



Clinical Research Network Yorkshire and Humber

Annual Delivery Plan 2018/19

Date of submission: 15 March 2018
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Host Organisation Approval	
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:	08/03/18
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:	21/03/18
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	

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.		No
POF area	Fully compliant?	Commentary
Part A: Context		
3. Working Principles	Yes	
Part B: Performance Framework		
2. LCRN Performance Indicators		
2.1 High Level Objectives	No	Partially compliant - additional work is required to ensure we meet : - HLO2a, RTT for commercial organisations (<i>cross ref 2.3.1</i>); - HLO2b, RTT for non-commercial organisations (<i>cross ref 2.3.2</i>); and - HLO6c, proportion of General Medical Practices recruitment each year into portfolio studies (<i>cross ref 2.3.8</i>). As noted through the cross references provided, the CRN Y&H has plans in place to address all of these issues and is confident of meeting the HLOs by the year end
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	
Part C: Operating Framework		
2. Governance and Management	No	Partially compliant - additional update of relevant terms of reference for key committees to be approved by the appropriate bodies within Q1 (cross ref. Section 2.1.1 and 2.1.2); plus additional key central positions still to be filled, but the positions are now being advertised (cross ref. 2.1.3) - these items will be completed by the end of Q1 Partially compliant - ref. the Performance & Operating Framework Part B, table 3 LCRN Operating Framework indicators ID 1.5 - although there are 'flow down' agreements between the Host and all Partner Organisations, there are no contracts in place with 'Category B' partners (to values below £50,000 per annum). This would primarily impact on the working relationships with our GP Practices. We will work with the host to rectify this situation as soon as possible and certainly within the course of 2018/19 (cross ref 2.1.5)
3. Financial Management	No	Partially compliant - work is underway to put in place the required monitoring visit shcedules with our Partner Organisations as identified during the CRNCC Financial Health Check visit of 19 July 2017 (cross ref 2.2.1 and 2.2.2) - as noted in cross reference, these matters will be addressed and finalised throughout the course of the year.
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
1. Governance and Management					
2.1.1	Assurance Framework	Assurance Framework and Risk Management System to be developed and agreed	COO	Developed and approved Assurance Framework and Risk management system, documenting the inter-relationship of key committees, as well as the overall escalation process	End of Q1
2.1.2	Update Terms of Reference (ToR)	Updated ToR for main committees to reflect the Performance & Operating Framework appropriately	COO	Updated and approved ToRs for: a) Executive Group; b) Partnership Group; c) Operational Management Group; and d) Clinical Research Leadership Group	End of Q1
2.1.3	Core Team: Staffing	Industry Manager in post	COO	Industry Manager post advertised; interviewed and in post (Cross-ref 2.3.1, 2.3.3, 2.3.5 & 2.3.7)	End of Q2
		Research Delivery Managers in post	COO	All 6 divisions supported by an appointed RDM (moving away from the seconded positions currently in place across some divisions)	End of Q1
		Review of roles and responsibilities across full team	COO (and RDMs/IM)	Senior team to review roles and responsibilities across all positions within the core team to achieve a consistent approach across the whole network	End of Q2
		Consistent processes used across key areas of the core team (eg admin function; SSS; etc)	DCOO	New suite of SOPs written and all appropriate staff trained accordingly. New staff to be appointed with supported induction to network wide systems and process. Stabilisation of SSS team (Cross Ref 2.3.2 and 2.3.4)	End of Q3
		Re-establish the HR Advisory Group	COO	Bring together the HR representatives for the organisations which currently employ members of the core team to develop consistent approaches for staff across the network	End of Q2
2.1.4	Staff wellbeing	Core team staff wellbeing event	COO	Working with CRN CC put develop and put on an event building on the output of the Staff Survey (cross-ref 2.8.1)	End of Q3
2.1.5	Contracting with Category B partners	Category B Contracts in place with all such partners	COO/Host	Requirement for Category B Contracts to be in place with all partners with contract values of less than £50,000 per annum to be reviewed with the Host on a risk-based approach	End of Q4
2. Financial Management					
2.2.1	Monitoring of Vacancies at Partner Organisation and Network	Clear forecast of expenditure and vacancy efficiency savings at Partner Organisation level identified through out year. For network, appointments identified to enable any savings to be utilised across network	COO/Finance	PO and Network vacancies identified at AFP: confirmed recruitment actions and filled by PO on montly basis. Where vacancies identified at AFP request confirmation of recruitment plans and actual appointments on rolling monthly basis per PO / Network from R&D Manager and Finance Lead	Ongoing
2.2.2	Monitoring of LCRN Partners	Statement of Operating Procedures to be developed and shared with POs. Selection of POs, focus areas and visit frequencies to be confirmed with POs.	COO/Finance	(i) Statement of Operating procedure completed (ii) Assurance visits undertaken with PO (iii) Follow Up visits where deficiencies identified at 3 or 6 month basis Visits to be undertaken, reports to Executive and follow up visits to be convened when min controls assurance low.	To commence in Q1

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Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.2.3	Commercial Cost Recovery	Formalisation of any "like for like" arrangements with PO , Cost recovery for CRN funded staff not employed at PO and documentation of PO internal processes/systems for monitoring utilisation of CRN resources in commercial research	COO/Finance	(i) Documentation of internal processes and systems at PO (ii) Recovery of commercial income where applicable for CRN utilised resource. Enactment of CRNYH commercial income policy, documentation for relevant PO using CRN resource - Annual record available to Host for review by CRNCC	Q2 and Q3
2.2.4	Disclosure statements required from PO at Year End 1718	Assurance from DOF level within PO and Host that all information accurate complete and justified in relation to LCRN financial guidelines.	Liz Fraser - Network Finance	All Category A partners to provide this disclosure, Category B Partners to be confirmed according to level of funding	Ongoing
3. High Level Objectives					
2.3.1	HLO2 a	Maintain/improve RTT (commercial) for studies where Y&H is the lead Network	COO	Industry Manager post advertised; interviewed and in post (<i>cross-ref 2.1.3, 2.3.3, 2.3.5 & 2.3.7</i>)	End of Q2
			IM	Newly appointed industry manager to develop/maintain working relationships with the POs, focusing initially on those with a challenging RTT metrics	Q3 and Q4
			Commercial Study Support Manager/Commercial Divisional lead/IM	Undertake detailed analysis of commercial portfolio - working with specialty lead data (historic 'topic networks' at first glance appear to lag behind other specialty areas). Design response to analysis, working with SSS and RDMs	Q3 and Q4
			RDMs/IM	Build on Division 6 (Gastro) commercial relationship across the 4 northern CRNs - identify other clinical areas that may also benefit from working across the CRNs	Q1-Q4
2.3.2	HLO2 b	Maintain/improve RTT (non-commercial) for studies where Y&H is the lead Network	DCOO	New suite of SOPs written and all appropriate staff trained accordingly. New staff to be appointed with supported induction to network wide systems and process. Stabilisation of SSS team (<i>Cross ref 2.1.3 and 2.3.4</i>)	End of Q3
			SSM	Clarify roles and responsibilities within the SSS team. Ensure a named link person for each PO who will coordinate provision of monthly RTT reports and who will work with the PO to review local RTT achievement.	End Q3
			SSM	To work with (PDSOs and) POs to analyse RTT achievement and to share good practice and learning across the Y&H region	Q1-4
			SSS/RDMs	Establish links with key Partner Organisations R&D departments in support of their delivery to time and target	Q1 - Q4
			SSM/BIU	SSS and BIU to review all data generated and review reports for POs for data quality, value and efficiency	Q3
			SSMs	Increase SSS support to research teams and investigators via EC&E and Effective Study Set Up services, develop stronger links with all other research organisations ie Universities AHSNs, RDS and CTRUs to streamline services.	Q1- Q2
2.3.3	HLO3	Increase the number of commercial contract studies delivered through the NIHR CRN	COO	Industry Manager post advertised; interviewed and in post (<i>cross-ref 2.1.3, 2.3.1, 2.3.5 & 2.3.7</i>)	End of Q2

