



*National Institute for  
Health Research*

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Clinical Research Network  
West Midlands

## Annual Delivery Plan 2018/19

Date of submission: 16 March 2018

Submitted by: Pauline Boyle Acting Chief Operating Officer, Professor Jeremy Kirk Clinical Director, Dr Jonathan Odum Host Executive Lead

<b>2018/19 LCRN Annual Planning Requirements</b>


<b>Host Organisation Approval</b>	
Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	Yes
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	2018-03-15
Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:	Yes
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:	26/03/18
<p>If this plan has not been approved by the LCRN Host Organisation Board at the time of submission to CRNCC, then the LCRN Host Organisation Nominated Executive Director should provide that confirmation by email to the CRNCC once the Board has approved the Plan</p>	

## Section 1: Compliance with the Performance and Operating Framework

Please confirm, at this point in time do you anticipate the Host Organisation and LCRN Partners being able to deliver the LCRN in full compliance with the Performance and Operating Framework 2018/19?

If you have answered 'no' to this question, please identify below the specific areas/clauses of the POF which are of concern by selecting the appropriate boxes, provide a brief explanation of the reasons for non-compliance. Any area of non-compliance must be mitigated by the inclusion of a Key Project in Section 2 of this Annual Plan in order to achieve compliance. Include a cross-reference to the Key Project ID.

POF area	Fully compliant?	Commentary
<b>Part A: Context</b>		
3. Working Principles	Yes	
<b>Part B: Performance Framework</b>		
2. LCRN Performance Indicators		
2.1 High Level Objectives	Yes	
2.2 Specialty Objectives	Yes	
2.3 LCRN Operating Framework Indicators	Yes	
2.4 Initiating and Delivering Clinical Research Indicators	Yes	
2.5 LCRN Partner Satisfaction Survey Indicators	Yes	
2.6 LCRN Customer Satisfaction Indicators	Yes	
2.7 LCRN Patient Experience Indicators	Yes	
3. Performance Management Processes	Yes	
<b>Part C: Operating Framework</b>		
2. Governance and Management	Yes	
3. Financial Management	Yes	
4. CRN Specialties	Yes	
5. Research Delivery	Yes	
6. Information and Knowledge	Yes	
7. Stakeholder Engagement and Communications	Yes	
8. Organisational Development	Yes	
9. Business Development and Marketing	Yes	

Section 2: Key Projects							
Ref	Key project	Outcome	Lead	Milestone	Milestone date	RAG	Commentry
<b>1. Governance and Management</b>							
2.3.3.	Desk top exercise to test the effectiveness of the current business continuity plan	Assurance that the business continuity plan is fit for purpose	Susie Harrison	Desk top exercise complete	Q1		
2.5.2. (d)	Video conferencing facilities installed in at least two offices.	More efficient meeting management.	Pauline Boyle	Procurement process completed Facilities installed	Q4		
2.8.5.1	Appointment to the post of deputy Chief Operating Officer	Deputy Chief Operating Officer appointed to ensure robust management of the network	Pauline Boyle	Job description development using the national profile Post advertised and recruitment process completed	Q1		
<b>2. Financial Management</b>							
3.2.1.	Compliance with new General Data Protection Regulation	Staff names will no longer be reported to the NIHR CC	Alex Howes	Process established in order to report spend on staff without using staff names	Q1		
3.1.10.	Finance tool training	Finance information is completed in a timely manner and to a high quality	Alex Howes / Bhavesh Patel	Training delivered upon request	Q1-Q4		
<b>3. High Level Objectives</b>							
HLO1	Increase the number of new non NHS studies successfully supported measured on positive feedback using the national survey. This is a new area so any feedback received will be reviewed to determine the usefulness of support provided. Identify what support research teams working in non NHS settings require to set up studies successfully and develop processes for Early Contact Leads to support these. Embed the new national process and crib sheet developed for Early Contact Team. Add specific fields in EDGE to support reporting and performance. Lessons learned from these studies discussed at Early Contact Team meetings. Targeting research related events at non NHS settings (schools, community settings, hospices and care homes).	Increase in the number of studies being delivered in non NHS settings.	Karen Hampshire, Kirsty Hunter and Mobeena Naz  Julie Davis	Survey results. Process developed for Early Contact Leads to support sites in non NHS settings. EDGE fields updated. Lessons learnt report. Targeted events at non NHS settings.  Investigate opportunities to develop local public health / wellbeing research studies which may be eligible for portfolio in non-NHS setting	Q2		SSS ROW10 - Q1 April 18 - an action has been identified to create a crib sheet specifically for non-NHS studies. A meeting has been arranged with Sandra Prew to capture the resource for care homes/ hospice studies. An ECER Lead is overseeing the completion of the national monitoring tool for resource required for non-NHS studies. Linked in with Julie Davis who is also doing work in this area. June 18 - Sandra Prew has recorded studies in the monitoring tool and ECER Leads to input some data for these also

	Explore why researchers are reluctant to use e-digital concepts to increase recruitment as uptake to e-digital during 17/18 was minimal. Continue to review and discuss various e-digital concepts with CIs as part of the Early Contact support. Continue with a E Digital EC Lead to support new ways of working and share with EC Leads. Apply knowledge to conversations with CIs during Early Contact to increase recruitment e.g. PICs, e-digital, Primary Care, Community Pharmacy, other CRN WM PO's	Increased recruitment. More cognisant of e-digital and how it can support research.	Karen Hampshire, Jonathan Forsythe	Potential to use digital to assist with recruitment discussed at every EC meeting Recording of the number of studies using digital to aid recruitment	Q4		SSS Row 11- Q1 April 18 - Discussed how we can work with WM RDS (joint RDS CRN meeting on 23 April) to encourage researchers to use e-digital. A social media guidance document has been written by an ECER Lead. To be presented at next Joint CRN and RDS meeting. June 18 - Social media guidance reviewed by ECER Leads and to be discussed at ECER meeting on 21 June. To confirm with ECER Leads that they are continuing to suggest this method for supporting studies. ECER Leads trained on 7 June on how to use Twitter for Early Contact. Developing a ECER Twitter presence! Collating data on social media discussions in EDGE.
	Early Contact Leads to continue to attend events and meetings to raise awareness of the service and added value of linking in as early as possible. Early Contact Leads to continue to highlight benefits ECER during delivery of any SSS training. Develop I&I projects to support this objective e.g. Target all CIs that didn't take up ECER at post PAF stage to understand why the service was not optimised.	Increase the target of 70% of all non-commercial studies supported through Early Contact at the pre-PAF stage.	Karen Hampshire, Kirsty Hunter and Mike Salmon	Events attended. Training delivered. I&I projects completed.	Q4		SSS Row 12 - April 18 - Reviewed the data points around identifying studies supported at ECER from Pre Paf to Pre IRAS Submission to ensure consistency. Study progress data management report sent to Laura Bousfield and shared with key staff in the CC. June 18 - Stats identified and to be written into EDGE Reporting section. All PAFs now recorded in EDGE even when no Early Contact support provided. This was a recent decision to ensure a complete data set as previously only studies that had received Early Contact support were recorded in EDGE. In Q1 the team have supported/ attended/ presented at 26 events
	Increase the number of local Chief Investigators by: Arranging Sandpit events Developing trainee groups Funding protected time for potential Chief Investigators	Number of local Chief Investigators increased.	Jeremy Kirk	Events arranged. Funding identified and awarded.	Q4		June 18 - Stats identified and to be written into EDGE Reporting
	Continue to work with local Universities to identify potential collaborations.	Number of local Chief Investigators increased.	Pam Devall	Meetings held with each University	Q4		
	Ensure that the Business and Marketing Profile is used as a tool to attract new partners / studies to the region, for both commercial and non-commercial research studies	Increase number of research studies within the network.	Julie Davis / Sinead Collinge	Action plan created to fully investigate opportunities to increase the number of research studies in the region based on the new partners and maximise the USPs of the region, the Network and our POs	Q1 - Q4		
HLO2	Continue to support Partner Organisations to deliver to time and target by conducting PO Industry Operational Visits	Strengthened relationships between the Industry team and PO's. Maintain realistic target setting for commercial studies and proactive performance monitoring within PO's to achieve 70% of delivering to HLO2a	Catherine Dexter	Conduct PO visits by end of Q2. Ensure strategic suggestions are discussed at Industry Strategy Group and rolled out region-wide as appropriate	Q4		
	Divisional Performance Monitoring	Proactive performance monitoring and support with target setting Improved HLO2a across all divisions, and accurate and realistic EOI submissions	Catherine Dexter / Sinead Collinge	Peer review reports completed and reviewed monthly Actions from peer performance reviews implemented	Q2		
	Roll out of Closed Study Review Project	An understanding of project failures and successes to ensure lessons learned across the CRN	Catherine Dexter	Process formally launched Documented in LMPS to enable network wide reporting at PO, Division and Speciality Group level. Collection of intelligent data to be utilised to predict future study deliverability	Q1		

	To continue on from Annual Plan Objective 17/18 in identifying new ways to deliver the "IRAS/HRA for Sponsors Training" with an emphasis on the sponsors setting realistic recruitment targets with Sites.	Improved recruitment to time and target	Karen Hampshire /Mobeena Naz	Review of past training evaluation forms and identification of new areas to address Identification of specific studies where local Academics were Sponsors for actively recruiting studies and review time to targets performance and speak to Universities directly about how CRN can support their CI/ Research Team in improving RTT	Q2		SSS Row 18 - April 2018- Updated face to face and webinar IRAS/HRA training to reinforce the need for effective project management of studies and early conversations with R&D to set realistic recruitment targets. The new training for sponsors on expectations as per the UK policy framework is expected to support this objective. June 2018- Work on the new UK policy framework is underway and expected to have a draft by end of July for feedback by the wider SSS team.
HLO3	Establishment of the CRN Industry Steering Group	Increase the number of commercial studies delivered in specialties and partner organisations	Sinead Collinge	Engagement with PO's to educate and promote the value of portfolio adoption for all commercial studies including single site studies Identify areas of capacity and patient population through CRSLs and PO's Work nationally and locally to identify appropriate sponsors with study pipelines and introduction to the region and PO's through Specialty Groups	Q4		
	Specialty Group Engagement	Utilise specialty groups as an opportunity to discuss regional development and opportunities to deliver commercial research	Sinead Collinge	Engage with CRSL and RDM's to promote the opportunities available in commercial research and look to build relationships with the Life Sciences community Q1 Look at business development opportunities and utilise specialty groups to host the Life Sciences Community and their pipeline	Q4		
	See Further details in Life Sciences						
HLO4	Identify a solution to support PO's in identifying studies approaching 40 days from DSS to DSC. The aim of this solution would be to give PO's better oversight of all studies and helps us support delays in a proactive manner	To reach 70% by Q1 and 81% by Q4. If not then ensure all sites have identified reasons for not delivering to this objective.	Karen Hampshire / Mobeena Naz	Review of current trends within PO's regarding performance with HLO04 Liaison with PO's to identify how they currently manage oversight of live studies in Set Up Via the EDGE Working Group identification of possible solutions to provide oversight of live studies. □	Q1		SSS Row 19 - April 2018- ODP Study Start up app has been heavily promoted at various ROG meetings during 2017/18. A guide has also been compiled as a result of the EDGE working group. June 2018- Due to the limitations of the ODP study start up app (i.e. it is currently displaying incomplete data due to the API failures) we will propose the use of a local template at the July ROG meeting. The template has been tested by two PO's and is undergoing some minor refinements before it can be demonstrated. In the meantime, the NIHR CC have been informed that the ODP app is not fit for purpose for our local oversight and they have agreed to look into this (email from Alex Bernard, 9.7.18). At the July EDGE working group we expect to discuss the option of bringing reasons for study set up delays into the Trust reports and while the app is unreliable we are utilising MOAS for following up of data errors and missing site information with the support of the BI team.
	Identify and target active commercial Sponsors who work with CRNWM PO's to attend 'IRAS/HRA for Sponsors' training sessions. There does not seem to be a robust understanding by Commercial Sponsors role in understanding the new HRA processes around capacity and capability.	Increase in the number of sites achieving NHS set up within 40 calendar days (from "Date Site Selected" to "Date Site Confirmed")	Karen Hampshire / Mobeena Naz	Identification of active commercial/CRO's within the network Identification of which stakeholders require bespoke training	Q4		SSS Row 20 - June 18 Promoting the IRAS/HRA for sponsors webinar as far as wide as possible and if commercial sponsors require any adhoc training this is on offer generally.
HLO5	Identify a solution to support PO's in identifying studies approaching 30 days from DSC to FPFV.	To give PO's better oversight of all studies and help the network to support delays in a proactive manner. The aim is to reach 70% by Q1 and 81% by Q4. If not then ensure all sites have identified reasons for not delivering to this objective	Karen Hampshire / Mobeena Naz	Review of current trends within PO's regarding performance with HLO05 Liaise with PO's to identify how they currently manage oversight of live studies in Set Up Via the EDGE Working Group identify possible solutions to provide oversight of live studies Implement the solutions - pilots, testing, training and full implementation	Q1 - Q3		April 2018- ODP Study Start up app has been heavily promoted at various ROG meetings during 2017/18. A guide has also been compiled as a result of the EDGE working group. June 2018- Due to the limitations of the ODP study start up app we will propose the use of a local template for both study set up and recruitment delays. This will be discussed at the July ROG meeting and is currently undergoing some refinements after being tested by two of our PO's. In the meantime the NIHR CC have agreed to look into updating the ODP app to make it fit for purpose locally. At the next EDGE working group we will discuss how to use the Trust reports to identify reasons for breach of study set up as well as recruitment.

HLO6a	Develop profiles for each PO detailing facilities, population served, patient pathways, and unique selling points.  Use prevalence data to place studies where the population is.	Easily identify studies that match the profile of the population.  Studies open to meet the needs of the local population.	Portfolio Managers / Project Management Team	100% of NHS Trusts recruiting to portfolio studies Suite of Trust specific profiles which highlight the USPs for our POs, ensuring that not only commercial but non-commercial research teams bring their studies to the region	Q4		
HLO6b	Increase Partner Organisations delivering commercial research to 90%	Maximise the number of PO's offering commercial research to their patient populations	Sinead Collinge	Continue to support those organisations delivering commercial research successfully Consistently support and work alongside those organisations not currently delivering commercial research to ensure that all available opportunities are highlighted and where possible, delivered	Q4		
HLO6c	Mapping new GP configurations and emerging models of care to monitor proportion of general medical practices recruiting into portfolio studies. As the GPs are merging the number of practices available to invite to participate will reduce. Use practice population data to monitor whether the patient population that we have access to is increasing rather than reducing	Ensuring that through the GP configurations we are accessing an increasing patient population, even if this is difficult to show because of the reducing GP practices. As number of GP practices reduces, the percentage will change	Pam Devall	Supporting individual practices and group schemes through the RSI scheme Adapting the RSI scheme to ensure that it remains both attractive to GPs and value for money Evidence that our service and our team to remain relevant in the new landscape	Q4		
HLO7	Increase links with academic institutions	Increase the number of local Chief Investigators in Dementia Studies.	Juan Doblado Pavón	Support newly appointed DENDRON CRSL in organising meetings with relevant stakeholders.	Q4		
<b>4. LCRN Speciality Activities</b>							
4.1.2.	All CRSL's will attend a joint meeting twice a year.  The SSS will attend at least 90% of all CRSL meetings to present the benefits of ECER and Study Support Service .  Each CRSL will hold a speciality meeting at least once a year.  CRSL's will be provided with prevalence data and will contribute to the feasibility process.  The RDM, Portfolio Manager and CRSL will meet regularly to review the portfolio.	CRSL's will be kept up to date, share best practice and monitor  Identify CRSL meetings where ECER haven't attended already. Contact Admin support for the Speciality to identify dates for future meetings and ensure ECER attend. Showcase studies where ECER support has made a difference. Identify trends and studies supported through Specialities.  Well informed clinical community. Promotion of research and the portfolio as well as what the network can offer researchers.  CRSL's will have information required to ensure accurate feasibility is completed.  CRSL's in collaboration with the RDM will performance manage the portfolio of studies with particular attention to recruiting to time and target.	Jeremy Kirk  Karen Hampshire / Mike Salmon  Research Delivery Manager  BI team  Research Delivery Manager	Register kept of meetings held and attended  Meetings attended and feedback obtained  Annual event held  Information disseminated  Performance meetings held	Q1 - Q4  Q3  Q4  Q2  Q1 - Q4		SSS Row 27 - April 18 - CRSL meetings confirmed in the ECER Events file. June 18 - Presentation at CRN WM CRSLs meeting on 22 May. Not many CRSL have used the ECER service. So far attended a 4 Speciality meetings in Q1. Supported 10 POs at Clinical Trials Day events
4.1.3.	The CD will continue to ensure each speciality has an appointed lead, through a competitive process.	Appointed lead for each speciality who holds the relevant experience and expertise to lead the speciality.	Jeremy Kirk	All speciality leads appointed through a competitive process	Q1		



