

**Trust Board Meeting in Public: Wednesday 11 July 2018**

**TB2018.69**

<b>Title</b>	<b>NIHR Clinical Research Network Thames Valley and South Midlands Progress Report</b>
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<b>Status</b>	For approval
<b>History</b>	The Trust hosts the NIHR CRN Thames Valley and South Midlands (LCRN). This report is to provide an update on the progress of the network and to submit the 2017-18 Annual Report and the 2018-19 Annual Delivery Plan to the Trust Board for approval.

<b>Board Lead(s)</b>	<b>Dr Tony Berendt, Medical Director</b>			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

## Executive Summary

1. This paper will provide an update to the Board as Host of the LCRN on the progress of the network.
2. The Trust Board will be asked to approve the 2017-18 Annual Report which is attached as Appendix 1
3. The Trust Board will be asked to approve the 2018-19 Annual Delivery Plan which is attached as Appendix 2
4. Overall recruitment to NIHR CRN Portfolio studies in 2017-18 was 43,000 participants which was slightly behind both target (45,000) and the prior year (47,000). Nevertheless, the region remained the 2 <sup>nd</sup> highest recruiting network per head of population.
5. Oxford University Hospitals NHS Foundation Trust was the highest recruiting trust nationally with 21,000 recruits. Buckinghamshire Healthcare NHS Trust and Milton Keynes University Hospital NHS Foundation Trust were the second highest recruiting trusts nationally in the medium and small acute categories respectively.
6. The LCRN met the objective of ensuring that at least 80% of studies achieved their time and target metrics for non-commercial lead network studies (87%) but missed the target for commercial sites (72%).
7. An overall target for recruitment of 45,000 for 2018-19 has been set. This includes a target of 1,700 for Dementias and Neurodegeneration (DeNDRoN) studies.
8. Priority activities for 2018-19 include- <ul style="list-style-type: none"> <li>• Delivering a more consistent performance against time and target metrics for both commercial and non-commercial studies</li> <li>• Developing the functionality for trusts to use Studyline to manage their activities to ensure that their systems contain up to date study and recruitment data at all times which will then feed through to the national CPMS system</li> <li>• Promoting Portfolio balance and equity of access for patients to research across the region in both NHS and non-NHS settings</li> <li>• Exploring opportunities to support Public Health research</li> <li>• Implementing new procedures for the processing of Excess Treatment Costs in line with the new national guidance from NHS England</li> </ul>
9. The LCRN delivered a break even financial year-end position in 2017-18. The budget has increased to £15.2m in 2018-19 (£14.4M in 2017-18) as a result of its strong performance.
10. The Annual Plan was approved by the NIHR CRN Co-ordinating Centre in May 2018. Both documents have also been approved by the LCRN Partnership Group.

**Recommendation**

The Trust Board is asked to-

- Note this progress report
- Note the contract extension until 31<sup>st</sup> March 2022
- Approve the LCRN 2018-19 Annual Delivery Plan and the 2017-18 Annual Report

**Dr Tony Berendt**  
**Medical Director**  
**July 2018**

Report prepared by:

Val Woods, Chief Operating Officer, NIHR Clinical Research Network Thames Valley and South Midlands (LCRN)

**Appendix 1**

NIHR Clinical Research Network Thames Valley and South Midlands - Annual Report 2017-18

**Appendix 2**

NIHR Clinical Research Network Thames Valley and South Midlands – Analysis of Study Recruitment 2017-18

**Appendix 3**

NIHR Clinical Research Network Thames Valley and South Midlands - Annual Delivery Plan 2018-19

## NIHR Clinical Research Network Thames Valley and South Midlands (LCRN)

### 1. Introduction

- 1.1. The NIHR Clinical Research Network is the clinical research delivery arm of the NHS. The Trust was initially appointed to host the local branch (NIHR Clinical Research Network Thames Valley and South Midlands) for a fixed term period of 5 years from 1<sup>st</sup> April 2014 until 31<sup>st</sup> March 2019. The contract has now been extended for a further 3 year period with a revised end date of 31<sup>st</sup> March 2022. This paper provides an update to the Board as Host of the LCRN on the progress of the network during its fourth year of operation.

