



Essex Cancer Research Network

Constitution

Date: 10th June 2010

Review Due: May 2012

Version Control

THIS IS A CONTROLLED DOCUMENT PLEASE DESTROY ALL PREVIOUS VERSIONS ON RECEIPT OF A NEW VERSION.


VERSION	DATE ISSUED	BRIEF SUMMARY OF CHANGE	OWNER'S NAME
1	10.06.2010	New Document	Ashley Solieri
1.1	May 2011	Grammatical and name changes. New Appendix	Ashley Solieri

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Essex Cancer Research Network Constitution - Agreement Cover Sheet

This constitution has been agreed by:

Position	Cancer Network Medical Director
Name	Tom Carr
Organisation	Essex Cancer Network
Date Agreed	18.06.10
Signed	

Position	NCRN Director or Asst Director
Name	Matt Cooper and Karen Poole
Organisation	NCRN CC
Date Agreed	

Position	Clinical Lead of the Cancer Research Network
Name	Dr Krishnaswamy Madhavan
Organisation	Essex Cancer Research Network
Date Agreed	10.06.10
Signed	

Position	Chair of the Network Board
Name	Ms Pam Court
Organisation	NHS South West Essex
Date Agreed	Board Meeting on 13 th July 2010
Signed	

Trust Managerial Representative		
Name	Organisation	Date Agreed
Dr S Palvai	Southend University Hospital NHS Foundation Trust	13.08.10
Dr J Hampton-Till	Basildon & Thurrock University Hospital NHS Foundation Trust	13.08.10
Ms Tracey Camburn	Mid Essex Hospital Services NHS Trust	13.08.10
Ms L Dewar	Colchester Hospital University Hospital NHS Foundation Trust	13.08.10

Constitution Review Date May 2012
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Essex Cancer Research Network Constitution

1. Introduction

Essex Cancer Research Network (ECRN) was established in October 2009. It covers a population of 1.3 million and is co-terminus with the local service network, Essex Cancer Network (ECN); both are hosted by NHS Mid Essex.

Network	Essex
Clinical Lead for Research	Dr Krishnaswamy Madhavan
Research Network Manager	Mrs Ashley Solieri
Network Population	1.3 million

Network organisation	Devolved
Staff appointments	Core team - Employed by Essex Cancer Network; Trust posts – Employed by Trusts
Line management	Core Team – Essex Cancer Network Director and Cancer Network Medical Director; Trust posts – trust line managers (mix of cancer service and R&D)
Governance	ECN Board oversees strategic and operational delivery of ECRN. Each Trust responsible for local governance arrangements as per SLA
Portfolio management	Trust decision with support and guidance from Core Team

Summary of NHS organisations within the network from which patients are recruited (or referred)			
Trust name	Trust acronym	Hospital site(s)	Hospital site acronym
Southend University Hospital NHS Foundation Trust	SUHFT	Southend	SUHFT
Basildon & Thurrock University Hospital NHS Foundation Trust	BTUHFT	Basildon	BTUHFT
Mid Essex Hospital Services NHS Trust	MEHT	Broomfield Hospital	MEHT
		St John's Hospital (closed 2011)	SJH
		Chelmsford and Essex Hospital	CEC
Colchester Hospital University NHS Foundation Trust	CHUFT	Colchester General Hospital	CGH
		Essex County Hospital	ECH

The Essex Cancer Research Network operates as part of the NIHR NCRN in England. It is part of the National Institute for Health Research and forms part of the UK Clinical Research Network. The networks support and deliver high quality clinical research studies

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Summary of PCTs covered by Network area (to give indication of geographical boundaries)	
PCT name	PCT name
NHS South West Essex (Pop. 401,000)	NHS Mid Essex (Pop. 376,000)
NHS South East Essex (Pop. 336,000)	NHS North East Essex (Pop. 337,000)

Other Networks in our locality	
East of England Primary Care Network	

Comprehensive Local Research Network(s)	Cancer Research Network Trust included
Essex & Herefordshire Comprehensive Local Research Network	Mount Vernon Cancer Research Network

2. Network Organisation

The Essex Cancer Research Network (ECRN) is the result of the merger of South Essex and Mid Anglia Cancer Research Networks, both originally established in 2001. The merger of South Essex and Mid Anglia Cancer Service Networks in 2007 prompted local discussion as to whether the research networks should also merge. Following a series of discussions, led by the NCRN CC, with all stakeholders, it was agreed that the Mid Anglia and South Essex Cancer Research Networks should join to form the ECRN. The network encompasses four acute Trusts, Southend University, Basildon & Thurrock University, Colchester University Hospital NHS Foundation Trusts and Mid Essex Hospital Services Trust, and four Primary Care Trusts; South East, South West, North East and Mid Essex.

