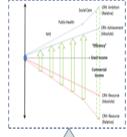


Developing support and building capacity for public health and social care research in community and other non-NHS settings.

Clinical Research Network Yorkshire and Humber

Professor Alistair S Hall Clinical Director alistair.hall@nihr.ac.uk







Key Achievements



92,000 volunteers participated last year



Portfolio extended to non NHS settings



Patient Research Ambassadors



VISION.2021 horizon scanning and trajectory setting.



Cancer Research 23% of national total





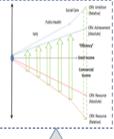


Non NHS Research

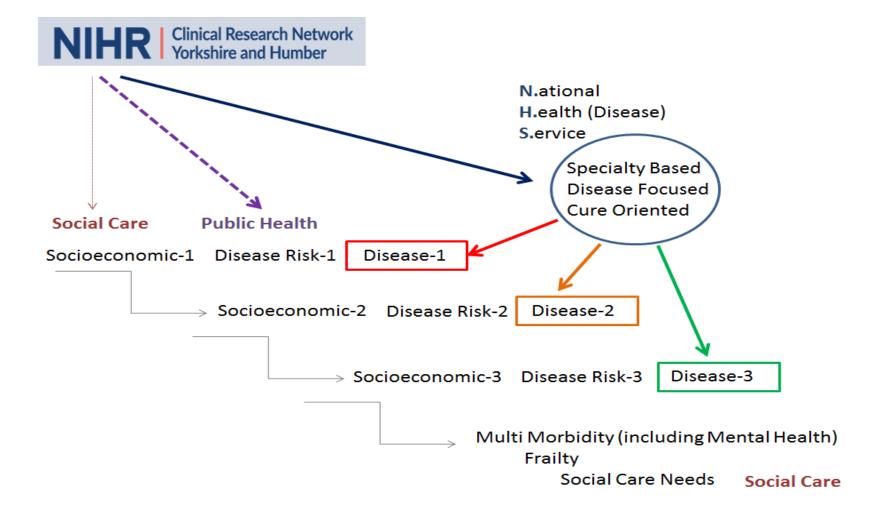




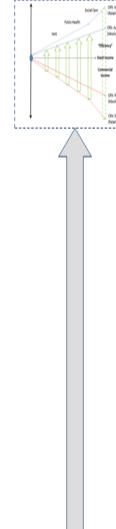




Achievements & Challenges Summary Overview

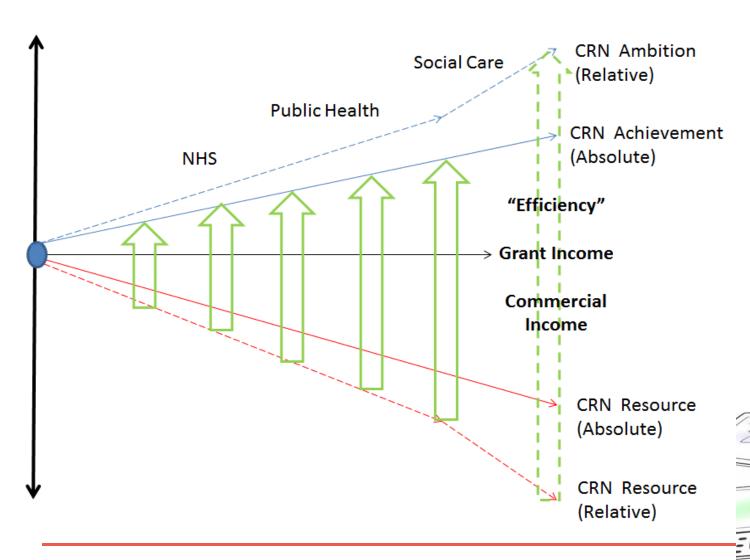








Financial Management





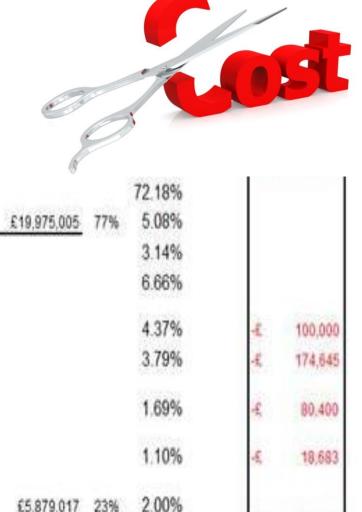




Progress Delivering Cost Savings

ME	ASURE					
1	Further reduce LCRN Management costs					
2	Remove / significantly reduce contingend budgets					
3	For non research delivery functions (e.g. PPIE, Communications, Workforce Development) move towards resources shared between LCRNs (e.g. a single PPI Lead shared between two or three LCRNs					
4	Minimise costs in implementing new NIHR branding; do not replace signage, decor etc. unless damaged					
5	Withdraw CRN support for clinician Training Networks					
6	Review RSI scheme and allocations					
7	Review Key Service Support scheme and allocations (Supporting Clinical Services)					
8	Reduce spend on Local Specialty Leads					
9	Reduce spend on clinical Programmed Activities (PAs)					
10	Lower the overhead tariff paid to LCRN Partners (8%) (through negotiated agreement)					