### 2. 2017-18 Annual Report

- 2.2. The LCRN Annual Report is included in Appendix 1 and further details regarding the LCRN's recruitment to studies across each of its partner organisations and Specialties in 2017-18 are included in Appendix 2.
- 2.3. Governance and management arrangements remained unchanged during 2017-18 and OUH has continued to fulfil its responsibilities as an LCRN Host in line with the DH/LCRN Host Organisation Agreement and the Performance and Operating Framework.
- 2.4. Overall recruitment to NIHR CRN Portfolio studies in 2017-18 was 43,000 participants which was slightly behind both target (45,000) and the prior year (47,000). The shortfall occurred because the region's highest recruiting study (which runs across all the maternity units in the region) was paused for 4 months whilst an amendment to the protocol was processed. A shortage of suitable studies also meant that the LCRN missed its Dementia and Neurodegeneration recruitment target, with 1,300 recruits against a target of 1,600, although the pipeline for 2018-19 is stronger. Nevertheless, the region remained the 2<sup>nd</sup> highest recruiting network per head of population. Oxford University Hospitals NHS Foundation Trust was the highest recruiting trust nationally with 21,000 recruits. Buckinghamshire Healthcare NHS Trust and Milton Keynes University Hospital NHS Foundation Trust were the second highest recruiting trusts nationally in the medium and small acute categories respectively. The LCRN met the objective of ensuring that at least 80% of studies met their time and target metrics for non-commercial lead network studies (87%) but missed the target for commercial sites (72%). Improving consistency will be a priority for 2018-19.
- 2.5. The LCRN recruited to 29 of the 30 CRN Specialties during the year and the remaining Specialty (Ageing) now has 3 studies in set up. Several Specialties expanded their recruitment to additional sites and settings and a permanent base for the LCRN has now been established at the Horton Hospital. The Direct Delivery Team also expanded further during the year, recruiting participants into studies across Surgery, Injuries and Emergencies, Oncology and ENT Specialties. Flexible working approaches to research delivery were further developed, a key success being the delivery of the Invictus study which involved releasing and backfilling LCRN-funded research nurses in secondary care from their usual duties to work in 6 GP surgeries alongside dedicated primary care research nurse teams. These staff reported a positive

experience, and collectively recruited over 800 patients to this commercial trial over 7 weeks.

- 2.6. The LCRN has now embedded its Study Support Service offering to provide support and guidance to researchers at all stages of their research journey and OUH's local R&D system (Studyline) is now being used by all the partner trusts across the region as their single Local Portfolio Management System (LPMS) solution. Work to develop an effective solution for primary care settings has now also commenced. The network has increasingly engaged with the life sciences industry, running a successful regional industry event in conjunction with the Oxford CLARHC in December 2017. This brought together CROs, researchers, trust staff, university staff, pharmaceutical companies and SMEs with a variety of presentations and workshops tailored either to the pharmaceutical industry or medical devices/technology.
- 2.7. The LCRN workforce development team trained over 500 people on courses (including Introduction to GCP, GCP Refresher, Valid Informed Consent, Next steps in Clinical Research Delivery) and an additional 200 people via local webinars. In addition, a joint research education stakeholder event was run in collaboration with HEE which resulted in a map of research education providers as well as a directory of training available to LCRN staff across the region. The LCRN's Research Fellow scheme is now in its second year and a further 5 fellows were appointed. This scheme is designed to nurture a cadre of research capable clinicians and build future research capacity in the NHS whilst supporting and developing recruitment into NIHR CRN Portfolio studies. The posts are each funded equally between the LCRN and partnering organisations. The programme is being extended in 2018-19 with the appointment of a further 6 Research Fellows.
- 2.8. The network continued to develop its communications and engagement activities, participating in many events including the LCRN Annual Awards evening. A total of 40 press releases were distributed to local media about trials supported by the CRN, backed with case studies. This resulted in more than 140 items of coverage. The network also co-ordinated publicity for two stories led from OUH about flu and meningitis vaccines which attracted significant national media coverage. Digital communications are now a priority and the LCRN grew its presence significantly on Twitter, Facebook, LinkedIn and Instagram.
- 2.9. The LCRN is part of a single national network, and has made significant progress in work streams with the NIHR CRN CC and fellow LCRNs on the development and implementation of national guidance and processes during the year. Several members of the senior management team are leading on national projects. In particular, the network is working closely with fellow LCRNs within its regional cluster (Wessex, West of England and Peninsula) to identify and implement best practice initiatives and drive continuous improvements.