All four acute Trusts provide diagnostic cancer services and breast and colorectal surgery to their local population. Chemotherapy is provided at all four sites with Basildon patients attending Southend for all chemotherapy except haematology. Radiotherapy services are provided at Southend and Colchester with Basildon patients attending Southend and Mid Essex patients attending Colchester. Each of the four acute trusts undertake cancer surgery and some are designated surgical centres for specified surgical procedures. Extra network referrals are made for some upper gastrointestinal, brain and central nervous system tumours to specialist tertiary providers.

The ECRN falls within the boundaries of the Essex & Hertfordshire Comprehensive Local Research Network (E&H CLRN) and the management teams work closely together to maximise resources and infrastructure support.

The ECRN core team is small, consisting of the Clinical Lead (CL), Research Network Manager (RNM) and 0.5 wte administrative support. The ECRN operates a devolved model of working. Each of the Trusts are responsible for employing and managing teams, to support recruitment to cancer studies in their organisations.

3. Reporting arrangements

The ECRN is co-terminus with the Essex Cancer Network (ECN). The core team are employed by the host, NHS Mid Essex and are directly responsible to the Service Network. The CL and RNM undergo an annual review with the ECN Medical Director and the ECN Director respectively. An organisational chart is included as Appendix 1 and a list of the CL responsibilities as Appendix 2. The CL and/or RNM are members of the ECN Board who receive minutes of the ECRN Board and the annual report. Ad hoc reports and papers are submitted to the ECN Board as required. The CL and RNM are also accountable to the NCRN CC and performance managed via the annual report and peer review processes.

The ECRN annual report, following approval by the ECRN and ECN Board, is distributed to the members of the ECN and ECRN Board, Network Site Specific (NSSGs) and Cross Cutting Groups, key stakeholders in the acute and primary care Trusts including the research teams at each site, E&H CLRN and the two local universities.

4. Integration with Cancer Service

The CL and the RNM are members of the ECN Board (terms of reference included as Appendix 3). The ECN Medical Director and ECN Director are members of the ECRN Board. The ECN Nurse Director and ECN Lead Pharmacist are co-opted members. The CL and RNM are members of all the NSSGs and attend each meeting to report on recruitment and lead discussions on the adoption of new studies. Issues around recruitment and cross network referral are also discussed and improvement plans developed where required. The list of tumour specific network studies is agreed at each NSSG and the NSSG Research Lead has agreed responsibilities (Appendix 4). The agreed list is sent to the Multidisciplinary Teams (MDTs) who provide a written response to the NSSG. The MDT also nominate have a Research Lead with agreed responsibilities (Appendix 5). A member of the local research team, usually the research nurse, attends the MDTs to support recruitment to studies. The RNM provides the MDT with recruitment reports and provide support to the NSSGs and MDTs with their peer review evidence.

Close working with the service network encourages the integration of research into service delivery. The key aim is to provide uniform access to trials across the network.

5. Integration with other research infrastructure

As outlined in the introduction, the ECRN works closely with the E&H CLRN. The E&H LRN Senior Manager is a member of the ECRN Board and bi monthly meetings take place with the Cluster Team Managers responsible for the four Trusts. Each acute Trust has CLRN funded staff that contribute to the recruitment on NIHR NCRN portfolio research. The CL and/or RNM participate in regional network meetings held annually. Each Trust has R&D representation on the ECRN Board to encourage an integrated approach to all research across the Network and agree a coordinated approach to the approval process.

The RNM is a member of the Pan London & South East England Regional Managers Group.

