



Implementing Comprehensive Local Research Networks – key next steps

Nancy Lester – Director of Operations

CRN National Meeting

Wednesday 7 February 2007



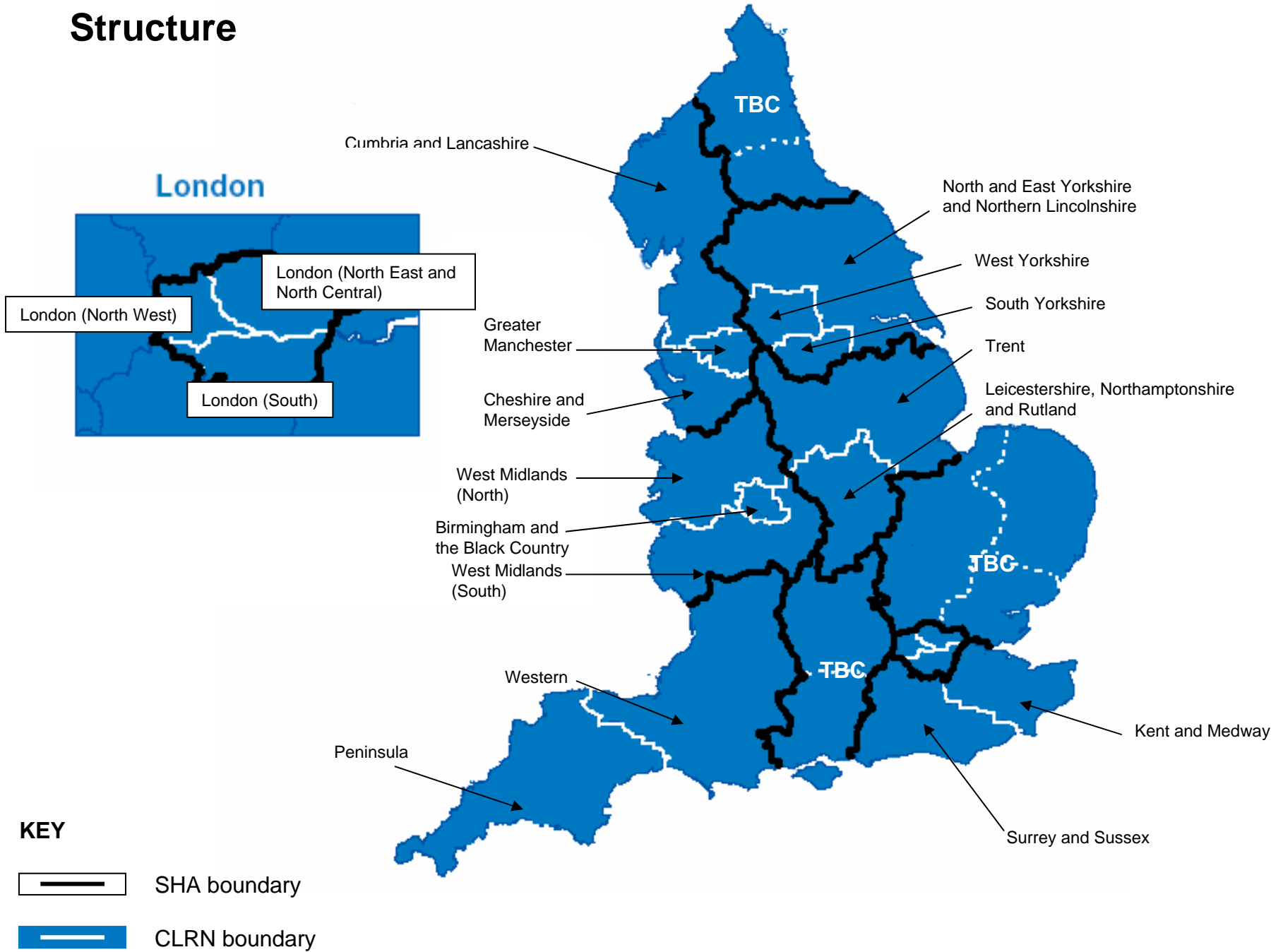
- CRN will provide the necessary infrastructure (ie service support) to support involvement in NIHR Portfolio studies across the NHS
- CRN will draw and build on existing expertise and skills to achieve this
 - research and research management
- Existing resources will only be removed when new systems are in place to put resources back

