

Update on the Transition of the NIHR Clinical Research Network

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

Why Change? The benefits

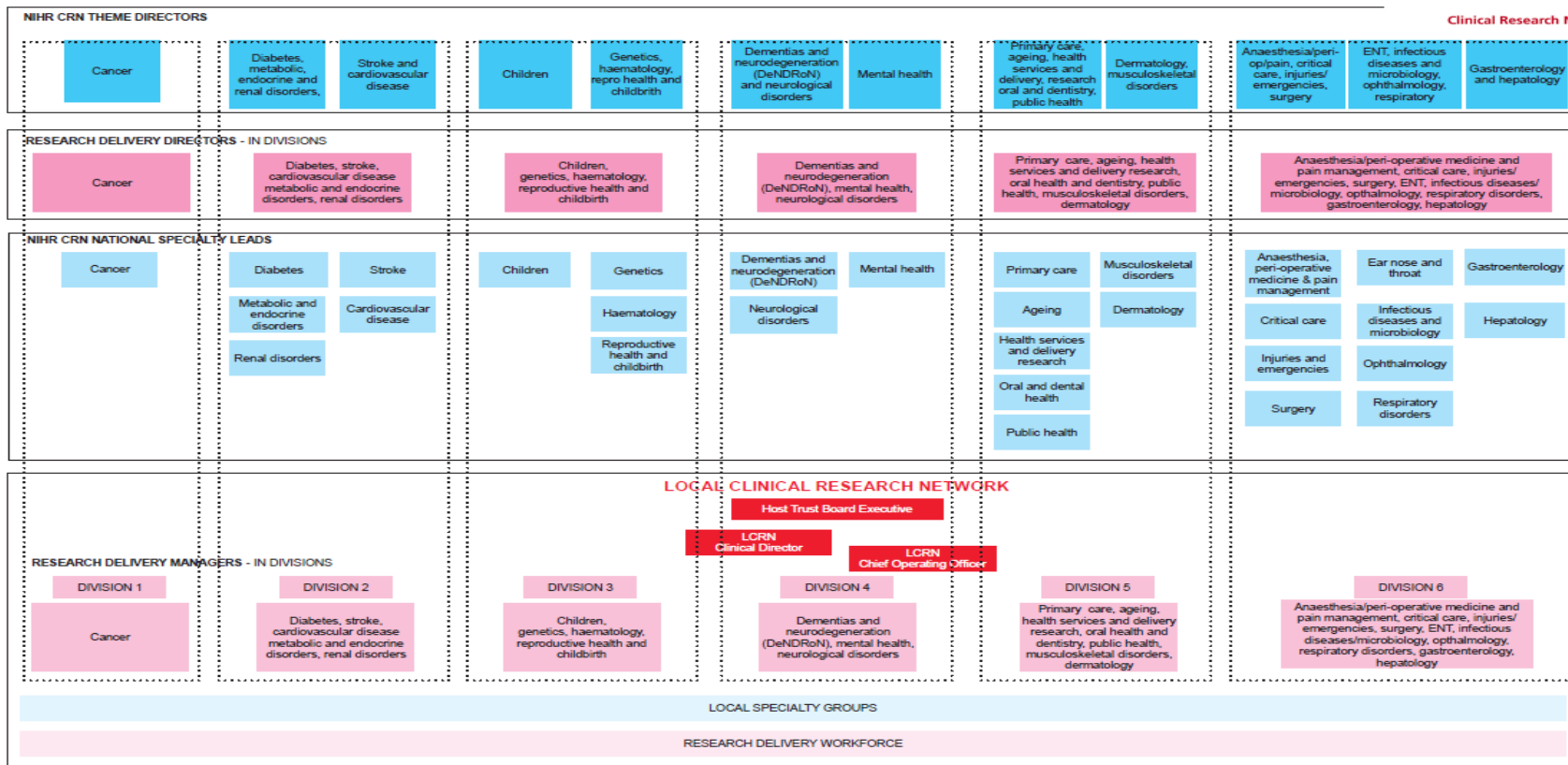
1	Equality of access to research for patients
2	Embedding of research into the new health and social care structures
3	Enhanced engagement within the NHS and the life-sciences sector
4	Increased efficiency through reduced transaction costs and increased productivity
5	Transparent, consistent governance and clear accountability
6	Improved flexibility and responsive research delivery
7	Improved staff retention and career development

What's changing?