4.1.4.	Each CRSL will be provided with up to date information on the portfolio, prevalence data, performance data, local intelligence data and profile information for each PO.	Each speciality lead will have all the information required in order to inform accurate feasibility and performance manage studies.	Research Delivery Manager	Information prepared by Portfolio Managers and BI team CRSL's in receipt of information	Q3		
4.1.5.	The CC will be informed of changes to CRSL appointments.	Coordinating Centre informed of changes in a timely manner	Andrea Shilton	Process developed and implemented	Q2		
4.1.6.	Attendance at local and national meetings will be monitored and included in the annual performance meeting held by the RDM and CRL.  All PCNSG meetings will be attended by one or more Primary Care CRSL	Management of performance.  Aim to improve role of CRSL to make this more effective in terms of communication and influencing study targets to improve deliverability in the WM	CRL  Mark Porcheret	Minimum of 75% of performance meetings attended  All PCNSG meeting attended by at least one CRSL PCNSG Minutes will evidence attendance and actions	Q1 - Q4		
4.1.7.	The RDM and Portfolio Manager will meet regularly with the CRSL to provide clinical and local intelligence into the early commercial feedback, non-commercial expert review, delivery assessments and performance reviews.	Early clinical engagement to ensure studies deliver to time and target.	Research Delivery Manager	Meetings held at least quarterly	Q1 - Q4		
<b>5. Research Delivery</b>							
	Implementation of new WM wide Primary Care Research Site Initiative (RSI) Scheme  Implementation of a pilot scheme to test what might be the best approach for groups of practices in terms of value for money and incentive to attract GPs to work with us	Single scheme in place which is equitable and offers all single site GP practices a streamlined and uniform process for sign up In conjunction with new finance forecasting this will allow improvements in budget setting to be made <input type="checkbox"/>	Sue Elwell	Pilot group practice leadership scheme across all three localities Implementation of a single scheme	Q1 - Q2		
	Development of RSI scheme for GP federations / super practices - The primary care landscape is changing and we need to have an RSI scheme that can be adapted to the new care models . Two pilot schemes are in progress and they will be reviewed during the year	Scheme in place that is fit for purpose, allows us to work at scale and best utilises our resources for maximum patient recruitment	Sue Elwell	Pilots complete Scheme in place for GP federations / super practices	Q1 - Q4		
	Continue to maintain engagement with community pharmacies which is challenging due to lack of available studies	Maintaining engagement with pharmacies enables us to be flexible and respond to study teams who may wish to utilise pharmacy as a recruiting site	Sue Elwell	Availability of Research Ready Community Pharmacies in readiness for studies that may benefit from support from Community Pharmacy to enhance recruitment	Q1- 4		
	Management of Excess Treatment Cost arrangements for Primary Care Studies	Improved equity of access Improved set up time of studies	Mark Stone / David Shukla	Process in place to manage ETC's for Primary Care studies across the network Report on the spend on the spend on ETC's	Q1		

<p>Engagement with emerging GP collaborations</p> <p>In line with working principles 3.1.c,d,f,i,j,k - Inclusivity, equity of access, partnership working, consistency, flexibility and responsiveness to stakeholders -Engagement with the developing 'new care models' (NCM) being established</p> <p>NCM's are still being developed locally and established - they have not currently established clear 'research strategies' and we are going to be continuing to develop this and establish partnerships</p>	<p>The aim is to inform CRN West Midlands on how best to adapt its support for research delivery to ensure that patients being cared for by the New Care Models are given every opportunity to consider and, if desired, participate in research studies.</p> <p>This will also ensure engagement of primary care providers in the delivery of research</p>	<p>Mark Porcheret / Mark Stone / David Shukla</p>	<p>System developed to keep track of NCM - all new WM GP collaborations and emerging Care models mapped on EDGE</p> <p>EDGE used to log which GP practices are in each care model, their research activity, sign up to CPRD, involvement / interest in commercial research and resource as well as payments received</p> <p>WM GP Champions and First 5 GP Champions will be engaged in support of this work</p> <p>Regular reports to the LNMG and SLT will report progress and identify how support for research delivery may need to adapt</p>	<p>Q1 - system developed and first round of data collection</p> <p>Q2 - findings, and suggestions on adapting CRN support, reported to SLT. Second round of data collection</p> <p>Q3 and 4 - third and fourth rounds of data collection and further reports to SLT.</p>		
<p>Assist in the development and review of the Research, Development and Innovation structure across the Staffordshire CCGs</p> <p>The Staffordshire CCGs have come together with a new joint management team and single accountable officer. A new research steering group is required to be developed</p>	<p>Improvement of CCG engagement with research</p>	<p>Mark Stone / David Shukla / Jeremy Dale</p>	<p>Engagement with the Accountable Officer and shared management team of the Staffordshire CCG</p> <p>Steering group established</p> <p>Arrangements replicated in Central and South locality</p>	<p>Q1 - Q4</p>		
<p>Remove duplicates from current Primary Care Early Contact (EC) and Assess Arrange and Confirm (AAC) processes</p> <p>Undertake a pilot to assess the suitability and effectiveness of a combined role</p>	<p>This will aim to:</p> <ul style="list-style-type: none"> <li>- streamline the function</li> <li>- future proof the RF Team</li> <li>- improve service provision for researchers and Sponsors</li> </ul>	<p>Louise Jones / Gail White</p>	<p>Pilot complete</p> <p>Senior Research Facilitators (RF), Senior Research Nurses, two existing RFs and two newly recruited RFs trained to undertake the EC role.</p>	<p>Q1 - Q2</p>		
<p>Improve Study Support offered by restructuring the Primary Care team to provide support to the existing EC and RF teams</p>	<p>Improve the capacity in the teams and is also an opportunity for development forming succession planning within the team</p> <p>Primary Care Team will be more cost efficient</p>	<p>Louise Jones</p>	<p>Restructuring of the team complete</p> <p>Introduction of a new Band 5 hybrid role</p>	<p>Q1</p>		
<p>Improve Study Support Offering by continuing to refine and develop the new Primary Care training package that we now offer to stakeholders</p>	<p>Promote the services available and improve communications and engagement with research teams, sponsors and other organisations</p>	<p>Louise Jones / Gail White</p>	<p>Improved face-to-face training delivery package completed</p> <p>Online training material developed and made available to stakeholders</p>	<p>Q3 - Q4</p>		

	Improve process for Primary Care forecasting, cost calculation and budget management by centralisation, standardisation and streamlining of current study costing and forecasting process. Process is currently different in each of the three localities	Provide consistency and more accurate forecasting, as well as more stringent monitoring of budgets.  In addition, ETCs will be tracked and monitored more effectively enabling CCGs to budget for these accordingly	Pam Devall	Review of current process completeMost efficient process identifiedNew process if	Q1 - Q2		
	Primary Care Research Nurses working as one team. The Research Nurses have been working in isolation within their own localities often on the same studies. Progress needs to be made so that the nurses are working more collaboratively so that one nurse will be responsible for the running of a study across all three localities. To be able to do this processes need to be put into place: <ul style="list-style-type: none"> <li>Standardised template for nurse working instructions</li> <li>SOPs</li> <li>Use of clinical templates where appropriate</li> </ul>	Nurse team will work more efficiently and maximise recruitment	Jenny Stevens	Standardised template developed for nurses working instructions SOPs developed Clinical templates developed	Q4		
	Primary Care Research Nurses to use EDGE as part of the care pathway	Standardised way of running clinics across the area so that locality differences make minimal impact	Jenny Stevens / Ian Thomas	All Primary Care research nurses trained on using EDGE Primary Care nurses have access to appropriate infrastructure to access EDGE Working procedures developed	Q4		
	Pan-pathology Research Coordinator Role Awareness	Greater awareness of the importance of Pathology Coordination of research activity (assisting in research staff liaison, accessing pathology expertise, assisting in assessing feasibility, supporting study set up and sample processing) using the existing examples of pathology research coordinator roles in the region.	Dr Owen Driskell	Online webcast of the importance of these roles to the work of the CRN	Q4		
	Develop the Pathology research advisory group RAPID	Group established to share best practice and promote pathology in research.	Dr Owen Driskell	Meetings held	Q1-Q4		
	A measure of pathology contribution to research	Investigation of methods to generate quantitative evidence for the contribution of pathology to CRN research	Dr Owen Driskell	Establish a measure of research activity	Q4		
	Collaboration with East Midlands	Sharing best practice, promote joint working and explore future research and delivery opportunities	Pauline Boyle / Jeremy Kirk	Meetings held	Q1-Q4		
	Division 1 Cancer Speciality Meetings	Engagement with Subspeciality Leads (SSLs) to boost the interest, recruitment and knowledge in the specific disease sites. Interest has been received from Gynecological, Lung, Head and Neck and Skin cancers for meeting to be held during 2018/19.	Karen Hylton	3-4 disease speciality events held through the year	Q4		Good progress made to date. We have held two specific disease site meetings. Post Ash which is our annual Hematology meeting was very attended with international speakers and an over subscribed attendees. We also held an Head and Neck meeting to discuss collaboration with CRN WM. This meeting was chaired by newly appointed SSL Anthony Kong.
	Clinical Nurses Specialist (CNS) Project revised to East/West Midlands Project	Evaluation of the role of the Multidisciplinary Team (MDT) in supporting equity and access to cancer clinical trials. This has also been registered as an Improvement and Innovation (I & I) project.	Karen Hylton / Julia Locklin	Assessment of the level of engagement in cancer research at MDT time point. For all MDTs to consider potential cancer research for each patient discussed at these meetings.	Q4		All trusts within CRN WM contacted and obtained contact details for MDT co-ordinators. Next phase is to determine whether research is discussed within MDTs and that Research patients are identified at MDTs. Liaise with East Midlands for update on status of project.

	ENRICH	Maintain levels of care home engagement with research by either re-igniting research within care homes not engaged or replacing these care homes with care homes with current capacity to engage.	Andrea Shilton / Sandra Prew	Approximately 100 care homes engaged	Q4		
	Continue to develop the Supportive and Palliative Care Specialty Group This year our key areas of focus will include supporting: Qualitative research - Benefits and barriers; Hospice CEO investment; raising awareness at Hospice UK 2018 Conference	Increase the opportunities for local hospices and care homes to become actively involved in research available via the NIHR portfolio Re-ignite research with hospices not engaged or struggling; ensure robust mechanics for identifying Portfolio studies; engaging care homes. Engage with East Midlands to determine the way forward for a nurse S&PC forum.	Andrea Shilton / Supportive and Palliative Care Specialty Group	Hospice CEO investment Raising awareness at Hospice UK 2018 Conference Nurse S&PC forum established	Q4		
	Continue to develop and facilitate collaborative working among pharmacy clinical trials staff	Collaborative working among pharmacy clinical trials staff in secondary care	Julie Shenton /Jenny Warmington	Quarterly face to face meetings Established community of practice for pharmacy clinical trials staff across the region	Q1 -Q4		
	HRA pharmacy technical assurance Support pharmacy departments involved in the delivery of clinical trials with the implementation of the HRA pharmacy technical assurance process	Pharmacy staff using the HRA pharmacy technical reviews as part of the local pharmacy review process for clinical trials as well as undertaking the reviews as appropriate	Julie Shenton / Jenny Warmington	Pharmacy departments updated upon progress of HRA implementation Review and lessons learnt report completed and disseminated	Dependent upon implementation by HRA		
	Explore and scope potential opportunities for pharmacists to be PIs for studies across all sectors including secondary and primary care	Pharmacists undertaking the role of PI	Julie Shenton	Pharmacists expressing interest in undertaking the role of PI Record of the number of Pharmacist taking on the role of PI Forum established to share best practice	Q1 - Q4		
	Implement a weekly process to identify data discrepancies within EDGE for PO's around C&C and increase the % at each quarter. Work with PO's where compliance and entering data in near time is an issue. Reinforcing the message via the Effective AAC training session and ROG meetings.	Reach 80% compliance for HLO4 and HLO5	Karen Hampshire / Mobeena Naz	Review of Study Start Up App on a weekly basis. Identify data discrepancies and review Trust Monthly reports to ensure they match. Identify common errors, data issues and trends around poor compliance and ensuring data is entered in real time by PO's.	Q4		SSS Row 31 0 April 2018- ODP Study Start up app has been heavily promoted at various ROG meetings during 2017/18. A guide has also been compiled as a result of the EDGE working group. June 2018- Due to the limitations of the ODP study start up app we will propose the use of a local template for both study set up and recruitment delays. This will be discussed at the July ROG meeting and is currently undergoing some refinements after being tested by two of our PO's. In the meantime the NIHR CC have agreed to look into updating the ODP app to make it fit for purpose locally. At the next EDGE working group we will discuss how to use the Trust reports to identify reasons for breach of study set up as well as recruitment."
	Identify and link in with local NIHR Partners (eg RDS, AHSN, NIHR Trauma Centre, NIHR BRC Birmingham, NIHR Birmingham Liver Biomedical Research Unit).	Raise awareness of the Network particularly around Commercial and Non Commercial Study Support Service activities. Increase links and referrals to the Network.	Karen Hampshire / Sinead Collinge	Meet and Greet Event with all key Partners. Attend events and deliver presentations that compliment one another.	Q4		SSS Row 32 - June 18 - 25.10.18 The West Midlands is enriched with NIHR organisations supporting our local and wider community with research. The aim of this event is to bring together all our local NIHR organisations to showcase our service offerings and how we support researchers in the West Midlands to deliver research; ultimately allowing us to represent as One NIHR to provide a consistent and cohesive service across the West Midlands. We have invited the local NIHR infrastructure organisations and at the we would like each to invite one of the attendees from your organisation to deliver a 10 minute presentation on what are your key service offerings are. There will also be workshops on how we can integrate together. The agenda is not finalised.