6. Essex Cancer Research Network Board

The strategic direction and decision making of ECRN is the responsibility of the ECRN Board. The Board evolved from the original Steering Group, chaired by the network Director, set up to manage the merger. The Board is now chaired by the CL, supported by the RNM. Terms of Reference and Membership are included as Appendix 6. The Board meets quarterly and oversees budget allocation and activity within the Trusts and approves the ECRN annual work programme.

7. Financial Arrangements

A pragmatic approach to the allocation of the 2010/11 core budget was agreed at the ECRN Board; an equal allocation between the north and south of the new network, with further division depending on locality activity. Through the devolved model, each Trust manages their budget locally and decides which posts supporting recruitment to NIHR NCRN portfolio studies are funded.

Flexibility and Sustainability funding is allocated by a process approved by the ECRN Board, this could be by the bidding process (using a standard application form, appendix 7) or on an equal shares basis. Reporting requirements, Annual Financial Planning, Mid Year return and year End position are reported within the required time lines to the NCRN CC.



8. Service Level Agreement

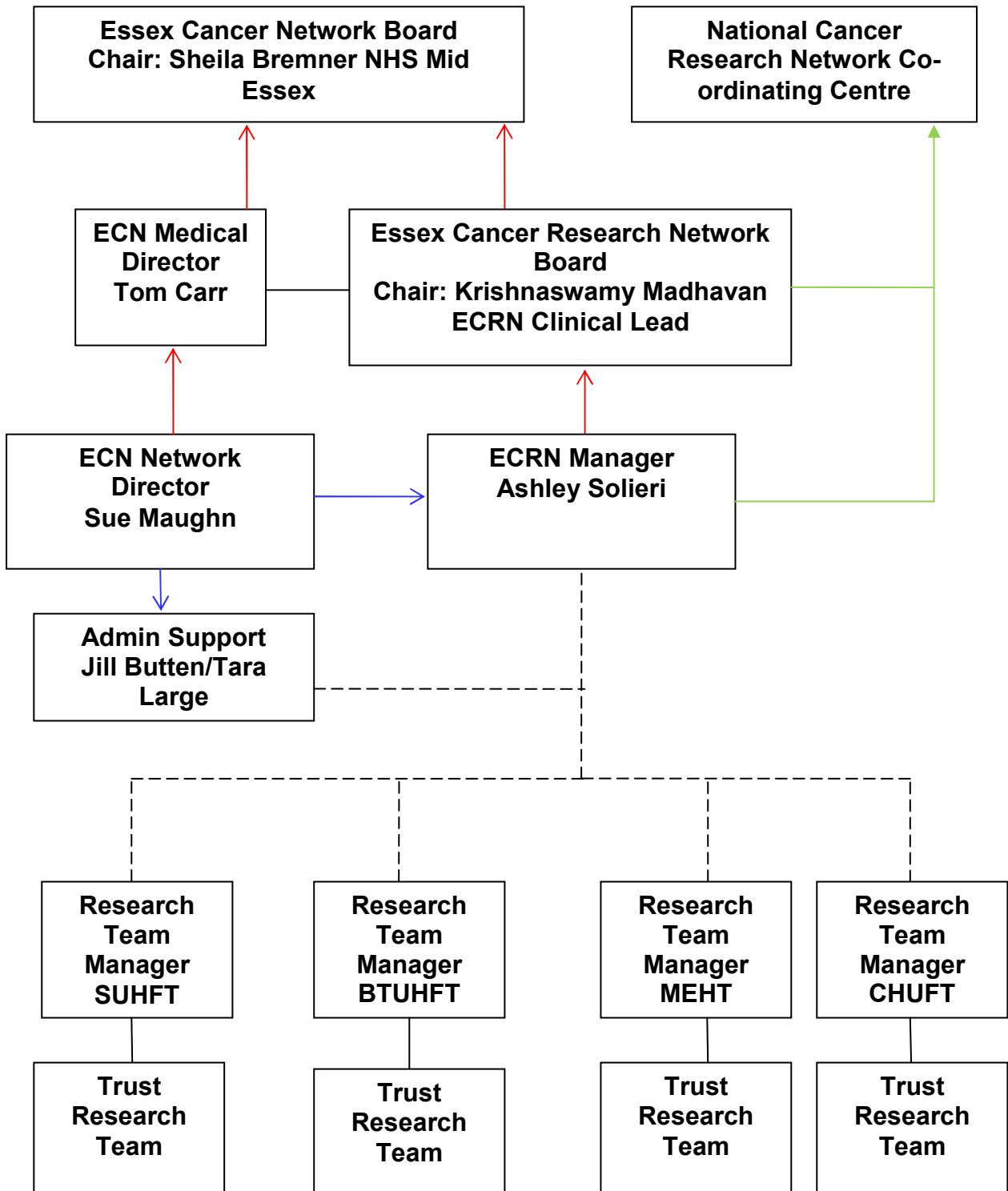
The ECRN has Service Level Agreements (SLAs) with each of the four Trusts receiving funding. The SLAs outline responsibilities and expectations of both the host and provider organisations. In 2011 the ECRN approved an appendix to the SLA outlining expected recruitment in the financial year and this will be reviewed and amended annually. The 09/10 SLAs are included as Appendix 6