Section 2: Key Projects					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
			IM	Newly appointed IM to work with Partner Organisations to better understand the proportion of commercial studies that enter the NIHR CRN Portfolio; and with PIs to ensure they understand the benefits of commercial single centre studies being on the NIHR CRN Portfolio. Analyse the reasons for Y&H non-selection through the EOI process	Q3 & Q4
			Workforce Development Lead	WFD programmes to support this such as PI Masterclass and CI/PI induction. Buddying programme to support the 'conversion' of PIs from non-comm work to comm work (<i>cross ref 2.3.7</i>)	End of Q4
			Workforce Development Lead	Work with the RDS to develop training in how to conduct evidence based feasibility that is to be developed and delivered for staff involved in conducting feasibility assessments	End of Q4
2.3.4	HLO4	Maintain/improve against target of 40 days from site selected to site open where Y&H is the lead Network	SSS	Completion of data cleansing work already underway to ensure accurate data is presented.	End of Q1
			SSS/BIU	Ongoing monitoring and quality assurance of data to ensure accurate data collated.	Q1 - Q4
			SSS	Consistent and accurate documentation of issues affecting study set up within POs that can then be discussed at RDop meetings/shared across the region as shared learning/improvement plan for future study set up.	Q1 - Q4
			DCOO/SSS	SOP relating to 'effective study start up' to be refreshed as part of the new suite of SOPs for the SSS team are developed (<i>Cross Ref 2.1.3 and 2.3.2</i>)	End of Q3
2.3.5	HLO5	Maintain/improve against target of 30 days FPFV	COO	Industry Manager post advertised; interviewed and in post (<i>cross-ref 2.1.3, 2.3.1, 2.3.3 & 2.3.7</i>).	End of Q2
		Improved and increased focus on appropriate feasibility checks from the outset of studies	RDMs/RDOps	Increase focus on feasibility supported through a 'Learning Technologist' post - a jointly funded role with NENC CRN, we have continued the work which we funded on a sessional basis in 17/18. This role will continue to support the digital learning agenda, using innovative user based solutions to increase the reach of our regional learning and development programmes. This role will reflect the digital agenda with the CRN CC workforce team led by John Castledine. Plans for 18/19 include roll out of the online feasibility programme, development of an interactive 3D (<i>to be confirmed</i>) informed consent refresher course and workforce induction packages. This role is supported by a memorandum of understanding between the funding partners (NENC and Y&H CRN) although the resource is available to our NWILD partners.	End of Q4
2.3.6	HLO6 a	Maintain recruitment across all of our Partner Organisations	SSS/RDMs/IM	Maintain and continue - work directly with Partner Organisations, supported through meetings such as RDOps, to identify suitable studies for POs to recruit to.	Q1-Q4

Section 2: Key Projects					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.3.7	HLO6 b	Maintain/improve against a target of 70% of POs recruiting to commercial portfolio studies	COO	Industry Manager post advertised; interviewed and in post (<i>cross-ref 2.1.3, 2.3.1, 2.3.3 & 2.3.5</i>).	End of Q2
			IM	Promote commercial research opportunities within our POs and across our primary care practices and clusters.	Q3-Q4
			SSM	Integrate specialty/Division commercial/non commercial RTT/RAG/site intelligence, to ensure a clear overview of the whole portfolio and the issues impacting on study set up and delivery at each PO.	End Q2
			Workforce Development Lead	WFD programmes to support this such as PI Masterclass and CI/PI induction. Buddying programme to support the 'conversion' of PIs from non-comm work to comm work (<i>cross ref 2.3.3</i>).	End of Q4
2.3.8	HLO6 c	Maintain/improve the position against a target of 45% of GP practices recruiting into portfolio studies	CR/CO	<ul style="list-style-type: none"> • Launch GP radicalisation study. • Launch of portfolio of YCR funded studies from 17/18 call • Improve communication and links between secondary and primary care areas in relation to specific clinical areas ie Diabetes, Cardiology, MH and Dementia. • Focus on deprived areas using the Deepend model (Sheffield). • Review SSS support for PC - option of a dedicated team? • Improved membership of the primary care steering group include specialist areas • Communications specifically designed for community and primary care 	End of Q4
4. LCRN Specialty Activities					
2.4.1	Identify opportunities to maximise recruitment across and between specialties.	Identify opportunities to maximise recruitment across and between specialties.	CD/DLs	<ul style="list-style-type: none"> • Maintain the Divisional support structure for Specialty Groups and Leads and encourage cross collaboration and support working within Divisions at a Partner Level. • Allocate a single RDM per Division with oversight of specialty recruitment opportunities within that Division and with other Divisions – and in particular Primary Care. 	Q1-4
2.4.2					Support formal Research Mentoring Partnership (RMP) formation between a current Specialty PIs and one or more of the following: (a) new Consultant colleague (b) Specialty Trainee (c) Specialty Nurse (d) Allied Health Professional (e.g. Pharmacist, Technician, Radiographer, Paramedic, etc.)
					Q3 Q3-Q4 Q3-Q4

Section 2: Key Projects					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.4.3		Planned Work in Support of Specialty Leads	CD/DLs	<ul style="list-style-type: none"> • Further develop our matrix support structure with vertical support from Division Lead and RDM, and horizontal support for key cross-cutting themes (e.g. Industry, Patient and Public Involvement, etc.) • Ongoing use of Specialty Lead Packs that formally outline CRN expectations and available practical support (e.g. metrics / study review, support with claiming travel expenses, etc.) • Merging of legacy shared/split Specialty Lead roles where possible to allow clearer definition of responsibility and appropriately supported Job Plans. • Appointment of a Specialty Associate Non-Medical Lead (Nurse or Allied Health Professional). 	Q2-3 Q1 Q1-Q4 Q1
2.4.4		Contribution to national initiatives – e.g. commercial early feedback and non-commercial expert review for eligibility.	CD/DLs	<ul style="list-style-type: none"> • Support on-going engagement of Local Specialty Leads with National Specialty Leads / Clusters in providing commercial early feedback and non-commercial expert review for portfolio eligibility – through specific LCRN communication with Clusters to improve planning and performance management relative to support provided through Consultant Job Plans. 	Q1-4
2.4.5		Local feasibility activities, delivery assessments and performance reviews.	CD/DLs	<ul style="list-style-type: none"> • Within a very devolved LCRN structure – these activities occur within Partner Organization with Specialty PIs and research teams completing site specific expressions of interest (EOI) and delivery assessments. Given this mechanism, planned internal and external performance reviews will be conducted in collaboration with Partner R&I offices and Clusters. 	Q1-4
2.4.6		Y&H CRN engagement with the three regions three "Sustainability and Transformation Partnerships" (STPs)	CD/DLs	<ul style="list-style-type: none"> • Invite all specialty PIs to a cross-specialty meeting regarding current and future participation in research into better integration of acute and non-acute care pathways. 	Q2
				<ul style="list-style-type: none"> • Draft a written strategy concerning the potential for Y&H CRN to engage with the three evolving STPs . 	Q3
2.4.7		Y&H CRN engagement with the National Institute for Health Research (NIHR) Y&H Collaboration for Leadership in Applied Health Research and Care (CLAHRC).	CD/DLs	<ul style="list-style-type: none"> • Invite all specialty PIs to a cross-specialty meeting regarding current and future participation in research into better integration of acute and non-acute care pathways. • Draft a written strategy concerning areas for better Y&H CRN to engagement and partnership with the Y&H CLAHRC 	Q3 Q4
5. Research Delivery					
2.5.1	Join Dementia Research (JDR)	Increase JDR registrations throughout the region	RDM/JDR SRN	<ul style="list-style-type: none"> Expansion of JDR across the whole region • increase of patients registering • changes in the eligibility criteria will assist this • charity organisations, TIDE as an enabler for recruitment (TIDE is a UK wide involvement network of carers of people with dementia) Utilisation of social enterprises/AQPs. 	Q1-Q4
		Optimise JDR information dissemination and registration of patients suffering from dementia	JDR SRN	<ul style="list-style-type: none"> Expansion of JDR mail-out to patients on Dementia Registry within GP practices throughout the Network. 	Q1-Q4