	Delivering on the Government Research Priority of Dementia Continue promotion and recruitment through Join Dementia Research. Identify dementia studies that can recruit in acute hospitals. Increase recruitment in care homes. Increase links with local academics.	All opportunities for participants to have the opportunity to be recruited into Dementia research	Juan Doblado Pavon	Increase number of people recruited on JDR to 8%	Q1 - Q4		
	Following NHSE consultation for managing ETC's, identify what change is required in terms of resources, capacity and processes to prepare for the management of excess treatment costs. Liaise with other Networks specifically Wessex who already have a model in place. With Cohort 5 SSS Leads consider starting up an informal national SSS support structure to support all LCRNs with this major change in LCRN business if a national group is not developed. Identify a training needs analysis with the current team. Consider capacity issues. Make changes in systems and processes to accommodate management of ETCs.	Process established to manage of ETC's	Karen Hampshire / Kirsty Hunter	When National Guidance is released.	Q4		SSS Row 45 - June 18 - Conversations are starting around how we are going to manage this with suggestion of a band 6 to replace current part time vacancy. It is anticipated that all EC staff will have a role to play in supporting ETCs
	AcoRD Moderator to develop and roll out national programme of AcoRD training for AcoRD Specialists across the Midlands (within Network and neighbouring Networks to be confirmed).	To ensure all AcoRD Specialists are trained to a national standard and consistent advice on AcoRD is provided across the Networks.	Karen Hampshire / Kirsty Hunter	AcoRD training delivered Consistent understanding and interpretation of AcoRD across the Networks Standard CRN Support Letter in use across the Networks Stronger community of support for AcoRD Specialists	Q4		SSS Row 46 - April 18 - Contacted CC Lead to confirm attribution for social media related activities in a research study to inform local guidance document on social media. Further actions to pick up and confirm next steps. June 18 - Contacting CC Lead re new activity on SoE with a view to incorporating into DHSC approved cost attribution training
6.1.6/7/8	Create strong links between the CRN BI Team, the Host ICT teams and system providers	Ensure that support is provided for all local and national systems	Pat Ryan / Hamid Hussain  Linda Smith	Robust process for escalation via the CRN service desk email system Review opportunities to launch Structured Query Language (SQL) server to allow better sharing of data across all geographical and technical boundaries All offices have a Business Continuity Process to support business critical operations	Ongoing Q2  Ongoing		
6.2.1/2	Ongoing provision of an LPMS solution that confirms to the requirements of the CRN CC	Support partner organisations to capture the defined minimum data set to measure research activity and allow for robust performance management of Portfolio research	Hamid Hussain / Julie Davis / Pauline Boyle  Andrea Shilton  Hamid Hussain	Review current contract with Edge (current LPMS provider), linking in with the other LCRNs who use EDGE to come up with a common approach and potentially benefit from joint negotiations for contract renewal when the current one expires  Ensure that all POs continue to use the system of choice (EDGE); aim is to get all 28 organisations on board (currently 27/28)  Review Terms of Reference and membership of Edge Working Group. This Group will take ownership of data quality initiatives and will promote improvements through the wider Research Operational Group, attended by all Trusts.	Q2  Q1  Q1		

6.3.1/2/4	Provision of a specialist, experienced and dedicated BI Team with access to the necessary tools and systems	Provide CRN WM with the business intelligence data and analysis to enable robust performance management to be carried out, spotting trends, sharing best practice and advising partner organisations	Pat Ryan / Hamid Hussain / Julie Davis	<p>Regular reports for CRN WM Executive Team, Partnership Group, Senior Leadership Team, Partner Organisations, research teams; ensure these are reviewed regularly and meet the needs of the organisation and use the official data as issued by the CRN CC</p> <p>Develop new Trust reports via Excel, as requested by several Trusts so they will have the ability to copy/paste tables and charts to their own Board reports</p> <p>Succession planning to ensure that there is coverage across the Network in terms of information management and expertise</p> <p>Divisional Peer Review form and discussion platform to enable Research Delivery Managers to gain support and tap into the experience of other RDMs in the CRN to ensure that studies have the best chance of delivering to time and target</p> <p>Develop a local business process to routinely investigate and resolve Business Rules Violations via the Data Quality ODP app</p> <p>Work with all Partner Organisations to monitor and resolve data discrepancies via the Study Start-up app:  - Develop business process specific to different error types so that both Network and POs have clarity on responsibilities  - User guide for POs  - Keep West Midlands among the best five LCRNs.  - More accurate data in CPMS.  - Fewer queries from POs</p> <p>Devise method of reporting on the quantifiable specialty-level objectives, relating to objectives 3, 5, 6, 11, 20, 25, 27, 27B, 29, 30  - RDMs will have ongoing information about progress towards achieving targets and early warning of any potential shortfalls.  - Several other objectives are about having named leads/champions etc. and do</p>	Ongoing  Q2  Q1/2  Q1  Q1  Q1/2  Q2		
6.3.3	Ensure that the BI Team contribute to the work of the national BI Team and collaborate with other regions	One or both of our BI Managers will attend each meeting of the VBIU and any national meetings which relate to BI	Pat Ryan / Hamid Hussain	Feedback all relevant information to both the Network Senior Leadership Team and the Partner Organisations as appropriate. A member of our BI team will take part in the EDGE-CPMS teleconferences and ensure cover as required.	Ongoing		
	Work up a proposal to run a pilot study in Primary Care in the WMs via CPRD	Defined approach to working with CRN and CPRD resulting in improved recruitment, improved range/quantity of studies and improved service offering to study teams	Dr Rebecca Harrison	Feasibility searches improved Confirmation that CPRD searches can be completed across entire LCRN	Q4		
	Encouraging GP practices in WM region to sign-up to CPRD WM CRN and CPRD are working closely together to identify opportunities for GP practices and their patients to participate in clinical studies (in line with POF working principle 3.1.d)	Increase in GP CPRD member practice across WMs Increased involvement from large scale organisations e.g. superpractices, GP federations Continue to be leading LCRN for CPRD participation Improve recruitment Increase in the number of studies we can offer practices Improved contribution to the national initiative to increase number of GPs signed up to CPRD (Jonathan Sheffield's letter)	Dr Rebecca Harrison	Relationship building with large scale organisations Feedback acquired from member practices about the value of Quality Improvement reports Proposal worked up to run a pilot study in the WMs via CPRD	Q4		
	Development of a West Midlands Wide Research Optimisation Support Team (ROST) group who is responsible for setting and assuring the standards required to help identify patients on GP systems. The group will consist of RFs, manager, nurse, practice manager and GPRF to give a broad view on issues arising.	To quality assure all searches and simple pop-ups to identify patients for research. They will act as the 'expert' for the rest of the team to consult. Part of all members roll will be to educate the rest of the team on how to build effective searches so that the workforce is upskilled.	Jenny Stevens	Provision of a quality assured service to study teams providing a consistent approach to patient identification	Q2		

	To support pharmacy departments in Trusts involved in the delivery of clinical trials with EDGE including using EDGE to collect pharmacy set-up and approval times	Facilitate pharmacy departments to assess and plan workload relating to clinical trials	Jenny Warmington	Pharmacy departments in CRN WM POs to collecting and analysing pharmacy approval and set-up times	Q4		
<b>7. Stakeholder Engagement and Communications</b>							
7.1.1	Engagement opportunities offered by Join Dementia Research (JDR) and the UK Clinical Trials Gateway (UKCTG) will be communicated to all appropriate stakeholders	Traffic to JDR and UKCTG from the West Midlands will increase	Claire Hall	Signposting to both sites included in all materials and communications where appropriate, including social media posts	Ongoing		
7.1.2 (and 7.3.3)	Support for new and emerging NIHR strategies containing stakeholder engagement and communication goals	The CRN Communications Lead will continue to work closely with the Host Organisation Communications Team to provide a joined up approach which sells the successes of the Network to the media and to external organisations eg CQC. All requirements of the Stakeholder Engagement Contract Support Document will be fulfilled.	Claire Hall	Press Releases and Comms publications to highlight RWT as the host, and publicise the successes in year	Ongoing		
7.1.3/4	Provision of a sufficient non-pay budget line and resource to deliver PPIE, Engagement & PPIE activities	A dedicated communications budget line and Comms Lead ensures that all potential engagement workstreams are viable and prioritised	Julie Davis	A suite of publications from the Communications Team which market the CRN to internal staff, partner organisations, external companies and partners (eg Industry and Clinical Trials Units etc).	Ongoing		
7.1.5	Develop and deliver a local Communications Plan that recognises the LCRNs position as part of a national system	The Communications Lead will deliver a high quality multi-channel communications programme to support: - the implementation of the NIHR CRN NHS Engagement and Communications Strategies and the NIHR Communications Strategy - the implementation of the Communications Contract Support Document - the development and maintenance of the LCRNs positive reputation - transparency of local performance on research delivery - strong internal and external stakeholder relationships - patient, staff, carer and public awareness of local clinical research opportunities - effective working with other parts of the NIHR at local, regional and national level	Claire Hall	Increased use of digital tools, including monthly blogs, videos and social media to implement all Communication Strategies. Recruitment to studies directly influenced by use of social media Increased focus on marketing to Industry - opportunities identified to raise awareness of the Network to potential key commercial partners by working with Industry Operations Manager Run Network Awards for Partner Organisations (Oct) and VIP Awards for Staff (Dec) building on success of last year's events in strengthening internal and external stakeholder relationships Why We Do Research campaign - production of a suite of materials showcasing the changes in practice resulting from research in the WM, for use in raising patient, carer and public awareness Production of an online/hard copy resource created by the NIHR Regional Communications Group set up in 2017/18, showing how we work together. Identification of further opportunities to work together via an online forum. Work with Network's PPIE team to support their action plan where required. Recognise the contributions on those involved in research by 'thanking' patients, research teams, PIs and Support Departments for their input into the CRN WM's objective of increasing the number of patients accessing clinical trials	Ongoing Q2 Q3 Ongoing Q1 Ongoing Ongoing		
7.1.6/7	Contribution to delivery of national NIHR campaigns to include NHS 70, I Am Research, JDR and UKCTG	Production of press release, consistent social media activity, staff and patient stories (where applicable) per campaign. Link in with Host Organisation when required  Produce four 'Our Stories' (three patients and one staff) within the financial year to be published on the NIHR website. Coverage in local media	Claire Hall	Writing and distribution of press releases, patient stories and supporting social media activity: I Am Research NHS 70 JDR & UKCTG  Identify, write and submit four 'Our Stories'. Sell in where possible to local/national media and Trust communication channels	Q1-4 (Ongoing) Q1 Q2 Ongoing Q1-4		
7.1.8	Ensure that the whole LCRN operates in line with brand guidelines, operational requirements and national messaging	Encourage consistency and brand awareness, and promote a positive reputation by ensuring that all materials produced locally feature the most recent branding and that outdated materials are not in use. Ensure that Network staff are aware of nationally produced branded materials such as specialty leaflets by promoting their use through internal communications channels.	Claire Hall	Updates issued via internal communications channels where required  Oversight of all materials produced to ensure adherence to guidelines/messaging	Ongoing Ongoing		

7.1.9	Ensure that all Partner Organisations or researchers in receipt of funds or support from the NIHR acknowledge this in publications	Encourage acknowledgement by including periodic reminders in our Network Newsletter which is distributed to staff in all Partner Organisations.	Claire Hall	Include quarterly reminders in Newsletter	Ongoing		
7.2.1 (and 7.3.1)	Raise awareness of research amongst patients, carers, the public and healthcare professionals.  See also 7.2.4, 7.2.7 and 7.2.8.	Patients and the public from the West Midlands wide, diverse community are informed about research, International Clinical Trials Day and national/local initiatives using a range of methods and approaches.  Via the CRN WM PPIE Google web page there is an established systematic process for patients and the public, CRN WM staff, NHS partner organisations and community health organisations to access CRN WM PPIE information and support e.g. PPIE advice, training, study support and collection of patient stories.  CRN WM has a visible presence online utilising social media frameworks.	Mary-Anne Darby - Head of PPIE	Promote, implement and coordinate annual/ongoing NIHR campaigns, initiatives and projects within the CRN WM e.g. 'I Am Research' and Join Dementia Research (JDR). Work with and support Network Partners to host Research Awareness Events including the annual celebration of International Clinical Trials Day on 20th May 2018. Work with the Network's Communications Lead and Divisional Research Delivery Managers to organise and support activities to celebrate Health Awareness Weeks/Days throughout the year. Collaborate with Partner Organisations, NIHR partners and voluntary organisations to raise awareness of dementia research in the Care Home/ Retirement Village/ Live at Home Scheme settings using a play about dementia. Support staff working in Hospices in the West Midlands to raise awareness of research by appointing Research Champions/ PRAs and hosting research displays and engagement events. Promote the use of NIHR CRN / CRN WM PPIE resources such as: - Leaflets e.g. 'I Am Research' and 'Join Dementia Research' and Banners and Postcards e.g. Local Patient Stories. Promote the UK Clinical Trials Gateway (UKCTG). Launch and promote the use of the CRN WM PPIE Google webpage amongst patients, the public, CRN WM staff, NHS partner organisations and community health organisations. Communicate with patients, carers and the public via social and digital media e.g. Twitter and Facebook regarding CRN WM PPIE activities.	Q1 Q1-Q4 Q1-Q4 Q4 Q3-Q4 Q1-Q4 Q1-Q4 Q1 Q1-Q4		
7.2.2	Development and Implementation of a PPIE Action Plan	A CRN WM PPIE Action Plan aligned and cross referenced to the CRNCC PPIE Strategy is produced.  Choice, equality and diversity is evident in the PPIE Action Plan.	Mary-Anne Darby	Produce the PPIE Action Plan Implementation of the PPIE Action Plan	Q1 Q1-Q4		



7.2.3	Development of meaningful patient and public representation and involvement at all levels and in all activities across the CRN WM. See also 7.2.4.	There will be evidence of increased and meaningful patient and public representation and involvement in CRN WM activities across Divisions and Specialities.	Mary-Anne Darby / Carly Greene	<p>Work with/support staff in the Divisions to develop PPIE plans and implement PPIE initiatives.</p> <p>Following the successful appointment of a new adult lay member on the Partnership Group, work with all the lay members and Patient Research Ambassadors (PRAs) to increase their involvement in helping to achieve the Network's objectives e.g. HL02.</p> <p>Following the successful appointment of seven Network Patient Research Ambassadors, ensure that they are involved in the activities of the Divisions/Specialities where they have a particular interest, expertise or experience.</p> <p>Continue to review the membership of the Young Person's Steering Group (YPSG) to ensure there is representation from different communities and across all the age groups i.e. 11 years plus.</p> <p>Facilitate and support the YPSG in their activities including:</p> <ul style="list-style-type: none"> <li>- further developing their working relationship with MidTECH and commercial organisations e.g. GSK</li> <li>- conducting a research study – Mental Health in Schools</li> <li>- challenging the language used in Palliative Care</li> <li>- planning an event to celebrate '10 Years of the YPSG and raise awareness of research'</li> <li>- developing further links with schools across the West Midlands.</li> </ul> <p>Continue to support and develop the role of the Network's Join Dementia Research (JDR) Champions.</p> <p>Establish lay members as part of the Hospices' Research Governance Groups.</p> <p>Inform Research Delivery Managers and CRSLs/CRLs of the PPIE support available from the CRN WM PPIE Team and Patient Research Ambassadors.</p> <p>Ensure Network Patient Research Ambassadors and Lay Members are informed of the opportunities for involvement in Network activities e.g. via the PPIE Google Community.</p>	Q1- Q4		
7.2.4	Implementation of the Patient Research Ambassador Initiative (PRAI) across the CRN West Midlands	<p>There is an increased number of Patient Research Ambassadors (PRAs) across partner organisations.</p> <p>Communities of best practice are cultivated, good practice is shared and PRA activities are celebrated.</p> <p>There is a process to systematically measure the impact of the local PRAI.</p>	Mohammed Shaikh - PPIE Cross Cutting Theme Lead	<p>Produce a local Patient Research Ambassador Initiative (PRAI) Delivery Plan 2018/19 with support from local PRAs and the West Midlands Patient Research Ambassadors' Regional Forum.</p> <p>Support all Trusts and NHS organisations, particularly in primary care, across the Network to establish and further develop the Patient Research Ambassador role.</p> <p>Share best practice of PRA activities and experiences across the region using the West Midlands Patient Research Ambassadors' Regional Forum e.g. Collation of PRA case studies and PRA tweet engagement.</p> <p>Develop a system to measure the impact of the PRA initiative in the region.</p> <p>Host a PRA Annual Networking and Celebration Event in the West Midlands.</p>	Q1 Q1-Q4 Q1-Q4 Q1-Q2 Q4		
7.2.5 (and 7.3.2)	Continued membership and participation in the West Midlands Public Involvement and Lay Accountability in Research (PILAR) Group	<p>There is collaboration and sharing of best practice in PPIE amongst NIHR partners.</p> <p>There is information about research and opportunities for involvement for patients and the public available from research organisations across the West Midlands.</p>	Mary-Anne Darby	<p>Attendance at bimonthly PILAR meetings.</p> <p>Participate in collaborative work streams.</p> <p>Sharing of good practice.</p>	Ongoing		
7.2.6/7	Collation of feedback from participants about their experience of being involved in research. See also 7.2.7.	<p>Patients' stories about their experiences of being involved in research are accessible to and shared with patients, the public and staff.</p> <p>An annual Patient Research Experience Survey will be undertaken.</p> <p>A written report, showing analysis of results with a set of recommendations will be produced and fed into the CRN WM PPIE Annual Plan 2019/20.</p>	Mohammed Shaikh / Carly Greene	<p>Collate patient stories and ensure these stories are shared via the CRN WM website and other media.</p> <p>Using the 'lessons learnt'/recommendations from the 2017/18 Patient Research Experience Survey (PRES) review the survey methods (including questionnaire) to plan for the 2018/19 PRES.</p> <p>Undertake the PRES in the Mental Health setting and in Care Homes.</p> <p>Input and analyse the data.</p> <p>Produce PRES reports.</p> <p>Develop recommendations and an action plan following the 2018/19 PRES to improve delivery.</p> <p>Feedback findings to the CRN Coordinating Centre</p>	Q1-Q4 Q1 Q2 – Q3 Q3 Q3 Q3- Q4 Q4		