9. Appendices

Appendix 1

Essex Cancer Research Network Organisational Structure May 2011 (Measure 11-1A-503)

Key:  Reports to
 Performance managed by
 Managed by
 Some managerial input



The Essex Cancer Research Network operates as part of the NIHR NCRN in England. It is part of the National Institute for Health Research and forms part of the UK Clinical Research Network. The networks support and deliver high quality clinical research studies

ESSEX CANCER RESEARCH NETWORK

Clinical Lead for Research (Measure 11-5A-101)

Job Description

The post will be part-time filled by a consultant with knowledge and experience of cancer and considerable previous experience in cancer clinical trials.

Accountable to: Clinical Director, Essex Cancer Network

Hours: Part time. Two fixed session per week

Tenure: 5 years

Base: Essex Cancer Network, Kestrel House, Chelmsford (nominal base with opportunities to operate remotely from current base)

Salary: Equivalent to a two fixed sessions at appropriate Consultant level

Manages: Research Network Manager and other Research Network staff

Liaises with: NCRN Director and Coordinating Centre Staff
Trust R&D Directors and Managers.
Clinical, Managerial and Research Leads within Essex Cancer Network
Lead Clinicians, Nurses and Managers within Cancer Units
CLRN

Network Summary: The Essex Cancer Research Network is part of the National Cancer Research Network (NCRN). The NCRN was established by the Department of Health and aims to improve the speed, quality and integration of research, ultimately resulting in improved patient care. The Essex Cancer Research Network covers the South East Essex, South West Essex, Mid Essex and North East Essex localities and their respective acute trusts, that is, Southend, Basildon, Broomfield and Colchester Hospitals. The total population served is 1.4 million.

The Research Network will be managed by a part time Clinical Lead for Research (this post) and a Network Manager (full time) who will be based at Kestrel House, Chelmsford but will work across all Network sites.

Role Summary: This post will provide the clinical leadership and development of the Research Network in line with local and national priorities. The post will be required to establish and lead a clinical trials portfolio ensuring access to clinical trials for patients with cancer, and, in turn, increasing accrual into trials, across the Network.

Responsibilities

- 1 To provide clinical leadership for cancer clinical trials in the Essex Cancer Research Network, advising the Essex Cancer Network Board on the Essex Cancer Research Network's role as part of the National Cancer Research Network (NCRN).
- 2 To oversee the participation of the Essex Cancer Research Network in NCRN activities.
- 3 To be a member of the Cancer Service Network Board representing the Research Network.
- 4 To liaise with the Cancer Network Clinical Director, Director, Nurse Director, Chair of the Commissioning Group and other Cancer Network staff concerning the Essex Cancer Research Network's participation in the NCRN.
- 5 To liaise with existing tumour groups and management groups in the Network and establish other groups as appropriate.
- 6 With the assistance of the Research Network Manager to develop and maintain an ongoing portfolio of clinical trials, to which patients from the Essex Cancer Network area will be recruited. This to be developed in discussion with the Essex Cancer Network Tumour-Specific Groups and in line with the clinical trial activity of the existing units undertaking cancer research activity, in particular academic units and the NCRN.
- 7 As Chair, and in partnership with other members of the Essex Cancer Research Network Steering Group, be responsible for the overall recruitment and quality of clinical trial research in the Network, ensuring that appropriate governance processes are in place and all clinical trial activity is supported by appropriate guidelines and protocols and complies with established quality standards.
- 8 With the assistance of the Research Network Manager, to introduce systems to enable the Essex Cancer Research Network to comply with NCRN agreed performance, financial and planning arrangements and report on progress in these areas as required.
- 9 To liaise with the Chairs of Tumour-Specific Groups and Cancer Unit Lead Clinicians and Research Groups to promote recruitment to clinical trials throughout the Network.
- 10 To contribute to the recruitment, training, support and quality control of the Research Network Manager, Research Nurses, and other research staff at the Essex Cancer Research Network.
- 11 To keep abreast of clinical trial developments locally, nationally and internationally and to inform and guide the Essex Cancer Network accordingly.
- 12 To represent the Essex Cancer Research Network at regional, national and international meetings.

