. • In the top 5 LCRNs for mental health recruitment. • XXXX achieved a first global patient in an XXXX study (Study ID: XXXX) in the Respiratory Disorders Specialty.
Research Delivery	• Recruitment to Time and Target performance (>80%) sustained for both commercial and non--commercial activity (HLO 2). • XXXX Trust is the X highest recruiting Trust in the country with nn,nnn recruits. • XXXX Trust is the highest recruiting Mental Health Trust in the country with n,nnn recruits. • Delivered the NIHR CRN Study Support Service in accordance with NIHR CRNCC SOPs and guidance documents. Research and Development community actively engaged in the development of local Standard Operating Procedures to support Study Support Service. nn SOPs now live. • Met the target of recruiting 10% of participants to Dementia studies on the NIHR CRN Portfolio from "Join Dementia Research".
Information and Knowledge	• LPMS operational and good engagement in all Partner organisations. • All LPMS data points provided to the CRNCC's timelines. Data quality assurance and data validation systems in place. • Pro-active LPMS user group to support ongoing LPMS development and functionality. • Developed analysis and benchmarking of activities from ODP and financial data to improve operational delivery and Value for Money. • Responsive 'Helpdesk' service provided by BI Team to support all users in relation to systems provided for NIHR CRN (Hub/ODP/LPMS), supported by face to face and webinar training as appropriate.
Stakeholder Engagement and Communications	• Increased visibility of the LCRN within the local research community and wider audiences using a range of on-line and off-line communications channels (including local and national print, TV, radio and websites (e.g. XXXX). • Developed a 'real time' news room to collate and disseminate timely, appropriate news and significantly increased 'users' numbers and time spent reading news, the impact of which will become apparent in 2019/20. • Continued to deliver our strong programme of patient involvement and engagement through initiatives such as XXXX. • nn Patient Research Ambassadors by the end of 2018/19. Patient Research Ambassador activities have led to XXXX, YYYY, ZZZZ. • Action plan developed arising from responses to patient research experience survey for implementation in 2019/20.

Workforce Learning and Organisational Development	• Promoted culture of modern workplace learning, including awareness of NIHR National Learning Directory e-learning Programmes, Resources and Communities. • Trained nnn people on courses (including Introduction to GCP, GCP Refresher, Valid Informed Consent, Fundamentals of Clinical Research). • Delivered two well attended Research Forum events to bring together and support non--medical research delivery staff across the region. • Promoted a culture of Improvement and innovation through x activity or n events including celebration events and supra network knowledge exchanges. • Delivered various projects on Accelerating Digital including n small grant scheme applications.
Business Development and Marketing	• LCRN Business Development Profile refreshed as part of 2019/20 Annual Plan for marketing purposes by the national Business Development team. • Worked with Contract Research Organisations (CROs) and Life Sciences Industry to support partnership working with the LCRN and Partner organisations. • Developed 'Collaborative' framework within the XXXX region and into other LCRN regions to enable greater engagement with companies and development of potential new ways of working. • The network has promoted the continued importance of the industry agenda to LCRN Partner organisations and investigators through XXX, YYY, ZZZ. • The network has supported the national Biosimilars campaign through XXX, YYY, ZZZ which has resulted in AAA, BBB, CCC.
National Contributions	• The network has contributed to all national Communications campaigns. • Regular Research Delivery Manager contribution to Divisional meetings, and attendance at Specialty meetings on a rotational basis. • Clinical Director member of XXXX Board and contributed to XXXX Working Group. • Continuous Improvement Lead working with national team on Accelerating Digital. • Local work on LPMS has been actively shared through the LPMS Lead, along with contributions to the Business Intelligence community.

REPORT TO THE TRUST BOARD

Date	31 May 2019
Title	National Institute of Health Research (NIHR) Clinical Research Network (CRN) Eastern: Annual Plan 2019/20
Author & Exec lead	Fiona Robertson, Chief Operating Officer/ Erika Davies, Host Accountable Officer, NNUHFT
Purpose	For Approval

The NIHR CRN contract extension between the DHSC and NNUHFT started on 1 April 2019 and will run until 31 March 2022. The Performance and Operating Framework for 2019/20 continues many of the requirements that have been in place over the initial contract period 2014 to 2019 pertaining to a clinical research setting. However these are now broadened to encompass Public Health and Social Care Research. "Targets" are to be replaced with "ambitions" to reflect a change in language appropriate to a move into non-clinical settings, and to recognise the financial decisions that may arise from expanding into new settings with reduced funding. CRN Eastern will seek to offer more clinical studies to a wider participant group across the whole region, looking to increase access to groups who have not been able to access healthcare research studies before.

Some of the measures are still awaiting confirmation from the DHSC and so the plan has been predicated on meeting the draft guidance where appropriate.

1. **Key issues, risks and actions**

The Department of Health requires each financial year a detailed plan, from the network through the host organisation, to achieve contractual compliance with the Performance and Operating Framework.

The plan is split into the following sections:
- Governance and Management (including finance)
- High Level Objectives (HLOs) – Cross regional and Divisional access and performance targets
- Specialty Group Objectives (SGOs) –Regional measures to improve research access and quality
- Strategic Work Streams – These include measures relating to Patient and Public Involvement (PPI), Communications, Business Intelligence, Workforce Development and Wellbeing, Commercial and Academic Research Delivery.

The financial plan for 2019/20 has been agreed with all Partner Organisations and a balanced plan has been constructed.

The NIHR requires for all areas of contractual non-compliance a detailed action plan. These are set out in the "Key Projects" section of the plan.

The key measures for this financial year and risk of achieving them:

High Level Objective 1A –Confirmed:
Number of participants recruited to NIHR CRN Portfolio studies, part confirmed.
Predicted number for 2019/20 collated from all Partner Organisations, Primary Care, Public Health and Social Care is 50,000 recruits. (5% increase on expected outturn for 2018/19)
Risk of not achieving measure low

High Level Objective 1B – New measure for 2019/20 – Number of participants recruited to commercial contract NIHR CRN Portfolio studies – awaiting confirmation of number, but predicted recruitment high with new studies opening and initial indicators suggest this measure would be met.

High Level Objective 2A and 2B – Measure not confirmed, but plans in place to meet previous measure.
Plan contains a number of key projects to continue to improve performance in HLO 2A. Metric is 80% and performance at the end of Q4 18/19 remains at 75%.
Risk calculated as medium for HLO 2A and low for HLO 2B

High Level Objective 3 - Increase the number of studies delivered for the commercial sector with support from the NIHR Clinical Research Network. Awaiting confirmation of this measure. Plans in place to support national requirements, local target not set.

High Level Objective 4 and 5 – removed pending confirmation from DHSC

High Level Objective 6 A,B,C,D – Measure not confirmed, but plans in place to meet previous measures (widen participation in research by enabling the involvement of a range of health and social care providers) and new measure of HLO 6D - Number of Non-NHS sites recruiting into NIHR CRN Portfolio studies.
Risk of not achieving all measures low.

High Level Objective 7: **Confirmed.**
Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies. CRN Eastern will meet greater than 1/15th of the national requirement for this measure.
Risk of not meeting measure is low.

High Level Objective 8: – New measure not confirmed.
Demonstrate to people taking part in health and social care research studies that their contribution is valued.
Number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey, each year – CRN Eastern has led the work in this area, predicted response for 19/20 1320 (increase of 5% 18/19). Risk of not meeting measure is low.

High Level Objective 9 - New measure not confirmed, may replace previous HLO 4 and 5.
Reduce study site set-up times for NIHR CRN Portfolio studies by 5% (Awaiting further guidance).
Initial analysis suggests that CRN Eastern would be weak in this area and plans are ready in draft.
Risk of not meeting measure, if confirmed, is high.

Specialty Group Objectives:
SGO 1: To develop local LCRN schemes/programmes for promoting and improving early career researcher (ECR) involvement in NIHR research
SGO 2: To increase opportunities for people to participate in health research in less established specialties (<70 open studies on the NIHR CRN Portfolio in April 2018)
SGO 3: To broaden participation within well-established specialties, particularly in areas or groups who have historically been underrepresented on the NIHR CRN Portfolio
Risk of not meeting these measures is low.

Work streams:
Plans in place to meet contractual requirements for all work streams (see relevant section in plan): Patient and Public Involvement (PPI), Communications, Business Intelligence, Workforce Development and Wellbeing, Commercial and Academic Research Delivery.

Recommendation:
The Board is recommended to:
Approve the annual plan on Friday, 31 May 2019.
The plan was submitted in draft to the NIHR Co-ordinating Centre on 23 April 2019 and will be confirmed once the CRN Eastern Partnership Group and NNUHFT Host Trust Board have approved.

NIHR | National Institute for Health Research

Clinical Research Network
CRN Eastern

2019/20 Annual Plan, Mid Year Progress Report and Annual Report

Date of Annual Plan submission: 23 April 2019

Date of Mid Year Progress Report submission: XX

Date of Annual Report submission: XX

Section 1. Host Organisation Approval

1A. Annual Plan

Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	Yes
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	23.04.19
Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:	Yes
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:	31.5.19

1B. Mid Year Progress Report

Host Organisational approval and LCRN Partnership Group agreement is not required for the Mid Year Progress Report.

1C. Annual Report

Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group:	
Date of the LCRN Partnership Group meeting at which this Annual Report was agreed:	
Confirmation that this Annual Report has been reviewed and approved by the LCRN Host Organisation Board	
Date of the LCRN Host Organisation Board meeting at which this Annual Report was (or will be) approved:	

Section 2: Compliance with the Performance and Operating Framework

Please indicate whether the Host Organisation and LCRN Partners are delivering the LCRN in full compliance with the specific areas/clauses of the Performance and Operating Framework 2019/20 listed below.
Please provide a brief explanation of the reasons for partial / non-compliance in the commentary section.
Any areas of partial / non-compliance must be mitigated by the inclusion of a Key Project in Section 4 in order to achieve compliance. Please include a cross-reference to the Key Project ID.

POF area	Annual Plan Compliance	Commentary	Mid Year Progress Report Compliance	Commentary	Annual Report Compliance	Commentary
Part A: Context						
A.3. Working Principles	Fully Compliant					
Part B: Performance Framework						
B.2. LCRN Performance Indicators						
Set 1. High Level Objectives	Partially Compliant	Please see detailed response in HLO section				
Set 2. Specialty Objectives	Partially Compliant	Please see detailed response in SGO section				
Set 3. LCRN Operating Framework Indicators	Partially Compliant	3.1 Specialty Group Leads in appointment - please see SG objectives				
Set 4. Initiating and Delivering Clinical Research Indicators	Fully Compliant					
Set 5. LCRN Partner Satisfaction Survey Indicators	Fully Compliant					
Set 6. LCRN Customer Satisfaction Indicators	Fully Compliant					
Set 7. LCRN Patient Experience Indicators	Fully Compliant					
B.3. Performance Management Processes	Fully Compliant					
Part C: Operating Framework						
C.2. Governance and Management	Fully Compliant					
C.3. Financial Management	Partially Compliant	Please see response in financial management section of annual plan.				
C.4. CRN Specialties	Fully Compliant					
C.5. Research Delivery	Fully Compliant					
C.6. Information and Knowledge	Fully Compliant					
C.7. Stakeholder Engagement and Communications	Fully Compliant					
C.8. Organisational Development	Fully Compliant					
C.9. Business Development and Marketing	Fully Compliant					

Section 3. Executive Summary (Annual Report only)

Section 3. Executive Summary should only be completed as part of the Annual Report submission. For the Annual Report, please complete the Table below, entering key performance highlights, successes and challenges from 2019/20

Please specify up to five areas where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.	1	
	2	
	3	
	4	
	5	

High Level Objectives	
Specialty Objectives	
LCRN Operating Framework Indicators	
LCRN Partner Satisfaction Survey Indicators	
LCRN Customer Satisfaction Indicators	
LCRN Patient Experience Indicators	
Host Organisation	
Governance and Management	
Financial Management	
CRN Specialties	
Research Delivery	
Information and Knowledge	
Stakeholder Engagement and Communications	
Workforce Learning and Organisational Development	
Business Development and Marketing	
National Contributions	

Section 4. Key Projects

Section 4 of the template should be used to detail the key projects to be delivered by the network in 2019/20. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN-Cluster collaborative activities or other LCRN collaborations), and projects to be delivered nationally/CRN-wide led locally by the LCRN. Projects to be delivered in collaboration with other parts of the NIHR and/ or other external organisations should also be included.

Columns A-F should be completed as part of the 2019/20 Annual Plan.
Columns G-H should be completed as part of the 2019/20 Mid Year Progress Report.
Columns I-J should be completed as part of the 2019/20 Annual Report.

RAG Information:

The RAG ratings are automated. Please select Complete, Green, Amber or Red from the drop-down menu in column G and the colour will update automatically.