7.2.8	Development and provision of learning and development opportunities for patients, carers, the public, lay representatives and staff.	<p>There is a comprehensive programme of PPIE training available for patients, the public and staff across the CRN WM.</p> <p>Network PRAs are involved in the review, development, planning and delivery of PPIE training.</p> <p>There is an increased awareness and knowledge of research, PPIE initiatives and PPIE training available (face to face and online) amongst patients, carers and staff.</p>	Mary-Anne Darby / Mohammed Shaikh	<p>Review the Building Research Partnerships Training programme and resources following feedback from programme participants.</p> <p>Develop the 'Research Familiarisation' workshop to use at NHS partner organisations and community health organisations in the West Midlands.</p> <p>Work with Network PRAs in the development and delivery of the 'Research Familiarisation' workshop and Building Research Partnerships Training Programme.</p> <p>Promote and encourage patients, the public, PRAs and staff to register and undertake the Massive Open Online Course (MOOC): Improving Healthcare through Clinical Research.</p> <p>In collaboration with members of the West Midlands Public Involvement and Lay Accountability in Research (PILAR) Group continue to deliver a range of PPIE in research training.</p>	Q1 Q1 Q1-Q4 Q1-Q4 Q1-Q4		
7.2.9	Further development of the CRN WM PPIE Google Community.	<p>A PPIE Google Community is created.</p> <p>PRAs, Lay Members and PPIE staff from across the West Midlands are able to communicate, share best practice and opportunities for participation and involvement in research.</p>	Mary-Anne Darby	<p>Ensure all PRAs, Lay Members and PPIE staff in the CRN WM are invited to join the community.</p> <p>Provide guidelines, training and ongoing support in the use of the google community.</p> <p>Post information e.g. opportunities for participation and involvement in research.</p> <p>Monitor and evaluate the use of the community.</p>	Q1 Q1-Q4 Q1-Q4 Q1-Q4		
	<p>Identify and implement a business process to review the missing and inaccurate data in the Study Start Up app and EDGE on a weekly basis and ensure it has kept below 5%. Update the current EDGE SOP regarding the EDGE data points to support PO's in completing EDGE data accuracy.</p> <p>Support PO's with direct training on the SOP.</p> <p>Review the current compliance of the unresolved errors with our PO with the App on weekly basis.</p> <p>Identify any key trends with the errors and introduce solutions.</p> <p>Randomly identify errors to ensure they have been included in the Trust Monthly Data Compliance Reports, if not investigate why not.</p> <p>Liaise with BI and DPM's to ensure missing sites are added to CPMS where CRNWM are lead and participating when other LCRNs have followed due process.</p> <p>Contact the National BI Team where unresolved errors are</p>	Missing and inaccurate data below 5%	Karen Hampshire / Mobeena Naz	<p>Business process implemented</p> <p>SOP updated</p> <p>Training delivered</p> <p>Compliance reviewed weekly</p>	Q4		<p>April 2018- ODP Study Start up app has been heavily promoted at various ROG meetings during 2017/18. In addition to a more succinct EDGE user guide, an ODP guide has also been compiled as a result of the EDGE working group input in order to support PO's.</p> <p>June 2018- Due to the limitations of the ODP study start up app we have found that a number of sites appearing as missing have actually already been added to CPMS and therefore there is no issue. In time for Q1 we have had to use the MOAS from the BI team to provide a more accurate picture on which sites still need to be added and have followed this up with PM's</p>
7.2.10	Further development of the PPIE Database.	Up to date information about contact with patient/carer/public groups and organisations is held and can be made available in a timely manner.	Mohammed Shaikh	<p>Record details of contact with patient/carer/public groups and organisations on the PPIE database.</p> <p>Provide information about this as requested.</p>	Ongoing		
7.2.11	Identification of a Senior Leader with responsibility for PPIE.	There is participation in both national and local PPIE initiatives and an integrated approach to PPIE is delivered.	Mary-Anne Darby	Ongoing	Ongoing		
7.3 (and 4.14.6)	Include PPIE representation in membership of Improvement and Innovation Steering Group	To have a lay member as a member of the Improvement and Innovation Steering Group	Carly Craddock / Julie Shenton	PPIE representative included in the Improvement and Innovation Steering Group Terms of Reference	Q1 - Q2		

7.3 (and 4.14.6)	Engage with local LCRN partners to explore opportunities to collaborate with regards to embedding a culture of continuous improvement	Identify potential opportunities for collaboration with local LCRN partners e.g. other parts of the NIHR based in the region, the local AHSN and other external organisations to embed a culture of continuous improvement	Carly Craddock / Julie Shenton	Engagement with other local LCRN partners and identification of initiatives to embed a culture of continuous improvement with these organisations; if these organisations are found to be looking to embed a culture of continuous improvement also, look for ways to work collaboratively with them to achieve this	Q3		
7.3 (and 4.14.6)	Share impact of continuous improvement projects with other LCRNs in our regional LCRN-cluster collaboration i.e CRN EM and CRN Eastern	Share impact stories of continuous improvement projects delivered in CRN WM with CRN EM and CRN Eastern with the intention that all three LCRNs promote and showcase the impact stories simultaneously. Likewise to share impact stories in CRN WM that CRN EM and CRN East Midlands have identified.	Carly Craddock / Julie Shenton	Continuous improvement impact stories from CRN WM shared with CRN EM and CRN Eastern and the impact stories shared simultaneously with staff across all three LCRNs; likewise CRN WM to share impact stories from CRN EM and CRN Eastern simultaneously with the respective networks	Q2 and ongoing		
7.3 (and 4.14.6)	Joint event with other LCRNs in our regional LCRN-cluster collaboration i.e CRN EM and CRN Eastern to showcase Improvement and Innovation projects	Hold a joint event with CRN EM and CRN Eastern to showcase Improvement and Innovation projects including projects delivered by those on the ALP programme	Carly Craddock / Julie Shenton	Joint event held for staff to share Improvement and Innovation projects across the three LCRNs in our regional LCRN-cluster collaborative	Q3 - Q4		
7.3 (and 4.14.6)	Continue to deliver CRN WM Continuous Improvement Strategy 2016-19	CRN WM Improvement and Innovation steering group members to continue to lead and deliver ongoing strategic projects identified from CRN WM Continuous Improvement Strategy 2016-19	Carly Craddock / Julie Shenton	Completion of ongoing strategic projects	Q4		
7.3 (and 4.14.6)	Review of CRN WM Continuous Improvement Strategy 2016-19	Undertake a review of the CRN WM Continuous Improvement Strategy 2016-19 as midway through 3-year lifespan and update as necessary	Carly Craddock / Julie Shenton	CRN WM Improvement and Innovation Steering Group away day to review the strategy and update as necessary	Q2/Q3		
7.3 (and 4.14.6)	Work collaboratively with other LCRNs to implement the Improvement and Innovation Framework when available	When available, work collaboratively with other LCRNs in our regional LCRN-cluster collaboration i.e CRN EM and CRN Eastern as well as other LCRNs if appropriate to implement the Improvement and Innovation Framework	Carly Craddock / Julie Shenton	Local implementation of the Improvement and Innovation Framework	dependent upon availability of the framework		
	Develop and implement an engagement plan to support engagement with all POs in relation to Early Contact. Specifically focus on strategies to improve engagement with POs unlikely to signpost to the Early Contact Service.	Increase the number of POs that would signpost to the Early Contact service from 80% to 90%.	Karen Hampshire / Kirsty Hunter / Mike Salmon	Engagement plan to be completed. Strategies to work with POs suited to support required. PO involvement in I&I projects to improve engagement. Revisit PO who will signpost to maintain positive engagement.	Q4		SSS Row 38 - April 18 - a meeting has been arranged to discuss new angle for this year's round of meetings with POs to ensure continuous engagement. June 18 - second round of engagement meetings with POs to commence this month and the invite has been extended for Industry and Portfolio Managers to attend to improve engagement in that section.
	Identify POs that deliver ECER themselves. Invite them to an event with CRNWM ECER Team (SSS and PC) to support best practices and ensure a consistent service is delivered to our Chief Investigators and Study Teams.	Increase the level of current knowledge and joint working around ECER with those delivering Early Contact. This will include SSS ECER, PC ECER and those POs who deliver this work.	Karen Hampshire / Kirsty Hunter	Joint meeting.	Q3		SSS Row 39 - April 18 - a meeting has been arranged with PC team to discuss event. Date set for the extended ECER meeting to be 18 July June 18 - second round of engagement meetings with POs to commence this month - this will address any questions around Early Contact.provision around

Identify and link in with West Midlands NIHR Partners (RDS, AHSN, NIHR Trauma Centre, NIHR BRC Birmingham, NIHR Birmingham Liver Biomedical Research Unit, CLAHRC) to discuss and raise awareness of the Network in relation to added value of the Study Support Service for Commercial and Noncommercial Research. Identify where there is best practices or signposting can occur.	Increase links and referrals to the Network and especially the service from other NIHR Partners. Attending events and delivering presentations that compliment one another.	Karen Hampshire / Sinead Collinge	Meet and Greet Event with all key NIHR Partners.	Q4		SSS Row 32 - June 18 - 25.10.18 The West Midlands is enriched with NIHR organisations supporting our local and wider community with research. The aim of this event is to bring together all our local NIHR organisations to showcase our service offerings and how we support researchers in the West Midlands to deliver research; ultimately allowing us to represent as One NIHR to provide a consistent and cohesive service across the West Midlands. We have invited the local NIHR infrastructure organisations and at the we would like each to invite one of the attendees from your organisation to deliver a 10 minute presentation on what are your key service offerings are. There will also be workshops on how we can integrate together. The agenda is not finalised.
Develop a training session. Contact our local Academic and PO's Sponsors regarding the Training. Review feedback to see whether it was a successful and further training is required.	Support our local Academic and PO Sponsors with a new training session on UK Policy Framework for health and social care.	Karen Hampshire / Mobeena Naz	Develop and deliver training. Review and act upon feedback from the training.	Q2		SSS Row 41 April 2018- this has been allocated to B5 as part of appraisal and by July a first draft is expected to be rolled out for the training team to test. June 2018- B5 is working on first draft and intends to roll out to the training team for comments and feedback by the end of July
Identify non eligible studies for 17/18 and see whether a trend exists eg students being signposted to the NIHR for research management and governance support. Identify a solution to decrease the number of studies utilizing the PAF process as well as ECER support inappropriately eg training with local Academic Sponsors.	Review 17/18 Non Eligibility studies to see whether local Academic Sponsors are signposting inappropriate researchers to the CRN. This will ensure that ECER Leads are supporting potential eligible studies only. If a trend is identified then implement a solution with the local Academic Sponsors.	Karen Hampshire / Mobeena Naz	Identify trends, develop action plan.	Q3		SSS Row 42 - June 2018- have enlisted the support of Research Support administrator to provide a list of studies which were ineligible for 2017/18 together with sponsor details so we can identify a trend and training needs. This data demonstrates a total of 17 studies with a variety of different sponsors to include charity and NHS trust. In terms of which University; would benefit from utilising ECER better it seems to be University of Birmingham, Coventry Uni and Birmingham City university. Therefore, we will promote the UK policy framework with these specific universities to begin with for better engagement and awareness.
Liaise with the local NIHR accredited CTUs to discuss improvements to joint working relationships around ECER.	Follow on from the success of PO engagement with ECER activities during 17/18 this will be rolled out to CRNWM CTUs to improve joint working.	Karen Hampshire / Kirsty Hunter	Joint meetings held.	Q2		SSS Row 43 - April 18 - This will be addressed at One NIHR event 25 Oct. Met with UoB Director of Research Support Services on 17 April to discuss how we can work together better. A further meeting is planned with the bid manager. May need to target CTU's after ONE NIHR Event
Regional alignment with NIHR RDS West Midlands	Joint meeting to develop collaborative working	Dr Kirsty Hunter / Dr Owen Driskell	Joint Meeting	Q4		SSS - Q1 Second meeting held on 23/04/18. Discussed current strategic and operational approaches of both RDS and LCRN. Discussed and approved the RDS & LCRN principles of Good Practice which is national document about establishment of a working relationship between the NIHR Research Design Service (RDS) and the NIHR Local Clinical Research Networks (CRN). The aim of the relationship in general terms is to promote 'free of charge, confidential' services to improve the design, support and delivery of health service research studies, by working as a strong and equal partnership, to maximise the benefits to the research community. Next meeting scheduled Oct 18
Further develop links with the NIHR IVD Cooperatives	Working with the IVD cooperatives and Regional Laboratory Networks (eg WMLMRG) to promote regional laboratories as sites for IVD Cooperative pipeline studies (Important areas include genetics, microbiology and biochemistry).	Dr Owen Driskell	Site Identification Protocol	Q4		

	Further development of the Primary Care Participate Newsletter	<p>- Aim is to improve the recently streamlined (West Midlands Wide) newsletter to achieve further joined up communication between CRN, universities, study teams and GP practices. This form of communication highlights new studies which GPs may participate in to enable them to offer their patients the opportunity to get involved in research.</p> <p>- Widen the scope of interest to on-line readership</p> <p>- Developing themed editions: Spring 2018 commercial edition with articles from Industry team.</p>	Jenny Oskiera	<p>E-Participate: We aim to add links to other publications, websites, podcasts etc The forthcoming edition will include a link to Keele CTU courses and we anticipate WMS CTU following suit in the summer.</p> <p>We are exploring the value of a link to WMS Academic Primary Care and equivalents at other universities</p> <p>Themed editions will raise awareness in selected key areas, increase activity in practices already engaged and encourage others</p>	<p>Q1/Q2 - Progress under way with link to Keele CTU re courses/ their newsletter; WMS CTU to follow later in the year.</p> <p>1st theme in Spring - Q1 2nd theme Q3/4 tbc</p>		
	Cancer Patient Research Ambassador Role (Cancer PRA)	To pilot the use of NIHR Cancer PRA's to promote cancer research and trials within the CRN WM. Attendance at the NCRI Cancer Conference. To contribute to educational events such as Division 1 Annual general meeting (AGM).	Ivanna Baker/Ami Salter (Division 1)	Mystery Shopper exercise. Attendance at West Midlands Patient Research Ambassador regional forum (PRA). NIHR PPIE Cancer PRA Our Stories video. Providing cancer specific PRA support to Early Contact and Engagement team for cancer protocols.	Q4		We have successfully appointed two Cancer PRAs to promote cancer research. They regularly attend the NIHR CRN WM Patient Research Ambassador Regional Forum. They have contributed to portfolio review meetings and offered patient centred feedback on the cancer protocols. They both have attended the NIHR CRN WM PRA Celebration Event. We have completed one Cancer PRA Our Story profile and are due to record a video. One Cancer PRA gave a powerful presentation at the Annual Symposium which received a standing ovation.
<b>8. Organisational Development</b>							
8.1.3	<p>Ongoing strategic leadership and operational management of the CRN WM Research Training Collaborative (WMRTC) - a region wide reciprocal initiative which aims to ensure that research staff and clinical teams supporting research can access high quality locally-provided training which is fit for purpose and consistent between host organisation/facilitator.</p> <p>'Clinical Research is Everyone's Future' (CRIEF) promotion project (I&amp;I project linked to 8.1.3, 7.2.2 and 7.1.6)</p>	<p>Locality based programme planning and delivery of training in GCP and other research-related topics which are aligned to the three NIHR CRN priority areas for organisational and workforce development.</p> <p>Development of a WMRTC strategy for 2018-2022 aligned to and complementing the CRN WM comprehensive workforce plan (see 8.1.5)</p> <p>Use of CRIEF materials in Trust-wide corporate induction programmes and research staff induction</p>	<p>Emily Linehan (WFD Training Manager)</p> <p>Hannah Reay (WFD Lead)</p> <p>Jane Willcocks (WFD Facilitator)</p>	<p>Maintain and build on the success of our newly established locality-based training collaboratives to encourage PO participation in research-related learning and development initiatives.</p> <p>Use established WFD trainer roles (3 x 0.2 WTE delivery staff released to support WFD activities) to continue to support the delivery of strategic programmes including PI Essentials workshops and 'Fundamentals.' across our POs and embed these within the WMRTC model / region-wide programme.</p> <p>Plan and deliver an annual stakeholder event for clinical research delivery professionals</p> <p>Provide regional facilitator development opportunities to retain experienced facilitators and maintain their competence and credibility.</p> <p>Identify representative stakeholders to draft a WMRTC strategy document</p> <p>Consult with relevant PO and HEI representatives including Trust-based learning and development departments (not specifically research related)</p> <p>Finalise a Strategy document aligned to local, regional and national workforce planning initiatives</p> <p>Plan project and engage POs via Partnership Board and R&amp;D managers</p> <p>Identify pilot sites and process to gain approval to add materials to corporate Trust-wide induction programmes</p> <p>Embed CRIEF video 1 into Trust-based face-to-face Induction programmes and evaluate over a 3 month period</p> <p>Identify opportunities to embed CRIEF materials to support awareness initiatives within POs and other potential/research-active organisations in the West Midlands</p>	Q1 - Q4		