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Ref	Key project	Outcome	Lead	Milestone	Milestone date
		Organise at least one regional (northern region) JDR meeting	RDM/JDR SRN	Strengthen regional collaboration on JDR and exchange of good practice. Implementation of National JDR initiatives.	Q3
2.5.2	Prioritisation of Dementia research	Have flexible workforce working on dementia studies working across NHS and non-NHS organisations providing dementia patient care.	RDM	Review of nursing support in relation to dementia recruitment (Dementia Nursing cohort)	Q1-Q2
		Inform and promote dementia research within academic institutions with focus on collaborative working practices between academia and the Network	RDM	Organise Dementia days for academic dementia researchers (Universities with significant DeNDroN research) Ensure that early engagement captures all potential academic studies and facilitate portfolio adoption for relevant projects	Q3
		Efficient opening of all new DeNDroN studies and delivery to time and to target. The target recruitment is 2500 participants which is 10% of the national target	RDM	Monthly team review of the portfolio and study performance	Q1-Q4
2.5.3	Minimum Data set	Jointly (with host) develop EDGE (LPMS) MDS in line with and as specified by the CC	BIU	Review and monitor data quality of the data points in LPMS. Continue to monitor quality and assurance focusing on HLO 4&5 (cross ref 2.6)	End of Q2
		Devised Working Instruction	SSS/BIU	Revised working instructions will ensure that all SSS team members are working to the same quality standards for the collection and documentation of data for EC&E, study set up and performance management	End Q2
2.5.4	Flexible generic workforce	Agile workforce that supports network objectives and POs	CO	Review of the flexible generic workforce	End of Q4
2.5.5	Study Support Service	Efficient and standardised SSS providing consistent study support to both POs and Specialty Leads.	DCOO	Refer to earlier sections - realignment of industry and non-commercial activity within SSS. DCOO and SSM to visit other CRNs who have revised their SSS offer and associated team roles	End Q3
2.5.6	EDGE Primary Care Instance	Primary Care Delivery Team (PCDT) using first iteration of EDGE Instance to support research in general practice.	CO/Project Support	Completed integration of core PCDT workflows into EDGE software. Team trained and engaged. EDGE live in Primary Care Delivery.	End Q1
		PCDT refining EDGE instance for improved functionality	CO/Project Support	Completed integration of additional added value workflows into EDGE software.	Q2 - Q3
		Pilot EDGE Primary Care Instance in General Practice sites	CO/Project Support	Adoption of EDGE project by Primary Care Steering Group. Identification of Pilot Sites and associated PCDT leads. Project specific training and implementation. Review and report.	Q2 - Q3
		EDGE support	CO/FH/BIU	Responsibilities of EDGE PC Local Administrators allocated to specific staff. Liaise with EDGE Secondary Care instance administrators. Report suite finalised with key stakeholders. LPMS/CPMS developments appropriately supported	Q1 - Q4
		Report and planning 2018-19	CO/Project Support	Report on implementation and recommendations for further development of EDGE	Q3 - Q4
2.5.7	Primary Care Digital Strategy	Development and proposal of a CRN Y&H Primary Care Digital Strategy	CO/Project Support	Proposal developed and presented to CRN Y&H Senior Management for approval.	Q1

Section 2: Key Projects					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
			CO/Project Support	Proposal developed and presented to CRN Y&H Primary Care Steering Group for endorsement	Q2 - Q3
6. Information and Knowledge					
2.6.1	LPMS and minimum dataset	Creation of a local MDS for Edge, with the assistance of the Host.	BIU	Monitor compliance with the MDS and Data Quality. Local reports to be developed in line with HLO 4 & 5 / Capability and Capacity monitoring (Cross Ref 2.3.2)	End of Q2
		Consistent analyse all RTT/RAG reports	SSS	Analyse all RTT/RAG reports before sending out to POs so that areas of concern can be highlighted in the accompanying email	Q1-4
2.6.2	LPMS lead role	LPMS lead role in post	BIU	LPMS lead to be appointed (cross ref 2.5.3, 2.5.6, 2.5.7, 2.6.1, 2.6.2)	Q2 - Q3
2.6.3	Virtual Business Intelligence	Encourage the use of videoconferencing/technology to reduce travelling requirements for meetings. Develop technological solutions for reporting purposes eg ODP	BIU	Monitor usage of ODP apps for reporting using Governance Dashboard on a monthly basis. Introduce service level agreements for production on metrics. Improved self-service provision using ODP. Provide guidance and training for ODP.	End of Q4
7. Stakeholder Engagement and Communications					
2.7.1	PPI	Continue promoting PPI initiatives and further develop and support Patient Research Ambassadors (PRAs) within partner organisations.	SL/MP/EC	Talking about research by way of a Theatre of Debate event. Supporting the annual event of the Y&H NIHR family Voices group. Collaborating in the context of the developing regional young people and children in research group. Supporting the Annual Gathering of Y&H PRAs.	Q1-Q2
		Talking about research i.e. help raise awareness of research by improving the availability and usefulness of accessible information Simplify and streamline PPI communication	SL/MP/EC	Make it easy for people to participate through working with colleagues in Comms to make the Y&H internet site more accessible. Producing key information in Easy Read. Supporting the Voices group to develop an Accessible Communication and Engagement minimum standard for use by Y&H partners. Using the results of the Y&H 2017/18 PRES to identify barriers and begin to tackle them and commissioning lay reviewers to review our and partner internet sites.	Q1-Q4
		Explore opportunities for patient engagement within non-NHS organisations providing patient care and hard to reach groups.	SL/MP/EC	Reach out to hard to reach groups starting with outreach work in the Gypsy and Traveller communities in the rural areas of the region and then share this and other relevant findings with the Y&H Voices group and the NIHR CRN PPIE Leads group. Engage with non-NHS care providing organisations to promote PPIE in research.	Q1-Q4
		Support of Implementation of national initiatives	SL/MP/EC	In the context of national initiatives such as ICTD and JDR, we shall promote connectivity with the public and other health and social care professionals and partners using different platforms including the social media, short films, drama etc.	Q1-Q4

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Ref	Key project	Outcome	Lead	Milestone	Milestone date
		Further support the development of a self-governing group of regional PRAs	SL/MP/EC	Support the further development of PPIE activity and aim to increase the recognition of its value through: <ul style="list-style-type: none"> • Development of a self-governing group of regional PRAs • Capturing the experience of people who participate in Research (including in roles other than as participants in research) • Annual PRES and relevant feedback from local events 	Q1-Q4
2.7.2	Engagement strategy	Development of a suite of metrics of research opportunities offered to patients	PPI Lead/Comms Lead	Review current metrics in this area to set a baseline for review against: eg local website usage; social media reach out; evidence from the local patient evaluation system	end of Q2
		Development of implementation plan in response to the CRN NHS Engagement Strategy	Comms Lead/IM	Review the CRN NHS Engagement strategy; develop a local implementation plan, in line with the revised Y&H Communications Strategy.	end of Q4
2.7.3	Communications	Refreshed Communications Plan in line with CRNCC Communications Strategy	CO/BJ	Action plan aligned to the NIHR plan and strategy - need to refer to this and include in new refresh of plan. Use of Google community and exploitation of digital options. Twitter reach etc. Break down into internal and external sections . Refresh current Comms plan in line with the updated CRNCC Communications strategy (nov 17)	End of Q3
8. Organisational Development					
2.8.1	Wellbeing	Core team staff wellbeing event	COO	Working with CRN CC put develop and put on an event, building on the output of the Staff Surveys (cross-ref 2.1.4)	End of Q3
2.8.2	Continuous improvement	<ul style="list-style-type: none"> • The LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement. • We will have developed an Innovation and Improvement action plan aligned to local and national initiatives and performance metrics. 	DCOO	<p>At the time of writing, the Network is looking to add the responsibility of Continuous Improvement Lead to a Core Team Post. In the interim DCOO will take the Lead in Q1-3 to:</p> <ul style="list-style-type: none"> • Re-establish and identify the continuous improvement lead role (Q1) • Support the planning and delivery of improvements in core teams administrative and Study Support Services systems and processes (Q1-3) • Incorporating the principles of lean thinking we will establish a system and process review for each of the admin & SSS work streams (Q1-2) • Create greater clarity of accountabilities and responsibilities across core team roles (Q1-3) • Engage effectively with the National CRN Coordinating Centre and other LCRNs in this activity in order to learn from others and share best practice(Q1-4) 	Q1-4
2.8.3	Wider workforce as integral part of NHS delivery	Engagement with the wider workforce including non NHS teams Support the development of workforce to new roles (PIs) and settings in the delivery of clinical research.	CO/EM	Active programmes of activities, ALP. Learning and Development opportunities to include Research Practitioner Essentials (with NWILD), GCP, Research Awareness Training, Induction for workforce at all levels including specialty leads (with NWILD), PI Masterclass, CI Masterclass (with NWILD), Informed Consent, Informed Consent Refresher, Let's Talk Trials, Feasibility (with NWILD) and Fundamentals regional roll out Develop a comprehensive Workforce strategy for CRN Y&H	Q1-4 Q2