Complete (C)	Milestone complete.
Red (R)	The specified deliverable was not delivered by the Milestone Date. Commentary is mandatory.
Amber (A)	There is a risk that the specified deliverable will not be delivered by the Milestone Date. Commentary is mandatory.
Green (G)	On target to deliver the specified deliverable by the Milestone Date.
N/A	The Key Project and/or Outcome is no longer required and therefore this Milestone is no longer applicable. Commentary is mandatory.

		To complete at Annual Plan stage				To complete at Mid Year Progress Report stage		To complete at Annual Report stage	
Ref	Key project	Outcome	Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
1. Governance and Management									
4.1.1	Contracts in place for 2019/20 for all Category A, B and C providers	As set out within POF 2019/20	COO/BN	System in place with plan to send out Category A, B and C contracts. Exec Assistant to work with Senior Primary and Community Care Nurse Lead to update schedules.	Q1				
2. Financial Management									
4.2.1	Plan to be developed for 2% ring fenced budget for areas of research need	Encourage studies to be placed in areas of disease prevalence and where studies are not available, work with local Chief Investigators (CIs) to encourage development of research into areas of need	COO/MB	• Work with Business Intelligence (BI) and Research Design Service (RDS) statisticians to identify areas of need and draft short plan for discussion at Partnership Group in Q2. Each division which manages identified specialties to have a plan for this financial year.	Q1/2				
4.2.2	Using audit information from 2018/19 audit, ensure commercial income is being reinvested into portfolio studies	Assurance that a proportion of funding for commercial studies is reinvested	MB/DC	• Partner Organisations to document to Partnership Group details of the actions they are taking to ensure transparency of reinvestment of commercial funding.	Q1/2				
3. High Level Objectives									
4.3.1	Trust targets have been collated and target set for 50,000 recruits for 2019/20	Increase number of patients on portfolio studies	COO/MB	• Monthly monitoring of performance by organisation and specialty and remedial action taken when performance drops below target level.	Q4				
4.3.2	All Partner Organisations not meeting 80% for RTT for Commercial Studies in 2018/19 required to submit an action plan for 2019/20. **Innovation and Improvement (I&I)**	Improve performance in HLO 2A by Partner Organisation	Trust R & D Leads/COO/d COO	• Plans submitted in Q1 and performance monitored through the Executive and Partnership Group during the year.	Q1/Q4				
4.3.3	Improve RTT performance for HLO2a in the following specialties: Dementias & Neurodegeneration, Neurological Disorders, Mental Health, Hepatology, Ophthalmology, Gastroenterology	Improved HLO2a performance. 2018/19 baseline was 71% for Division 4, which was a figure maintained from the previous financial year. 2018/19 baseline for Division 6 was 58.5%.	RH/SH/KT/HP	• Maintaining good practice from 2018/19, which includes: • Fortnightly performance management. Monthly contact with recruiting sites and update requests actioned • Action plans implemented for any amber or red studies • Implement processes that were successful for Divison 1 who achieved 80% in 2018/19. E.g. increased Specialty Group Lead involvement.	Q4				
4.3.4	HLO 1b - Provide set up and performance management support for large-scale commercial Dermatology study	Increase number of participants recruited into commercial studies	SH	• Working closely with the commercial company, Trust R&D, CUH Portfolio Support Manager and the local PI to ensure that the study is able to open as planned and the team have the resources necessary to recruit to time and target. • Fortnightly performance management and monthly contact with the site • Work with recruiting site to implement an action plan if the study turns amber or red	Q4				
4.3.5	HLO 1b - Provide set up and performance management support for large-scale commercial Primary Care study	Increase number of participants recruited into commercial studies - each site to recruit to target	HL	• Working closely with the commercial company, R&D Office and the local CI to ensure that the study is able to open as planned and the sites have a recruitment plan in place to achieve recruitment to time and target. • Fortnightly performance management and monthly contact with the sites • Work with recruiting sites to implement an action plan if the study turns amber or red					

4.3.6	Improve RTT performance for HLO2a in the Dermatology Specialty	Improved HLO 2a performance. Baseline for 2018/19 was 66%	SH	• Maintaining good practice from 2018/19, which includes: • Fortnightly performance management. Monthly contact with recruiting sites and update requests actioned • Action plans implemented for any amber or red studies • Work closely with CUH Portfolio Support Manager, Specialty Group Lead and Primary Care colleagues to performance manage the studies	Q4			
4.3.7	Improve RTT performance for HLO2a in the Metabolic and Endocrine Specialty	Improved HLO2a performance. 2018/19 baseline was 50% but there were only 2 qualifying studies and the failed study was a near miss.	SH	• Maintaining good practice from 2018/19, which includes: • Fortnightly performance management. Monthly contact with recruiting sites and update requests actioned • Action plans implemented for any amber or red studies • Work closely with CUH Portfolio Support Manager and Specialty Group Lead to help performance manage the studies	Q4			
4.3.8	Improve RTT performance for HLO2a in the Renal Specialty	Improved HLO2a performance. 2018/19 baseline was 55%	JMP	• Maintaining good practice from 2018/19 which includes: • Fortnightly performance management. • Action plans implemented for any amber or red studies • Work closely with the Specialty Group lead and CUH Portfolio Support Manager if applicable to help performance manage studies.	Q4			
4.3.9	Division 4 Specialties: Increasing the portfolio of commercial studies (HLO3, HLO6b) and HLO1b figures. CRN Eastern are an outlier in this area.	Increased number of commercial studies in CRN Eastern from 2018/19 baseline (11 open studies). Increase in HLO1b from 2018/19 baseline (23 participants)	RH/SH	• Continue to implement local action plan as devised in 2018/19 • Specialty Leads to engage with Sponsors • Support collaborative working between Mental Health Trusts • Work with Partner Organisations to improve recruitment strategies • Regional advertising to bring in business (LCRN-wide work)	Q4			
4.3.10	HLO 6C	Meet target 45% of general medical practices recruiting into portfolio research	HL / HM	• Invite applications for RSI (Research Site Initiative) scheme for general medical practices from all practices • Seek Expressions of Interest (EoIs) from widest possible range of primary care sites as appropriate for the study • Continue to offer the primary care research delivery service for portfolio studies (including all aspects of study support service) to reach recruitment targets for Primary Care • New GP RSI cluster contracts to be encouraged in 19/20 from areas of low research participation: East & North Herts, Bedford & North East Essex, building on current successful model.				
4.3.11	HLO 6D Number of non-NHS sites recruiting into NIHR CRN Portfolio studies	Successful and timely set up of studies in new non-NHS provider sites - achieve growth in studies to meet LCRN ambition	HM with RDMs	• Capture all relevant studies across specialties • Attention to recruitment / site mapping also including those where non-NHS provider sites may be acting as PICs • Work closely with study team to ensure site identification and study support is appropriate to the study, employing principles of SSS (study support service) to these studies				
4.3.12	HLO7 - Widen participation in Dementias and Neurodegeneration research by increasing the number of sites delivering research within this specialty area. 2018/19 baseline: In total 13 organisations were involved, with 88% of recruitment coming from just 4 organisations. Notably, there was no primary care/CCG involvement in this baseline year.	Increase in the number of sites delivering research within this specialty. Demonstrate Primary Care involvement in delivering research within this specialty	RH	• Improve Expression of Interest process. • Work with Specialty Leads to find new sites. • Increase the use of Primary Care list search tools to determine feasibility of Primary Care involvement in new Dementia and Neurodegeneration studies. • Ensure early contact and engagement conversations with local Chief Investigators include information about recruitment from Primary Care.				
4. LCRN Specialty Activities								
4.4.1	Appointment of Specialty Group Lead (SGL) for Public Health (PH)	Specialty Group Lead in Post	HM JP	• Re-advertise the SGL for Public Health in order to make succe • Appoint to the PH champions role	Q1			
4.4.2	Appointment of Specialty Group Lead for Health Services Research (HSR)	Specialty Group Lead in Post	HM JP	• Re-advertise Specialty Lead for HSR position in order to make successful appointment • Appoint to the HSR champions role	Q1			
4.4.3	Appointment of new Specialty Group Lead for Neurological Disorders	Specialty Group Lead in Post	RH	• Finalise recruitment process • Induction and support to new post-holder to include; reports to support performance management responsibilities; national meetings; early feedback process; national objectives; cross-specialty working e.g. with neurodegeneration lead; portfolio development plans	Q1			
4.4.4	Continue to develop the support work for the Specialty Group Leads focussing on in year Specialty Group Objectives	SGLs fulfilling local and national responsiblities effectively	HM RH & BI team	• BI and SSS support with administrative back up to the SGLs • Actively monitor national meeting attendance and contribution to early feedback processes				
5. Research Delivery								

4.5.1	Increase number of Mental Health studies recruiting in Acute settings. **I&I**	Increased number of acute hospitals with a Mental Health portfolio. Baseline 4 Trusts (3 studies).	SH	• Mental Health SGL to lead on this project with support from dRDM. • Identify Mental Health links within each Partner Organisation. • Identify areas within Acute Trusts where Mental Health studies could run.	Q4			
4.5.2	Increasing access to Neurology research by supporting research outside of the usual acute care settings. We will look to increase opportunities in non-NHS and community care services. **I&I**	Increased number of studies running outside of the acute sector in Neurodegeneration and Neurological Disorders. 2018/19 baseline: 3 studies in 2 organisations (1 community/1 non-NHS).	RH	• Understand the patient population served by non-NHS organisations, such as Sue Ryder Care, and community services. •Assess feasibility of undertaking research projects in these settings. •Secure studies and resources to support delivery of research.	Q1 Q4			
4.5.3	Locate and deliver study sites targeting research in areas of greatest associated health need.	Recruitment to stroke studies in areas of above average prevelance	HM JMP	• Use of research targeting tool indicated above average prevalence of stroke in North Norfolk, with few open stroke studies • Understand and seek to resolve any barriers in primary care / community and secondary care settings to opening studies • Actively support recruitment to new two stroke studies in this geography in 2019/20	Q2			
4.5.4	Locate and deliver study sites targeting research in areas of greatest associated health need.	Recruit to asthma studies in areas above average prevalence	HM HL HP	• Use of research targeting tool indicated above average prevalence of asthma in North Norfolk, West Norfolk and West Suffolk, with few open asthma studies • Understand and seek to resolve any barriers in primary care setting to opening studies • Actively support recruitment to two asthma studies in 2019/20 in Primary Care	Q2			
4.5.5	Increase renal recruitment.	DGH will have increased opportunities to recruit to commercial and non-commerical renal studies.	JMP	• Work closely with the Hub for the various satellites associated to it. • Engage with the Early Career Researchers (ECRS) to enable them to act as new PIs on studies				
4.5.6	Increase recruitment in hospice settings for patients with cancer who are being cared for palliatively **I&I**	Research activity in hospices within the network	KJ	• Meeting with stakeholder in palliative care/hospices to take place in Q1. This will help stakeholders to understand how the Network can assist with the delivery of studies and the services that we can offer, with a view to opening up to two studies during the course of 2019/20.	Q2			
4.5.7	Diabetes - Locate and target areas with a high prevalence of Diabetes type 1 and 2	Increase recruitment to Diabetes studies in high prevalence areas (West Norfolk-baseline 22, North Norfolk-baseline 0)	SH	• Identify and meet with Trusts in areas of high prevalence. • Ensure all new studies are sent to Trusts in areas of high prevalence • Work closely with Trusts to ensure that they have the necessary resources to support these studies • Ensure all relevant studies are being sent to Community Trusts as well as Primary Care	Q4			
4.5.8	Mental health - locate and target areas with a high prevalence of common and severe mental illness	Increase recruitment into studies looking at severe mental illness in high prevalence areas (South Norfolk, West Norfolk)	SH	• Fully understand what is considered as Severe Mental Illness • Identify studies recruiting the relevant population • Support Partner Organisation initiatives in the high prevalance area e.g. identifying Research Links within the Mental Health Services in the targted areas. • Meet with Partner Organisations in the target areas to make them aware of the areas of high prevalence and discuss action plan to increase recruitment in these areas.				
4.5.9	Create a 'key study' working group for studies that require cross-divisional working and additional resources Key studies could be large scale studies which require complex working groups and/or multi-site engagement and/or non-NHS sites or studies requiring additional oversight and project management to ensure effective use of LCRN resources **I&I**	Create opportunities to successfully participate in large-scale studies to improve recruitment and HLO1b Create opportunities to successfully participate in areas of greatest associated health needs Improve joint working across the CRN workforce Understand and seek to resolve barriers that prevent timely opening of challenging studies	HC	• Form a project working group which can be convened on an ad-hoc basis to oversee large scale studies which require joint working: - SSS lead - Workforce Development lead - Relevant dRDM lead • Secure studies and resources to support research delivery	Q4			
4.5.10	Support Partner Organisations to meet the Department of Health and Social Care 2020 Dementia Challenge objectives for Join Dementia Research.	The key objectives are that: a) Every newly diagnosed person will receive information on Join Dementia Research. b) All relevant staff can signpost patients to Join Dementia Research. Progress will be monitored using the national data sets.	RH	• Work with the national programme lead to identify organisations to work with over the year. • Develop local plans based on the successes of organisations involved in the Embedding Research In CAre (ERICA) project. • Promote use of the new online Join Dementia Research awareness tool with all partner organisations.	Q1 Q1 Q4			