8.1.4	Workforce profile project	Establish a profile of research staff in the West Midlands who are directly and indirectly funded by CRN WM  Establish a regional community of non-registered patient facing delivery staff (Clinical Research Practitioners)	Hannah Reay (WFD Lead)  Kerri Mason (CRP, North Staffs Combined Trust; NIHR CRN ALP Alumni)	Plan project in consultation with PO/WFD representatives and to reflect regional and national priority areas for workforce development initiatives (e.g. clinical research practitioners) Identify sources of existing information / gaps in regional intelligence Gather and collate workforce data Analyse data to understand local capacity and capability within priority groups (aligned to Specialty Objectives regarding numbers of trainees / 'new' PIs / early career CIs and ongoing regional I&I projects e.g. non medical PIs and clinical research practitioners) Negotiate time/funding to release CRP within a PO to lead the regional CRP initiative Identify the regional clinical research practitioner workforce and gather profile data Plan and deliver a regional event for CRPs	Q1  Q1 - Q2 Q2 - Q4  Q1  Q1-2  Q3-4		
8.1.5	Development of a comprehensive workforce plan	Engage all relevant stakeholders in formulating a workforce plan for 2018-20	Hannah Reay (WFD Lead)	Establish a profile of CRN WM funded staff (see 8.1.5) Undertake a listening exercise with research workforce leads within POs (lead nurses / R&D managers) to gather information about workforce availability, requirements, existing PO-based strategies for sustainability and local priority areas Collate information and draft workforce plan for PO consultation Finalise and submit workforce plan to NIHR CRN Implement the CRN WM workforce plan	Q1 - 2 Q1 - 2  Q2 Q3 Q3 onwards		
8.1.6	Supporting the delivery of an integrated approach to WFD across NIHR CRN	Leader identified to coordinate workforce planning, recruitment, development and retention	Hannah Reay (WFD Lead)	Leader Identified Ongoing implementation of the CRN WM Vacancy process project (streamlining and improving consistency in internal CRN WM recruitment/induction processes) Actively contribute to WFD Leads community See also 8.1.3 and 8.1.5 Ongoing implementation of a competency framework for research delivery staff in patient-facing and non-patient facing roles building on regional and national frameworks (existing and in development)	Q1 - Q4  Q1 - Q4  Q1 - Q4		
8.1.7	WMRTC learning resource development and review to increase blended learning opportunities	Complete ongoing review of WMRTC learning programme to ensure it is responsive to current and anticipated learning needs  Offer blended learning opportunities within our established programme	Emily Linehan (WFD Training Manager)  Jane Willcocks (WFD Facilitator)  Project Team	Milestones within ongoing initiatives include: - Piloting the 'bundling' of training sessions (offering multiple topics on the same day) - Introducing blended learning through the use of pre-course reading/resources/e-learning and pilot webinar of Governance topics - Existing sessions - topic specific content review (paediatric consent & communication; intro to valid informed consent) - Create continued learning opportunities for Network staff in Google Hub platform, prioritising Kanbanchi and Hangouts, to promote effective ways of working	Q1 - Q2  Q1 - Q4  Q1 - Q4  Q1		
8.1.8	Primary care context-specific training materials	Complete pilot of adapted national course materials and share with CRN by applying for adoption on the National Directory	Jane Willcocks (WFD Facilitator)	Building on the successful adaptation of materials to create the 'Fundamentals of Clinical Research Delivery in Primary Care' in 2017/18 the materials will be piloted in collaboration with primary care colleagues in CRN Yorkshire & Humber. Pilot data will be collated and a final version agreed Application for adoption onto the National Directory Similar adaptation & piloting of GCP materials for delivery in a primary care context will be complete by the start of this plan; application for adoption onto the National Directory for this course will be made	Q1  Q2 Q2  Q1		

8.1.9/10	Finalise a wellbeing strategy that enables the CRN to create the conditions that contribute towards a fulfilling employee experience resulting in high levels of productivity which in turn contributes to organisational success.	Extended roll out and evaluation of the 'Wellbeing Pick and Mix', a wellbeing programme designed to ensure that all of our staff benefit from a range of opportunities that suit their personal needs, learning styles and work life arrangements - helping them to self manage their own wellbeing. Offer to all LCRN funded staff	Julie Davis	<p>Monthly workshops with a focus on healthy body, healthy mind and work life balance</p> <p>Monthly Blogs on wellbeing linked to the workshops, complete with signposting for further information</p> <p>Google site for staff so we have a single point of contact for all wellbeing initiatives</p> <p>Standing desks rolled out across the region with evaluations on impact</p> <p>Walking meetings or lunchtime strolls being encouraged. Regular 'step challenges' arranged to encourage increased activity and an in house fitness intervention trialled</p> <p>VIP Awards to reward and recognise staff contributions.</p> <p>Talent Management Strategy to make the most of the skills we have in the Network</p> <p>Fix It Friday - encouraging everyone to do one thing, of their choice, that makes a difference to the CRN</p> <p>Team lunches, meetings, notice boards and events</p> <p>Coaching and Mentoring Scheme to support development</p> <p>Staff suggestion box linking in with Innovation and Improvement initiatives</p> <p>Pay it Back - volunteer for one day with a health related organisation and raise the profile of research in the CRN</p> <p>Wellbeing Library - sharing books on personal development and wellbeing in the offices</p> <p>Relaxed Dress Code to encourage people to be more active and creative in the workplace</p> <p>Career Progression Pathway to demonstrate a commitment to personal development</p> <p>Access to Apps and surveys to self manage wellbeing</p> <p>Access to host organisation Wellbeing package to include staff benefits pages, counselling, bereavement support, smoking cessation, one-to-one health trainer, advice on alcohol and substance misuse and salary sacrifice schemes for health care.</p> <p>Launch Line Managers Away Day to ensure that all managers, regardless of level, are trained and developed appropriately and in turn offer the same level of</p>	Ongoing initiatives - to be trialled in Q1 with intended wider roll out in Q1/2		
	Fundamentals of Clinical Research Delivery (FoRD) for Laboratory Staff Webcast	Online webcast provision of the FoRD for Lab Staff Training	Dr Owen Driskell	Online webcast of the FoRD Lab Staff Training	March 2019		
	Raise awareness of the PI role among pathology staff (including Histology, Microbiology, Biochemistry and Immunology).	Increased number of PIs from pathology staff	Dr Owen Driskell	PIs from Pathology	Q4		
	Design and development of a national register/directory for pathology staff operating in research delivery without a professional registration option	Supporting the CRN lead for Pharmacy and AHPs in engaging the AHCS in exploring the generation of a registry/directory for this laboratory workforce.	Dr Owen Driskell	Registry developed	Q4		
	Primary Care Leadership work - Implementation of a work package to support the Primary Care Delivery Support Team to improve how they work in terms of consistency, flexibility and agility	<p>Further progress of the work undertaken with Gillian Felton from the CC to get the WM Primary Care Team working better as one team to address the challenges that we face.</p> <p>Team have identified challenges, set up five workstreams and started to work together on possible solutions</p> <p>- A project lead role will be developed to oversee all projects</p> <p>- A forum will continue to enable team members to identify and work together to resolve any future issues</p>	Pam Devall / Jess Graysmark	<p>All projects registered as I &amp; I projects and progressed in this format</p> <p>A process to enable this work to continue will be implemented</p> <p>WM Primary Care Team will work seamlessly across the region and will identify themselves and be viewed as one team</p>	Q4		

	Primary Care Research Nurses	Primary Care Nurses will be given the opportunity to work in Secondary Care for 3-6 months. A pilot will run in the north locality where one nurse will work in secondary care for 3 days a week  This will help nurses gain experience of CTIMPs and learn the standards that are required to run a drug trial. It . all these standards are transferable into the Primary Care setting and should be used as the gold standard. Secondary to this is the opportunity to upskill the nursing workforce making it more flexible	Jenny Stevens	Nurses will gain experience of CTIMPs and learn the standards that are required to run a drug trial. It .  Upskilled nursing workforce making it more flexible	Q2		
	Evaluate the ACROSS system	To have a six - twelve month review/audit of the ACROSS system for requesting nursing support within CRN Generic nursing team.	Karen Hylton / Kelly Hollier	To evaluate that various PO within CRN WM are utilising the new system. To ensure that the approval and turnaround time meets the 2 week deadline. To ensure that the capacity of the nurses are able to meet the demands of requests. We plan also to include Dementia and Mental Health requests onto the request system to include all six divisions.	Q4		Good progress has been made with the ACROSS system. We are meeting the two week deadline for informing PO of decisions about requests. We are currently out to advert to increase our nurse pool to support the capacity and the demands of requests. Dementia and mental have been added to the ACROSS system and therefore all six divisions are now catered for when requests are made.
	Clinical Research Project Assistants (CRPA)	To appoint six new CRPA's to support data collection at Partner Organisations (PO)	Karen Hylton	Reduction in data collection burden via feedback from PO.	Q4		We have appointed four CRPAs and awaiting interview of a further two. They have completed induction and are currently working in our PO with excellent feedback.
	Training for pharmacy staff delivering clinical trials	Continue to promote and support the implementation of the 'Delegation and Training Decision Tool and associated training resources to pharmacy staff involved in IMP management	Julie Shenton / Jenny Warrington	Pharmacy departments in CRN WM POs involved in clinical trials delivery adopting and using the decision aid and associated training resources	ongoing		
	Senior leadership culture re I&I	Work with the senior leadership team to ensure support for embedding a culture of improvement by allowing staff time to deliver projects including looking at ways to develop an agile approach to undertaking projects in a timely manner	Carly Craddock / Julie Shenton	Embedded culture in the senior leadership team re supporting staff to undertake projects encouraging an agile approach to project management where appropriate to ensure that projects are delivered in a timely manner.	Ongoing		
<b>9. Business Development and Marketing</b>							
9.1.1	Engage with both local SMEs and the national team to market CRN WM to local and national companies	Build a small number of key collaborations to highlight the opportunities of working with industry	Sinead Collinge	Develop the Life Sciences Steering Group to include all local stakeholders and meet the needs of the companies, the CRN and our partners	Q1 and ongoing		
9.1.2	Engage with commercial partners to ensure all patient populations have access to research	Scope untapped patient populations and specialties that are commercially under active and engage with commercial companies to assess pipelines, promote our capabilities and bring research into the West Midlands. Thus increasing the number of commercial studies and ensuring all specialties are active and offering research opportunities to all patients	Sinead Collinge	Assess needs of Partner Organisations, build Trust profiles and national pipeline assessments to identify appropriate commercial collaborators and build new relationships.	Q1 and ongoing		
9.1.3	Promote the importance of both the Industry agenda and the USPs of the Network to attract new business	Increase the number of commercial and non-commercial research teams wanting to work with the Network	Sinead Collinge / Julie Davis	Produce an action plan that links with the Business Development and Marketing Profile (in appendices)	Q1-2		
<b>10. Life Sciences</b>							
	Working in collaboration with East Midlands CRN and Midlands Health Innovation to promote our regional offerings to SME's to assist in research delivery	A clear service offering available for SME's and a support network to enable research delivery within the Midlands	Sinead Collinge	Collate regional capabilities across the NHS and Universities within the Midlands - Q1. Identify a service offering and collaboration pathway to ensure a streamlined and efficient cross-organisational service is provided to SME's	Q4		



	Build upon relationship with University of Birmingham Business Enterprise to ensure CRN offerings are known. Expand and engage with other University Business Enterprises - Keele, Warwick, Wolverhampton	Be a known organisation for SME's wanting to conduct research in the NHS	Sinead Collinge	Continue to work with University of Birmingham to promote CRN services - Q4. Identify other regional Business Enterprise Organisations and promote CRN offerings	Q2		
	Set up and deliver an educational and promotional event to our local SME community to showcase the support available within the West Midlands to enable research delivery	Build relationships regionally with other organisations and support bodies (AHSN, Medilink, NOCRI, Innovate UK etc). Establish a regional service offering for SME's	Sinead Collinge	Identify stakeholders to work and collaborate with Q1. Organise an event to ensure SME's are aware of the pathway from innovation, research to NHS adoption. Deliver Event in Q2	Q2		
	Establishment of the CRN Industry Steering Group	To promote the national Life Sciences agenda, identify PO's strategic Life Science Objectives and ensure they are met regionally. Utilise this group to drive the Life Sciences agenda locally	Sinead Collinge	Ensure representation of all Trust types across the region, Industry Community and SME community Q1 Identify the strategic aims and objectives for 18/19, and how they will be delivered to meet PO and NIHR objectives Q4	Q4		
	Research Engagement with IVD companies	West Midlands Laboratory Medicine Research Group meetings. Follow up Scientific Conference Meeting to showcase IVD diagnostics and further develop themes of IVD development.	Dr Owen Driskell	Scientific Meeting & Study Proposal	Q4		
	To engage with three new models of care across the West Midlands to embed commercial research activity within these organisations	Meet with new models and leadership practices across WM and promote commercial research and better understand how the Network can support engagement Develop a working group within each practice to support commercial research activity Provide training on submitting feasibilities and study set up Identify 'new roles' which can support commercial research at the practice to reduce GP burden Look at wider portfolio - can organisation deliver 'secondary care studies' Measure: To increase number of EO's from these new models/leadership practices	Raj Gill	Ability to offer commercial sponsors newer formations in which to deliver commercial studies set up fewer sites with competitive recruitment numbers. Number of portfolio commercial studies run in primary care increased New organisations remaining research active with CRN and also engaging with commercial research (HLO3)	Q4		
	To develop and maintain lines of communication between pharmaceutical and medical technology companies in the West Midlands to promote our CRN WM Primary Care Service, new models of care and drive in new business	We aim to host a networking event for pharmaceutical and medical technology companies to promote West Midlands and primary care as a setting to set up and conduct studies. Research Design Service/ AHSN PC SSS / ECER /Practices	Raj Gill	Improved relationships with Commercial sponsors  Awareness of WM Primary Care willingness, readiness and capability to deliver commercial research raised to companies  Awareness of WM Primary Care willingness, readiness and capability to input into the design of commercial research raised to companies	Q1		
	To streamline the PC SSS and PCIM service offered to commercial sponsors	Review and improvement of PC SSS process and PCIM service to ensure that the process for supporting practices to set up commercial studies is efficient, streamlined and demonstrates WM as an attractive region to conduct research especially within primary care. This will improve set up of commercial studies at sites (HLO4) and attract new and repeat business from commercial sponsors. (HLO1, HLO3)	Raj Gill	Improved study support service process for Primary Care industry studies  Increase in number of commercial sponsors approaching and returning to the WM to deliver Primary Care studies  GPs better supported to deliver commercial research	Q4		