### **3. 2017-18 Financial Reporting**

- 3.1. The LCRN was allocated a core budget of £14.4m in 2017-18. Research Capability Funding (RCF) is no longer allocated to the NIHR CRN networks and was only made

available to NHS trusts. All required returns were submitted to NIHR CRN CC in line with requested timescales and a break even position at year end was delivered.

- 3.2. No internal audits of the financial arrangements were undertaken, but the NIHR CRN CC provided quarterly feedback on the quality of the financial returns reporting that the work of the R&D Finance team and LCRN is of high quality. The next internal audit is expected in 2018-19 and a programme of audit work in partner trusts will be included for the first time.
- 3.3. The budget enabled the LCRN to increase funds available to trusts for research delivery and target initiatives to deliver improved Portfolio balance across Specialties and better equity of opportunity for patients and the public across the region to participate in NIHR CRN Portfolio studies.

#### **4. 2018-19 Annual Plan**

- 4.1. The 2018-19 Annual Plan is included in Appendix 3. An overall target for recruitment of 45,000 has been set which includes a recruitment target of 1,700 for Dementias and Neurodegeneration (DeNDRoN) studies.
- 4.2. Planned priority activities to support delivery of the plan include:
  - Delivering a more consistent performance against time and target metrics for both commercial and non-commercial studies. A new procedure is being implemented in 2018-19 which will alert trust Medical Directors to any studies in their organisations that are at risk of failing the CRN metrics at an earlier stage
  - Further developing the functionality for trusts to use Studyline to manage their activities. This will include ensuring that study teams upload recruitment data promptly onto the trust LPMS system for all studies and ensuring that the trust LPMS system contains up to date study and recruitment data at all times which will then feed through to the national CPMS system
  - Promoting Portfolio balance and equity of access for patients to research across the region in both NHS and non-NHS settings
  - Exploring opportunities to support Public Health research
  - Implementing new procedures for the processing of Excess Treatment Costs in line with the new national guidance from NHS England
  - Increasing media coverage across Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire to promote awareness about clinical research
  - Developing patient and public engagement and ensuring that there are at least eight Patient Research Ambassadors each in Oxfordshire, Berkshire, Buckinghamshire and Milton Keynes

## 5. 2018-19 Financial Plan

- 5.1. £15.2m has been allocated to the LCRN for 2018-19, representing an increase of £0.8m on the previous year. This is a direct result of the strong recruitment in the prior year and the LCRN's successful performance management activities. The proportion of national CRN funding which flows to the region has steadily grown over the life of contract, from 4.8% in 2014-15 to 5.4% in 2018-19.
- 5.2. The LCRN followed a similar process to that applied in the previous years when making its budgetary proposals. An analytical review of performance in trusts/Specialties was undertaken which took into account a number of metrics including, study numbers, weighted and un-weighted recruitment (including known PIC activity and studies where recruitment numbers are not logged) both for 2017-18 and the previous year, any known complexity facts, anticipated pipelines, plans/potential for growth and comparative data from fellow LCRNs. The methodology and proposed allocations were both approved by the Partnership Group.
- 5.3. The incremental funding will enable the LCRN to support additional requests from partner organisations and to extend the Direct Delivery Team. This includes developing the LCRN's new base at the Horton Hospital to provide opportunities for study participation across a range of studies.

## 6. Approval of 2018-19 Annual Plan and 2017-18 Annual Report

- 6.1. The Annual Plan was approved by the NIHR CRN Co-ordinating Centre in May 2018. Both documents have also been approved by the LCRN Partnership Group.

## 7. Recommendation

The Trust Board is asked to approve both the 2017-18 Annual Report and the 2018-19 Annual Plan.

**Dr Tony Berendt**  
**Medical Director**

**Report prepared by:**

**Val Woods**  
**Chief Operating Officer**  
**NIHR Clinical Research Network Thames Valley and South Midlands (LCRN)**

**May 2018**