4.5.11	Recruitment in areas of high disease prevalence and high socio economic deprivation within Eastern geography **I&I**	- Increase recruitment in Primary Care sites in areas of high socio-economic deprivation - Increase in recruitment for targetted specialties in areas of high prevelance	HM (all RDMs)	• Cross reference 4.3.5, 4.5.3,4.5.5, 4.5.7 • Understand local areas through use of research targetting tool and Public Health Fingertips resource to generate clear plans and objectives • Engagement with CIs to target some sites in areas of greater disease prevelance • Continue work with RDS raising awareness of this strategic priority • Assess impact of the modified RSI model for GP practices in areas of greater socio-economic need to widen access • Undertake pilot of appropriate engagement activities with local populations	Q1 to Q4				
4.5.12	Consolidate use of EDGE in Primary Care **I&I**	- Consistent approach across CRN Eastern, CRN West Midlands & CRN East Midlands for managing primary care recruitment data into EDGE	HM HL	• Establish consistent approaches across three networks • Pilot READ code template initiative across three networks • Regular tri-network reviews and monitoring of project brief	Q3				
4.6.13	Streamline process for promoting research opportunities amongst POs and non-NHS organisations **I&I**	- Consistent approach across both Hubs for identifying studies open to new sites and promoting these to POs and non-NHS prganisations	HP, RDMs, dRDMs	• Form a working group to develop streamlined process • Implement new process and monitor progress • Evaluate outcomes and implement necessary changes	Q1 Q2-3 Q4				
6. Information and Knowledge									
4.6.1	Full launch of suite of Power BI reports **I&I**	Tailored reports available for Partner Organisations, Specialty Group Leads, Research Delivery Managers and other key stakeholders, presenting live data from multiple sources to support business needs	DW	• Specialty/Trust/Commercial reports fully live • Former reports discontinued following sign-off that new reports cover all necessary detail • Further developments to enhance Power BI reports above and beyond current level	Q1 Q2 Ongoing				
4.6.2	Data Quality review	Following some substantial changes in data management and process, a full analysis of data quality issues to fill gaps and reconcile discrepancies	DW	• Data Quality checks incorporated into all Power BI reports • Data Quality percentage/total issues presented to SMT, Exec, Partnership	Q2				
4.6.3	Hub engagement project	• Enable access to information systems as specified by the CRN CC. • Enable Core team members to be self sufficient in using and exploring the capabilities of the NIHR Hub. • Improve engagement with and use of collaborative functionality to support cross-regional and national work e.g. document sharing, surveys, research communities, Google Hangout meetings.	ST	• Continue to engage with NIHR CRNCC and other LCRNs regarding enabling and influencing Trusts. • Signpost core CRN Eastern staff to resources that will support their use of relevant applications. • Provide support to enable partner organisations to train local staff and access helpful resources going forward. • Deliver enhanced Hub training to core CRN Eastern staff and Hub Champions, as required. • Continue to engage with Hub Champions at partner organisations and identify new contacts where possible. • Investigate specific IT issues at Trusts and provide technical information to support resolution of issues.	Q4				
4.6.4	Embed new recruitment processes in the light of RA API	A full change of how we approach recruitment, including RTT performance and identifying potentially unrecorded recruitment	DW	• New checks on recruitment data • Guidance for Partner Organisations on new processes, and how to manage recruitment	Q1				
4.6.5	Single Intelligence System: IRIS LPMS-CPMS Integration - Recruitment Activity API - (technical data transfer process from LPMS to CPMS)	This is expected to go live Q1 - FY 19/20. Once the RA API is live and research activity data is transferring between local and national systems, we will be working with study teams and Eastern Partner Organisations on resolving C&C, site and data queries and ensuring that recruitment activity is entered into LPMS/CPMS in a regular and timely basis.	REH	• LPMS-CPMS mapping and site matching. • Data quality/error reports through the Study Start up app. • LPMS-CPMS National call (bi-weekly) to discuss and resolve issues and aid further development work.	Q4				
4.6.6	Communications, Support and ongoing training.	Revising, improving, creating support documents, training materials/webinars etc. to assist POs and encourage independent working alongside new reports and ODP apps.	REH	• Tailored call/webinars on systems training for POs • Training and support on local and national reporting systems • Ongoing ad-hoc communications re system/process updates • Creation of new Eastern hub site and community for POs • Form working group to develop streamlined process for promoting research opportunities amongst POs and non-NHS organisations.	Ongoing				
7. Stakeholder Engagement and Communications									

4.7.1	• Specialist, experienced, dedicated CRN Eastern Communications function is in place, reporting to the CRN Eastern Deputy Chief Operating Officer:	Research opportunities will continue to be promoted to patients and the public in line with the NHS Constitution for England through provision of 1 x Band 7 Communications Manager and 1 x Band 3 Communications Assistant	ER	• Lead for communications will report directly to the LCRN Executive on a bi-annual basis.	Ongoing		
4.7.2	• Continue production, delivery and promotion of monthly staff-facing network bulletins featuring news, shared best practice, study updates, training opportunities, events, commendations, awards and information cascaded from national newsletters and other communications. • Work in collaboration with CRN Eastern PPI Managers to increase the external-facing links and raise awareness of the benefits of clinical research, including the organisation and promotion of public events. • Develop and deliver a social media campaign to increase number of Twitter and Instagram followers. • Promote communications as assistance to recruitment e.g. to ailing studies. • Develop and strengthen professional relationships with regional and local television, radio and press media contacts. • Produce regional and local leaflets, posters, banners, postcards, GP television screen slides and other engagement tools to raise awareness of NIHR research delivery among all stakeholders, including the general public, patients, researchers, NHS healthcare professionals, students and academics.	A CRN Eastern communications delivery plan is in place and the defined approach to communications aligns with both the NIHR CRN and NIHR strategies, supporting: - Implementation of the NIHR CRN, NHS Engagement and Communications strategies. - Implementation of the Communications Contract Support Document. - Development and maintenance of the LCRN's positive reputation. - Transparency of local performance on research delivery. - Strong internal and external stakeholder relationships. - Patient, staff, carer and public awareness of local clinical research opportunities. - Effective working with other parts of the NIHR, at a local, regional and national level.	ER	• Monthly CRN Eastern Bulletin. • 10% increase in subscribers to the CRN Eastern Bulletin mailing list. • 10% increase in Twitter followers. • 10% increase in followers on Instagram. • Media coverage of six patient stories. • Rebranding of all CRN Eastern print materials in accordance with new NIHR visual identity. • One new banner and one new leaflet for distribution at staff and public events. • One revised Academia brochure. • One film to promote a study in need of recruitment assistance	Q4		
4.7.3	• A sufficient non-pay budget line to deliver patient and public involvement, stakeholder engagement and communications activities will be provided.	• Agreed communications non-pay budget line allocated.		• Sign off of annual budget at Partnership Group.	Q1		
4.7.4	• Work with commercial and non-commercial study teams to engage life-sciences audience. • At a network level support the roll-out of national campaigns and initiatives. • Attend National NIHR meetings and conferences to update others, stay informed of and connect to colleagues on a national level. Continue to support CRN and wider NIHR colleagues around the country, providing guidance, and cascading and sharing communications. • Collaborate with colleagues in CRN East and West Midlands to discuss and troubleshoot issues and exchange ideas. • Connect with regional NIHR, NHS and partner communications teams to support research, share ideas and promote NIHR.	• Contribution to national CRN and NIHR campaigns and initiatives.	ER	• Media coverage of six patient stories, two staff stories plus two media relations activities. • Regional support of national campaigns: - Be Part of Research - I Am Research - Join Dementia Research - Rare Diseases Day - A single NIHR - Awards (Royal Colleges etc). - Any other annual health awareness campaigns • Attendance at quarterly Network Communications Group Meetings. • Attendance at quarterly 'cluster' meetings with East and West Midlands, and CRNCC link member. • Attendance at NHS East of England Communications Meetings.	Q4		

4.7.5	• Ensure the LCRN operates in line with brand guidelines, operational requirements and national messaging as advised by the CRNCC. • Work with Partner Organisations' Research & Development teams to help them connect with their communications teams to promote research. • Edit, update and continue to distribute 'A Guide to CRN Eastern' as an information resource for staff and other stakeholders.	• Adherence of stakeholders to NIHR and CRN branding, operational requirements and national messaging.	ER	• Eradicate all use of old NIHR branding (logo including NHS lozenge, filmstrip, rainbow colour bar) • Increase use of current branding by communications function. • Media coverage from POs' communications teams relating to NIHR research. • Connect with communications stakeholders at universities across region to promote NIHR brand. • Updated 'A Guide to CRN Eastern' distributed to all staff, at GCP Introduction courses, and any other relevant opportunities.	Q3			
4.7.6	• Continue to provide engaging content for the CRN Eastern public facing 'microsite' website, including news and events. • Redevelop the CRN Eastern hub site to provide an internal resource for guidance documents, news, and general contact information about the network. This will include clear signposting to other relevant network subpages, e.g. Divisional hub pages. **I&I**	• Management of LCRN websites (microsites).	ER	• Functioning CRN Eastern public-facing website. • Continue development of CRN Eastern staff 'intranet' as one-stop-shop for resources and information on Google Sites.	Q3			
4.7.7	LCRN POs or researchers that are in receipt of funds or support from the NIHR should acknowledge this in publications	• Appointment to NIHR Regional Communications Lead pilot role	ER	• Attendance at all NIHR Regional Communications Lead meetings. • Continuation of NIHR East of England Communications Group. • Implementation of NIHR East of England Stakeholder Engagement Plan. • Connection with communications stakeholders at 6 universities across East of England region to promote NIHR brand to researchers: - University of East Anglia - University of Essex - University of Suffolk - University of Cambridge - University of Hertfordshire - Anglia Ruskin University • Refresh connection with all partner organisations in Eastern region. • Cascade and escalate NIHR communications between the NIHR Communications Programme Board and regional NIHR communications functions. • Contributing to new NIHR Social Media plan (One of two NIHR organisations/regions participating with NIHR Guy's and St Thomas' BRC). • Representation for all NIHR regions on NIHR Digital Engagement Board (with NIHR RDS London) and attendence at all DEG meetings.	Q2			
4.7.8	Strengthen collaborative culture of regional research partner communications stakeholders **I&I**	• Further communications activities supporting LCRN research delivery	ER	• Creation of Eastern research communications group in partnership with Eastern Academic Health Science Network (AHSN). • Development of collaborative print materials. • Participation and attendance at Eastern AHSN and other external partner events.	Q4			

4.7.9	Promote research opportunities and improve participant experience of research through actively involving and engaging patients, carers and the public in research activities.	Working with the Communications team, develop a plan to use the Patient Research Experience Survey (PRES) results and stories about innovation and improvement resulting from the PRES to promote research to patients and the public.	DC/ER	• Press release for publication of results • PRES results poster/ infographic for POs • Tweet patient comments from PRES • Use PRES results to promote research at all events attended by patients. • Engage with PRAs to implement recommendations from PRES on a local level • Continue to record all I&I which has happened in response to the PRES and use this to promote research to patients and the public.	Q1 Q4				
		Ensure Patient Research Ambassadors (PRAs) engagement with promoting research to the the wider public.	AR	• Record details of events with PRA involvement • PRA case studies					
		Support the "Be Part of Research" campaign	DC/AS/AR/ET	• Take campaign materials to all events, organised or attended by the PPIE team.	Q4				
4.7.10	Support the development and implementation of the CRN PPIE Strategy, providing a localised workplan.	A CRN Eastern PPI plan is in place and is aligned to the NIHR CRN and NIHR strategies	HM/DC/AS/AR	• The CRN Eastern PPIE workplan has been developed and is monitored and RAG rated by the PPIE lead, exec and PPIE Steering group.					
	Ensuring patient choice, equality and diversity, experience, leadership and involvement are integral to all aspects of LCRN Activity.	Following on from a 'population needs project' we will pilot how diverse and deprived communities engage with research, look at new was to engage with the traveller community, people experiencing homelessness and deprived communities.	HM/DC	• Engagement with people in socio-economically deprived or traveller communities, or with people experiencing homelessness. • Work with study teams to open research study in services used by these communities with a view to increasing access to portfolio research participation					
		Reaching out' event and improving access work in primary care	HM	• Work with the NIHR PPIE collaborative in Eastern to deliver the 'Reaching Out' event June 12 (collaborative secured Reaching Out INVOLVE funding - RDS lead - focussing on engagement to improve diversity and equality of access). • Each primary care cluster responsible for patient facing event during 19/20 taking account of local health need, current research portfolio • Cross reference 4.3.5, 4.5.3, 4.5.4, with specific consideration to working with study and delivery team to provide targetted enagement work in communities prior to opening study to recruitment					
		Give all patients the choice to have their voice heard by making the PRES accessible to all	DC	• Work with Children's specialty group to improve children and young people's access to the PRES, using technology where appropriate • Provide survey for patients with dementia, learning disabilities and those with aphasia • Work with mental health trusts and patients to ensure the survey is appropriate for their service users • Work with other LCRNs and Ambulance Trusts to co-produce a version of PRES suitable for use by ambulance crews.	Q3				
4.7.11	Involve patients, and the public to improve the quality delivery of CRN portfolio research and patient access to it.	Identify a study and carry out PPI to enhance recruitment and measure the impact		• Identify a study where recruitment is behind recruitment trajectory and where PPIE involvement could make a difference. • Work with researchers and patients to improve recruitment. • Measure impact	Q4				