**Cell:** F4

**Comment:** Read guidance  
-Pauline Boyle

### Section 3: High Level Objectives Targets

HLO	LCRN Target	CRNCC Target
1	65,000	
7	1000	

Section 4: Specialty Objectives				
Ref	Specialty	Local activities to achieve the national objective	RAG	Commentary
1	Ageing	<p><b>Objective:</b> Increase early career researcher involvement in NIHR CRN Portfolio Research</p> <p><b>Measure:</b> Number of LCRNs that have evidenced increased early career researcher involvement in NIHR CRN Portfolio Research</p> <p>Opportunities/Challenges</p> <p>A challenge for the Ageing specialty is that studies are adopted by condition specific specialities. Whilst there has been improvement with nine studies that have recruited participants in 17/18, there is a lack of homegrown Ageing adopted studies available for delivery. Within the region we have academic units including Keele, Birmingham and Aston that strongly promote Ageing research. Continued engagement with these and other units presents an opportunity to increase the number of Ageing related research to be adopted onto the portfolio as well as increase early career researcher involvement in NIHR CRN Portfolio Research.</p> <p>Plans</p> <p>To increase awareness of the Ageing Specialty and network support there has been good engagement across the region with key regional hospital and University teams and their Patient Participation Groups. There have been a number of meetings with potential researchers across the region and networks have either been developed or further developed with DeNDRoN, ENRICH, Charities including Gas Safety Trust, Beat the Cold, AGE UK, APPROACH, SALTBOX; Health watch, Community Voices, Older people's Engagement Network (OPEN) and a large UK wide care home chain to promote research in these areas.</p> <p>To continue to increase awareness of the Ageing Specialty and network support engagement will be maintained this year. The 3rd Annual CRN West Midlands Ageing Specialty event will be held to invite existing links and develop new ones.</p> <p>Local Specialty meetings will also continue this year to support regional researchers.</p>		
2	Anaesthesia, Perioperative Medicine and Pain Management	<p><b>Objective:</b> Increase the number of NIHR CRN Portfolio studies led by trainees as Chief Investigator or co-Chief Investigator</p> <p><b>Measure:</b> Number of LCRNs with a study/studies led by a trainee (Chief Investigator or co-Chief Investigator)</p> <p>1) Build on the success over the coming year, reinforcing communications and established links, facilitating getting trainee led projects onto the portfolio and offering support, particularly for the short high intensity projects that are likely to be typical of the trainee network.</p> <p>2) To continue close working with West Midlands Trainee Research in Anaesthesia and Intensive Care Network (WMTRAIN)</p> <ul style="list-style-type: none"> <li>• To identify potential PI/CI's e.g. research sandpit day, trainee research prize event.</li> <li>• PATHOS is a WM_TRAIN based research project that both CRSLs are helping the trainees develop. It is looking at how perioperative hypotension is managed in obstetric surgery. It was also selected by the national trainee Network RAFT as the "sponsored" Research &amp; Audit Federation of Trainee (RAFT) project for the year 2018/19. This essentially means that we can aim to conduct this survey nationally after a regional pilot. We hope to get this adopted to the NIHR portfolio. The next stages would ideally develop Charlotte Small into a trainee CI for a more comprehensive study, looking at PROMS and a feasibility RCT study.</li> <li>• Hold WM Post-Fellowship Trainee Research Day – Led by the CRSLs with a targeted GCP training included so that trainees can then actively participate in training once they have attended the research day.</li> </ul> <p>3) Set up region wide webinar and teleconference to support sites when new studies are identified, to provide feedback on how studies are progressing and share best practice.</p> <p>4) Organise Specialty and cross Specialty (e.g. with the Injuries and Emergencies (T&amp;O) Specialty) events to maintain engagement.</p> <p>5) The CRSLs will continue to work and meet quarterly with the RDM and team to review ongoing activity, engage the research community and find opportunities to contribute in Anaesthesia, Perioperative Medicine and Pain Management commercial and non-commercial research.</p>		
3	Cancer	<p><b>Objective:</b> Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties</p> <p><b>Measure:</b> Number of LCRNs achieving on-target recruitment into at least 8 of the 13 Cancer subspecialties, where "on-target" means either improving recruitment by 10% from 2017/18 or meeting the following recruitment targets per 100,000 population served: 11 Passed Disease Areas (17/18)</p>		
4	Cardiovascular Disease	<p><b>Objective:</b> Develop the research workforce in cardiovascular surgery.</p> <p><b>Measure:</b> LCRNs will identify the cohort of investigators who work on cardiovascular-led portfolio studies at cardiothoracic surgery centres. In consultation with this cohort the LCRN will make a written plan on how it will help those who are interested in becoming PIs.</p> <p>Our approach is to build on the success of research activity already occurring in 5 of the 6 West Midlands cardiothoracic centres by:</p> <ul style="list-style-type: none"> <li>• Visit research active cardiothoracic centres to identify current workforce skills and capacity along with gaps and barriers to incentivising and developing more PIs.</li> <li>• Scope the potential for Heart of England Trust cardiothoracic centre to expand its research into cardiothoracic surgery.</li> <li>• Build on the recent work that established increased engagement with East Midlands CRN resulting in the sharing of study details with a view to setting up new sites in the adjacent CRN. This is also aimed at make the 2 CRNs more able to attract and deliver large studies.</li> <li>• Continue to share case studies and best practice at CRN Specialty meetings across all cardiovascular sub-specialties.</li> <li>• Build on the work of 2017-18 to engage with DGHs that have no or few cardiovascular studies in their portfolio.</li> </ul>		

5	<b>Children</b>	<p><b>Objective:</b> Increase NHS participation in Children's studies on the NIHR CRN Portfolio  <b>Measure:</b> Proportion (target 90%) of NHS Trusts recruiting into Children's studies on the NIHR CRN Portfolio.</p> <p>We have 17 of 18 (94%) Trusts with agreed targets in 2017/18 recruiting into Children's main specialty studies, with 20 Trusts having recruited in-year.</p> <p>Taking the national measure on recruitment to studies where Children is included as a supporting Specialty - the ODP App shows recruitment at 89% Amber (25 of 28 WM Trusts).</p> <p>There are three non-recruiting Trusts (Shropshire Community Healthcare NHS Trust, North Staffs Combined Healthcare NHS Trust and West Midlands Ambulance Service). The former has not recruited to any portfolio study this year although the CRN is trying to support the Trust to do so; NSCHT is considering to open a Mental Health Specialty study on the Assessment of Concerning Behaviour in autism spectrum disorders in children &gt;7 years old; and there are no suitable children's studies on the portfolio for the Ambulance Trust.</p> <p>However, gathering local intelligence to record where we are really recruiting children (i.e. participants &lt;16 years old), we have recruited in 20 WM Trusts to Children's main specialty studies, plus four Trusts where children have been recruited to diabetes or mental health studies i.e. we have recruited children in 24 Trusts (Q3 datacut), this being three more than last year. This reinforces our inclusive approach, and will be continued through 2018/19.</p> <p>Our approach with co-supported studies will be maintained through 2018/19:</p> <ul style="list-style-type: none"> <li>In particular we will focus on helping the CRSL for Young People's Mental Health to recruit to Portfolio studies, building on our links with the Mental Health and Community Trusts, and developing links with the Psychology departments of the Universities of Birmingham and Aston.</li> <li>Paediatric palliative care studies, for which we ran our first successful WM-led study in 2017/18 (CPMS ID 31659 The Journey through Care: palliative care for children &amp; young people), will be a continued focus with two new studies in set-up.</li> <li>We aim to strengthen links between Genetics and paediatric Specialties, with particular focus on rare diseases and processes established for recruiting to the 100,000 genomes project.</li> <li>A new approach for 2018/19 will be to engage with the NIHR MedTech Cooperatives, for which the CRN WM Children's CRSL is the rare disease lead.</li> </ul>		
6	<b>Critical Care</b>	<p><b>Objective:</b> Increase intensive care units' participation in NIHR CRN Portfolio studies  <b>Measure:</b> Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio (80%)</p> <p>1) Analyse site performance using bed capacity and annual patient admission data to highlight good practice and areas for improvement. Currently the local activity far exceeds the target recruitment, however, there is considerable variation between sites of recruitment. To better quantify the recruitment success of individual units, we will measure recruitment numbers in relation to bed capacity and number of admissions to units each year. This information will remain confidential to the CRSLs in the first instance but help identify high performing centres and those that could be a target for support. Produce an interactive map of studies available within CRN WM region to highlight research participation opportunities across the geography</p> <p>2) There are 3 ICUs with no portfolio activity whatsoever; we will make it a priority to approach these ICUs to establish the barriers to start recruitment.</p> <p>3) Identify and visit sites that have been successful in delivering trials in critical care over the past 2 years to identify best practice and share learning on how barriers can be overcome.</p> <p>4) Engage with potential Principal Investigators in the region who are willing to take leadership for local recruitment to Portfolio studies. The aim will be to start them with small and relatively easily achievable studies.</p> <p>5) The CRSLs will continue to work and meet quarterly with the RDM and team to review ongoing activity, engage the research community and find opportunities to</p>		
7	<b>Dementias and Neurodegeneration</b>	<p><b>Objective:</b> Increase early career researcher involvement in NIHR CRN Portfolio research  <b>Measure:</b> each LRCN to demonstrate and provide names of two new early career researchers that have become local PIs for NIHR DeNDRoN portfolio studies during 2018/19. With one of them being in dementia and the other in neurodegenerative diseases.</p> <p>Challenges/opportunities: DENDRON CRL will be retiring in April 2018. We will be losing academic links from current Clinical Lead. We are in the process of recruiting a new CRSL</p> <p>Plan:  Acute and community trusts are encouraged to recruit to dementia studies. Currently 17 trusts are recruiting to DENDRON studies. We will be meeting with all R&amp;D managers and discuss ways of supporting, we hope this will increase the number of new PIs.  We are also exploring the possibilities of having PIs in care homes.  Dementia Platform UK has created a new website aimed to early career researchers. They can create a profile so LCRN can approach them with research opportunities they will also be able to show interest in taking part in research.</p>		
8	<b>Dermatology</b>	<p><b>Objective:</b> Develop the Dermatology Principal Investigator (PI) workforce  <b>Measure:</b> Number of new Nurse PIs for managed or supported Dermatology studies entering the NIHR CRN Portfolio</p> <p>Opportunities/Challenges  It continues to be a challenge for the West Midlands that good recruitment relies on delivery of studies developed by CIs located in other LCRNs.</p> <p>Plans  Last year we have had good engagement with West Midlands based registrars giving us the opportunity to highlight portfolio research to these registrars and encouragement of them as future CI/Pis for the region. Last year there was representation of this group at the sandpit day hosted by the CRN WM and subsequent submission of a research proposal for CRN support. We will continue to engage this group this year to support development of regionally led studies through joint specialty and registrar meetings.  Continue to support a pipeline of studies developed through the UK Clinical Trials Network - our Dermatology CRSL continues to be a member of the steering committee of UK Clinical Trials Network which aims to conduct high quality independent multicentre trials for treatment and prevention of skin diseases. There is a pipeline of multicentre clinical Trials at different stages of development.  Currently, there are no nurse PIs for dermatology managed studies. There are nurses in our partner organisations that are interested in becoming PIs for Dermatology studies but to date no new studies which would allow this have become available. We will continue to review new studies for suitability for nurse PIs.</p>		

9	<b>Diabetes</b>	<p><b>Objective:</b> Improve primary-secondary care collaboration in the delivery of diabetes research.  <b>Measure:</b> Increase recruitment into studies that require collaboration between primary and secondary care.</p> <p>Whilst West Midlands has been successful in meeting both of the 2017-18 diabetes specialty objectives our diabetes portfolio in community and primary care remains modest, leaving scope for expansion.</p> <ul style="list-style-type: none"> <li>• We have reconfigured our local CRSLs with one taking responsibility for secondary care and the other community / primary care. The CRN will work with the CRSL responsible for primary care to identify suitable studies to be supported by our highly engaged GP practices as well as opportunities in community Trusts.</li> <li>• Work with the clinical leads of a recently delivered non-portfolio research project on integration of primary care and specialist diabetes services in Wolverhampton to identify ways of emulating the increase in levels of engagement and interest in research across the region. Use this as a bridge to identify clinicians willing to undertake Portfolio research studies across the primary-secondary care interface.</li> <li>• Look at innovative ways of recruiting from the large local BME population.</li> <li>• Examine how we can achieve peripatetic diabetes research nurses as one solution to skill shortages in certain locations.</li> </ul>		
10	<b>Ear, Nose and Throat</b>	<p><b>Objective:</b> Increase trainee involvement in NIHR CRN Portfolio research  <b>Measure:</b> Establish links with the relevant professional organisations involved in research for patients with Ear, nose and throat, Hearing and Balance conditions to encourage and support trainee involvement in NIHR CRN Portfolio studies</p> <p>1) Build a research infrastructure that can be accessed by ENT trainees by linking and encourage working with the well-established West Midlands Research Collaborative, a surgical trainee-led research network to introduce trainee access to NIHR CRN support and studies. Establish links that will eventually facilitate getting trainee led projects onto the portfolio and offer support, particularly for the short high intensity projects, that are likely to be typical of the trainee network.</p> <p>2) We will encourage trainees and research naive clinicians to undertake GCP training and it is also envisaged that the Audiology Champion will encourage colleagues, assist in identifying appropriate potential PIs, and help expedite the set up of studies.</p> <p>3) The CRSL and Audiology Champion will continue to work, and meet quarterly, with the RDM and team to review ongoing activity, engage the research community and find opportunities to contribute in commercial ENT and Audiology research. The Division 6 team will continue to horizon scan and identify and communicate details of studies open to new sites to Trust R&amp;D for discussion and participation from both the ENT and Audiology community.</p>		
11	<b>Gastroenterology</b>	<p><b>Objective:</b> Improve recruitment to NIHR CRN Gastroenterology studies  <b>Measure:</b> Recruitment of 40 participants per 100,000 population to Gastroenterology studies on the NIHR CRN Portfolio</p> <p>1) Share the workload with the newly appointed CRSL deputies to allow concentration on supporting the research trainee networks to come to fruition. Delivery of a trainee research network led study – the Lead CRSL will act as mentor to support this.</p> <p>2) Obtain funding for a regional research collaborative to deliver a large volume project within the West Midlands. We hope to be successful with a joint bid to become a CRUK Grand Challenge winner, which would place us regionally into a group of 5 regions which will act as hubs to support very large volume recruitment. Our Lead CRSL intends to focus some of the first part of 2018 on delivering the application fully.</p> <p>3) Help local investigators develop ideas into big recruiting local NIHR grants. To develop local CI led NIHR grant applications we are setting up a meeting in March (2018) to invite ideas from potential future CIs. We propose to have 5 ideas pitched to the group and intend to evaluate these with a plan to take forward the best projects to the appropriate NIHR calls. We also intend to promote commissioned applications from the region into relevant NIHR calls which may have been informed by ongoing James Lind Priority Setting Partnerships.</p> <p>4) Expand Trust participation in commercial studies by developing our engagement further with commercial sponsors. This will not only result in commercial companies being more forthcoming within our region but also hopefully induce local PIs to participate in research.</p> <p>5) Hold an "East meets West Event" where CRN WM and CRN EM are facilitating a joint Specialty (Hepatology and Gastroenterology) joint LCRN meeting to establish and improve joint working with colleagues.</p> <p>6) The CRSLs will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to ensure target of 40 participants per 100,000 population to Gastroenterology studies.</p>		