Key next steps: What you need to know about



- Structure
- Budget
- Processes
- Functions
- *'Check and Balances'*

Structure



Structures & organisation



CLRN Management structures:

- Clinical Director (Lead)
- CLRN Executive (all sectors represented)
- CLRN Board (all organisations in CLRN represented)

- CLRN Host Organisation (hold contract)

Budget



Stage 1

- Allocated to all networks asap
- Core funding (~ 300k pa per CLRN)
- Per capita allocation (~1.5M per 2M pop)
 - Research management and governance
 - Research Infrastructure
- Includes start up (yr 1); non-pay & corporate services
- Does NOT include clinical support costs (eg radiology, pharmacy and pathology)
- 2006/7 pro-rata allocation based on roll-out
- Unallocated £ will remain in transition

Budget



Stage 1

- Allocated to all networks asap
- **Core funding (~ 300k pa per CLRN)**
- Per capita allocation (~1.5M per 2M pop)
 - Research management and governance
 - Research Infrastructure
- Includes start up (yr 1); non-pay & corporate services
- Does NOT include clinical support costs (eg radiology, pharmacy and pathology)
- 2006/7 pro-rata allocation based on roll-out
- Unallocated £ will remain in transition

CLRN Stage 1 Budget

Core Team (consistent across CLRNs)

Clinical Lead Senior Manager

Research Manager Information Officer Administrator



Budget



Stage 1

- Allocated to all networks asap
- Core funding (~ 300k pa per CLRN)
- **Per capita allocation (~1.5M per 2M pop)**
 - Research management and governance
 - Research Infrastructure
- Includes start up (yr 1); non-pay & corporate services
- Does NOT include clinical support costs (eg radiology, pharmacy and pathology)
- 2006/7 pro-rata allocation based on roll-out
- Unallocated £ will remain in transition

CLRN Stage 1 Budget



Core Team (consistent across CLRNs)

Clinical Lead Senior Manager
Research Manager Information Officer Administrator

Per Capita Funding (basis of allocation)

Research Management

4 x Research Manager (8a)

Infrastructure

10x Research Nurses /
Research Officers
50x 'Contributor' sessions

- Staffing profile will vary across CLRN to reflect local issues

Budget



Stage 1

- Allocated to all networks asap
- Core funding (~ 300k pa per CLRN) **£200k (07/08)**
- Per capita allocation (~1.5M per 2M pop) **£750k (07/08)**
 - Research management and governance
 - Research Infrastructure
- Includes start up (yr 1); non-pay & corporate services
- Does NOT include non-staff clinical support costs (eg radiology, pharmacy and pathology)
- 2006/7 pro-rata allocation based on roll-out
- Unallocated £ will remain in transition

Stage 2 Budget – April 2008



- Activity based
- Increased operational staff
- Non-staff support costs

Rising to £90M pa ... any necessary increases thereafter

Initial Processes



Research Management	CLRN Infrastructure
Core Team	
Senior Manager	
Clinical Director	
Host Organisation	
CLRN Identified	

Initial Processes



Research Management	CLRN Infrastructure
Core Team	
Senior Manager	
Clinical Director	
Host Organisation	
CLRN Identified	

Identifying CLRNs




- 18 identified across 7 SHA areas
- Active on-going discussions to agree CLRNs in remaining SHAs
- Anticipate total of ~25 CLRNs in England
- Keen to finalise all CLRNs asap

- Unable formally to proceed with other elements of CLRN development until CLRN configurations have been agreed and confirmed by DH.
- NB all CLRNs will be subject to same processes regardless of start date