Person Specification

The Clinical Lead would be expected to have the following skills and experience:

- is a recognised leader within cancer services;
- able to both lead and work as a member of a multi-disciplinary team;
- able to facilitate change across organisations;
- an excellent communicator;
- experience of running clinical trials at Phase II and III.
- success in co-ordination of trials at a national level and good working relationships with national trials development bodies such as the NCRI Clinical Studies Groups.
- established local credibility for commitment to clinical research.
- membership of, or good working relationships with, local units conducting cancer research funded by the major funding bodies.
- experience in holding and administering research grants.
- an up-to-date record of publication in clinical cancer research.
- practical organisational skills

Updated June 2009

ESSEX CANCER NETWORK BOARD

TERMS OF REFERENCE

The following Terms of Reference have been developed and agreed by the Network Board and will be authorised by the board chair and the acute Trust and PCT Chief Executives of the network. The operational model for the new network team and organisational decision making groups are essentially 'commissioner owned'. The model is based on strong collective commissioning arrangements, that bring PCTs together across the care pathway with binding agreements and strong links into practice based commissioning (PBC) arrangements.

Terms of Reference of Network Board

The Board represents the commissioners and providers of cancer services for the whole population served by the Essex Cancer Network.

The authority of the Group will be agreed by the Strategic Health Authority Chief Executive and the Trust Chief Executives within the Network.

The Board will be recognised as the appropriate final common pathway to channel business between commissioners and providers on issues relating to cancer services provided to the Network's population and to co-ordinate views on such services. All Network Site-Specific Groups (NSSGs), Cross-cutting Groups and Locality Groups will report back to the Network Board.

Voting Rights

As a 'Commissioning-led Network' the Network Clinical Director and the four constituent PCT organisations will have exclusive voting rights at board level.

Key functions of Network Board:

Strategic Planning

- To develop and implement a network strategy to deliver high quality cancer services in line with national policy. This should include action that may be required for the re-organisation of services in line with national guidance such as NICE recommended Improving Outcomes Guidance (IOG).

Prioritisation

- Ensure a clear means to link with LDP processes, guiding commissioning by PCTs and setting in year objectives/business plan.

Clinical Governance

- To work with NSSGs, cross-cutting groups and locality groups to agree site specific pathways and service provision and that uniform standards of care are applied across the network.
- To ensure that there is co-ordination and uniformity across the network for entry of patients into clinical trials, and education and training.

Strategic Monitoring / Performance Review

- Ensuring the Cancer Plan is delivered, through routine board review as well as peer review.

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- To prepare the network Action Plan which outlines service requirements required to meet National Cancer Measures, in preparation for each round of peer review, and to ensure that the action plan informed by the peer review visit is implemented.
- To ensure the development of common operational policies for information and agreement of Minimum Data sets (MDS) for use across the network.
- To ensure there is co-ordination and uniformity across the network for monitoring and audit.

Ensuring Support Strategies

- Ensure strategies are in place for workforce and facilities, planning and redesign, ICT and organisational and personal development.
- To ensure effective communication between palliative care and the cancer network, including the voluntary sector.