4.7.12	Actively support, promote and facilitate Patient Research Ambassadors. Report on progress, continuous improvement and activity via CRN PRA reporting system	Support and strengthen the PRA programmes in POs through providing advice, training, development sessions and resources and support for those POs in early phases of establishing the programme.	AS	• Quarterly PRA development sessions • Maintain up to date resources e.g. handbooks, log sheets to measure impact, badges • Further develop PRA activity reporting system, mapping PRA programmes in POs • Finalise stage one of the PRA qualitative evaluation and proceed with stage two. • Continue to monitor all PRA activities via work plan • Support additional POs to develop PRA programme • Establish PRA training suite, drawing on national resources and document all PRA training delivery. • Submit four PRA case stories PA to CC • Demonstrate continuous improvement from PRA programme. • The aspiration is to enable all acute trust POs to develop and maintain PRA programmes. Currently two out of three have formal programmes (excluding Ambulance Trust). The target, given barriers within certain POs, is that will three out of four have formal PRA programmes by end Q4 2019/2020. Of those which do not have formal PRA programmes, many have very active PPI in their research delivery. This will also be captured in monitoring. • Additionally, we aim to explore developing the PRA programme within one Primary Care cluster area as a pilot.	quarterly ongoing Q3 ongoing Q3 Q4 ongoing Q4 Q4 Q4 Q4				
4.7.13	Work collaboratively with other NIHR organisations to provide patients with information and access to involvement in clinical research.	Active membership of the PPIE Eastern Collaborative	HM	• Development of a shared NIHR PPIE collaborative strategy • Meet the 'Going The Extra Mile' standards across the PPIE collaborative • INVOLVE funded 'reaching out' project in North East Essex is being delivered by the NIHR collaborative partners • Use of co-produced PPIE Eastern signposting leaflet • Attend PPIE Eastern Collaborative meetings					
4.7.14	Deliver the 2019/20 Patient Research Experience Survey (PRES) across Eastern.	Year on year increase of the survey response rate. Good quality data collected and recommended improvements made. Continuous improvement demonstrated in response to the survey results. Demonstrate we are listening to patient feedback via the "you said, we did" campaign.	DC	• Communications plan to promote research using PRES results • Demonstrate continuous improvement as a result of the 2018/19 PRES using the CRN's PRES I&I database • Delivery of the 2019/20 survey across all trusts in the region, demonstrate year on year increase in response rate • Full results of the 2019/20 survey provided to Trusts in Eastern and access to the survey database. • Work with Workforce Development to produce recommended actions from the PRES and influence staff training plans.	Q1 Q4 Q3 Q4				
4.7.15	Ensure active programmes of learning activities supporting PPI are in place	Work with WFD to provide PPI training to research staff where appropriate	DC/AS	• Provide PPI training session at the CRN's Advance Research in Practice Course • Provide PPI training session at the University of East Anglia's Foundation of Clinical Research Course • Provide PPI presentations to Specialty Group meetings on request • Work with POs to provide PPI training for staff	Q2 Q4 Q4				
		Offer and promote courses to patients, carers and public	DC/AS	• Offer MOOC through PPI hub site • Training and resources for PRAs	Q1				
4.7.16	The LCRN Host Organisation will ensure LCRN-funded staff can routinely access the NIHR Hub, digital and social media and other developing sites as required by the National NIHR CRN Coordinating Centre in order to reach out and engage diverse audiences in research.	Promote use of digital and social media to LCRN funded staff Increase accessibility to NIHR Hub sites	ER/DC/AS	• Offer social media guidance/training to staff • Maintenance of NIHR CRN Eastern 'microsite' • Development of a CRN Eastern 'intranet' site as a one-stop-shop for information and resources needed by all staff working to deliver NIHR clinical trials in the region • Continue to share/cascade NIHR sites and digital resources to all stakeholders, as appropriate	Q4				
4.7.17	Hold up to date information on patient, carer and public groups and stakeholder organisations.	Upkeep of a database holding up to date contact information for stakeholders and the third sector, which enables sharing of information.	DC/AS/AR	• Continue to record stakeholder contact details where appropriate	Q4				
4.7.18	Record and assess the impact of PPIE engagement activities delivered in the wider community.	Increase public reach through events.	HM/AS/DC	• Delivery of three red letter day events, in partnership with local NHS organisations and the third sector with summary reports for each event • Use of the 5 O's document to capture the impact from each event.	Q4				

4.7.19	Identify senior leader within team to take responsibility and participate in national PPIE initiatives to support delivery of PPIE across NIHR CRN.	Senior RDM leads PPI	HM	• Attend quarterly PPIE Forum network meetings and joint Communications and PPIE network meetings. • Participate in national PRES and PRA teleconferences • Share PPIE learning and experience with other LCRNs	Q4			
4.7.20	An experienced operation lead, with a specified PPIE budget to deliver PPIE plan.	1 x WTE PPI Manager Band 6 0.5 x WTE PPI Administrator Band 4	AS, DC & AR	• Mature team of PPI managers and administrator effectively delivering the work plan • Regular performance and planning reviews with senior PPIE lead				
8. Workforce, Learning and Organisational Development								
4.8.1	Continued CI leadership collaboration across our Networks - to identify further leadership projects and opportunities to work together	Further strengthen relationship between the LCRNs to ensure a more efficient/streamlined/integrated service delivery for our stakeholders.Sharing good practice of embedding a culture for I&I and driving improvement of HLOs. Record of what's been shared and shared/spread to other LCRNs.	Hannah Finch (East Midlands) Carly Craddock (West Midlands) Sally-Anne Hurford (Eastern)	• Continue to hold regular Hangout Meets with CI leaders in CRN Eastern, CRN East Midlands & CRN West Midlands and extend invites to staff from other workstreams/working groups as appropriate (including event attendees). • Develop (and engage with) Kanbanchi Board for collaborative CI leadership/culture projects • Hold the next collaborative Improvement and Innovation (I&I) Showcase Event • Delivery of joint project as outputs from 2018 showcase event: Sharing of information of key I&I projects, and engagement in LCRN priority projects (EDGE, HLOs, specialty objectives, PRES in ambulance service). • Continue sharing CI impact stories (minimum of four) through various comms channels	Ongoing Q1 Q3 Q4 Q4			
4.8.2	Continuous Improvement (CIm) - Work collaboratively across all 3 cluster LCRNs to further implement the NIHR Digital strategy (and previous CRN accelerating digital workstreams).	Aim to improve and increase our staff's ability and confidence in using digital technology. Develop a collaborative I&I communications plan to promote the CI agenda (focussing on use of social media & digital platforms) Social Media - Twitter campaign promoting I&I, each LCRN to run a Tweetchat on an I&I topic.	Hannah Finch (East Midlands) Carly Craddock (West Midlands) Sally-Anne Hurford (Eastern)	• Social Media - Twitter campaign promoting I&I, each LCRN to run a Tweetchat on an I&I topic. • Training needs analysis for CI Leaders in relation to use of social media • Delivery of training and other learning support to address training needs of CI staff • Develop a collaborative I&I communications plan to promote the CI agenda (focussing on use of social media & digital platforms)	Q2-4 Q2 Q3 Q2			
4.8.3	Trailling of and learning from adoption and spread of impacts from other LCRNs projects	Identification of one project that each LCRN could roll out in their CRN to maximise impact for the CRN as a whole. Lessons learned to feed in to Supra network leadership and national CI Leads group.	Hannah Finch (East Midlands) Carly Craddock (West Midlands) Sally-Anne Hurford (Eastern)	• Identification of a project that could be rolled out in own LCRN • Implementation of project locally and ongoing monitoring of impact • Lessons learned gathered and fed in to supranetwork cluster meetings, LCRN Senior Leadership Teams and national CI Leads	Q2 Q3 Q4			
4.8.4	Support an integrated approach to learning by working with CRN East and CRN West Midlands to develop and share training.	Forge relationships to support training and education between cluster LCRNs..	ET/DC Michele Eve (East Midlands), Hannah Wray (West Midlands)	• Meet with Workforce Development (WFD) leads from East and West Midlands to share all localised training course content with a view to negotiating equity of access to all. Courses/webinars/e-learning for all staff working on portfolio studies within the three LCRN areas. • Work towards having the same profile of courses across all three networks with the exception of locally defined training needs, as indicated by CRN Eastern Training Scoping Report 2019. • Develop a joint learning activity with East and West Midlands.	 Q1 Q4 Q4			
4.8.5	Drive a culture of modern learning by developing and delivering a WFD website	All LCRN staff have access to research learning via a WFD Training and Education website and have access to a variety of learning materials.	DC/ET link with CC CRN technologist.	• Develop a website for WFD workstream. • Provide access to National, Supra network and local training that includes different training delivery media i.e. online, podcasts; blogs; video etc through the website. • Assess each face to face course delivered locally by CRN Eastern facilitators to see what aspects can be delivered via e-learning	Q2 Q3 Q3			

4.8.6	In support of HLO 9a and 9b, focus a session within Essentials of Clinical Research and Advanced Research in Practice on reducing time taken to recruit first patient into studies from site selection	All staff coming through CRN Eastern training are made aware of NIHR HLOs 9a and 9b and also consequence of not meeting them.	DC/ET	• Ensure sessions within Essentials have facilitator notes and slide presentation is clear around requirements of HLO 9a and 9b • Focus a session during Advanced Research in Practice (ARIP) course on research practitioner responsibility in relation to meeting HLO 1, 2a, 2b, 9a and 9b • Support the ARIP 2018 winners with their feasibility training CI project by linking the winners to the National workstream for feasibility, helping with the project plan and roll out.	Q1 Q1 Q1			
4.8.7	Continue to involve patient and carers in training and education programmes	For patient and carers to have a role in training and education	DC/ET	• Use talking heads/blogs in telling patient stories in support of training delivery • Continue to invite patients and carers to deliver sessions within Essentials of Clinical Research course, Advanced Research in Practice course and Fundamentals of Clinical Research, Knowledge and Skills module at University of East Anglia	Ongoing Ongoing			
4.8.8	Support the High Level Objective 6d by providing access to research training and education to Non-NHS organisation staff	Provide research staff in non-NHS organisations research training in order to support them in the delivery of studies	ET/DC	• Discuss with RDMs the requirments for training and education for staff delivering studies in non-NHS settings • Scope what is already available from other networks in developing training for non-NHS settings • If appropriate, develop learning resources	Q1 Q1 Q2			
4.8.9	Continue to provide Good Clinical Practice (GCP) courses for LCRN staff with oversight of a GCP Programme Lead	As per the Performance and Operating Framework (POF), CRN Eastern has a named GCP Programme Lead who oversees the delivery of face to face GCP courses across the region	ET/DC/ GCP Admin	• Publicise Good Clinical Practice courses across the region on a regular basis • Manage facilitator application system. • Ensure all courses are delivered as per National standards and that all new versions of courses are adopted and delivered in CRN Eastern • Manage course booking and cancellation system. • Adhere to Quality Assurance process by assessing all facilitators on a two yearly basis • Ensure PO GCP links adhere to agreed GCP roles and responsibilities process • Have twice yearly face to face meetings with facilitators and two Tcons • Provide POs with GCP data from NIHR Learn metrics and evaluation data • Provide GCP evaluation data for facilitators	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Q4 Q4			
4.8.10	Expand education and training portfolio to the wider research community including Early Career Researchers (ECRs) and trainees **I&I**	ECRs to have access to learning and development to support them in their role	ET/DC	• Develop a specialty lead information pack about training and education available locally and nationally • Develop "green-shoots" training package • Provide more access to PI masterclass training across region by assessing what is happening already and provide courses where there are gaps • WFD lead will attend the quarterly Division 1 National Specialty Group leads meeting in April 2019 to present and contribute to discussions on trainee engagement for Cancer Research. In collaboration with the University of East Anglia (UEA) the Network has produced a Foundations of Clinical Research Masters module, which has been well-received by the 18/19 Green shoots cohort. From this discussion it is anticipated that an action plan will be developed in order that a similar offering could be used at a national level. • Meet with AHP Champions for CRN Eastern in May 2019 to see what training needs are required to support the growth of AHP researchers. • Maintain communication with Clinical Academic Pathway Health Education England Bridging Programme coordiinator for Eastern region to ensure CRN Eastern captures information about new clinical academic pathway opportunities.	Q3 Q3 Q2 Q1 Q2 Q4			
4.8.11	Respond to the results of the 2018/19 Patient Research Experience Survey by developing and delivering communication skills training for LCRN staff **I&I**	Communication skills training is provided for LCRN Staff which has a direct impact on improved patient experience	DC/ET	• Contact other LCRNs to see what is currently provided for communication skills training. • Ask for PO staff who have received some training previously and are skilled and experienced in communication within research to support the delivery of the training • If required develop a Communications course and pilot in one organisation • If the course is well received roll out for other organisations via a train the trainer system	Q1 Q1 Q2 Q3			