Section 2: Key Projects					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
		Improved engagement with POs	SSM	When all new staff are in post, SSS team will review current practice and identify where processes can be streamlined and made more efficient. The team will improve engagement with research teams who currently do not take up the EC&E offer.	End Q3
9. Business Development and Marketing					
2.9	Business Development	Highlight wound care research opportunities to Industry partners	HB	Finalise "Wound Care" commercial marketing document and poster	Q1
		Develop local opportunities	IM	Initial review to be undertaken on appointment of the IM focusing on local business relationship development with life sciences and local med tech companies, specifically considering Y&H research strengths and potential for directed marketing	Q2-4
10. Life Sciences					
2.10.1	Horizon scanning Life Science pipeline and opportunities in Y&H region.	Y&H CRN engagement with Industrial Strategy four health-related "Grand Challenges"	CD/COO/AHSN	<ul style="list-style-type: none"> • Invite all specialty PIs to a cross-specialty meeting regarding current and future participation in research into (a) Artificial Intelligence (b) Clean Growth (c) Ageing Society (d) Future Mobility. • Draft a written strategy concerning the potential for Y&H CRN to engage with Academic, Public, Business and Government partners in addressing the four health-related "Grand Challenges" . • Conduct a survey of partner organizations regarding details of any ILRPs approved since January 2014. 	Q1 Q2 Q2
2.10.2		Prepare a listing of Investigator-Led Research Projects (ILRPs) that have been conducted since January 2014 as a means to identifying collaborations with Life Science companies.	CD/COO/AHSN	<ul style="list-style-type: none"> • Invite disclosure of details of ILRPs (including, specialty area, portfolio adoption, level of financial support, partner, outcomes). • Present summary findings to Partners Group for discussion AHSN and CLAHRC for discussion. • To prepare and share with the Coordinating Centre and other LCRNs a report on the outcomes of this project with regard to identification of strengths and opportunities for Life Science Industry partnerships. 	Q3 Q4 Q4
2.10.3	Improved delivery Life Science & Grant Funded pipeline studies.	Improve HLO2a and HLO2b metrics for the five specialty areas that were previously classified as Topic Networks	CD/Partners	<ul style="list-style-type: none"> • Conduct a survey of partner organizations regarding details of any workforce actively engaged in (a) Cancer (b) Diabetes (c) Stroke (d) Neurodegenerative diseases and (e) Primary care research. • To convene a multidisciplinary team meeting to consider the following issues (a) Actual / potential barriers to research (b) Potential solutions to these barriers (c) Training needs and opportunities (d) Research needs and opportunities • Compose a plan that will address these issues. • To halve the difference between former CLRN and Non-CLRN specialties with regard to open Commercial studies "Recruitment to Time and Target" (RTT) data (that will later feed into HLO2a). • To halve the difference between former CLRN and Non-CLRN specialties with regard to open Non-Commercial study "Recruitment to Time and Target" (RTT) (that will later feed into HLO2b). 	Q2 Q3 Q4 Q4 Q4

Section 2: Key Projects					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
2.10.4		Y&H CRN engagement with Academic Health Science Network four Work streams (a) Today's Challenges (b) Tomorrow's Opportunities (c) Embracing Change (d) Innovation Pipeline.	CD/COO/AHSN	<ul style="list-style-type: none"> Quarterly joint meetings (as per Genomics / GeNE-Q; York; Feb 2018) between NE & Y&H CRNs and AHSNs to address themes of common interest e.g. Healthy Aging; Medicines Optimization; Patient Safety; Digital Health; Pipeline Innovations (e.g. areas of local strength Genetics, Hyperpolarizing MRI, Biosimilars, Biomarkers, etc.) To explore cross-fertilization of ideas and opportunities within the Northern Quadrant (CATAPULT Network, North East CRN / AHSN Yorkshire Humber CRN / AHSN) 	Q1-Q4 Q1-Q4

Section 3: High Level Objectives Targets		
HLO	LCRN Target	CRNCC Target
1	65,000	
7	2,500	

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
1	Ageing	<p>Objective</p> <p>Increase Early Career Researcher involvement in NIHR CRN Portfolio research.</p> <p>Baseline</p> <ul style="list-style-type: none"> • Number of early career researchers = Unknown as not recordable in CPMS, supervisor of researcher will be the Chief Investigator for study. • 819 patients recruited to Feb 2018 representing 15.4% of National CRN total. • Number of studies led from CRN = 1 (PATCH Trial) • Number of Intervention Patients = 684 patients • Number of Observation Patients = 135 patients • Number of Large Scale Studies = 0 • Number of Commercial Studies = 0 • Number of patients recruited to Non Commercial Studies = 819 <p>Planned Activity</p> <ul style="list-style-type: none"> • Until Specialty Lead appointed, Lead Nurse to continue to lead the specialty • Appointment of Specialty Lead • To work with Yorkshire and Humber British Geriatric Society in developing links into the Y&H trainee network • To work with our Y&H Age and Ageing CIs to identify the early career researchers. • To work with our Y&H Age and Ageing CIs to develop studies for trainees to deliver • Support our partner organisations and HEIs with infrastructure and training to enable to deliver the studies. <p>Impact / Outcome</p> <p>To have a portfolio of Early Career Researchers setting up or delivering on studies in the Y&H Age and Ageing Specialty.</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
2	Anaesthesia, Perioperative Medicine and Pain Management	<p>Objective</p> <p>Increase the number of NIHR CRN Portfolio studies led by trainees as Chief Investigator or co-Chief Investigator</p> <p>Baseline</p> <ul style="list-style-type: none"> • 9 acute trusts (64%) recruiting to APOMP studies • One Nurse Chief Investigator (CPMS 33006) • 5 CI led studies in region (which include cross specialty themes) • No current trainee led (as CI) portfolio studies <p>Planned Activity</p> <ul style="list-style-type: none"> • Continue on-going work and development opportunities with local trainee networks (SHARC and AARMY) (Q1-4) • Support on-going work with Y&H CI (Dr Louise Savic) led DALES study (IRAS 232512) to recruit to target in this FY (>20000). Open at least one Y&H led CI study this FY (Q1-4) • To have disseminated locally the Research Career Progression Document authored by Dr David Yates (Y&H APOMP specialty lead) (Q1-2) • To apply for funding (via Executive) for 'green-shoots' investigators to support career progression and transition from PI to CI with a focus on supporting local trainees (Q1-2) • Support commercial work in areas where we already have significant experience (York, Leeds and Sheffield), creating new commercially focused PI's and CIs (Q1-4) • To continue the popular and positive specialty meetings into 18/19 with a focus on trainee work, celebrate regional CI/PI success and continue the synergy with critical care (supporting cross specialty working) (Q1-4) Impact • One Y&H CI led study to open in region in 18/19 • 11 acute trusts (79%) to be recruiting into non-commercial studies in 18/19 with Study Support Service focus on supporting trainees PI and CIs • Identify 2 new CIs in 18/19 working on portfolio studies • Specialty lead to continue work with local Deanery to ensure training and development opportunities available to trainee. <p>Impact</p> <ul style="list-style-type: none"> • One Y&H CI led study to open in region 18/19 • 11 acute trusts (79%) to be recruiting into non-commercial studies in 18/19 with Study Support Service focus on supporting trainees PI and CI's • Identify 2 new CI's in 18/19 working on portfolio studies • Specialty lead to continue work with local Deanery to ensure training and development opportunities available to trainees

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
3	Cancer	<p>Objective</p> <p>Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties (Brain 11, Breast 550, Colorectal 165, Children and Young People 165, Gynae 165, Head & Neck 83, Haematology 385, Lung 220, Sarcoma 6, Skin 28, Supportive & Palliative Care and Psychosocial Oncology 220, Upper GI 165, and Urology 660).</p> <p>Baseline (18/19 to date)</p> <ul style="list-style-type: none"> • Currently unable to derive baseline data for individual cancers from Open Data Platform. • Overall recruitment per million population = 943 • Total recruitment to date = 5,156 (10.6% of National); Commercial/Non-Commercial = 5%/95% • Large Observational = 134; Observational = 3273; Large Interventional = 238; Interventional= 1277; Commercial = 234 <p>Planned Activity</p> <ul style="list-style-type: none"> • Continue to develop relationship with YCR, to support development of new study proposals and the set-up of funded trials. Q1-Q4 • Ensure network leadership presence within the major cancer centres to ensure network priorities are promoted Q1 • Engage with R&D departments in smaller cancer units to ensure relevant studies are open and supported. Q2 • Ensure delivery of studies to time and target by encouraging realistic feasibility assessment, with a particular focus on commercial work. Q1-Q4 • Promote exchange of good practice through regional lead cancer research nurse meetings (at least 3 meetings/year). Q1-Q4 • Continue collaborative working with primary care colleagues to ensure delivery of studies in screening, early diagnosis and living with and beyond cancer. Q1-Q4 • Continue to work with subspecialty leads to horizon scan for new study opportunities by ensuring their attendance at relevant national meetings and monitor performance of open studies. Q1-Q4 • Disseminate information about open studies per disease site across the region through MDT handbooks. Q2 • Support research in non-NHS organisations- opportunities in the hospice sector Q1-Q4 • Consider matching funding from Teenage Cancer Trust to support TYA research nurse for the network. Q2 • Maintain broad portfolio of studies, including rarer cancers, in all sub-specialties. Q1-Q4 <p>Impact / Outcome</p> <p>To ensure there is a balanced portfolio and increased number of recruits within at least eight of the thirteen cancer sub-specialties.</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
4	Cardiovascular Disease	<p>Objective</p> <p>Develop the research workforce in cardiovascular surgery.</p> <p>Baseline Data</p> <ul style="list-style-type: none"> • Number of PIs / COIs / Research Nurses / Other = Unknown • 5,217 patients recruited to Feb 2018 from three (100%) NHS Cardiothoracic/Vascular Surgical Centres: Sheffield (1,979, 38%) Leeds (1,624, 31%) Castle Hill (1,614, 31%). • Number of studies led from CRN = 0 • Number of Intervention Studies = 4 • Number of Observation Studies = 3 • Number of Large Scale Studies = 1 • Number of Commercial Studies = 0 • Number of Non Commercial Studies = 7 <p>Planned Activity</p> <ul style="list-style-type: none"> • Conduct a survey of partner organizations regarding details of any research workforce actively engaged in cardiovascular surgical research (cardiothoracic surgery, vascular surgery, interventional radiology, joint activity e.g. TAVI implantation). • Conduct a survey of partner organizations regarding details of any cardiovascular surgical research (cardiothoracic surgery, vascular interventional radiology, joint activity e.g. TAVI implantation) outputs / publications since 2014 to evaluate areas of strength. • Convene a multidisciplinary team meeting to consider the following issues: a) Actual / potential barriers to research (b) Potential solutions to these barriers (c) Training needs and opportunities (d) Research needs and opportunities. • Initiate actions to address the following issues: a) Actual / potential barriers to research (b) Potential solutions to these barriers (c) Training needs and opportunities (d) Research needs and opportunities. <p>Impact & Outcomes</p> <ul style="list-style-type: none"> • Formation of a written plan/ strategy for cardiovascular surgery workforce growth and development. • Establish links with the relevant professional organisations involved in research for patients with cardiovascular diseases. • Encourage and support surgical consultant, trainees, nurses and allied health professionals regarding leadership or other involvement in NIHR CRN Portfolio studies.