Accountability

- Accountability to patients and other stakeholders, demonstrated through an annual report and through the active engagement of users in all our work

ECN NETWORK BOARD MEMBERSHIP		
NAME	ORGANISATION	TITLE
<i>Network Leads</i>		
Shelia Bremner (Chair)	NHS S W Essex	Chief Executive, NHS Mid Essex
Mr Tom Carr	Essex Cancer Network	Network Clinical Director
Mrs Sue Maughn	Essex Cancer Network	Network Director
Carol O'Leary	Essex Cancer Network	Network Lead Nurse
Netty Wood	Essex Cancer Network	Lead Pharmacist
<i>PCT Representation (Executive Leads or Nominated Representative)</i>		
Fiona Peskett	NHS S W Essex	Cancer Commissioning Lead
Kevin McKenny	NHS S E Essex	Assoc. Dir. Service Redesign & PBC
Tracy Porter	Mid Essex PCT	Head of Strategic Change
Jackie Gibson	NHS Mid Essex	Cancer Commissioning Lead
Tracy Beastall	NHS N E Essex	Cancer Commissioning Lead
<i>Acute Trusts (Executive Leads or Nominated Representative)</i>		
Mark Magrath	Basildon Hospitals	Executive Lead Cancer
Malcolm McFrederick	Southend Hospital	Executive Lead Cancer
Margaret Blackett	Mid-Essex Hospitals	Executive Lead Cancer
Sue Barnett	Colchester Hospitals	Executive Lead Cancer
<i>Lead Cancer Clinicians plus Public Health representatives</i>		
Mr Samir Shah	Basildon Hospitals	Lead Cancer Clinician
Prof Neville Davison	Mid-Essex Hospitals	Lead Cancer Clinician
Dr Phil Murray	Colchester Hospitals	Lead Cancer Clinician
Dr David Tsang	Southend Hospital	Lead Cancer Clinician
Dr Andrea Atherton,	NHS S E Essex	Consultant in Public Health (Sth)
Dr Mike Gogarty	NHS N E Essex	Consultant in Public Health (Nth)
<i>Palliative Care Lead Clinician (One Network Representative in future)</i>		
Dr Grahame Tosh	Southend Hospital	Palliative Care Clinician
Ann Smits	NE Essex	Palliative Care Lead (deputy)
<i>Cancer Research Representative</i>		
Dr Krishnaswamy Madhavan	ECRN	Clinical Lead
Mrs Ashley Solieri	ECRN	Research Network Manager
<i>User Representative</i>		
Roger Bassett		User Representative
Ken Aldred		User Representative

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Core Responsibilities of the Network Site Specific Research Lead

To comply with Peer Review measures, each Network Site Specific Group (NSSG) must have an agreed member responsible for participation in clinical trials, the Research Lead. The Research Lead is responsible for “ensuring that recruitment to clinical trials and other well designed studies is integrated into the function of the NSSG”

I am writing to thank you for your work in this area so far and to confirm that as a core member of the NSSG you have agreed to be the Research Lead for the xxxxx NSSG.

In order to formalise this arrangement we would be grateful if you would agree to assume the following responsibilities:

- To champion research and development within the NSSG, encouraging members to support and participate in research activity in their Trust and promote recruitment to clinical trials
- To identify available research studies for discussion and adoption by the NSSG
- To ensure the NSSG reviews MDT recruitment rates annually
- To identify barriers to recruitment and develop a programme for improvement with the MDT where appropriate
- To identify key priorities and develop research objectives for the NSSG.

The Research Network Manager will work closely with the Research Lead to fulfil this role. I agree to assume the responsibilities outlined above

Name

Date

Core Responsibilities of the Multidisciplinary Team Research Lead

To comply with Peer Review measures, each Multidisciplinary Team (MDT) must have an agreed member responsible for participation in clinical trials, the Research Lead. The Research Lead is responsible for “ensuring that recruitment to clinical trials and other well designed studies is integrated into the function of the MDT”

I am writing to thank you for your work in this area so far and to confirm that as a core member of the MDT you have agreed to be the Research Lead for the xxxxx MDT at xxxxx Hospital.