4.8.12	Continue to give opportunities for LCRN funded staff to contribute their knowledge skills and expertise across workforce by offering opportunities to become a Training Facilitator	Engaged LCRN funded staff share their knowledge and skills to contribute to the development and delivery of training for the region	DC/ET & all LCRN staff	• Promote the role of the training facilitator across the region via advertising campaign, word of mouth and at each Advanced Research in Practice course (ARIP) • Develop a facilitation skills training day • Continue to support post ARIP winner's CI projects on the development and sharing of best practice • Maintain facilitator application process documents • Maintain Quality Assurance process for CRN Eastern Training facilitators	Q3 Q3 Q4			
4.8.13	Adhere to NIHR CRN defined quality standards and processes applicable to learning materials by updating all current versions to new branding guidelines	All learning materials are branded correctly	DC	• Update all CRNE learning materials to new branding • Review courses awarded Continuing Professional Development (CPD) points for appropriateness and update • Ensure all courses follow same adminstration process and check effectiveness	Q1 Q3 Ongoing			
4.8.14	Support Partner Organisations (POs) to meet Care Quality Comission targets for Research	All POs have a clear idea of what is required to meet CQC requirements	ET	• Contact Lead Nurses/practitioners to find out what their Research Departments are doing to meet Care Quality Commision (CQC) targets for Research. • Support organisations who have not got a plan to meet CQC targets by sharing ideas and actions from active sites. • Staff awareness of research undertaken in and through the trust, how it contributes to improvement and the service level needed across departments to support it • Ensure there is a page on the WFD website allocated to CQC targets	Q1 Q2 Q3			
4.8.15	Continue to develop CRN Eastern Workforce Plan by establishing a profile of NIHR CRN funded staff employed within the LCRN geography.	A comprehensive workforce plan for LCRN staff that will enable a responsive and flexible workforce to deliver NIHR CRN Portfolio studies both current and anticipated.	ET RDMs	•Demonstrate active workforce planning by having discussions with partner organisations in relation to skill mix, roles and flexibility when funded posts become vacant. • Seek support for the new CRN Eastern Vacancy Approval system which requires partner organisations to clearly state role/banding requirement rationale • Signpost partner organisations to workforce planning part of WFD website which has links to the NIHR Integrated Workforce Framework to assist with workforce planning.	Q3 Q1 Q3			
4.8.16	In conjuction with Partner Organisations compile a survey which will be administered to staff funded by CRN Eastern which will collect and collate information regarding wellbeing in the workplace.	All LCRN-funded staff have a positive work environment including appropriate professional line management, performance reviews, continuing professional development plans and opportunities to undertake learning and development, in line with the NIHR CRN Workforce Development strategy	ET RDMs PO's	• Ask National WFD Leads for copies of their Wellbeing Surveys to support the development of Eastern's • Compile survey and submit for SMT approval via line manager • Ensure survey meets GDPR compliance • Communicate with partner organisations that survey is being sent out to funded staff • Send out survey • Collate results and present in a short report for SMT and partner organisations	Q1 Q1 Q1 Q2 Q2 Q3			
4.8.17	Continue to support the Tri-Network Coaching programme	All 3 CRN Core Teams have access to coaching to support them in their role	ET/ST in conjuction with CRN NW London and CRN KSS coaching community	• Ensure CRN Eastern is represented at Tri-Network coaching meetings • All CRN Eastern coaches share if they are active • Evaluate effectiveness of coaching programme through collection of feedback from coachees • All coaches seek supervision to support them in their role	Ongoing Ongoing Ongoing Ongoing			
4.8.18	In conjuction with Research Delivery Managers assess the learning requirements of the Study Delivery Officers (SDOs) in CRN Eastern and support an Induction and learning path for this group of staff	All Study Delivery officers receive a comprehensive induction and training path according to their needs	DC/ET/RDMs	• Assess current Induction arrangements for SDOs • Liaise with SDOs and RDMs to find out what is the basic package of training required • Develop an Induction and learning path document which will be managed by SDOs/RDMs • Evaluate learning path with new staff	Q2 Q2 Q2 Q4			
4.9.1								? Could mention development of GP research clusters here?
4.9.2								
10. Life Sciences								

4.10.1	Continue to foster relationships across the NIHR family to support the life sciences industry in understanding of the NIHR support available promoting "one NIHR" to avoid duplication and maximise opportunities	Increased engagement with SMEs and increased adoption of these projects onto the NIHR portfolio through embedding information on the CRN in applicable funding routes/ collaborators in the field.	JH	• CRN presence at life sciences events: • Small Business Research Intitiatives (SBRI) programme events • Academic Health Science Network (AHSN) Clinical Research Readiness Events • Any other relevant industry events • Developing relationships with non-NIHR partners to promote engagement with the NHS e.g.Health Enterprise East (HEE) • Join up the East of England pathway to signpost companies between partners at the various stages of project development	Q4			
4.10.2	Increase general awareness of the NIHR adoption process locally	Early introduction to the CRN and NIHR to SMEs at an early stage of project development lifecycle.	JH	• Launch of the clinical trial toolkit on the AHSN website. This will include details of partner organisation, the NIHR infrastructure and links to portfolio adoption. • Working with the Business Development (BD) team to develop and implement tools to support engagement (marketing) with Industry and the pathway through the infrastructure. The BD team with IOMs and NOCRI are working on defining the correct points of contact at the correct time. This work can be embedded in CRN Eastern's operations to ensure clarity when dealing with SMEs	Q1 Q4			
4.10.3	Integration of industry activity into CRN hub teams	An effective service to industry and a skilled and experienced workforce to deliver this	d/RDMs	• Continue to embed day to day Industry activity in the Hub teams creating a coherent service with a point of escalation to RDMs as appropriate. Production of an escalation procedure to ensure Industry matters are dealt with effectively through the single point of contact in a timely fashion.	Q1			
11. New Projects (to be completed at Mid Year /Annual Report if appropriate)								
4.11.1								
4.11.2								

Section 5: High Level Objectives

Columns F-G should be completed as part of the 2019/20 Annual Plan. Annual Plan for HLOs 1 and 7 only i.e. the greyed out rows do not require completion at this time.
Column H should be completed as part of the 2019/20 Mid Year Progress Report.
Column I should be completed as part of the 2019/20 Year End Report.

HLO	Objective		Measure	National Target	LCRN Target	Annual Plan Commentary (How target has been determined and supporting rationale)	Mid Year Commentary	Year End Commentary
1	Deliver significant levels of participation in NIHR CRN Portfolio studies	A	Number of participants recruited to NIHR CRN Portfolio studies	TBC (A)	50,000	The colllated target for 2019/20 from all Partner Organisations and Primary Care is 50,000 patients to be recruited. The key highlights from the increase are drawn from the following: Increases in Primary Care (PC) due this year: Academic: Safer, Fit East, ATTACK being the main studies, with many smaller background studies in set up. Cancer (Division 1): Increases are likely to be achieved if the ABSEIL study is rolled out this year after a major delay in 2018/19. Increases are likely to be achieved if a working group can establish large scale studies - see key project 4.5.9 (HC) Reproductive Health and Childbirth (Division 3): (HC) Discussion and collaboration on potential new projects with an investigator at the University of East Anglia may lead to improved HLO1 numbers if funding is secured. Potential large scale study on the horizon if 'key studies working group' can work to secure a research delivery plan (see 4.5.9) will potentially improve HLO1 if study is awarded to Eastern. Working with new investigators and CRN investment at Norfolk and Norwich University Hospital (NNUH) to increase Gynae portfolio at NNUH. Investment in Cambridge University Hospital (CUH) funding is likely to ensure new studies on the horizon can be realised improving HLO1. Potential collaboration with the Quadrum Institute, Norwich with a Neonatal study which will improve HLO 1. Paediatrics (Division 3): (HC) Discussion and collaboration with investigators at the University of East Anglia may lead to improved HLO1. Collaborating with the University of Leicester for potentially high recruiting questionnaire study in schools if funding is awarded (may need use of working group described in 4.5.9. to support non-NHS work) may lead to improvements in HLO 1. Investment at CUH will support new growth in wider portfolio of Paediatric Care (Neonatal, Haematology, Rheumatology, Neurology).		
		B	Number of participants recruited to commercial contract NIHR CRN Portfolio studies	TBC (A)	TBC	The Discover Me project is due to run in Eastern (40837). This genomics PC study has very high recruitment targets, with low challenge recruitment. The study is due to start in May 2019 for 12 months (6 months per practice). All GP clusters are on board. 30 sites have expressed interest and Eastern sites are currently being selected. This study will boost Eastern commercial targets this year. (HL)		
2	Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period	A	Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period at confirmed CRN sites	80%	80%	Continue to implement activity undertaken to improve HLO2a during 2018-19 and promote engagement with Partner Organisations to adhere to the principles of: accurate target setting; on-going study review and implementation of recovery action on a regular basis. Particular attention will be paid to engaging Cambridge University Hospitals (CUH), our largest Secondary Care partner and responsible for ~30% of Commerical activity, to embed these principles to deliver improved HLO2a performance. This will be achieved through the introduction of a NIHR Portfolio Studies Manager within CUH, whose remit will be to drive improvement on HLO2a in collaboration with CRN Eastern.		
		B	Proportion of noncommercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	80%	CRN Eastern has met or exceeded this measure throughout the 2014 - 2019 contract period. The end of year performance for 2018/19 was 85%. It is anticipated that this measure will continue to be met during 2019/20.		
3	Increase the number of studies delivered for the commercial sector with support from the NIHR Clinical Research Network	A	Number of new commercial contract studies entering the NIHR CRN Portfolio	TBC (B)		CRN Eastern will continue to work with local SME providers to encourage portfolio adoption of eligible studies. The joint brochure developed with other NIHR partners in 2018/19 (East of England Research Infrastructure: An Integrated Pathway), outlining services that each organisation provides will be used as a promotional pack at all hosted events where industry is present. The Clinical Industry Lead (JH) will continue to identify opportunities to increase the portfolio of Industry studies.		

		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%		See entry in Life Sciences section of key projects	
4			This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9.				
5			This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9.				
6	Widen participation in research by enabling the involvement of a range of health and social care providers	A	Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies	99%	100%	CRN Eastern has met or exceeded this measure throughout the 2014 - 2019 contract period. The end of year performance for 2018/19 was 100%. It is anticipated that this measure will continue to be met during 2019/20.	
		B	Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies	70%	70%	CRN Eastern will continue to encourage all Partners to hold a commercial portfolio, and due to work delivered in 2018/19 it is anticipated that this measure will be met.	
		C	Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies	45% (C)	45%	CRN Eastern has met or exceeded this measure throughout the 2014 - 2019 contract period. The end of year performance for 2018/19 was 50%.We anticipate that this measure will continue to be met during 2019/20.	
		D	Number of non-NHS sites recruiting into NIHR CRN Portfolio studies	TBC (D)	TBC	Action plan being developed in Q1 to increase opportunities to recruit into studies based at hospices. LCRN organising a stakeholder meeting in Cambridge on 4/4/19. The definition of non-NHS sites in the LPMS may need to be redefined to adequately identify this cohort of sites.	
7	Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies		Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, each year	25,000	2500 (TBC in Q1 but will yield greater than network share of 25,000/15)	Input from Partner Organisations has supported HLO7 target setting. One large recruiting study from 2018/19 has now closed to recruitment, which may have an impact on 2019/20 performance. However, an increase in recruitment to Neurodegeneration sub-specialties is expected and the number of Eastern led studies to remain stable. (*n*= 30 for 2018/19).	
8	Demonstrate to people taking part in health and social care research studies that their contribution is valued		Number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey, each year	10,000 (E)	1320	CRN Eastern has run a patient experience questionnaire for the last four years and has good participation from all Partner Organisations in the region. It is anticipated that at least 1000 participants to this survey will be recruited from CRN Eastern in 2019/20.	
9	Reduce study site set-up times for NIHR CRN Portfolio studies by 5%	A	Average study site set-up time for commercial contract studies, at confirmed Network sites (days)	TBC (F)	TBC	A dedicated post for Study Support Service Lead will be appointed in Q2 who will lead the improvement plan for this measure. They will ensure that systems are in place to improve performance for this objective.	
		B	Average study site set-up time for non-commercial studies (days)	TBC (F)	TBC	As above for commercial - study support service now covers academic and commercial portfolios with similar systems.	