12	<b>Genetics</b>	<p><b>Objective:</b> Increase early career researcher involvement in NIHR CRN Portfolio research  <b>Measure:</b> Number of LCRNs that have evidenced increased early career researcher involvement in NIHR CRN Portfolio research</p> <p>The CRSL has added research as an agenda item to the Genetics Consultants meetings in the Regional Genetics Laboratory, where recruitment strategies and study delivery issues and activities are discussed. The MDT meetings include genetic counsellors and study coordinators, and are serving to raise the profile of Portfolio research among the early career professionals. Communication with a range of groups and individuals will aim to achieve engagement with genetics scientist trainees, academic researchers, genetic counsellors, genomics / rare disease nurses and allied professionals e.g. physiotherapists who support patients with rare genetic disorders. A rolling programme of meetings or roadshows will continue through 2018/19 with Trusts and PIs who support genetics studies not run through the Regional Genetics Laboratory, to widen participation of staff in co-supported Portfolio studies.</p> <p>To evidence early career research involvement in portfolio research, we will include genomic nurses and genetic counsellors on delegation logs of CRN portfolio studies. In 2018/19 this will now include staff recruiting to CPMS ID 37319 The 100,000 Genome Study. The aim is that these early career researchers will be encouraged to become local PIs of the future.</p> <p>To support an expanding cohort of research active professionals, we will provide access to GCP training and relevant courses e.g. Let's Talk Trials, with a targeted approach to increase the trained cohort of staff in the Genetics department able to participate in Portfolio research. We will also continue with the new initiative started January 2018 of providing PI masterclass sessions aimed specifically at approx. 40 genetics counsellors, 18 Consultants and 7 SpRs.</p> <p><b>METRICS</b>  (baseline Sept 2017), 2017/18 year-end (March 2018), and 2018/19 mid-year (Sept 2018):  Number of GCP-trained early career researchers (Baseline =18/30)</p> <ul style="list-style-type: none"> <li>• Number of early career researchers undertaking the PI masterclass course (Baseline =0)</li> <li>• Number of early career researchers accessing GCP fundamentals, Let's Talk Trials etc training (Baseline=0)</li> <li>• Number of early career researchers on delegation logs (Baseline=19/30)</li> <li>• Study specific procedures undertaken, obtained by survey after training</li> <li>• Number of early career researchers named as co-investigator on delegation logs (Baseline=1/30)</li> <li>• Number of early career researchers named as co-investigator on new funding applications</li> <li>• Number and names of new PIs with funding obtained or studies opened</li> </ul> <p>As the specialty is evolving significantly, we will take an opportunity in 2018/19 to work with CRN East Midlands to hold a Genetics event. The aim will be to hear what researchers in the regions (both early career and established), think the key questions for genetics research are, with a view to this engagement event shaping future research and delivery opportunities.</p>		
13	<b>Haematology</b>	<p><b>Objective:</b> Establish links with the relevant professional organisations to encourage and support trainee involvement in NIHR CRN Portfolio studies  <b>Measure:</b> Number of LCRNs that have evidenced increased trainee involvement in NIHR CRN Portfolio research</p> <p>The CRN WM trainee lead for non-malignant haematology, Dr PLR Nicolson (Specialty Registrar in Clinical Haematology at UHB and BHF Clinical Research Training Fellow at the University of Birmingham), has established himself as a founding member of the HaemSTAR network. He will continue to engage with the national trainee group and input to their work streams throughout 2018/19.</p> <p>Dr PLR Nicolson will remain supported locally by the CRSLs, such that his personal involvement in Portfolio studies will be maintained – running research clinics and collecting samples for oncology trials as well as non-malignant haematology studies. Pip has helped coordinate the opening and delivery of the CPMS ID 32186 TRAIT Commercial study, with UHB being the highest recruiting Trust outside London. Pip will help coordinate the opening of CPMS ID 34919 FLIGHT Study at UHB, HEFT, Warwick, Worcester and Wye Valley in early 2018/19, albeit with only half the sites having trainee involvement at this stage.</p> <p>Dr PLR Nicolson attended the CRN WM cross-specialty trainee sandpit day, and has been successfully awarded support from the CRN and BCTU to develop a national audit that will be conducted by non-malignant haematology trainees. The HaemSTAR "National flash-mob audit on IVIg for ITP" has been granted data manager and REDCap (secure web application for building and managing online surveys and databases) support, with the BCTU hosting the online data collection tool. Pip will lead on the CRN WM set-up and delivery of this national audit in 2018/19.</p> <p>In addition, HaemSTAR won the Katie Bolam Research Award in Jan 2018; Pip will be involved with this national initiative too.</p>		
14	<b>Health Services Research</b>	<p>Objective 14a: Develop research infrastructure (including staff capacity) in the NHS to support clinical research in Health Services Research  Measure 14a: Number of LCRNs with a lead for Health Services Research  Objective: Increase Objective 14b: Increase the number of recruitment sites for NIHR CRN Portfolio studies funded by the Health Services and Delivery Research programme  Measure 14b: Number of new sites for existing and new studies on the NIHR CRN Portfolio funded by the Health Services and Delivery Research programme (1 new site per LCRN)</p> <p><b>Opportunities/Challenges</b>  A challenge for the Health services research specialty continues to identifying the best stakeholders to engage that support growth of the portfolio. There has been engagement with key academic units including Keele, Warwick and Birmingham to raise awareness of the HSR portfolio. The West Midlands Specialty group has also been maintained with the members that have expertise in clinical delivery, pharmacy, laboratory, PPIE, public health, nursing and operational management. This continues to give the opportunity of further engagement with a broad range of stakeholders to raise the awareness of HSR.</p> <p><b>Plans</b>  We have engaged with local stakeholders including AHSN and CLARCH to support the HSR portfolio and will continue to do so where relevant.</p> <ul style="list-style-type: none"> <li>• Continue to hold joint HSR and Public Health Specialty Group meetings - Continue to expand the membership of HSR specialty group to reach a broader range of stakeholders and raise awareness of HSR.</li> <li>• Support the development of more HSR studies led in the West Midlands by engaging with researchers.</li> </ul>		

15	<b>Hepatology</b>	<p><b>Objective:</b> Increase access for patients to Hepatology studies on the NIHR CRN Portfolio</p> <p><b>Measure:</b> Number of LCRNs recruiting to Hepatology studies on the NIHR CRN Portfolio in the disease areas of: cirrhosis and its complications; and/or non-alcoholic fatty liver disease (NAFLD) or non-alcoholic steatohepatitis (NASH)</p> <p>1) We need to be proactive in encouraging local Trusts to become more research savvy and explore identifying Trust research champions providing hepatology services. Local trusts are sometimes wary of recruiting patients to studies for other sites, but the role of a Participant Identification Centres (PIC's) should be reaffirmed this year to assuage this fear. We continue to expand the Portfolio of commercial and non-commercial studies in NAFLD (non-alcoholic fatty liver disease studies). We will seek out and attract new studies in the area of hepatitis B virus (HBV) infection.</p> <p>2) Our aim is to develop a larger hepatology research portfolio at other Trusts in the region, including UHCW. The Deputy CRSL will make the case for additional nursing support, provided by nurses within the hepatology department, and/or with an additional hepatology clinical role (at UHCW). Our local priorities include:</p> <ul style="list-style-type: none"> <li>- To improve our time to recruitment and to drive recruitment to existing studies.</li> <li>- Engage other hepatologists and encourage our junior doctors to participate in portfolio studies</li> <li>- Increase the number of commercial studies open at sites outside of UHB</li> </ul> <p>3) The CRSLs will continue to work, and meet quarterly with the RDM and team to review ongoing activity and monitor recruitment to ensure studies are available and open to sites in the disease areas of: cirrhosis and its complications; and/or non-alcoholic fatty liver disease (NAFLD) or non-alcoholic steatohepatitis (NASH) and will support the local Hepatology/ Gastroenterology trainee research network to initiate and deliver research across the region.</p> <p>4) The Division 6 team will continue to horizon scan NIHR Portfolio monthly to identify and communicate details of studies open to new sites.</p> <p>5) Hold an "East meets West Event" where CRN WM and CRN EM are facilitating a joint Specialty (Hepatology and Gastroenterology) joint LCRN meeting to establish and improve joint working with colleagues</p>		
16	<b>Infection</b>	<p><b>Objective:</b> Develop research infrastructure (including staff capacity) in the NHS to support clinical research</p> <p><b>Measure:</b> Named champion for sexually transmitted infection</p> <p>CRN WM has 3 Infection CRSLs, a Microbiology Lead, an Infection Diseases Lead and a Sexual Health Lead.</p> <p>1) Identify all studies where Infection is a supporting specialty as often this is unrecognised and identify Infection studies on the national portfolio that could be adopted in the region and continue to maintain high recruitment to portfolio studies.</p> <p>2) During 2018/19 the CRN will establish a research team within a Microbiology Laboratory to support a number of research studies across a variety of specialties (Cancer, Respiratory Medicine, Intensive Care and Sexual Health) that will support studies from assessing feasibility, implementing bespoke laboratory protocols and dedicated processing of research samples and liaison with other study staff. If successful this model may be implemented across the WM.</p> <p>3) Support and mentor new research active colleagues, progress links between infection and orthopaedics.</p> <p>4) Develop research capacity through engagement with local academic partners and work with newly appointed ID academics to improve early collaborations with portfolio studies and to use CRN to support investigators in their grant writing.</p> <p>5) As 'high consequence infectious diseases' clinical pathways are being developed across the UK in 2018-19, we will work to ensure that the WM has established links with Portfolio research that will run in parallel.</p> <p>6) We will continue to explore collaborations with national investigators to provide a wider range of infections for imported infections e.g. Malaria, TB and target priority areas including</p>		
17	<b>Injuries and Emergencies</b>	<p><b>Objective:</b> Increase participation in pre-hospital studies via Ambulance Trusts</p> <p><b>Measure:</b> Number of LCRNs that have recruited via Ambulance Trusts to two or more pre-hospital care managed or supported Injuries and Emergencies studies on the NIHR CRN Portfolio</p> <p>1) Increase involvement with Emergency Medicine trainees in the region to try and get participation in research going at an early stage in their career, which has been lacking in Emergency Medicine as there is no "requirement" to get involved in research in order to achieve Certificates of Completion of Training (CCT). There is only one region in the UK that has managed to get GCP training incorporated as a mandatory competency for progression at Annual Review of Competence Progression (ARCP) but we would like to introduce this across the WM region. The CRSL for Emergency Medicine will meet with the Head of School for Emergency Medicine and discuss making GCP training a mandatory competency for Higher Specialist Training in Emergency Medicine in the region.</p> <p>2) We aim to increase participation in pre-hospital studies via the West Midlands Ambulance Trusts through recruitment to pre-hospital care managed or supported Injuries and Emergencies studies on the NIHR CRN Portfolio. There are currently studies already open in this area that WMAS is taking part in, but whilst the 'RePHILL trial' will continue until 2020, there is a need to identify and open new studies in this area during 2018/19. In addition, the CRN WM will be encouraging colleagues across the region to volunteer as "In Hospital Lead Clinicians" at receiving sites where a new prehospital study is setting up.</p> <p>3) CRN WM will hold a joint Specialty Group Meeting between Injuries and Emergencies and Anaesthesia, Perioperative Medicine and Pain Management, Anaesthetics, where local CIs and PIs will be invited to develop links between Specialities to explore common ground and share best practice.</p> <p>4) Analyse site performance using annual patient admission data to highlight good practice and areas for improvement. Where there is little or no Portfolio activity we identify the barriers to opening Portfolio studies and put plans in place to overcome the barriers in order to increase recruitment. We will invite research interested consultants to regional and national meetings.</p> <p>5) The CRSLs will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to studies</p>		



18	<b>Mental Health</b>	<p><b>Objective:</b> Increase participation in Mental Health studies involving children and young people.  <b>Measure:</b> Increase the number of CRN Portfolio studies recruiting participants age 16 and under.</p> <p>Challenges/opportunities</p> <p>There is a lack of studies open to recruit children.  Current EDGE system doesn't allow to identify those recruits under 16.  Non-NHS settings, i.e. can now be accepted in the portfolio.  Institute of Mental Health in Birmingham is specially interested in Early Psychosis</p> <p>Plan</p> <p>-We are organising an event to raise awareness of research in Young people. General pediatricians will be invited to attend and encouraged to refer to current trials.  -Identify at least one general pediatrician to be involved in mental health research in children with health problems. We have identified this is an area with potential for development.  -Map school nursing teams in the region.  -We will identify research taking part in schools and support teams to ask for portfolio support.  -Young People CRSL attends YP research group regularly.</p>		
19	<b>Metabolic and Endocrine Disorders</b>	<p><b>Objective:</b> Understand and develop the Metabolic and Endocrine research workforce that work in metabolic and endocrine studies.  <b>Measure:</b> Accurately record the PIs and recruitment staff (nurses and trial coordinators) working on M&amp;E-led studies open during 2017 calendar year.</p> <ul style="list-style-type: none"> <li>• Request details of staff engaged in Metabolic and Endocrine studies from their respective R&amp;D offices in collaboration with the CRN Laboratory Lead. Map skills and capacity and identify gaps that may be barriers to delivering and expanding the local portfolio.</li> <li>• Continue work with CRN Laboratory Lead to increase participation in Met &amp; Endo research by Partner Organisations, targeting those that are less research active.</li> <li>• Engage with endocrine registrars/trainees to highlight the local Met &amp; Endo portfolio and encourage them to become PIs.</li> <li>• Following on from the successful expansion in NeuroEndocrine Tumour. (NETS) research, scope the opportunities for research at UHCW as they invest in Peptide Receptor Radionuclide Therapy (PRRT) for treatment of neuroendocrine tumors.</li> </ul>		
20	<b>Musculoskeletal Disorders</b>	<p><b>Objective:</b> Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio  <b>Measure:</b> A) Named orthopaedic champion identified in each LCRN B) Increase the number of participants recruited into orthopaedic studies on the NIHR CRN Portfolio</p> <p>Opportunities/Challenges</p> <p>Whilst there are still a low number of available Orthopaedic studies that can be delivered the West Midlands are recruiting one of highest number of participants to elective Orthopaedic Surgery studies. Access to funding to develop studies has remained a challenge, however progress has been made with the feedback provided through the West Midlands Orthopaedic group has supported a successfully funded NIHR RfPB project and an EME grant. Having a Orthopaedic champion and specialty group forum already in place presents an opportunity to engage with the Orthopaedic community.</p> <p>Plans</p> <p>The Orthopaedic Specialty group meetings have been well attended this year with key stakeholders present. Whilst terms of reference are already in place we plan to produce a West Midlands Orthopaedic Strategy in collaboration with this group this year.  As part of this strategy we plan to develop closer links with the Orthopaedic Registrars from across the region with the longer term plan of West Midlands Orthopaedic Registrar Group who develop research ideas.</p>		
21	<b>Neurological Disorders</b>	<p><b>Objective:</b> Increase the level of early career researcher involvement in NIHR CRN Portfolio research.  <b>Measure:</b> Number of LCRNs that have evidenced increased early career research involvement in NIHR CRN Portfolio research</p> <p>Challenges:</p> <p>There is higher number of studies that require high degree of specialism  Our Neurologist CRL is retiring in April, we are in the process of recruiting.</p> <p>Plan</p> <p>Identify and attend specialist interest groups, mainly in epilepsy.  Link with local charities.  We have identified one new consultant interested in a research project, we are supporting her to access funding.</p>		
22	<b>Ophthalmology</b>	<p><b>Objective:</b> Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio  <b>Measure:</b> Proportion of acute NHS Trusts that provide eye services recruiting into Ophthalmology studies on the NIHR CRN Portfolio (70%)</p> <ol style="list-style-type: none"> <li>1) Increase the number of active sites in West Midlands that are participating in ophthalmology studies on the NIHR CRN portfolio.</li> <li>2) Ensure all active sites have open studies in 2018/19 by reviewing studies open and in set up at each participating site to ensure continued involvement and growth throughout 2018/19.</li> <li>3) Closer liaison with Trust R&amp;D and local CIs and PIs to ensure activity continues.</li> <li>4) Support the WM ophthalmology trainee research network in the set up and delivery of research studies.</li> <li>4) The CRSL will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to studies.</li> </ol>		