In order to formalise this arrangement we would be grateful if you would agree to assume the following responsibilities:

- To champion research within the MDT and encourage peers to support and participate in research.
- To ensure that recruitment to the NSSG approved list of clinical trials is integrated into the function of the MDT.
- To ensure the MDT reviews research activity reports and produces a written response annually to the NSSG approved list of trials including agreement to enter patients or state the reasons why it will not be able to do so.
- To develop a programme for improvement where required with the NSSG Research Lead and present to the NSSG for approval
- To identify key priorities and develop research objectives

I agree to assume the responsibilities outlined above

Name

Date

Essex Cancer Research Network Board

Terms of Reference (Measure 11-5A-102 & 105)

Purpose

- To ensure the continued development and work of the National Cancer Research Network (NCRN) in the Essex Cancer Research Network (ECRN) and to advise the Essex Cancer Network (ECN) Board accordingly

Specific Aims

- To advise and support the Clinical Lead for Research and the Research Manager.
- To agree and keep under review the Job descriptions, appointments and roles of the ECRN research
- To continually monitor and develop strategies to influence recruitment to cancer clinical trials in the ECRN and performance relative to national NCRN targets
- To work with other NIHR partners to promote cancer research objectives
- To monitor and review the NCRN ring fenced budget
- To monitor and review the work programme and agree remedial action as required.

Membership*

- Chair (Clinical Lead for ECRN)
- Research Network Manager
- Finance Lead from host trust
- Medical Director, ECN
- Network Director, ECN
- Local Clinical Lead for each Trust
- Research Team Manager from each Trust
- R&D representative from each Trust
- CLRN Senior Representative
- 2 patient, career representatives (1 x South; 1 x North)

*See Appendix 1

Chair has the option to co-opt individuals to attend as required

Accountability

- The Research Network Board will be accountable to the National Cancer Research Network (NCRN) and the Essex Cancer Network Board.

Objectives

- To seek to integrate NCRN portfolio research into the cancer patient pathway in ECN
- To provide progress reports, discuss and agree strategic plans for the research network, including a fair allocation of funding for research staff across ECN
- To agree with each trust appropriate targets for trial entry, monitor individual trust progress on a six monthly basis and provide additional support where appropriate as the information base develops.
- To support the Research Network Management Team in achieving the following:
 - To ensure regular reports and information are provided to the ECN Network Board and ECN Network Site Specific Groups as to progress and future strategic development.
 - To support the process of gaining regulatory approval for new trials and working with trust research staff to ensure compliance, all aspects of GCP, running of trials (including assisting trust based support services i.e. pharmacy, radiology and pathology), effective recruitment, overcoming barriers to recruitment and problem solving.
 - Develop and implement appropriate IT systems in support of the NCRN trials
 - Oversee the accessibility of a training and education programme for research staff

Reporting Arrangements

- The Board will meet 4 times per annum, 3 times via video-link and once face to face
- Email important urgent communication between meetings
- Meeting minutes will be taken and circulated within the group and to the ECN Board for information
- Progress reports will be submitted to the ECN Board
- Action plans will be updated at each meeting

Outcomes

- Equity of access and increased recruitment into clinical trials

**Essex Cancer Research Network
Board**

	Title
ECRN	
Dr Krishnaswamy Madhavan	Clinical Lead, ECRN
Ashley Solieri	Research Network Manager, ECRN
Dee Davey	Finance Representative, Host PCT
ECN	
Tom Carr	Medical Director, ECN
Sue Maughn	Network Director, ECN
Carol O'Leary	Nurse Director, ECN (Co-opted)
Netty Wood	Lead Pharmacist, ECN (Co-opted)
LOCAL CLINICAL LEADS	
Dr Bruce Sizer	Clinical Oncologist, CHUFT
Dr Paul Cervi	Consultant Haematologist, BTUHFT
Dr Naveed Sarwar	Medical Oncologist, SUHFT
Prof. Neville Davidson	Consultant Oncologist, MEHT
RESEARCH TEAM MANAGERS	
Lorna Dewar	Research Team manager, CHUFT
Sree Palvai	Research Team Manager, SUHFT
Tracey Camburn	Research Team Manager, MEHT
TRUST R&D LEADS	
Mr Ayres Caldeira	Research & Development Manager, CHUFT
James Hampton-Till	Associate Director, Research & Development, BTUHFT
Mr Chris Mackerness	Research & Development Manager, SUHFT
Dr Neil Jayasinghe	Research & Development Manager, MEHT
CLRN	
Oksana Hoile	CLRN, Senior Manager
PATIENT, CARER REPRESENTATIVES	
Sharron Beesley	Patient & Carer Representative #1
Janet Brazier	Patient & Carer Representative #2



Appendix 7

Flexibility & Sustainability Funding Application – 2010/11

The Essex Cancer Research Network (ECRN) has launched a new round of FSF applications for funding. Please read the attached guidance to establish whether your application is eligible for the ECRN support via this funding stream. Applications will be reviewed by the ECRN Clinical Lead, Manager and finance representative and an Essex Cancer Network representative and are subject to funding availability.