HLO TABLE NOTES

1 Site set up time defined as "Date Site Selected" to "Date First Participant Recruited"
2 Average site set-up time defined as the median average of all individual site set-up times for all studies in a reporting year

(A)	HLO 1A / 1B	The Ambition values will be the mean of the annual values for the 5-year period 2014/15 to 2018/19
(B)	HLO 3A	The Ambition value will be an increase in the 2018/19 annual value
(C)	HLO 6C	Reverted to current value of 45%. Note 2017/18 outturn was 32%, and 2018/19 to Q3 is 33%
(D)	HLO 6D	The Ambition value will be the 2018/19 annual value plus 5%
(E)	HLO 8	The Ambition value of 10,000 respondents represents an increase of 14% on the 2018/19 outturn of 8,779 respondents
(F)	HLO 9A / 9B	The Ambition value will be the 2018/19 annual value less 5%

Section 7. LCRN Operating Framework Indicators (not required at Annual Plan Stage)

At Annual Plan stage the expectation is that any plans required to support delivery of LCRN Operating Framework Indicators are listed in Section 4: Key Projects or as appendices
Column C should be completed as part of the 2019/20 Mid Year Progress Report.
Column D should be completed as part of the 2019/20 Year End Report.

ID		Mid-Year Commentary (if required)	Year End Commentary (if required)
1.1	**Domain:** Governance and Management **Indicator:** Each LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre **Assessment Approach:** Monitoring of provision of key documents requested by the National CRN Coordinating Centre		
1.2	**Domain:** Governance and Management **Indicator:** Each LCRN Clinical Director and/or LCRN Chief Operating Officer attends all National CRN Coordinating Centre/LCRN Liaison meetings **Assessment Approach:** Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings		
1.3	**Domain:** Governance and Management **Indicator:** Each LCRN Host Organisation and LCRN Category A Partner submits an NHS Data Security and Protection Toolkit annual assessment to NHS Digital. All NHS Trusts were asked to provide an initial baseline assessment in October 2018. LCRN Host Organisations and LCRN Category A Partners should aim to achieve "Standards Met" (i.e. completed all mandatory evidence items and assertions). If "Standards Not Met" remains after completion or publication, the Host Organisation will be required to assess whether this impacts business delivered on behalf of the NIHR CRN. If this is the case, the Host Organisation is required to submit a report to the National CRN Coordinating Centre outlining the failure and mitigating actions to ensure improvement and achievement of the mandatory data security and protection standards. **Assessment Approach:** Review of submitted Host Organisation Report outlining failures and mitigating actions		
1.4	**Domain:** Governance and Management **Indicator:** Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners **Assessment Approach:** LCRN Annual Report		
1.5	**Domain:** Governance and Management **Indicator:** Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners **Assessment Approach:** LCRN Annual Report		
1.6	**Domain:** Governance and Management **Indicator:** Category C LCRN Partner flow down contract templates used to contract with all Category C LCRN Partners **Assessment Approach:** LCRN Annual Report		
2.1	**Domain:** Financial Management **Indicator:** Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the requirements of the LCRN Minimum Financial Controls Contract Support Document specified by the National CRN Coordinating Centre **Assessment Approach:** Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre		

2.2	**Domain:** Financial Management **Indicator:** Deliver robust financial management using appropriate tools and guidance **Assessment Approach:** ● Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%) ● Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%) ● Monitoring of financial management via LCRN financial health check process		
2.3	**Domain:** Financial Management **Indicator:** Distribute LCRN funding equitably on the basis of NHS support requirements **Assessment Approach:** Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements		
3.1	**Domain:** CRN Specialties **Indicator:** LCRN has an identified Lead for each NIHR CRN Specialty **Assessment Approach:** Each LCRN Host Organisation shall: ● Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information ● Notify the National CRN Coordinating Centre if there are changes within the financial year ● Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies		
3.2	**Domain:** CRN Specialties **Indicator:** Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings **Assessment Approach:** Attendance registers for National Specialty Group meetings		
3.3	**Domain:** CRN Specialties **Indicator:** Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews **Assessment Approach:** Review by the National CRN Coordinating Centre of evidence of support provided in LCRN Annual Plan and Report		
4.1	**Domain:** Research Delivery **Indicator:** Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN Coordinating Centre and available as part of the LCRN Contract Support Documents **Assessment Approach:** Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead		

4.2	**Domain:** Research Delivery **Indicator:** Each LCRN provides near time Minimum Data Set data items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS **Assessment Approach:** ● Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework elements of the LCRN Contract Compliance Assurance Framework ● Analysis of percentage of missing and inaccurate data points from each LCRN		
5.1	**Domain:** Information and Knowledge **Indicator:** Each LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system **Assessment Approach:** Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system		
5.2	**Domain:** Information and Knowledge **Indicator:** Each LCRN provides support for ongoing provision of an LPMS solution **Assessment Approach:** Review of budget line for provision of an LPMS in LCRN Annual Financial Plan		
5.3	**Domain:** Information and Knowledge **Indicator:** Each LCRN has in place a senior manager to coordinate business intelligence activities within the LCRN. The identified lead will participate in nationally agreed business intelligence improvement initiatives and attend national NIHR CRN business intelligence meetings **Assessment Approach:** ● Attendance registers for national NIHR CRN business intelligence meetings ● Individual's name and contact details provided to the National CRN Coordinating Centre		
5.4	**Domain:** Information and Knowledge **Indicator:** Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required **Assessment Approach:** Attendance registers for national CPMS-LPMS meetings		
5.5	**Domain:** Information and Knowledge **Indicator:** Each LCRN has a plan to ensure that the best researchers, wherever they are based, undertake clinical, and public health and social care research in the areas of England with the greatest health needs **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report ● Monitoring of national metrics relating to the priority disease areas specified by the Department of Health and Social Care		

6.1	**Domain:** Stakeholder Engagement and Communications **Indicator:** Each LCRN has an experienced and dedicated communications function to support national CRN, NIHR and local CRN objectives **Assessment Approach:** ● Individual's name and contact details provided to the National CRN Coordinating Centre ● Non-pay budget line for communications identified in LCRN Annual Plan		
6.2	**Domain:** Stakeholder Engagement and Communications **Indicator:** Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report ● Evidence of joint work with local NIHR infrastructure reviewed		
6.3	**Domain:** Stakeholder Engagement and Communications **Indicator:** Each LCRN has in place a senior leader experienced in PPIE to support national CRN, NIHR and local CRN objectives **Assessment Approach:** ● Individual's name and contact details provided to the National CRN Coordinating Centre ● Evidence of LCRN PPIE activity and continuous improvement based on recorded participant experience and reported in the LCRN Annual Plan and Report ● Non-pay budget line sufficient for PPIE plan delivery ● WTE role(s) identified in LCRN Annual Plan		
6.4	**Domain:** Stakeholder Engagement and Communications **Indicator:** Each LCRN records metrics of research opportunities offered to patients and users of wider health and care services **Assessment Approach:** ● Each LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc.) ● Evidence of local participant evaluation system ● Progress discussed at national PPIE meetings and reported in LCRN Annual Report		
6.5	**Domain:** Stakeholder Engagement and Communications **Indicator:** Each LCRN has in place an active programme of learning activities supporting patient and public involvement in research **Assessment Approach:** ● LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets ● Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan ● Programme of work and continuous improvement in participant involvement, engagement, learning activities and participant experience reported in LCRN Annual Report		

6.6	**Domain:** Stakeholder Engagement and Communications **Indicator:** Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG)) **Assessment Approach:** ● Review of outcomes as reported within LCRN Annual Report ● Review of performance on JDR		
6.7	**Domain:** Stakeholder Engagement and Communications **Indicator:** Each LCRN delivers the Patient Research Ambassadors (PRAs) project as specified by the National CRN Coordinating Centre **Assessment Approach:** Evidence of PRA activity, continuous improvement of project delivery and reporting of impacts in LCRN Annual Plan and Report		
6.8	**Domain:** Stakeholder Engagement and Communications **Indicator:** Each LCRN delivers and reports on the Patient Research Experience Survey, as specified by the National CRN Coordinating Centre **Assessment Approach:** ● Monitoring of the responses to the Patient Research Experience Survey as required by the Patient Research Experience Framework ● Patient experience survey findings and impacts reported to CRN Coordinating Centre with an accompanying plan for continuous improvement presented in LCRN Annual Plan and Report		
6.9	**Domain:** Stakeholder Engagement and Communications **Indicator:** Each LCRN develops and implements a plan to increase and continuously improve the quality of local healthcare engagement, capitalising on opportunities presented by national strategic initiatives such as new CQC research markers **Assessment Approach:** ● Review of plans for continuously improving engagement in LCRN Annual Plan ● Review of improvement plan outcomes and impacts as reported within LCRN Annual Report ● Evidence of piloting utilisation of new data on being asked about research from CQC Inpatient Experience Survey ● Evidence of corporate positioning as a helpful partner in supporting Partnership Organisations with new CQC requirements		

7.1	**Domain:** Workforce, Learning and Organisational Development **Indicator:** Each LCRN has a senior leader in place to coordinate workforce planning, recruitment, development and retention. The identified lead will participate in nationally agreed workforce development initiatives, drive a culture of modern workplace learning, and support the delivery of an integrated approach to workforce development across the NIHR CRN **Assessment Approach:** ● Individual's name and contact details provided to the National CRN Coordinating Centre ● Implementation of the local action plan to support the LCRN Workforce ● Review and monitoring of NIHR Learn metrics		
7.2	**Domain:** Workforce, Learning and Organisational Development **Indicator:** Each LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff **Assessment Approach:** ● Individual's name and contact details provided to the National CRN Coordinating Centre ● Implementation of a local action plan to support the CRN wide wellbeing framework		
7.3	**Domain:** Workforce, Learning and Organisational Development **Indicator:** Each LCRN has an active programme of activities that engage the wider workforce to promote health and social care research as an integral part of healthcare for all **Assessment Approach:** ● Evidence of a programme of learning opportunities provided in the LCRN Annual Plan and Report ● Increased engagement of local partners in promoting the work of the NIHR		
7.4	**Domain:** Workforce, Learning and Organisational Development **Indicator:** Each LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics **Assessment Approach:** ● Evidence of a programme of activities provided in the LCRN Annual Plan and Report ● Effective approaches shared by Continuous Improvement Leads at national meetings		
7.5	**Domain**: Workforce, Learning and Organisational Development **Indicator**: Each LCRN has in place a GCP Programme Lead, a suitably qualified individual responsible for strategic oversight of GCP education across their LCRN **Assessment Approach:** ● Individual's name and contact details provided to the National CRN Coordinating Centre ● Annual plan of appropriate face-to-face GCP training, suitably resourced using approved GCP Facilitators ● Review and monitoring of NIHR Learn metrics		

8.1	**Domain:** Business Development and Marketing **Indicator:** Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre **Assessment Approach:** ● Profile template submitted as part of LCRN Annual Plan ● Individual's name and contact details provided for assigned LCRN Profile lead in LCRN Annual Plan		
8.2	**Domain:** Business Development and Marketing **Indicator:** Each LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy **Assessment Approach:** ● Review and monitoring of LCRN Annual Plan ● Review of outcomes as reported within LCRN Annual Report		
8.3	**Domain:** Business Development and Marketing **Indicator:** Each LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers by actively engaging with the Business Development and Marketing team **Assessment Approach:** LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings		

Section 6: Specialty Objectives									
RAG Information:									
The RAG ratings are automated. Please select Complete, Green, Amber or Red from the drop-down menu in column G and I and the colour will update automatically.									
Columns F should be completed as part of the 2019/20 Annual Plan. **Columns G-H should be completed as part of the 2019/20 Mid Year Progress Report.** **Columns I- J should be completed as part of the 2019/20 Year End Report.**									
Complete (C)		Milestone(s) complete.							
Red (R)		One or more specified deliverable was not delivered by the Milestone Date.							
Amber (A)		There is a risk that one or more specified deliverable will not be delivered by the Milestone Date.							
Green (G)		On target to deliver all specified deliverables by the Milestone Date.							
Annual Plan						**Mid Year Report**		**Year End Report**	
Ref	**Objective**	**Specialties Included**	**Measure**	**Target**	**Local activities to achieve the national objective**	**RAG**	**Commentary**	**RAG**	**Commentary**

| 1 | To develop local LCRN schemes/programmes for promoting and improving early career researcher (ECR) involvement in NIHR research | All | A. LCRNs to have at least one named individual who acts as an ECR/Training Lead
AND
B. LCRNs to demonstrate year on year increases in ECR involvement in at least 50% of specialties (e.g. new PIs or CIs, links with Royal College or other professional organisations, record of ECR staff per specialty and the trials to which they are recruiting – they may not necessarily be LCRN funded) | A. 1 ECR/Training Lead per LCRN

AND
B. 5% Increase in ECR involvement in 50% of all specialties | Activities to ascertain baseline measurement

• Number of engaged ECRs in 2018/19 per specialty
• Number of new CIs, PIs and sub-investigators who are involved with Eastern Led studies and class themselves as ECRs according to definition
• Number and specialty of researchers who believe they fit the definition of an ECR who attend the Introduction to GCP and PI Masterclass (Information collated through evaluation forms on a quarterly basis)

A. Workforce Development Lead, Esther Thomas, is named LCRN ECR/Training Lead

Specialty Group Meetings plan

• Keep a register of attendees with ECR tick box as option at each Specialty Group meeting with ECR definition to support decision
• Keep records of what involvement ECRs have with meeting programme

B. Involvement Activities

ENT - We will invite trainees who attended the ENT and Audiology Trainees' Dragons' Den event held in December 2018 to update the Specialty Group on progress with their plans at the ENT Specialty Group meeting on 12 June 2019. We will also plan for a similar event to be held in 2019/20

Haematology - With support from the RDM, the newly appointed SGL will develop a project plan for increased ECR involvement in the delivery of haematology studies. A potential trainee lead has been identified to represent the LCRN at national events and liaise with the Haemstar lead regarding CRN Eastern involvement in Haemstar led studies. A formal appointment to the trainee lead role will be made in 2019/20.