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
5	Children	<p>Objective</p> <p>Proportion of NHS Trusts recruiting into Children's studies on the NIHR CRN Portfolio - 90%</p> <p>Baseline</p> <ul style="list-style-type: none"> • 86% of all Trusts in the region are recruiting into the paediatric portfolio • Increased clinical engagement and targeted funding within the DGHs across the region currently provides greater opportunities for children and young people to participate in research • Consistent and regular support through the Study Support Service and our regional paediatric research nurse 'cluster model' ensures early identification of studies for both DGH and Teaching Hospitals • Children's CRFs in both Leeds and Sheffield enhance the region's ability to respond to EOIs for specialised clinical trials. <p>Planned Activity</p> <ul style="list-style-type: none"> • Ensure the Y&H Senior Paediatric Research Nurse Cluster Model, Specialty Lead and children's research staff working across Y&H are consistently supported by providing regular opportunities for portfolio discussion facilitated by the Y&H RDM and Study Support Service and hold a regional meeting in June 2018 – Q1-4 • Scope study opportunities for patient recruitment in two community trusts and the primary care setting - Q1 • Scope study opportunities for patient recruitment in children's PICU and emergency transport studies - Q1 • Specialty Lead and RDM to visit Hull and East Yorkshire Hospitals NHS Trust to discuss portfolio opportunities -Q1 • Through the Early Contact and Engagement process identify at least one new Y&H Principal Investigator Q1-2 <p>Impact</p> <ul style="list-style-type: none"> • Facilitated the setup of at least one paediatric study in the community setting • Facilitated the setup of at least one additional paediatric study in the PICU setting (e.g. DEPICT and SANDWICH) • Maximised support and funding opportunities for patient recruitment in Hull and East Yorkshire Hospitals NHS Trust • Have developed at least one new Y&H Principal Investigator to support paediatric studies

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
6	Critical Care	<p>Objective</p> <p>Increase intensive care units' participation in NIHR CRN Portfolio studies</p> <p>Baseline</p> <ul style="list-style-type: none"> • 5 out of 14 (35%) acute Trusts (with level 2 and 3 provision) recruiting to studies on the NIHR critical care portfolio • No commercial activity • 2 CI led studies in region (nurse as PI/CI for CPMS 34929) • 9 PIs in region (including 2 CI's) <p>Planned activity</p> <ul style="list-style-type: none"> • To support programme of feasibility awareness training - many interventional studies can conflict with local treatment protocols. Work of NWILD to support this (Q1-4) • Specialty Lead to promote relationship with ICNARC for the 65 Trial, and Study Support Service to assist set up across the region (Q1-2) • Build on experience and infrastructure which supported AIRWAYS-2 at all acute Y&H Trusts to support CI-led studies in the following areas - Critical Care Pharmacy (MOCCA study), Critical Care physiotherapy and Critical Care Psychology - all to be supported by Specialty Leads, RDM and SSS (Q1-4) • Above studies to be promoted and all sites with level 2 and 3 beds to be engaged (Q1-4) • RDM as co-applicant for grant (second stage) NETSCC - MOCCA (CI Richard Bourne, Consultant Pharmacist, Sheffield) (Q1-4) • To continue regional specialty meetings (with APOMP) to optimise opportunities to link to other specialties including trauma, infection, respiratory (for example) and support the DALES study (APOMP) (Q1-4) • To review regional leadership within this specialty to widen the reach to include sepsis, rehabilitation and psychological expertise (Q1-2) • RDM to work with IOM (when in role) to review commercial and SME opportunities in region (Q1-2 dependant on vacancy) <p>Impact</p> <ul style="list-style-type: none"> • To increase to 10 out of 14 (71%) acute Trusts recruiting to critical care studies • To open 2 CI led studies in region in 18/19 (one with CI as AHP) • To open 1 commercial or SME study in 18/19 • Support specialties across the portfolio where possible (increase number of studies critical care supports) • To review the workforce available to this specialty with the Host and using the Integrated Workforce Framework (IWF) in 2 local Trusts

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
7	Dementias and Neurodegeneration	<p>Objective</p> <p>Increase early career researcher involvement in NIHR CRN Portfolio research</p> <p>Baseline</p> <ul style="list-style-type: none"> • Number of early career researchers = Unknown as not recordable in CPMS, supervisor of researcher will be the Chief investigator for study. • 1773 patients recruited to Feb 2018 representing 6.0% of National CRN total. • Number of Intervention Patients = 615 • Number of Observation Patients = 1130 patients • Number of Large Scale Patients = 0 • Number of Commercial Patients = 28 <p>Planned activity</p> <ul style="list-style-type: none"> • Identify current PIs on DeNDRoN studies across all NHS organisations and grow new PIs in across the Network. Q4 • Provide mentorship from at least one dementia clinical lead to key new PIs. Q4 • Resource new PIs with dementia-trained and supported research assistants/nurses in organisations where this does not exist, including arranging research contracts and PICs where relevant. Q1-Q4 • Support development of DeNDRoN research staff (nurses /research assistants) through mentoring and training in dementia specific tools and procedures for non-commercial and commercial studies. Q1-Q4 • Enthuse PIs and dementia trained research staff, through CPD educational events organised by the LCRN where CIs (or clinicians in study teams) from regional and national studies can be invited. Q3-Q4 • Build on the success of the past year's JDR registrations (dementia patients) innovative pilot by extending the approach in a planned and focussed way to other areas of the region, using community research nurses working with GP's / voluntary or social enterprise organisations and the dementia clinical leads where relevant, with monitoring of activity on a quarterly basis. Q1-Q4 • Support the development of community staff who promote JDR. Q1-Q4 • Build on the new collaborations established with social enterprises with a view to JDR as well as timely recruitment to DeNDRoN studies in the region. Q1-Q4 • Continue building on regional CI research strengths at universities / NHS Trusts to encourage development of regional portfolio studies. Q2-Q4 • Continue to showcase positive results and successful collaborations to encourage research to be delivered in the region. Q1-Q4 • Increase flexibility of the workforce by considering at least one more DeNDRoN research nurse or two research assistants to add to the current nurse in South Yorkshire. Q3 • Organise Parkinson's Disease research day to promote, expand and coordinate activity within this specialty. Q3 • Review support from the nursing cohort and administrative team. Q1 • Liaise with the SITran unit in Sheffield to support recruitment to neurodegenerative conditions including MND. Q1-Q2 • Continue successful cross-divisional work with Genetics in Huntington's disease. Q1-Q2 <p>Impact/outcome</p> <p>Promote and further develop DeNDroN portfolio through engagement of early career researcher</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
8	Dermatology	<p>Objective and measure</p> <p>Develop the Dermatology Principal Investigator (PI) workforce Number of new Nurse PIs for managed or supported Dermatology studies entering the portfolio</p> <p>Baseline</p> <p>Currently unable to capture this information locally.</p> <p>Planned activity</p> <ul style="list-style-type: none"> • Work with Y&H BIU and partner organisations to look at how to utilise LPMS to capture nurse led studies. • Interrogation of NIHR portfolio to identify dermatology studies that can be nurse led. • Working closely with our Y&H HEIs/Chief investigators to influence to design of future studies that could be nurse led • Collaborating with non Y&H nurse chief investigators to collaborate on studies that can be delivered by nurses in Y&H. • Support our partner organisations with infrastructure and training to enable the nurse PI model. • Work with NSG to support work in development of nurse PIs. <p>Impact/outome</p> <p>To be able to identify studies being led by nurse PIs This number to grow over the course of the year</p>
9	Diabetes	<p>Objective</p> <p>Improve primary-secondary care collaboration in the delivery of Diabetes research</p> <p>Baseline</p> <p>2017/18 - 4600 recruits in Diabetes - 3500 to STH 1 study, 1100 rest of Y&H, 13 in General Practice 2 sites only</p> <p>Planned activity</p> <ul style="list-style-type: none"> • Work with Primary Care Steering group to support studies across patient pathway • Regular time with Diabetes nurses group to plan and support study delivery - to include ways of working • Review where expertise and patient populations are in Y&H • Understand where GPs and senior nurse PIs are in the network who want to work as research sites and or PIC sites. • Identify studies with the Diabetes leads that are suitable for Primary care <p>Impact and outcome</p> <ul style="list-style-type: none"> • Increase in number of GPs and community sevices involved in diabetes studies • Improve patient opportunity to take part in diabetes research • Nurse and AHP development and growth as a PI group