Please email your application to ashley.solieri@nhs.net by 9am Wednesday 28th April 2010

If you would like to discuss your application, please contact Ashley Solieri, Network Manager on 01245 397610

1. Name and contact details of the person making the application:

Name:	
Position:	
Address:	
Telephone:	
Email:	

2. Please indicate how the money will be used from one of the following:

- 1. Support for salary costs of an NIHR Faculty member
- 2. To support new staff who expect to become faculty members:
- 3. To support Faculty members who are "between grants":
- 4. To support Faculty members who contribute to the wider research agenda:
- 5. For research related time of NHS employed administrative and secretarial staff that support faculty members:

NB: Salary costs cannot be supported for more than 12 months for a specific individual

3. Funding Requirements Outline: *(Please note, salary cost calculations should be calculated as basic salary cost (pro rata for w.t.e. being applied for) plus 24% to cover employer on-costs)*

Purpose	Description	WTE	Amount £
<i>Clinical Staff</i> <i>Please name all individual staff and include, grade/AfC band, role and costs</i>			
	<i>Sub-total:</i>		
Non-Clinical Staff <i>Please name all individual staff and include, grade/AfC band, role and costs</i>			
	<i>Sub-total:</i>		
TOTAL:			

4. Please outline the nature of the funding request *(partial/total payment of salary, backfill, anticipated absence etc)*

5. Please include a (measurable) summary of how this funding will enhance the local cancer research network activity e.g. increase/maintain recruitment

6. Please list NIHR portfolio studies you have contributed to date:

**7. Which department will be responsible for administering the requested funds?
Please give name, role and contact details**

Trust/Department:	
Contact Name:	
Role:	
Contact Number:	
Email:	

FOR COMPLETION BY APPLICANT

DECLARATION AND SIGNATURE

I declare that the information provided on the form is complete and correct.

Name:

Signature: Date:

Contact details (postal address):

.....
.....
.....
.....
.....

E-mail: Tel/fax:

MEMBER TRUST AUTHORISATION SIGNATORIES:

Line manager approval (Clinical Director, Trust R&D)

I can confirm in my capacity of line manager for the above named staff I support and approve this FSF application

Name:

Organisation:

Position:

Signature: Date:

Please return one electronic copy and one signed hard copy of this form to Mrs Ashley Solieri at the address below:

Essex Cancer Research Network
Kestrel House, Hedgerows Business Park,
Colchester Road
Springfield
Chelmsford
CM2 5PF

For ECRN office use

Date received:

Outcome: Successful

 Unsuccessful

Awarded funding total:

ECRN Decision Date:

Feedback to applicant (date/by whom):

ECRN Assessment of the request:

Decision Narrative

Appendix 8 – Please see separate document (Measure 11-5A-104)

Contact details

Name	Title	E-mail	Telephone
Dr Krishnaswamy Madhavan	Essex Cancer Research Network Clinical Lead	Krishnaswamy.madhavan@southend.nhs.uk	0773 769 5086
Mrs Ashley Solieri	Essex Cancer Research Network Manager – contact point for consumer involvement	Ashley.solieri@nhs.net	012450397610 07812 799476
Mr T Carr	Essex Cancer Network (ECN) Medical Director	Tom.carr@southend.nhs.uk	0794 925 9457
Ms Sue Maughn	ECN Director	Sue.maughn@nhs.net	01245 397647 07534 711929
Ms C O'Leary	ECN Nurse Director	Carol.oleary@nhs.net	0779 989 5109
Ms Netty Wood	ECN Pharmacist	Netty.wood@nhs.net	0798 308 5748
Mr M Scanes	ECN User Involvement Facilitator	Michael.scanes@nhs.net	0776 633 5741
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