Infection - An LCRN Infection and Immunology Medicine Clinical Research Symposium will take place in November 2019. This event is a follow up to the inaugural symposium held in November 2018 and is focussed at early career researchers. The SGL is also Training Programme Director for the Deanery and this was a mandatory training day for trainees across the region.

Ophthalmology - The LCRN is working with Deanery trainees on the organisation of their annual research day, which takes place on 21 June 2019, by identifying speakers and inputting into the agenda. Speakers will include CIs with portfolio adopted studies. The event will also include a training session on how to get involved in portfolio research.

Surgery - The LCRN will work with surgical trainees and Deanery Training Programme Director for Surgery to organise a trainee research focussed event.

Cancer - Ref. 4.8.9 – the WFD lead will attend the quarterly Division 1 National Specialty Group leads meeting on 25 April 2019 to present and contribute to discussions on trainee engagement for Cancer Research. In collaboration with the University of East Anglia (UEA) the Network has produced a Foundations of Clinical Research Masters module, which has been well-received by the 2018/19 Green shoots cohort. From this discussion it is anticipated that an action plan will be developed in order that a similar offering could be used at a national level.

Primary Care - Continue delivery of clinical research package via GP registrar training schemes across Eastern. Aim to ensure GP registrars are engaged in research in the GP research clusters that are training sites (included in the 2019/20 RSI cluster contract).

'non NHS settings' - (any managing specialty) offer relevant and appropriate training to teams in services new to NIHR research, both to raise awareness and / or develop competencies.

Cardiovascular - Expand on the Workforce Developemt Plan submitted for Cardiac surgeons to include cardiology registrars, linking in with the trainee programme at the Univeristy of East Anglia. Encourage the registrars to attend specialty meetings and present their research studies. A specialty meeting has been arranged | | | | |

| 2 | To increase opportunities for people to participate in health research in less established specialties (<70 open studies on the NIHR CRN Portfolio in April 2018) | ● Ageing
● Anaesthesia, Perioperative Medicine and Pain Management
● Critical Care
● Dermatology
● Ear, Nose and Throat
● Haematology
● Injuries and Emergencies
● Oral and Dental Health
● Public Health | Each LCRN to increase recruitment in studies or the number of studies open to recruitment within all of these nominated specialties | LCRN demonstrates either 5% increase in recruitment or 5% increase in open studies in ALL nominated specialties | The LCRN will demonstrate a 5% increase in OPEN STUDIES in the following nomilnted specialties or the LCRN will demonstrate a 5% increase in recruitment:

Anaesthesia, Perioperative Medicine and Pain Management (APOMP) - We will continue to Identify studies in which to participate via Specialty Group Lead (SGL) attendance at national APOMP Specialty Group Meetings (the Deputy RDM (dRDM) will deputise where necessary). In addition, the SGL will attend and and feedback from the National Institute of Academic Anaesthesia (NIAA) meeting scheduled for December 2019, which aims to bring together all key stakeholders in APOMP research and should flag up opportunities for APOMP research; There will be regular meetings between dRDM, Study Delivery Officer (SDO) and SGL to facilitate sharing of information on studies in the pipeline. The SDO will maintain circulation list of APOMP researchers and to circulate information on new studies, expressions of interest and site identifications using this. The LCRN will prioritise Early Contact & Engagement with CRN Eastern APOMP researchers, including Green Shoots & PA applicants; We will aim to increase the number of sites participating in CPMS 34612 PQIP & CPMS 33869 Flo-Ela, both of which are high recruiting APOMP studies; We will monitor development of the NIHR Academy Acute Care Incubator and identify opportunities for CRN Eastern engagement with this project as this NIHR Academy initiative is likely to identify research opportunities in APOMP. We will aim to demonstrate a 5% increase in studies in APOMP.

Critical Care - We will advertise and appoint a new Specialty Group Lead for Critical Care due to imminent departure of the current incumbents. We will identify studies to participate in via SGL attendance at national Critical Care Specialty Group Meetings (the dRDM will deputise where necessary). The LCRN Annual Critical Care Specialty Group meeting will be held on July 11th 2019 to facilitate sharing of information on studies in the pipeline with regional critical care researchers and research staff. The SDO will maintain a circulation list of Critical Care researchers and to circulate information on new studies, expressions of interest and site identifications. We will prioritise Early Contact & Engagement with CRN Eastern Critical Care researchers, including Green Shoots & PA applicants, Particular studies for promotion by the LCRN when adopted are EUROBACT (currently undergoing portfolio adoption), Bereavement in the ICU study (currently at grant submission); We will also monitor the development of the NIHR Academy Acute Care Incubator and identify opportunities for CRN Eastern engagement with this project as this NIHR Academy initiative is likely to identify research opportunities in Critical Care. We will aim to demonstrate a 5% increase in recruitment in Critical Care.

Ear, Nose and Throat - The LCRN will identify studies in which to participate via SGL/Audiology Champion attendance at national ENT Specialty Group and Portfolio Development Meetings (dRDM to deputise where necessary). The LCRN will continue to hold six monthly ENT Specialty Group meetings (next scheduled for June 12th 2019) to facilitate sharing of information on studies in the pipeline with regional ENT researchers and research staff. The SDO will maintain a circulation list of ENT researchers and will circulate information on new studies, expressions of interest and site identifications using this. We will prioritise Early Contact & Engagement with CRN Eastern ENT researchers, including Green Shoots & PA applicants; We aim to increase the number of sites participating in the Eastern led study CPMS 38285 MACRO. We will continue to engage with our Early Career Researchers who presented their initial research ideas at Dragons' Den event in December 2018 to ensure that portfolio adoption for their projects is sought, where possible. We will evaluate the impact of the Dragon's Den event with the potential for a repeat event in 2019/20. In addition, we will work with the Audiology Champion to identify opportunities for audiology research in CRN Eastern. We will aim to demonstrate a 5% increase in recruitment in ENT.

Haematology - The LCRN will support the newly appointed SGL as she develops an understanding of the requirements of the role and opportunities | | | | |

| 3 | To broaden participation within well-established specialties, particularly in areas or groups who have historically been underrepresented on the NIHR CRN Portfolio | Cancer
● Cancer Surgery
● Radiotherapy
● Rare Cancers
● Teenage and Young Adults

Diabetes
● Diabetes managed, Primary Care supporting PLUS Primary Care managed, Diabetes supporting PLUS any specialty managed, if both Diabetes AND Primary Care are supporting

Hepatology
● Nonalcoholic fatty liver disease
● Nonalcoholic steatohepatitis

Gastroenterology
● Endoscopy

Injuries and Emergencies
● Pre-hospital care and Trauma

Infection
● Antimicrobial Resistance

Mental Health
● Children and Young People

Metabolic and Endocrine Disorders
● Obesity

Respiratory Disorders
● Rare Diseases

Stroke
● Hyperacute AND Acute Care Studies (sum of both)

Cardiovascular Disease | | A. 5% increase in recruitment for 50% of the nominated subspecialties

B. Cardiothoracic surgery workforce plans implemented | From the 15 specialties managed in Hub 136, we would like to put forward the following (enter number) specialties in which to demonstrate a 5% increase in recruitment:

Also consider:

Cancer
● Cancer Surgery
Our region has strength is urological, breast, colorectal cancer and neurosurgery . Most of the surgical research activity is at CUH, where these teams have developed their own infrastructure to support locally-led research studies. A limiting factor to expand across other areas of cancer surgery both in CUH and across the region is lack of infrastructure support. A good example of this is the EMT2: EPA for Metastasis Trial 2 (CPMS: 34700) – a study that the HPB surgeons would very much like to recruit to, but they have no research staff support of their own and CRNE has no spare capacity to assist. In 2019/20, a key goal will be to try to facilitate surgeons wishing to undertake research, potentially by working with Div 6 colleagues to share resources.
● Radiotherapy
Recruitment to Cancer radiotherapy trials in CRN Eastern stands at 494 patients recruited into 28 trials during 18/19 and the network will plan to improve on this performance. The following studies will contribute:
● PRIMETIME recommencing recruitment
● PIVOTAL BOOST
● STAMPEDE
● AZD 1390 (CPMS 37040), currently the only commercial study due to close 9/20.
It is expected that increases in RT studies will be realised due to the increase in SABR technologies and also the establishment of proton technology in the UK. Two studies are currently in the pipeline for SABR and new study applications are being developed locally at CUH.
There are a number of constraints which will be mitigating factors to expansion, for example the difficulty being experienced in recruiting to clinical oncology vacancies. Peterborough currently have 3 vacancies and Ipswich has had difficulties with recruiting in radiotherapy.

● Rare Cancers
The Rare Cancer portfolio is supported by Helen Hatcher, SSGL for Sarcoma, based at CUH. Plans for 19/20 include further recruitment to the SAMS study, commercial study SEAL (CPMS 38669) with 2 further commercial studies in the pipeline. Expansion of recruitment into rare cancer studies will be supported by CRN funded RN and the rest of the 'rare team' at CUH. Referrals to CUH continue to be actively supported, and MVCC link with UCL rather than CUH. Other rare cancers are recruited at CUH in particular, including trials recruiting patients with GISTs, cholangiocarcinomas, germ cell tumours, uveal melanomas and brain tumours.

● Teenage and Young Adults
The LCRN will continue to make a significant investment in 19/20 by funding a dedicated 1.0wte TYA nurse to support the recruitment of cancer patients in this age group. The staff member is based at the Principal Treatment Centre in CUH. Our LCRN also has 6 hospitals in region with designated status for TYA cancer care. The main action for 19/20 will be to improve the way in which we are able to record the numbers of cancer patients in the 16-24 age category.

● Hepatology - Nonalcoholic steatohepatitis
We have a number of open studies for this subspecialty area and as a result there is scope for additional recruitment into this area in 2019/20. We have a specialist in nonalcoholic steatohepatitis who is participating in many of the open studies. Finally, we are placing additional resource into our hepatology nursing team at our main teaching hospital. This additional nursing resource will work alongside the specialist in nonalcoholic steatohepatitis and will therefore directly support these studies.

● Gastroenterology - Endoscopy
We have two studies researching imaging in Barrett's Oesophagus which should recruit well in 2019/20. There are also endoscopy studies in the pipeline that will be opening in 2019/20 which will further increase the potential for an increase in recruitment into this subspecialty. We now have one of the largest endoscopy suites in Europe open at one of our main teaching hospitals and | | | | |