	Where are we now?	Where are we moving to?
Hosting	9 NIHR CRN Network Coordinating Centres with 7 individual hosting agreements	1 NIHR National Coordinating Centre (incorporating clinical thematic leadership)
	102 NIHR CRN local research networks Across 70 NHS organisations	15 Local Clinical Research Networks each hosted by a single NHS organisation
Geographical coverage	Inconsistent national coverage for clinical research into key therapy areas	Full national coverage for clinical research into all key specialties
	Complex geographical configuration	Simplified geographical configuration
Resource coordination	Dispersed model of workforce coordination	Single model of workforce coordination, responsive to local need
	Dispersed and fragmented oversight of deployment of resources	Strategic oversight for the deployment of resources at national / local partner level
	Inconsistent models of funding allocation/use	Consistent models of funding allocation/use
Organisational structures	Complex organisational structure	Streamlined organisational structure
	Inconsistent models of clinical leadership across networks	Consistent model of clinical leadership across networks
	Partner organisations receiving multiple and confusing funding streams	Partner organisations receiving single coordinated funding stream

STRUCTURE FROM APRIL 2014: NIHR CRN specialties, themes and research delivery divisions

Clinical Research Network



The way we are working...

Governance

- The Host organisation Board is accountable
- Robust, transparent and accountable LCRN governance
- Effective and supportive LCRN hosting arrangements
- Effective and proportionate contracts with Partners and other organisations in receipt of LCRN funding or resources
- A structure that ensures effective local performance management, Partner participation and engagement, research delivery and value for money

The way we are working...

Governance structures

- The Accountable Officer
- Nominated Executive Director
- Scheme of delegation and Host Board controls and assurances
- Assurance framework and risk system
- Escalation process
- The Partnership Group

The way we are working...

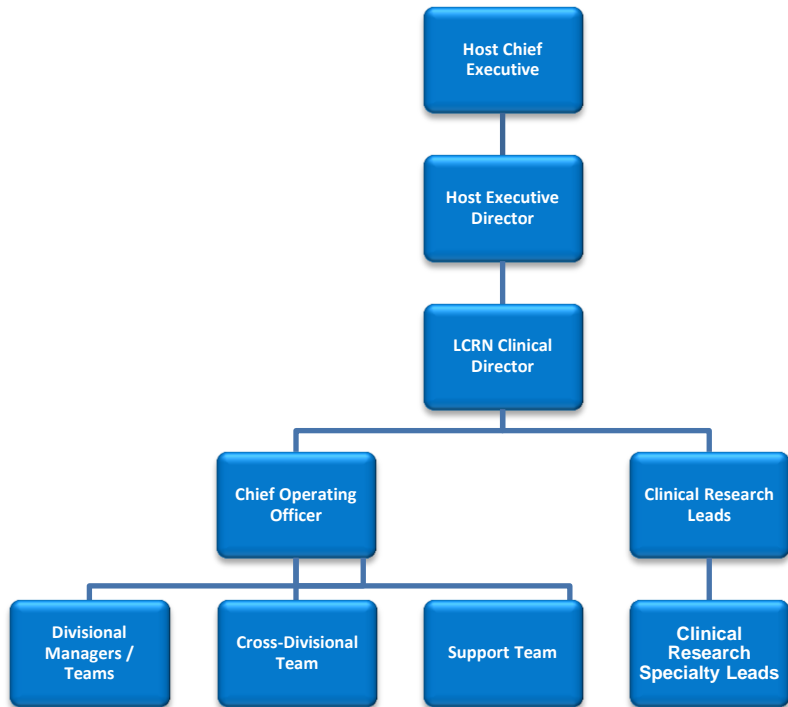
Patient, Carer and Public Involvement and Engagement

NHS patients, carers and the public are the key stakeholder in NIHR CRN research and are to be included in LCRN governance arrangements.

One Network

These LCRN Governance Arrangements should be formally signed off by the Host organisation Board and by the national CRN Coordinating Centre.