Initial Processes



	Research Management	CLRN Infrastructure
	Core Team	
	Senior Manager	
	Clinical Director	
	Host Organisation	
	CLRN Identified	

CLRN Host Organisation



- Holds contract for CLRN
- Provides high quality (operational) management services
- Employs some network staff
- NOT directly responsible for leadership & strategic development

- Selected through open national competition & assessed against clear criteria
- Open to **ANY** NHS organisation within agreed CLRNs
- No limit to number of applications per CLRN

- Initial national call for applications out now – **deadline 1 March**
- Review panel meets **20th March**

CLRN Host Organisation



- Holds contract for CLRN
- Provides high quality (operational) management services
- Employs some network staff
- NOT directly responsible for leadership & strategic development

Criteria

- high quality management
- experience
- transparent finance
- “flexible”
- work across healthcare
and with industry

- Initial national call for applications out now – **deadline 1 March**
- Review panel meets **20th March**

CLRN Host Organisation



- Holds contract for CLRN
- Provides high quality (operational) management services
- Employs some network staff
- NOT directly responsible for leadership & strategic development

- Selected through open national competition & assessed against clear criteria
- Open to **ANY** NHS organisation within agreed CLRNs
- No limit to number of applications per CLRN

- Initial national call for applications out now – **deadline 1 March**
- Review panel meets **20th March**