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
10	Ear, Nose and Throat	<p>Objective</p> <p>Increase trainee involvement in NIHR CRN Portfolio research</p> <p>Baseline</p> <ul style="list-style-type: none"> • 4 out of 14 acute Trusts (with an audiology department) (29%) recruiting into ENT studies • 3 CI led studies in region (2 have AHP CIs, one (CPMS ID 32595) led by our Audiology Co-Lead • Low recruitment numbers generally, more specifically in the larger teaching hospitals • Commercial activity at 23% (located in Sheffield) <p>Planned Activity</p> <ul style="list-style-type: none"> • RDM and Specialty Leads to actively work with the local deanery to support research awareness and development in trainee population (Q1-2) • Audiology Leads to support research awareness with local HEIs to develop interest with graduate audiologists, music psychologists etc. (Q1-3) • Review portfolio and pipeline with Study Support Service to ensure all available study opportunities are disseminated as widely as possible (Q1-4) • SSS/RDM to continue to support CPMS 18673 to reach >1000 participant target (study now extended) (Q1-2) • Specialty Lead or RDM to attend all national specialty meetings in 18/19 to optimise available trainee opportunity and study pipeline (Q1-4) • Review of ENT contacts list and communication process (RDM/SSS) to ensure opportunities are available in all Trusts across Y&H (Q1-2) • RDM/Specialty Leads to work with IOM when in post to develop commercial opportunities in at least one more Trust in 18/19 (Q2-4) <p>Impact</p> <ul style="list-style-type: none"> • Audiologists and/or trainees to be PI's in 2 studies open and recruiting in Y&H • Increase number of sites recruiting to ENT studies to 8 out of 14 sites (57%) • Clear communication pathway and network wide t/c with local audiology/ENT leads by Q4 • Commercial activity to grow by 2 studies and 1 site in 18/19

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
11	Gastroenterology	<p>Objective</p> <p>Improve recruitment to NIHR CRN Gastroenterology studies</p> <p>Baseline</p> <ul style="list-style-type: none"> • 10 out of 14 sites (71%) recruiting into gastroenterology studies • 10% of studies are commercial • 3 CI led studies (non-commercial portfolio) • >20 gastroenterology PIs in region • Endoscopy services available in >90% of regional Trusts with specialist services in Leeds, Sheffield and Hull • Pregnancy and IBD clinic available in Leeds Teaching Hospitals • Y&H currently involved in the Northern Industry Collaborative (NISA) led by NENC <p>Planned Activity</p> <ul style="list-style-type: none"> • To support transition from PI to CI in region through 'mentor system' (Q1-4) • To pursue active collaboration with specialist nurses and IND nursing network locally to optimise expert input and patient support including active membership and attendance at regional specialty meetings (Q1-4) • SSS, Specialty Lead and RDM to support studies opening at Barnsley, Rotherham, Northern Lincolnshire and Goole NHS Foundation Trust support collaborations with research active consultants at Sheffield Children's Hospital, working with the RDM Division 3 (Q1-3) • RDM and Specialty Lead to ensure trainee engagement and attendance at regional specialty meetings (Q1-4) • Open 2 studies as part of the northern industry collaborative in 18/19 (Q1-4) • Early Contact and Engagement and SSS support of regional CTRU's including TRITON (CPMS ID 33831) and MODULATE (grant stage) (Q1-4) • Create a gastro specific newsletter (online) to encourage dissemination of successful studies, celebrate success and share pipeline of studies (RDM to work with comms lead) (Q1-4) • Successful regional specialty teleconferences and meetings to continue throughout the year with representation from all 14 acute Trusts • To engage with Rotherham Doncaster and South Humber NHS Foundation Trust and primary care to review available opportunities for further collaboration (dietetics, IBD) (Q1-2) <p>Impact</p> <ul style="list-style-type: none"> • Increase number of regional CIs from 3 to 5 in 18/19 • Open 2 studies to recruitment through the Northern Industry Collaborative (with the support of the IOM when in role) • To successful recruit to gastroenterology studies at 12 out of 14 sites in Y&H in 18/19 • SSS and RDM to review portfolio against local areas of specialism and expertise • SSS and RDM to continue to support the specialty leadership (Professor Mark Hull also national specialty lead)

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
12	Genetics	<p>Objective</p> <p>Increase early career researcher involvement in NIHR CRN Portfolio research</p> <p>Baseline</p> <ul style="list-style-type: none"> • Y&H has two Genetics Services in Leeds and Sheffield; both operate clinics around the region on a hub and spoke basis • Eight consultants (including two new consultants) in Leeds are actively engaged in recruiting to the Genetics Portfolio as PIs • Five consultants in Sheffield are actively engaged in recruiting to the Genetics Portfolio as PIs and two are actively writing grant proposals. The Registrars in the region are GCP trained and one is on the delegation log to recruit patients to the CaPP3 study acting as sub-PI <p>Planned Activity</p> <ul style="list-style-type: none"> • We will provide consistent and regular support through the Study Support Service and our regional monthly genetics meetings to ensure early support for the two new registrars in Leeds and one in Sheffield - Q1-4 • Through the Early Contact and Engagement Process we will support a member of the genetics team in Leeds in the development of a Huntington's Disease study – Q1-4 • Collaborate with the North East Quadrant Genetics Medicine Centres and Division 1 Delivery teams to support recruitment to the 100K Project. Q1-3 • Plan a themed meeting in Genetics to include other related specialities - Q4 <p>Impact</p> <ul style="list-style-type: none"> • We will have developed at least one new Y&H Principal Investigator (clinician or AHP) to support Genetics studies • We will have raised awareness of genetics research activity across the region • 100k Genome Project will have reached its Y&H target

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
13	Haematology	<p>Objective</p> <p>Number of LCRNs that have evidenced increased trainee involvement in NIHR CRN Portfolio research</p> <p>Baseline</p> <ul style="list-style-type: none"> • Working with the Specialty Lead we have identified current trainee opportunities <p>Planned Activity</p> <ul style="list-style-type: none"> • We will provide consistent and regular support to the Specialty Lead through the Study Support Service and our regional monthly Haematology meetings to ensure early identification of new study opportunities and support for new investigators - Q1-4 • Through the Early Contact and Engagement Process we will support the development of at least one new PI (clinician/research nurse/AHP) including active recruitment into portfolio and consider a study in the community setting (B12) <p>Impact</p> <ul style="list-style-type: none"> • We will have developed at least one new Y&H principal Investigator (clinician or AHP) to support Haematology studies • We will have raised awareness of haematology research activity across the region