LCRN core roles and groups

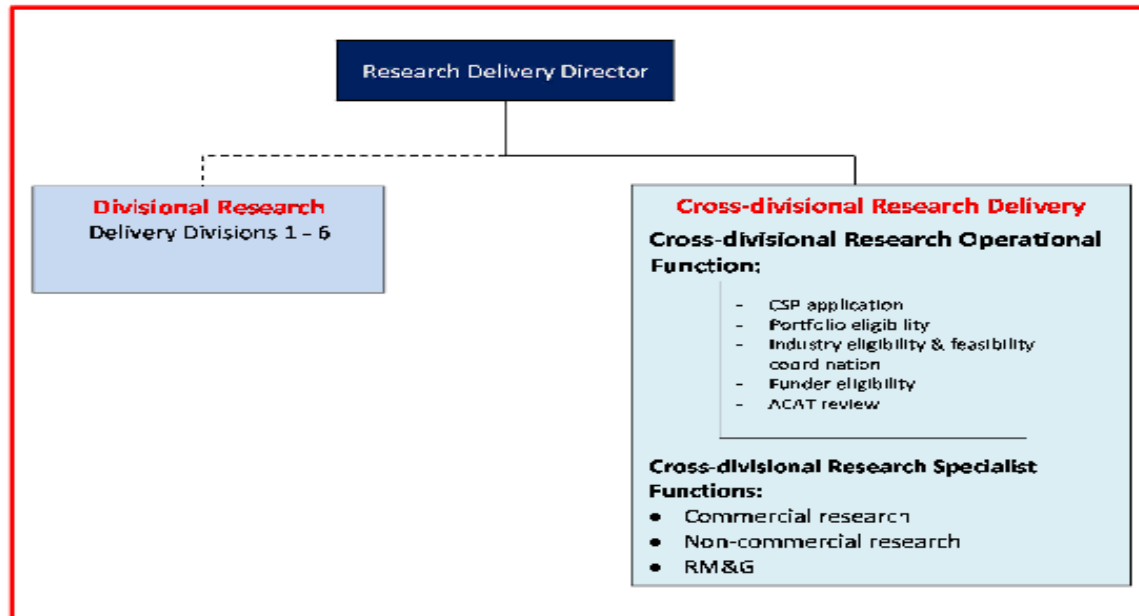


Partnership Group

- Reviewing and agreeing, LCRN business plans and reports, Annual financial and business plans, Development plans , Annual Report
- Informed by financial and activity data
- Active oversight and constructive mutual challenge of LCRN activity and performance
- Monitoring of any compliances required of Partner organisations.



Research Delivery Directorate 2014/15



National coordination of specialties

General

- Providing a common and effective interface with external stakeholders, especially Industry, Royal Colleges, funders and study teams to promote one network
- Interface with organisations who do portfolio development
- Developing strategy/awareness of new priorities and initiatives
- Horizon scanning for changes in clinical and research delivery
- Ensuring specialty delivery regardless of complexity and numbers
- National context to local portfolio
- Maximising the impact of the network on patient access and care
- Preventing duplication and promoting efficient ways of working

Community

- Providing a forum for national organisational learning/knowledge sharing
- Promotion of national specialty collaboration to priorities/new initiatives
- Maintaining and sustaining an energy for research in specialty areas
- Creating the space to support specialist communities to work together
- National support for LCRNs to enable benchmarked comparisons

National coordination of specialties

Portfolio delivery

- Coordinated set-up of multi-centre studies including EOIs
- National oversight/perspective on feasibility and study performance with LCRNs
- Study level contingency planning
- Sharing good practice around research delivery
- Feedback on recruitment issues
- Championing strengths and opportunities within LCRNs
- Central point of contact/conduit and single escalation point for

Industry

- National Costing, Portfolio RM&G and CSP policy and advice
- Portfolio eligibility to access NHS support costs
- Management of study data for multi-centre studies

National coordination of specialties

Patient Carer and Public Involvement

- National coordination and support
- Sharing good practice around patients and carer involvement
- Aiding local groups to undertake national work
- Understanding the specialty specific elements of PCPIE
- Interface with specialty specific national patient groups

Workforce development

- Understanding and supporting the specialty specific needs for the workforce
- Responding to national trends in workforce
- Looking for economies of scale in commissioning and delivering specialist training

National divisional working with LCRNs



*National Institute for
Health Research*

Clinical Research Network

Divisional/theme/specialty focus

- Engage RDMs from divisional perspective not Theme
- Each RDM to take a national lead for specific specialties
- Overall divisional performance by Divisional Research Delivery Directors and Clinical Theme Directors

Clinical leadership

- LCRN Clinical Research Specialty Leads:
 - escalation point for failing studies
 - review and impact on portfolio performance
- RDMs meet with LCRN Clinical Research Specialty Leads locally
- Monthly specialty portfolio performance data available for local discussions

National performance management *and* LCRN performance management

National

- Whole portfolio oversight for specialties within a Division
- Management of study wide contingency plans for priority/failing studies

LCRN

- Local performance management of all study sites
- All study management/interventions delivered locally

Collaboration

- Invaluable
- Key to delivery of a national portfolio
- One Network