Initial Processes

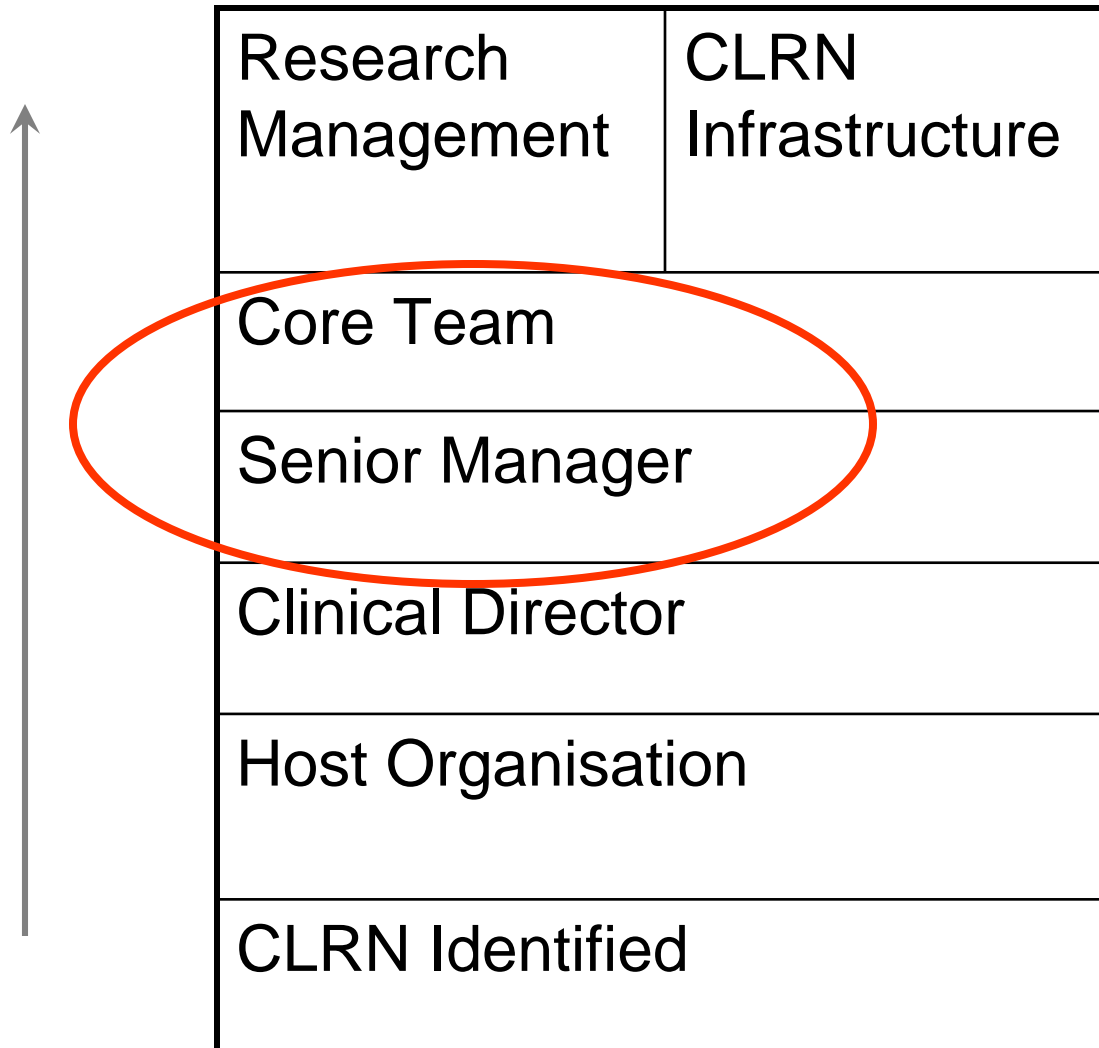


CLRN Clinical Director



- Provides strategic direction and leadership for CLRN working closely with Senior Manager and Executive
- ~0.5 wte – single appointment preferred but joint applications considered
- Open to clinicians of all professions
- Must be a senior and experienced researcher within CLRN
- Selected through open national application process
- National advert planned for mid/late February
- Interviews April
- Clinical Directors ratified by CLRN Board – May