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
14	Health Services Research	<p>Objective and measure</p> <p>A. Develop research infrastructure (including staff capacity) in the NHS to support clinical research in Health Services Research</p> <p>B. Increase the number of recruitment sites for NIHR CRN Portfolio studies funded by the Health Services and Delivery Research programme</p> <p>Baseline</p> <p>16 out of 22 Trusts - 73% sites taking part in HSR research.</p> <p>Planned activity</p> <ul style="list-style-type: none"> • Interrogation of NIHR portfolio to identify HSDR studies that can be opened in Y&H. • Working closely with our Y&H HEIs/Chief investigators and wider NIHR infrastructure (CLAHRC community, PSTRC and PRUs) to influence to design of future studies that could be delivered in Y&H. • Support our partner organisations with infrastructure and training to enable to deliver the studies through ACORN and LARK networks in collaboration with CLAHRC YH • Build capacity in NMAHPs to increase the number of PIs and capacity for increased research delivery these professional groups, through the ACORN network and nationally with Anthea Mould. • Develop a model of career AHP pathways at a national level with the CC, the CLAHRC community and the CRN. • Work with the Y&H SSS/BIU teams to identify sites that are HSR study naive so they can be approached to participate. • Continue to work with R&D Managers and ACORN to develop and utilise the VICTOR impact tool, in order to develop evidence and case studies of how conducting portfolio studies can have an impact within NHS organisations. • Work at a national level to explore how NHS managers can contribute to HSR research <p>Impact/outome</p> <p>Increase in sites taking part in HSR Increase in sites taking part in HSDR programme studies</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
15	Hepatology	<p>Objective</p> <p>Increase access for patients to Hepatology studies on the NIHR CRN Portfolio</p> <p>Baseline</p> <ul style="list-style-type: none"> • Y&H currently recruiting to each specialty objective measure • No CI-led studies in region although a high number of recruiting PIs in region >20 • 10 out of 14 sites (71%) currently recruiting in region • 5% of recruitment is commercial recruitment • Active and engaged specialty lead (Lynsey Corless) who acts as main contact <p>Planned Activities</p> <ul style="list-style-type: none"> • RDM and SSS to carry out a review of contact list and to build appropriate method of communication to build wider network to include nurses and specialist nursing support (alcohol service for example) (Q1-2) • Specialty lead to ensure >75% attendance at national specialty group meetings to ensure awareness of pipeline studies (Q1-4) • RDM and Specialty Leads to work with IOM (when in post) to optimise commercial opportunities in region (Q1-4) • To disseminate the trainee development programme developed by Dr Lynsey Corless (co-specialty lead) regionally with support of the deanery in 18/19 (Q1-3) • SSS to review the portfolio and pipeline studies to optimise recruitment to the disease areas of cirrhosis and its complications, non alcoholic fatty liver disease and non alcoholic steatohepatitis <p>Impact</p> <ul style="list-style-type: none"> • Ensure Y&H portfolio includes the above 3 disease areas • In region CI-led studies to increase to 1 study opening in 18/19 • SSS and RDM/Specialty Lead to support transition of local PI population to CIs - measure is 1 PI to CI in 18/19 • Regional network communication plan to be developed and to include colleagues in specialist services and nursing • RDM to support specialty leads to roll out the Trainee Development Programme initially regionally then nationally • Commercial activity to increase by 10% to support National Specialty Group aspirations

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
16	Infection	<p>Objective</p> <p>Develop research infrastructure (including staff capacity) in the NHS to support clinical research</p> <p>Baseline</p> <ul style="list-style-type: none"> • 3 Specialty leads in post who represent microbiology, infectious diseases and sexual health across the region • 10 out of 14 acute sites (71%) recruiting to Infection studies. One community Trust also recruiting (Leeds) • Issues in Calderdale and Bradford with outsourcing of sexual health services to AQPs - this has significantly affected recruitment in these areas • 2 CI-led studies in region • Reduction of commercial activity to 3% in region <p>Planned Activity</p> <ul style="list-style-type: none"> • Increase in communication between Division 6, SSS (CRN), Specialty Leads and wider community - planning for 2 specialty group meetings in 18/19 (Q1-4) • SSS review of Infection contact list and pipeline studies (Q1-2) • Review of current commercial portfolio and pipeline with IOM (when in role) in order to optimise commercial opportunities (Q1-2) • Specialty Leads to name a champion for sexually transmitted disease in region (Q1-2) • Increase the number of studies through SSS and SL/RDM review of portfolio, and the number of active sites through wider dissemination of studies (Q1-4) • Continue support of trainees in region through active development programme and GCP facilitation where required (Q1-4) • Support Bradford site to work with Locala (AQP) to ensure governance and workforce available to increase patient access to sexual health studies such as PREP and SAFETXT (Q1-2) • RDM and Specialty Leads to review possible integration of specialist nurse support to provide capacity within the current infrastructure (Q1-2) <p>Impact</p> <ul style="list-style-type: none"> • Open Infection studies in 1 more regional site, to increase number from 10 active sites to 11 • Increase recruitment in Bradford/Locala by 20% • Name a sexual health champion in region • Ensure GCP/Research Awareness training available across the region to support increase of capacity within infection workforce • Increase commercial activity by 5%

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
17	Injuries and Emergencies	<p>Objective</p> <p>Increase participation in pre-hospital studies via Ambulance Trusts</p> <p>Baseline</p> <ul style="list-style-type: none"> • 14 out of 14 (100%) Trusts recruiting into studies • 27% of recruitment is from commercial studies • 2 ambulance service studies open • Yorkshire Ambulance Service supported by PO allocation and contingency funding (supporting 3 paramedic posts and grant applications in collaboration with a number of local partners including SchARR [Sheffield], CTRU [York] and The University of Hull) • Current co-specialty lead is a nurse • 1 CI-led study • Increase of commercial activity regionally <p>Planned Activity</p> <ul style="list-style-type: none"> • Continue the development of a Yorkshire and Humber Trainee I&E Network with an initial collaboration between Leeds and Hull focusing on traumatic brain injury and the psychological impact of trauma - this work will require the specialist input of the ambulance service (Q1-4) • The above will lead to further collaborations across the region with the aim of growing 1-2 CI led studies in 18/19 (Q1-4) • One PI to be a member of YAS staff (Q1-4) • Targeted strategic financial support allocated will support and stabilise our existing ambulance research staff. Study Support Service to review portfolio to ensure all available ambulance service studies are available to YAS (Q1-2) • Our active specialty group will continue to meet regularly - our aim is to have 100% PPI and ambulance service input into all these meetings. We will also need to build on our interactions with trauma and orthopaedic colleagues across the region and further promote the 'Big Front Door' enterprise in our local sites (Q1-2) <p>Impact</p> <ul style="list-style-type: none"> • 2 CI-led studies to open in 18/19 • Increase the number of PIs across the region to ensure continuation of 100% engagement of sites • Continued regularly meetings with YAS as they continue to develop their portfolio including a review of workforce to ensure expertise is available across the region • PI/CI from within the ambulance service to be supported by RDM/Specialty Leads and SSS

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
18	Mental Health	<p>Objective</p> <p>Increase participation in Mental Health studies involving children and young people</p> <p>Baseline</p> <p>Unable to assess the baseline before the end of the financial year. First planned activity will be to measure a baseline once year is complete.</p> <p>Planned Activity</p> <p>Develop a formalised network of Mental Health & CAMHS researchers across the region to allow quicker dissemination of potential studies and feedback from current studies Identify a named Mental Health. Q3 CAMHS Research Champion in each Trust/R&D team which provide CAMHS. Identify research-ready individuals across the clinical teams and review support from the nursing cohort and administrative team. Q4</p> <p>Maintain a network of communication between CRN and Mental Health & CAMHS researchers to promote the delivery of studies. Q1-Q4</p> <ul style="list-style-type: none"> • Support and enhance the Research Network through local meetings with Mental Health and CAMHS researchers/Trusts and development of social media. • Utilise the Y&H 0-19 network to promote and deliver mental health studies to young people across the network. • Promotion of CAMHS Research at 0-19 agenda days across the region <p>Explore CAMHS recruitment in different potential recruitment localities outside of clinical areas. Q4</p> <ul style="list-style-type: none"> • Publicise successful studies that have recruited from School/college settings. • Publicise CAMHS agenda across the region <p>Increase the Research Capacity within Mental Health and CAMHS with the aim of increasing the number of PIs. Q1-Q4</p> <ul style="list-style-type: none"> • Develop a CAMHS higher trainee special interest session at the CRN • Development of Mental Health PI Training (3x per year) • CAMHS development days (3x per year) • Develop Shadow PI/Assistant PI positions <p>Broaden the base for Mental Health and CAMHS research opportunities including commercial research. Q1-Q4</p> <ul style="list-style-type: none"> • Collaborative working with CLAHRC and mental health trusts to demonstrate what the CRN Y&H have to offer through a dedicated communication. • Explore opportunities for intra-divisional work; expanding the potential recruitment of appropriate studies from other divisions and themes (e.g. Public Health, Neurology, Prisons etc) in MH settings and vice versa <p>Broaden the base for Mental Health and CAMHS research opportunities. Q1-Q4</p> <ul style="list-style-type: none"> • Continue to work nationally with the Mental Health and CAMHS Champion networks to benchmark against other area <p>Impact/outcome</p> <p>Increased opportunity for children and young people to participate in clinical studies. More balanced portfolio of available CAMHS studies throughout the region</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
19	Metabolic and Endocrine Disorders	<p>Objective</p> <p>Understand and develop the research workforce that work in Metabolic and Endocrine-led studies.</p> <p>Baseline</p> <ul style="list-style-type: none"> • Number of PIs / COIs / Research Nurses / Other = Unknown • 885 patients recruited to Feb 2018 representing 25.3% of CRN total. • Number of studies led from CRN = 4 • Number of Intervention Patients = 64 patients • Number of Observation Patients = 722 patients • Number of Large Scale Studies = 0 patients • Number of patients recruited to Commercial Studies = 99 • Number of patients recruited to Non Commercial Studies = 786 <p>Planned Activity</p> <ul style="list-style-type: none"> • Conduct a survey of partner organizations regarding details of any workforce actively engaged in Metabolic & Endocrine Disorder research. Q2 • Convene a multidisciplinary team meeting to consider the following issues (a) Actual / potential barriers to research (b) Potential solutions to these barriers (c) Training needs and opportunities (d) Research needs and opportunities. Q3 • Compose a plan that will address these issues. Q4 <p>Impact</p> <ul style="list-style-type: none"> • We will identify the cohort of investigators who work on Metabolic & Endocrine Disorders studies within Yorkshire & Humber. • In consultation with this cohort the LCRN will make a written plan on how it will help those who are interested to act as either Co-Investigators or to become Principal Investigators.