#	Objective	Specialties	Milestone	Target	Progress				
4	To ensure specialty or sub-specialty representation and leadership is embedded in all LCRNs	● Ear, Nose and Throat - Audiology Champion ● Infection - STI Champion ● Health Services Research Champions ● Oral and Dental Health - Primary Care Dental Champion ● Public Health Champion ● Renal Disorders - Urology Champions	All nominated specialties to have a local named Champion	15 LCRNs	**Ear, Nose and Throat (ENT) - Audiology Champion** - appointed and in post since September 2017. The audiology champion works closely with the ENT Specialty Group Lead (SGL), ENT NIHR CRN Trainee Lead and Deputy Research Delivery Manager (dRDM) to plan and deliver local Specialty Group Meetings and performance manage the local NIHR ENT Research Portfolio. Audiology Champion attends national ENT Specialty and Portfolio Development Meetings and links the LCRN into the national Audiology network via the British Society for Audiology. Plans for financial year 2019/20 include: - Attendance at National Meetings - Assist dRDM and SGL with preparations for the CRN Eastern ENT Specialty Group Meeting scheduled for 12 June 2019 and other regional CRN meetings in 2019/20. - Support dRDM and Study Delivery Officer (SDO) with Early Contact and Engagement activities involving audiology researchers. -Assist dRDM and SDO with Performance Management of the local ENT Portfolio. **Infection - STI Champion** - appointed and in post since October 2018. Postholder is a Clinical Nurse Specialist based at iCASH (integrated contraception and sexual health) service. iCash provide contraception and sexual health services to most of the Eastern region and are therefore ideally placed to lead on STI research in the region. Plans for financial year 2019/20 include: - Attendance at National Meetings - Assist dRDM and SGL with preparations for the Infection and Immunology Medicine Clinical Research Symposium to take place in November 2019. This event is a follow up to the inaugural symposium, which took place last year and is focussed mainly at early career researchers but also those that have some research track record but are perhaps wanting to return to or become more involved in research. - Support dRDM and Study Delivery Officer (SDO) with Early Contact and Engagement activities involving STI research. -Assist dRDM and SDO with Performance Management of the local STI Research Portfolio. - Meet regularly (bi-monthly) with Infection SGL and dRDM to plan, coordinate and manage STI research in CRN Eastern. **Health Services Research** - Currently seeking maternity cover for SGL who will be actively involved in the HSR champion appointments. **Public Health** - Advertisement open for a new SGL and will make appointments to the PH champions roles following. Seek to make appointment strategically to fit with the developing portfolio. **Renal Disorders** - Two Urology Champions. Dr Liaqat Chowoo at Bedford Hospital and Dr Suzanne Biers at Cambridge University Hospital **Oral & Dental** - The Eastern Specialty Group Lead will identify this individual and develop a work plan for the role. We envisage this will include supporting study feasibility and engagement work with general dental practitioners.				
5	To record the age (or year of birth) of participants recruited into NIHR CRN Portfolio studies in order to assess the extent to which recruitment age profiles match the age demographics of the incidence/prevalence of diseases	● Ageing ● Cancer ● Children ● Dementias and Neurodegeneration ● Mental Health ● Neurological Disorders	For the six nominated specialties, 80% of Trusts/Research organisations within each LCRN either to: A. Record age (or year of birth) for NIHR CRN Portfolio study participants from April 2019 so that anonymised data can be extracted from LPMSs directly OR B. Provide the LCRN with a quarterly report of anonymised age data, relating to participants in NIHR CRN Portfolio studies OR C. If neither (A) or (B) above are currently possible within an LCRN, to develop a plan/solution for implementation in 2020/21 that will allow age data to be obtained for participants in NIHR CRN Portfolio studies from 80% of Trusts/Research organisations	For all studies within the six nominated specialties, 80% of Trusts/Research organisations within an LCRN either: A. To record age (or year of birth) in the LPMS OR B. To provide anonymised age data on participants OR C. The LCRN to develop a plan that will allow age data to be collected for NIHR CRN Portfolio studies from 80% of Trusts/Research organisations by 2020/21	The LCRN's BI team will initiate the 'Year of Birth' / 'Age of Consent' fields into the EDGE database as soon as this functionality becomes available from the EDGE developers in Q2 of 2019/20. Then begin working with all trusts to ensure that this field is mandated for completion. Exception reports will be generated in order that gaps in this information are highlighted to all Trusts. In the meantime, implemention of a local 'workaround' contingency measure in the event of this function not being available from EDGE before end of Q2.				

Section 8: Financial Management

8.1	Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2019/20. (For example particular studies that require large investment, concentration on a particular Specialty)	CRN Eastern has a fully devolved model of funding in which Partner Organisations (POs) are expected to deliver within their funding envelope, derived from the local financial model developed during 2018/19 and outlined in section 8.3. Any studies that might result in signficant variance from POs' alloted allocation will be reviewed on case by case basis and additional funding may be granted according to their stratgic importance. The decison to adjust a POs funding will be ratified by the Exec and Partnership Group where necessary.	
8.2	In respect of the LCRN 2019/20 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this		

*Notes	1. It is assumed that the Local Funding Model is net of any National Top Slice as these are pass through costs
	2. If the funding element category is not applicable to your Local Funding Model, please enter 0%
	3. The percentages (%) entered in the table should equate to 100%

Funding Element	Examples	Description of model	% of Total CRN Funding Budget 2019/20 Budget (Please note that these should total 100%)
Host Top sliced element	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team	Top sliced (RTTQA and NSL) paid as passthrough to POs. Consultant PAs (following full PA review in 2018/19). Hosted staff, Core Leadership team and Host Support costs. Note that Eastern has 3 RDMs hosted at POs. PPIE, Comms and workforce are hosted at NNUH.	21%
Block Allocations	Primary Care, Clinical Support Services (i.e. pharmacy)	Primary Care per patient and RSI costs, Clinical support services (Pharmacy, Pathology, Radiology etc)	7%
Activity Based	Recruitment HLO 1, number of studies	50% fixed element (based on 2018/19 delivery funding) plus ABF weighted recruitment and HLO1 raw recruitment - no. of studies. See also 8.3	64%
Historic allocations	PO funding previously agreed	No element based on historic allocations	0%
Performance Based	HLO performance, Green Shoots funding	HLO 2a Commercial RTT - see also 8.3	7%
Population Based	Adjustments for NHS population needs	No adjustment for population-based element	0%
Project Based	Study start up	No funding attributed as Project Based	0%
Contingency / Strategic funds	Funds held centrally to meet emerging priorities during the year	Investment funding to be allocated as funding to be invested in disease prevalence - see also 8.5	2%
Other funding allocations		None	0%
Total			100%
		Cap and collar applied to individual PO allocations of +/- 10%	10% Cap
Cap and Collar	Please provide your upper and lower limits if applicable		10% Collar
Comments			

8.3	If the 2019/20 local funding model methodology has changed since 2018/19, please give a brief description of the changes	A Financial Working Group (FWG) comprising representatives from 7 POs was established during 2018/19 to explore alternative models for funding distribution during 2019/20 (and 2020/21, with a review at 12 months). In July 2018 2 models were presented to the Partnership Group (PG) and partners were asked to vote on their favoured option. The principles of the agreed model are briefly outlined below: * 50% fixed funding based on previous allocation * PO delivery (excluding other funded costs for Management, Network, Primary Care and Hosted posts etc) * Recruitment data uses 2-year window as basis for calculations (12 months 2017/18 & 9 months 2018/19, extrapolated for 12 months) * 50% remaining historic Activity Based Funding (ABF) using weighted recruitment (70%), raw recruitment (10%) and Commerical RTT (HLO2a; 20%), based on number of passes x pass rate * Adjustments to apply 10% cap/collar for stability where needed so no POs receive >110% or < 90% of the previous year's funding.	

8.4	Please confirm whether monitoring visits will be taking place over the course of 2019/20. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion (by spend) of your Category A Partner organisations are being monitored	CRNE will carry out an annual visit to POs during 2019/20, except for those with minimal funding where there are no particular areas of risk or concern. This is in line with guidance issued by the NIHR CRN Minimum Controls version 3.0 issued in January 2018, and in accordance with the CRNE SOP established January 2018. CRNE has taken the approach that "minimal funding" represents less than 2% of the total annual allocation. On this basis there are 7 Category A POs who fall below this limit. As there are currently no significant risks or concerns surrounding these POs for 2019/20 these POs will fall outside the current requirements, but this will be continually monitored. As a result, CRNE will perform monitoring visits for 61% of our total Category A Partners (11 POs) in 2019/20, which represents coverage of 76% of our total AFP. Dates and attendance of monitoring visits have been set out in the CRNE PO Monitoring SOP and workplan.
8.5	Please confirm how much is being spent on addressing disease prevalence; a minimum of 2% of budget is required. This should be highlighted as 'strategic funding' in the CRN Finance Tool	At AFP our total investment funding of £302K has been allocated as funding to be invested in disease prevalence and reported as Strategic Funding as required. In discussion with the Executive it was agreed that a number of projects had support already agreed for 2019/20 to address the remit of improving the relevance of the LCRN research portfolio to local population health needs. The total amount of committed funding will be calculated in April 2019 and offset against the 2% funding requirement, which equates to £367K. Any deficit in funding will be met from the investmentfund before any general investment bids are invited.
8.6	What are the key financial risks and mitigations for 2019/20?	The key risks to achieving a balanced plan are similar to those of previous years. The plan has been set with a vacancy factor of £1.0m, which is slightly lower than that held in 2018/19. CRNE operates a central monitoring process for all vacancies held across the Network. This process enables us to maintain tight control over Network resources and to monitor achievement of the vacancy target during the year. At AFP stage there is likely to be some uncertainty as to the level of required payments to Primary Care Contractors due to the potential for delays in study delivery and the difficulty in calculating robust forecasts. These forecasts are reviewed quarterly and in Q1 we will be in a better position to assess progress on key studies and their realistic performance. Following implementation of the new 2019/20 funding model, there has been a re-distribution of funding across our POs (subject to cap and collar), which requires some POs to embed savings targets within their overall allocation. Affected partners have been asked for detailed plans to demonstrate how they intend to achieve these savings and CRNE will ensure that these plans are adhered to and that no additional costs will be reported against a PO in the financial returns.
8.7	In which financial year did your previous internal audit take place? Have all of the auditor's recommendations been implemented and, if not, when will they be implemented?	An internal audit in respect of LCRN funding was carried out by RSM Risk Assurance Services during the 2018/19 financial year (September 2018), with clear objectives identified in line with the minimum scope requirements specified by the CC. Audit opinion was 'reasonable assurance', with 1 medium and 1 low priority action point. 1. Low priority - The CRN will instruct POs to record all staff assigned to studies on to EDGE, whether commercial or non-commercial. 2. Medium priority - Partners will be requested to demonstrate the recovery and reinvestment of commercial income received where CRN funded staff have been used. In respect to point 2, a paper has been drafted for presentation at April's Partnership Group (23/4/2019) for actions relating to recovery and reinvestment of CRN funded staff. We expect that the recommendations made in the paper will be implemented by Partners within the new financial year.
8.8	If the next internal audit is due in 2019/20, please give the estimated date of the audit	Not Applicable

Section 9: Appendices

Ref no	Title	Link
Annual Plan Appendices		
AP Appendix 1	Business Development and Marketing Profile **(Please update using Google Suggesting mode / Track-changes)**	https://drive.google.com/file/d/1s0Wr31VMbOMoq-E6LzElkZoUXdBLIGhY/view?usp=sharing
AP Appendix 2	Workforce Plan	https://docs.google.com/spreadsheets/d/1DOEazTmb2DGV2jYQ9MbbvH0_mF5EnUsBeh2Xy0Z4SbI/edit?usp=sharing
AP Appendix 3	Risk and Issues Log	https://drive.google.com/file/d/1gETMHZouZ3zP3lZHtRPiNiPGD1AbuiVU/view?usp=sharing
AP Appendix 4	PPI Work Plan	https://drive.google.com/file/d/1h4jCF-w_D9hkmgAPYUD2ifOMqmEBixQF/view?usp=sharing
AP Appendix 5	I&I Projects	https://docs.google.com/spreadsheets/d/1OODmBrbkXTt78DK_xALlzH-10gnrLtp0zrzHPEuVSGE/edit?usp=sharing
Please add additional appendices as needed		
Mid Year Progress Report Appendices		
MYPR Appendix 1	LCRN Fact Sheet	
MYPR Appendix 2	Risk and Issues Log	
Please add additional appendices as needed		
Annual Report Appendices		
AR Appendix 1	LCRN Fact Sheet	
AR Appendix 2	Finance section for the LCRN Fact Sheet	
AR Appendix 3	LCRN Category B Providers	
AR Appendix 4	Non-Supported Non-Commercial Studies	
Please add additional appendices as needed		

Section 10. Glossary

Abbreviation	Definition
AHSN	Academic Health Sciences Network
APOMP	Anaesthesia, Perioperative Medicine and Pain Management
ARIP	Advanced Research in Practice
BI	Business Intelligence
CI	Chief Investigator
CIm	Continuous Improvement
CPMS	Central Portfolio Managment System
CPWR	Cost Per Weighted Recruit
CRNCC	Clinical Research Network Coordinating Centre
CSL	Clinical Specialty Leads
DHSC	Department of Health and Social Care
ECR	Early Career Researchers
ENT	Ear, Nose and Throat
EOI	Expression of Interest
ETC	Excess Treatment Costs
GCP	Good Clinical Practice
HLO	High Level Objective
I&I	Improvement and Innovation
LCRN	Local Clinical Research Network
LPMS	Local Portfolio Management System
LSL	Local Speciality Lead
MHRA CTA	Medicines and Healthcare products Regulatory Agency Clinical Trial Authorisation
NIHR	National Institute for Health Research
NNUH	Norfolk and Norwich University Hospitals NHS Foundation Trust
PA	Programmed Activity
PG	Partnership Group
PH	Public Health
PI	Principle Investigator
PO	Partner Organisation
PPIE	Patient and Public Involvement and Engagement
PRA	Patient Recruitment Ambassador
PRES	Patient Research Experience Survey
POF	Performance and Operating Framework
QA	Quality Assurance
R&D	Research and Development
RAG	Red, Amber, Green
RDM	Research Delivery Manager
RDS	Research Design Service
RTT	Recruitment to Time and Target
SDO	Study Delivery Officer
SGL	Specialty Group Leads
SME	Small and Medium sized Enterprises
SMT	Senior Management Team
SSS	Study Support Service
STP	Sustainability Transformation Plan
TOR	Terms of Reference
WFD	Workforce Development