Initial Processes



CLRN Senior Manager

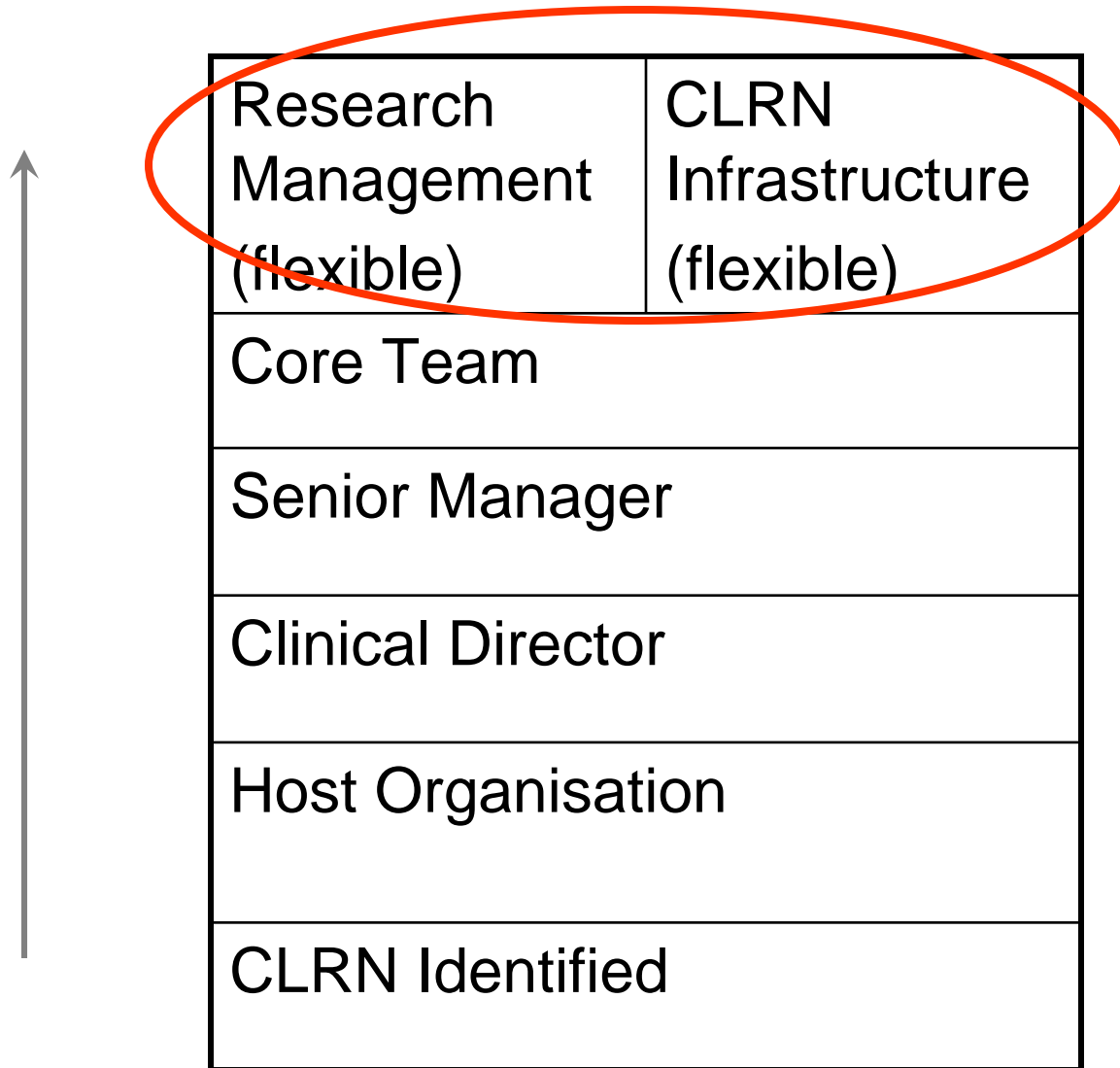


- New post
- Key role in effective day-to-day management of CLRN
- Ideally employed by host organisation
- Leadership role – AfC 8c
- National advert planned inviting expressions of interest
- Nationally coordinated locally appointed (Clin Dir chair)
- Interviews early summer; proposed start late summer
- Lead in the appointment of other CLRN staff (with Clin Dir)

Core Team

- Based with CLRN Senior Manager
- Appointed mid summer; start September

Initial Processes



Per capita based resources:



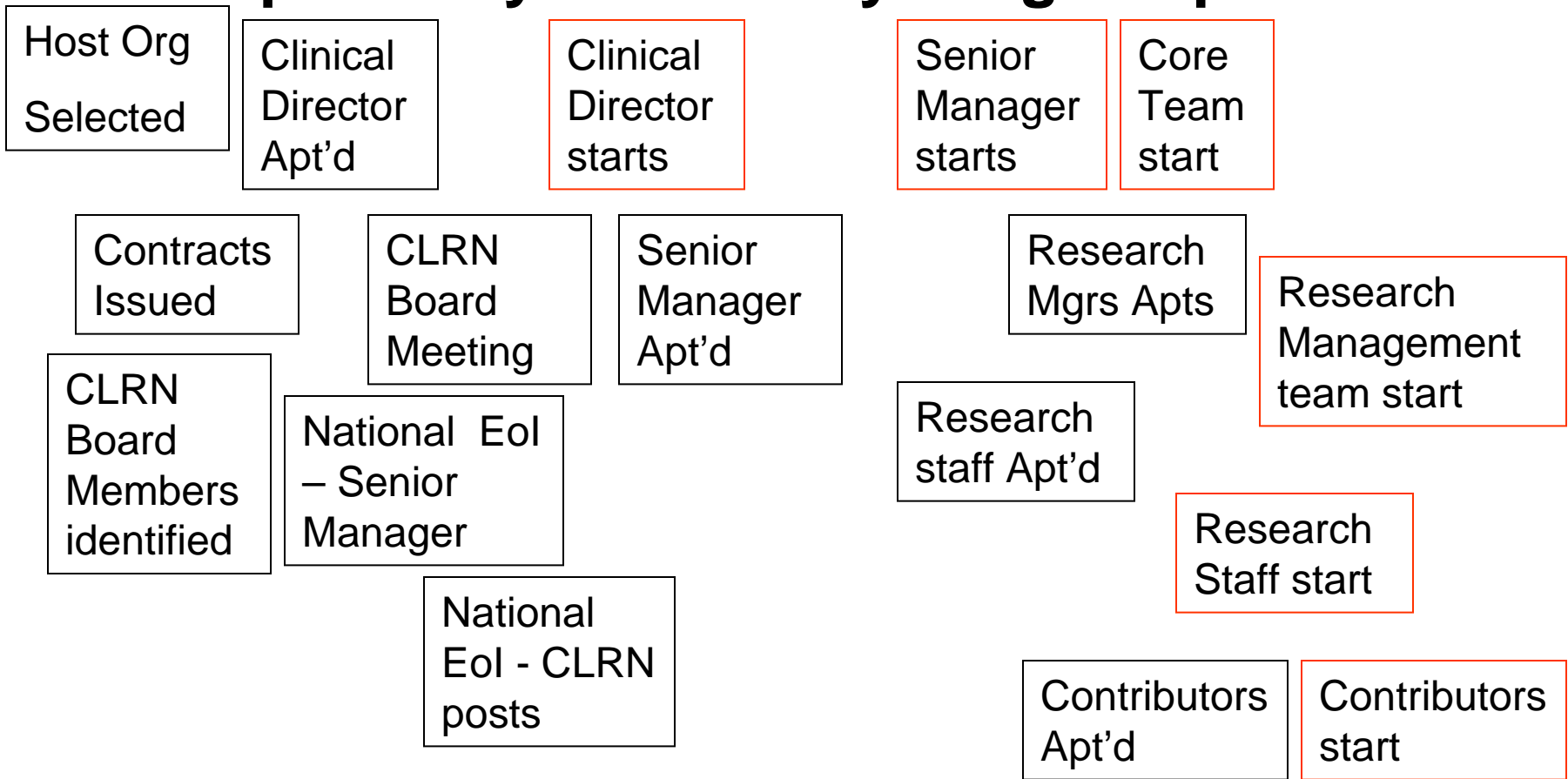
- Allocated per 2M population
- Provides **research management** and **research infrastructure** to support participation in CLRN portfolio
- Use of resources will vary across network depending on local factors such as priorities; organisation and patient flow
- Encourage structures to incorporate scope for development
- Anticipate CLRN will draw on existing posts and make new appointments
- Generic job descriptions being developed where appropriate
- **Contributors** selected from clinicians of all professions thro' local application process coordinated by Clinical Director
- Appointment process – Summer 07
- Staff appointed September / October

Summary of indicative timeframes

2007



Mar April May June July Aug Sept Oct



Key Functions



Portfolio

- Nationwide portfolio
- Selection by CLRN based on strengths
- Local element funded by NIHR / partners

Key Functions (2)



R&D Management

- for UKCRN portfolio
- national systems
- local implementation

NOT

- replace Trust as Sponsor
- Trust research promotion

Key Functions (3)



Interaction with TCRNs, PCRNs and CLRNs

- Close integration essential
- Share portfolio and resources
- Encourage local interactions and solutions
- UKCRN CC will offer support, guidance and share models of good practice
- Maintain existing and develop new cross CLRN collaborations

'Checks and Balances'



- Open national transparent processes
- Competitive appointments
- Clear, explicit criteria to base decisions
- Multi sector representation on national and network groups
- Local flexibility but within CLRN 'remit'
- Performance management by UKCRN

- Clear structure and reporting lines
- CLRN Board – fully representative
- Board appoints independent chair
- Clinical Director & Executive accountable to Board



Any questions?

Nancy Lester – Director of Operations

N.lester@ukcrn.org.uk

0113 3924137