23	<b>Oral and dental health</b>	<p><b>Objective:</b> To develop the Oral and Dental research workforce in order to meet the demands of the expected growth in the portfolio following the JLA Priority Setting Partnership.</p> <p><b>Measure:</b> LCRNs to survey dentists and dental care professionals within their geographies to identify their research readiness and interests in order to gain an understanding of the local capacity and capability</p> <p>Opportunities/Challenges Last year gave an opportunity as we supported a West Midlands led study that could be delivered in the General Dental setting. This gave us an opportunity to engage with General Dental Practitioner community to showcase portfolio studies and raise awareness of research training opportunities available. The dental GCP e-learning module available on NIHR CRN learn which has been promoted through the dental School and Dental Hospital gave another opportunity to increase awareness of Network Support. Whilst progress has been made in raising awareness, NIHR adopted GDP research remains low.</p> <p>Plans To continue to increase awareness of the Oral and Dental Specialty and Network Support this year we plan to develop closer links with contacts made or identified through the two events held with GDP community last year. Our Oral and Dental CRSL is Head of a Department at the local Dental School with supervisory responsibilities so will continue to promote research awareness and training with the dental community.</p> <p>□</p>		
24	<b>Primary Care</b>	<p><b>Objective:</b> Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research</p> <p><b>Measure:</b> LCRNs to identify and fund a minimum of two named individuals in a GP registrar / First Five nurturing role to undertake Research Champion activities</p> <p>Progress with this objective in 17/18 provided the funding to secure the appointment of 3 individuals to the role of research champion with a focus on encouraging first five GPs to engage with research</p> <p>Plan: 1) To develop the discussion from the induction day which took place on 25/1/18 where it was agreed to develop a plan of action with measurable targets and a timeline that covers the next 12 months 2) To develop a questionnaire at start of year and at end of year (pre and post surveys) exploring existing knowledge and awareness, whether their practices are involved in research, have they been involved, would they like to have a further session on primary care research arranged. 3) Develop a pack for practices to share with new GPs to use as part of induction process. This will be linked to the trainee induction programme and will target research naive trainees 4) Engaging with those leaving the VTS scheme to encourage new GPs to get involved in research 5) Encourage First 5 GPs to get involved with the development of secondary care studies to encourage the use of the Primary Care setting to enhance recruitment</p>		
25	<b>Public Health</b>	<p><b>Objective:</b> Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health</p> <p><b>Measure:</b> Number of LCRNs with a lead for Public Health B: Number of LCRNs recruiting to at least five studies on the NIHR CRN Portfolio managed by Public Health</p> <p>Opportunities/Challenges The recent change in policy to enable the NIHR CRN to extend support to public health and social care research in non-NHS settings presents an opportunity to increase number of studies adopted on to the portfolio.</p> <p>Plans Continue to hold joint HSR and Public Health Specialty Group meetings supporting cross specialty working. A local Public Health Specialty Group was developed last year to support Public Health research interested community. We will continue with these forums which are providing peer support to this community and also increasing awareness of Network Support. Continue to engage with the academic units, local authorities and NHS organisations and other stakeholders to support growth of the Public Health portfolio.</p>		
26	<b>Renal Disorders</b>	<p><b>Objective:</b> Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio.</p> <p><b>Measure:</b> Number of LCRNs with one or more 'new PIs' (defined as researchers who have not engaged as PI in any commercial study in the last 3 years).</p> <p>Whilst the West Midlands continues to develop studies in haemodialysis and peritoneal dialysis recruitment is dominated by one large registry study that is planned to end March 18.</p> <p>All main renal units are research active and 6 out of 7 are delivering commercial research. The main paediatric renal unit at BWCH is also research active.</p> <p>Challenges remain to improve our delivery to Target &amp; Time.</p> <p>It remains challenging to encourage urological surgeons to take on commercial trials without extensive support in this productivity-oriented service.</p> <ul style="list-style-type: none"> <li>• WM commercial renal portfolio is modest and commercial sites are often preselected and investigators preselected. Despite this several new clinicians have come forward to express an interest in being a PI on renal commercial studies. The CRN will continue to encourage and support new PIs.</li> <li>• The CRN will continue to support the Dudley Group to expand its renal portfolio to include commercial trials.</li> <li>• We will engage with urology registrars/trainees in order to inspire them to form a trainee group and for them to become PIs and ultimately develop their own studies.</li> <li>• Promotion of the urology subspecialty will continue along with efforts to build cohesion across all centres in benign urological clinical research.</li> </ul>		

27	<b>Reproductive Health and Childbirth</b>	<p><b>Objective:</b> Increase the proportion of NHS Trusts recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio  <b>Measure:</b> A: The proportion of acute NHS Trusts that provide maternity services (target 70%) recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio.</p> <p>There are 18 Acute Trusts in CRN WM, with 15 of these providing maternity services. In order to maximally support the Specialty objective, we aim to recruit to the RH&amp;C portfolio in all 15 Trusts. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• Ongoing support to the specialist maternity hospitals Support strategic initiatives with a focus on 24/7 GCP- and study-specific trained cover. Embedding this approach in 2017/18 ensured continued successful support to the WM-led studies and the national portfolio, and will be maintained through 2018/19. Embedding the culture for research is seen as key to successful delivery of Portfolio studies.</li> <li>• Focus on hitherto non-recruiting DGHs. We identified three Trusts in 2017/18 with potential to recruit to the RH&amp;C portfolio, and worked with the R&amp;D managers to win strategic funding awards to appoint nursing/midwifery staff to support interested PIs. We also approached study teams to accept these novice sites for open studies, and have successfully supported two of the three sites to recruit to RH&amp;C studies. The 3rd site has studies in set-up and will be supported through 2018/19 as the newly appointed O&amp;G Consultants become research active.</li> <li>• Additional help will be given to all sites from the CRN core delivery and support teams, to include tailored CRSL roadshows, attendance at research meetings with the PI, mentorship of new PIs, offering PI masterclass training and/or study-specific training and mentoring of the research nurses/midwives. Understanding the PI interests, site services and capability, will help to better support the feasibility assessments and aid targeted site selections. PI development, engagement with the nursing and midwifery workforce, and together with an appreciation of the strengths and limitations of sites, will be a focus for 2018/19 to grow the Specialty.</li> <li>• Ever strengthening engagement with the WM Obs &amp; Gynae trainee collaborative will remain a focus of 2018/19, with the measure of success being the number of GCP-trained trainees and the number who recruit to or provide other research activities in RH&amp;C studies in the subsequent 12 months.</li> </ul> <p>Supported by the CRSL, the Obstetrics and Gynaecology (MROG) and Anaesthesia &amp; Intensive Care trainee groups attended the CRN WM cross-specialty trainee sandpit day in 2017/18. MROG proposed a study of antimicrobial-impregnated sutures on infection rates after caesarean section, and the anaesthetics trainees proposed PATHOS: Prevention And Treatment of Hypotension during Obstetric Surgery. The plan is to support the trainee networks to develop these proposals into regional or national audits in 2018/19, and ultimately for NIHR funding. This initiative is aimed at increasing involvement of trainees in research activities and developing the PIs of the future. The measure of success will be a successful grant submission by a trainee group.</p> <p>Measure B: Recruitment within the LCRN geography as a proportion of infant mortality data for that region. Establish baseline to determine appropriate level of growth for 2019/20</p> <p>Yet to be determined - local activities will depend on the baseline data to be collected in 2018/19. Use of regional perinatal and infant mortality data will identify geographic areas where research should benefit the local population.</p>		
28	<b>Respiratory Disorders</b>	<p><b>Objective:</b> Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio  <b>Measure:</b> Number of LCRNs recruiting participants into respiratory rare disease studies on the NIHR CRN Portfolio (e.g. pulmonary fibrosis, pulmonary hypertension, cystic fibrosis, lymphangioleiomyomatosis, pulmonary alveolar proteinosis).</p> <ol style="list-style-type: none"> <li>1) To recruit to studies in national Specialty targeted areas - airway disease, and orphan lung disease e.g.IPF. Based on the current Portfolio there should be no difficulty in achieving this objective in 2018/19</li> <li>2) To identify, develop and support additional PIs undertaking their first study - CRN WM target is 1-2 new PIs. The aim is to start them with small and more easily achievable studies.</li> <li>3) Increase the number of commercial studies by identifying industry Portfolio studies which are most easily deliverable across the region. This will allow less experienced PIs to start with relatively "easy win" studies.</li> <li>4) Investigate the feasibility of setting up a regional trainee respiratory research network.</li> <li>5) Identify capacity and capability of respiratory research in Trusts and explore opportunities and barriers for growth and participation. Disseminate knowledge about role of the CRN to the respiratory community.</li> <li>6) The CRSLs will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to studies.</li> </ol>		
29	<b>Stroke</b>	<p><b>Objective:</b> CRN recruitment to Stroke RCTs should be at least 8% of the 2016/17 SSNAP recorded hospital admissions.  <b>Measure:</b> % of Sentinel Stroke National Audit Programme (SSNAP) recorded admissions recruited into RCTs across the entire stroke pathway on the NIHR CRN Portfolio.</p> <ul style="list-style-type: none"> <li>• Encourage research staff to continue to attend CRN specialty meetings and the successful evening events for clinicians.</li> <li>• Scope the opportunities around growing the stroke rehabilitation sub-specialty that has recently been in decline in the West Midlands.</li> <li>• RDM to work with local Trusts to minimise the risk of stroke nurses being moved into other specialties and not re-engaging as the size of the portfolio varies.</li> <li>• CRN to continue to provide practical support to both HSRCs in Stoke and Birmingham, including looking at how to configure 24/7 coverage by research nurses.</li> </ul>		
30	<b>Surgery</b>	<p><b>Objective:</b> Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties  <b>Measure:</b> Number of LCRNs recruiting into at least 12 of the 14 surgical subspecialties (breast, cardiac, colorectal, general, head &amp; neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular) AND at least 2 patients/100,000 population into at least 6 of the 14 surgical subspecialties</p> <ol style="list-style-type: none"> <li>1) Cement our current performance by recruiting into at least 12 of the 14 surgical subspecialties (breast, cardiac, colorectal, general, head &amp; neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular) AND at least 2 patients/100,000 population into at least 6 of the 14 surgical subspecialties. Based on the current Portfolio there should no difficulty in achieving this objective in 2018/19.</li> <li>2) Across the region we have several WM led large RCTs about to open, which are designed to be trainee-centric in their delivery. Two of these (SUNRRRISE and PPAC-2) are exclusively in the emergency/out-of-hours context. To support this increase in activity an emergency surgery trials (trainee-led) facilitation officer will develop and support the trainees who will deliver the trials. These studies are most appropriately delivered by trainee posts, but historically delivered by the PI.</li> <li>3) Continue to build on last years local objective to enhance our commercial trials activity.</li> <li>4) Collaborate with Trusts/POs to improve infrastructure, processes, and promote research to staff and its role in patient care and work with patient involvement groups to help empower patients to be involved in improving patient care through research.</li> <li>5) The CRSLs will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to studies.</li> </ol>		

Section 5: Financial Management			
5.1 Please provide details of the plans that you anticipate impacting on the allocation of LCRN			
5.2 In respect of the LCRN 2018/19 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to			
Funding Element	Examples	Description of model	
Host Top sliced element	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team	Pay £5,051,163 (18%), non pay £1,110,395 (4%) & Clinical Specialty leads £605,996 (2%). These figures include the costs for the flexible workforce employed by the host organisation.	24%
Block Allocations	Primary care, Clinical support services (i.e. pharmacy)	A separate agreement for Primary Care has been agreed, due to these certain PO's (universities) having staff on fixed term contracts thereby providing stable funding for them. Their allocation is £3,058,720 (11%). There is also some funding for GP practices involved in research across the network of £575,310 (2%)	13%
Activity Based	Recruitment HLO 1, number of studies	PO funding is based on the median of the last 3 years ABF of the partner organisation. The funding model is started with the previous year's funding for the PO. The expected funding for the year is then applied based on their 3 years' median weighted recruitment as a percentage of the total. These two figures are then compared and a cap and collar is applied, where the Partner funding can not increase by more than 10% or decrease by more than 5% of their previous years' core funding. This is to make sure the partner organisation have some stability of funding.	55%
Historic allocations	PO funding previously agreed	Contingency Funding £641,633. This is funding agreed between the LCRN and partner organisations to help the partner organisations in transition from the old funding model or for other extenuating circumstances which would mean the partner organisation would become unstable.	2%
Performance Based	HLO performance, Green Shoots funding	none	0%
Population Based	Adjustments for NHS population needs	none	0%
Project Based	Study start up	none	0%
Contingency / Strategic funds	Funds held centrally to meet emerging priorities during the year	LCRN WM has a 5% top slice element in their funding model for 'Strategic Funding, however as any slippage occurs due to vacancies then these funds are redirected to strategic funding. Currently we have allocated £1,203,789 (4%) to fund strategic initiatives (strategic funding), we also have £466,826 (2%) held centrally for emerging priorities and Chief Investigator development.	6%
Cap and Collar	Please provide your upper and lower limits if applicable	Upper limit is 10% and lower limit is 5%	10% CAP -5% COLLAR
Other funding allocations			
Comments			
*Notes	1. It is assumed that the Local Funding Model is net of any National Top Slice as these are pass through costs 2. If the funding element category is not applicable to your Local Funding Model, please enter 0% 3. The percentages (%) entered in the table should equate to 100%		
5.3	If the 2018/19 local funding model methodology has changed since 2017/18 please give a brief	no change	
5.4	Please confirm whether monitoring visits will be taking place over the course of 2018/19. If yes,	Two organisations, Wye Valley & Dudley & Walsall Mental Health Trust, will be monitored for the first time	
5.5	What are the key financial risks and mitigations for 2018/19?	Risk: being in an underspend position at year end	
5.6	Please provide details of any planned audit of the LCRN Host Organisation in 2018/19	CRN accounts are subject to the Trusts external auditing programme conducted by KPMG and as such will be	



## Section 7. Glossary

Abbreviation	Definition
SSSNAP	Sentinel Stroke National Audit Programme
NET	NeuroEndocrine Tumour.
PRRT	Peptide Receptor Radionuclide Therapy
GEP-NET	gastroenterohepatic neuroendocrine tumors (GEP-NET)
RAFT	Research & Audit Federation of Trainee
BI	Business Intelligence
ICT	Information and Communications Technology
RDM	Research Delivery Manager
GPRF	General Practitioner Research Facilitator
JDR	Join Dementia Research
UKCTG	UK Clinical Trials Gateway
YPSG	Young Persons Steering Group
SMEs	Small and Medium Enterprises
USPs	Unique Selling Points
CPRD	Clinical Practice Research Datalink
PILAR	Public Involvement and Lay Accountability in Research
PRES	Patient Research Experience Survey
PRA	Patient Research Ambassador Initiative
PRAI	Patient Research Ambassador Initiative
IVD	In Vitro Diagnostics
WMLMRG	West Midlands Laboratory Medicine Research Group
ALP	Advanced Leadership Programme
WMRTC	WM Research Training Collaborative
GCP	Good Clinical Practice
PO	Partner Organisation
CRP	Clinical Research Practitioners
FoRD	Fundamentals of Clinical Research Delivery
AHCS	Academy of Healthcare Science
NCM	New Care Models
AAC	Assess Arrange and Confirm
EC	Early Contact
RSI	Research Site Initiative
ACROSS	AppliCation to Request netwOrk Service Support
TYA	Teenage and Young Adults
SOP	Standard Operating Procedure
SSL	Subspeciality Leads
S&PC	Supportive & Palliative Care
SQL	Structured Query Language
LPMS	Local Portfolio Management System
CPRD	Clinical Practice Research Datalink
DSS	Date Site Selected
DSC	Date Site Confirmed
FPFV	First Patient First Visit
CRIEF	Clinical Research is Everyone's Future
MOOC	Massive Open Online Course
SSS	Study Support Services
I&I	Improvement and Innovation
RTT	Recruitment to Time and Target
IRAS / HRA	Integrated Research Applications System/Health Research Authority