11	Lower any standard non-pay rate paid to LCRN Partners (through negotiated agreement)					
12	Withdraw study-specific support funding					
13	Withdraw Divisional Clinical Lead posts					
14	Review and ensure that all funding provided to NHS R&D Departments is essential to CRN portfolio delivery					
15	Institute or strengthen vacancy freezes					
16	Undertake 'line by line' review of all CRN funded posts in all LCRN Partners					
17	Undertake assessment to confirm that CRN support is provided only in accordance with ACORD					
18	Increase proportion of staff working in 'flexible' / multi-disciplinary teams ('flexible workforce')					
19	Review the prioritisation rules in the CRN Eligibility Criteria and revise to make clear the process that will be followed when studies cannot be supported due to lack of funding					
20	Remove funding incentives linked to recruitment					
21	Better understand the impact on HLO1 of large studies which require minimal					

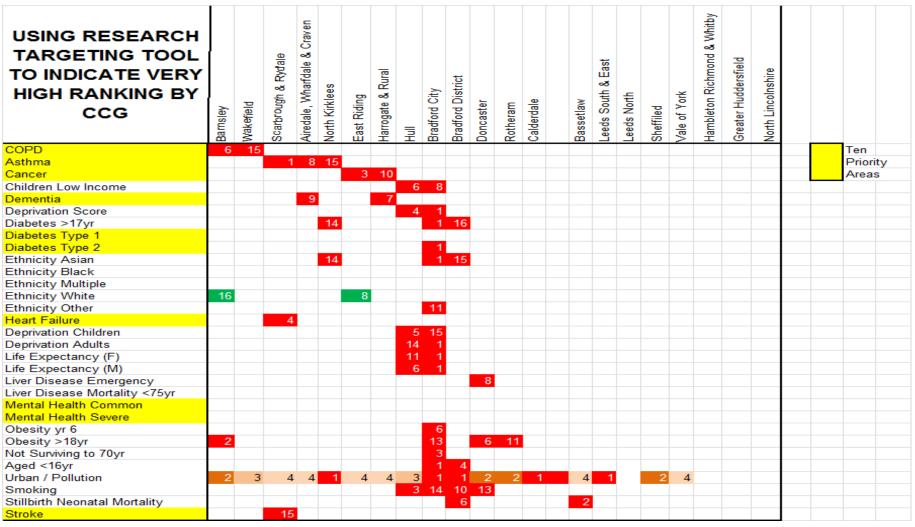
Note	Funding Categor y	NIHR Core Funding Allocation	Core Expenditure Category	2019/20 Plan					
			PO Delivery	£18,661,889			72.18%		
			Study set-up and Management	£1,313,116	£19,975,005	77%	5.08%		
	0000 100		Leadership & Management	£813,068			3.14%		
42	Fixed Element	£20,854,429	Network Support	£1,720,815			6.66%		
i	80%	1,20,004,423	Primary & Community Care Delivery	£1,130,054			4.37%	-E-	10
			Flexible Workforce Delivery	£978,819			3.79%	-£	17
			Clinical Leadership	£436,000			1.69%	2.	В
-	Variable		Hosting	£283,181			1.10%	-£	1
Ī	Element 20%	£4,999,594	2% ringfenced for National Priorities	£517,080	£5,879,017	23%	2.00%		
Total		£25,854,022		£25,854,022	34,4,4,6		100.0%	£	37
				00				1	

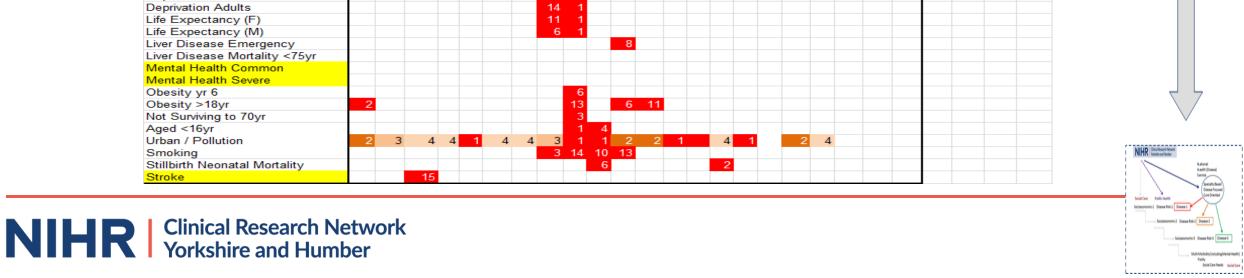


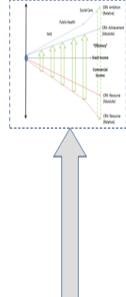




Key Challenges

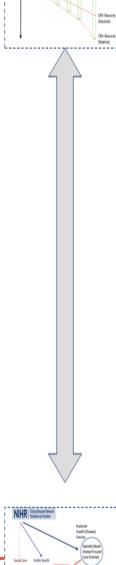






Targeting Research to Meet Health Needs

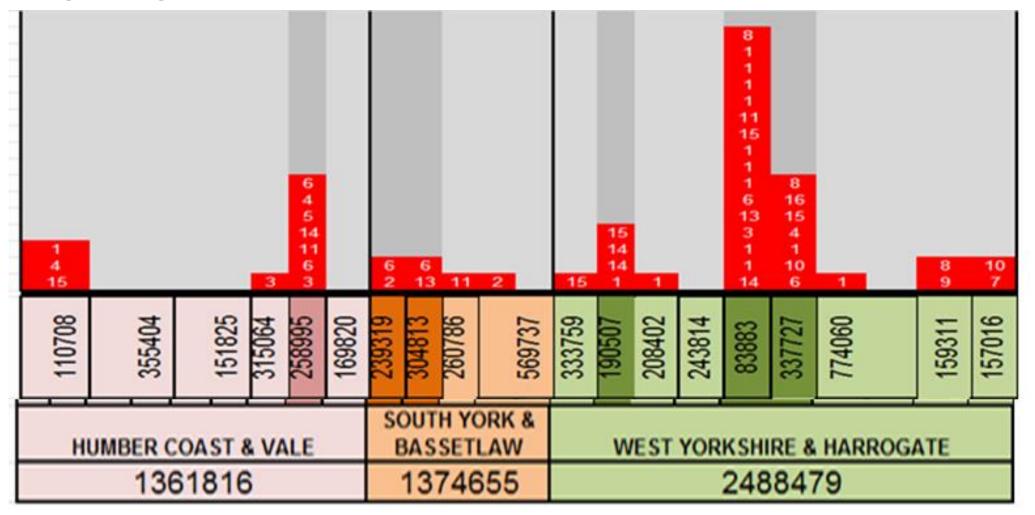
Sustainabilty & Transformation Partnerships	HUMBER COAST & VALE	SOUTH YORK & BASSETLAW	WEST YORK SHIRE & HARROGATE		
STP Population Size	1361816 1374655		2488479		
Funding Allocation 19/20	£4,104,005	£4,947,919	£10,867,464		
Weighted Recruitment	70626	62686	153104		
Cost per Wt Recruit (minus FWF)	£58	£79	£71		
*Cost per Wt Recruit (with FWF)	£75	£71			
Spend per 100 population	£301	£360	£437		
*Spend per 100 population	£366	£437			

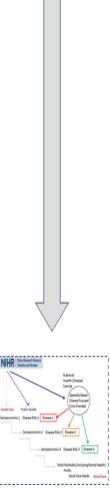






Targeting Research to Meet Health Needs







Key Challenges