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
20	Musculoskeletal Disorders	<p>Objective and measure</p> <p>Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio</p> <p>Baseline</p> <p>To be confirmed as part of the planned activity</p> <p>Planned activity</p> <ul style="list-style-type: none"> • Interrogation of NIHR portfolio to identify orthopaedic studies that can be opened in Y&H • Working closely with our Y&H HEIs/Chief investigators to influence with design of future studies that could be delivered in Y&H. • Support our partner organisations with infrastructure and training to enable to deliver the studies. • Work with the Y&H SSS/BIU teams to map the recruitment for orthopaedic studies for 17/18. • Continue to work with our ongoing orthopaedic PIs whilst looking to support new PIs in new sites. • Fund orthopaedic sub specialty lead for Y&H <p>Impact/outcome</p> <p>Named orthopaedic champion</p> <p>Increase the number of participants recruited into orthopaedic studies on the NIHR CRN Portfolio</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
21	Neurological Disorders	<p>Objective</p> <p>Increase early career researcher involvement in NIHR CRN Portfolio research</p> <p>Baseline</p> <ul style="list-style-type: none"> • Number of early career researchers = Unknown as not recordable in CPMS, supervisor of researcher will be the Chief investigator for study. • 396 patients recruited to Feb 2018 representing 6.4% of National CRN total. • Number of studies led from CRN = 6 • Number of Intervention Patients = 36 • Number of Observation Patients = 344 • Number of patients recruited to Commercial Studies = 16 <p>Planned activity</p> <ul style="list-style-type: none"> • Appoint to the two unfilled Specialty Lead posts (2x0.5 PAs) in neurological disorders in order to widen leadership across the region with potentially one post in the south and one in the north (York) or east (Hull). Currently one Specialty Lead for epilepsy based in Leeds. Q1 • Maintain high performance of the neurology teams in Leeds and Sheffield and share of good practice throughout the region. Q1-Q4 • Facilitate NIHR/CRN meetings at three hubs - when the new leads are in post. Q1-Q3 • A mapping exercise of all research active neurologists in the region and review research support throughout the Network. Q2 • Engaging with early career researchers through a neurology research specific study day and strengthening links with academics in Neurosciences. Q3 • To explore the capacity to expand clinical research in Hull and examine the potential educational and staffing needs in this area to enhance recruitment and provision of universal cover across the entire region There are two epilepsy positions to be filled this year at Leeds, a consultant epilepsy post and a post-Certificate of Completion of Training (CCT) epilepsy fellowship. Both roles will have dedicated research time in their job plans. The proposed plan is for both successful candidates to have direct input into the epilepsy study portfolio supporting current and new activity and being supported to develop as new PIs. Q3 • Develop the new MS specialist consultants (Leeds and York) in research activity and PI roles. Q3 • Review support from the cohort of Research Nurses and central administrative team. Q2 • To examine opportunities for specialist nurses and neurophysiologist dedicated research time in job planning to further enhance capacity and research metrics. Q4 <p>Impact/outcome</p> <p>To further enhance engagement of early career researchers and provide them with necessary skills and support.</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
22	Ophthalmology	<p>Objective</p> <p>Increase NHS participation in Ophthalmology studies on the NIHR CRN portfolio</p> <p>Baseline</p> <ul style="list-style-type: none"> • 6 CIs in region - high proportion of CI led work and PI engagement in Y&H • SSS and RDM supporting in particular OCTANE (CPMS ID 32747) and BEAP (CPMS ID 33862) • 9 out of 14 sites (64%) participating in ophthalmology studies • Good proportion of commercial work with room for improvement (increase number of commercial PIs and CIs) • Highly engaged specialty leadership with CI and PI expertise • Contingency support enhancing recruitment in 17/18 for specific projects <p>Planned Activities</p> <ul style="list-style-type: none"> • Increase engagement of trainee group with development opportunities - specialty leadership to support regional trainee meeting with input from SSS and RDM in early 18/19 (Q1-2) • RDM to work with the Executive to ensure ring-fenced funding is directly allocated to optometry and medical illustration (as a key service support) in those partners which are supporting or plan to support portfolio studies (Q1) • RDM and IOM (when in role) to continue to provide input to the National Specialty Group through presentation at the national commercial workshop (hosted by Professor Ghanchi) (Q4) • SSS and RDM to continue to support the Specialty leads to generate an increase in Y&H led studies - this is an area of strength in region (Q1-4) • Further engagement is planned with regional non-retina colleagues, non-recruiting partners and specialist support services through wider communication and sharing of pipeline studies (will require SSS support) (Q1-4) • IOM to support continuance of relationship enhancement with Novartis and Bayer in region (Q1-4 - depending on current vacancy) <p>Impact</p> <ul style="list-style-type: none"> • Increase number of actively recruiting sites from 9 to 11 in 18/19 • Increase number of CIs from 6 to 7 in 18/19 • Support the BEAP study to recruit target of ~8000 patients in 18/19 (RDM and Specialty Leads working with sponsor, York, however this will be a regional endeavour) • Ensure engagement with regional primary care based optometrists through RDM links with Division 5 • Increase commercial opportunities through focus on existing relationships and building on new relationships in region • Continue relationship with genetic colleagues and HEI based investigators

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
23	Oral and dental health	<p>Objective</p> <p>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>Planned activity</p> <p>We plan to disseminate an online survey of dentists and dental care professionals in Yorkshire and the Humber to identify their research readiness and interests. Routes to disseminate this survey will include:</p> <ul style="list-style-type: none"> • The NIHR CRN oral and dental specialty group – this group has over twenty members from different locations across Yorkshire and Humber. Members of this group will disseminate the survey to dentists and dental care professionals working in their settings. • Health Education England Yorkshire and the Humber (HEE Y&H). We have developed strong collaborations with HEE Y&H and the online survey will be disseminated via their website and during their courses. • Dental Foundation Trainees academic taster day • Longitudinal Dental Foundation Trainees courses • Dental Core Trainee courses • University of Leeds and University of Sheffield dental schools via courses and social media. <p>Impact/outcome</p> <p>To have a report on our Y&H dentists and dental care professionals showing their research readiness and interests. Network to have an understanding of the local capacity and capability</p>
24	Primary Care	<p>Objective</p> <p>Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research</p> <p>Planned activity</p> <ul style="list-style-type: none"> • Increase awareness of research activities and capacity within the region • Share knowledge of the CRN and the opportunities that lie within the organisation for training ie PI/GCP training. • Identify and develop those AITs/First5 GPs in research active and non-research active practices who wish to broaden their knowledge of research within Primary Care • Liaise with Programme Directors and our local Deanery to establish training (research) within local schemes. • Engage First5 GP leads within the three RCGP Faculties to discuss ways in how we can nurture and supports GPs and promote awareness of research within Primary Care • Develop links with local Research Practices and Academic Primary Care Units to ensure Academic Fellows are exposed to research delivery in Practices. <p>Impact/outcome</p> <p>To have two named individuals in a GP registrar/First Five nurturing role to undertake Research Champion activities</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
25	Public Health	<p>Objective</p> <p>Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health</p> <p>Baseline</p> <p>We have 2 Joint Specialty Leads and currently have 6 PH studies so meet the PH specialty objective target.</p> <p>Planned activity</p> <ul style="list-style-type: none"> • Maintenance of 5 public health studies or more on the Y&H • Interrogation of NIHR portfolio to identify public studies that can be opened in Y&H • Bringing together of Y&H public health researchers to explore growth of Y&H public health CIs. • Working closely with our Y&H HEIs/Chief investigators to influence to design of future studies that could be delivered in Y&H. • Support our partner organisations/non NHS sites with infrastructure and training to enable to deliver the studies. • We are contributing to work at a national level (through the Public Health National Steering Group) to promote the new CRN eligibility criteria across the PH community (e.g. stakeholder newsletters, conferences, working more closely with the NIHR PHR and SPHR). • We are undertaking a review of specialty allocation to PH and are participating in the national CRNCC specialty allocation review. Improved consistency, guidance and transparency will avoid the incorrect allocation of PH studies to other specialties which in turn will support the development of the PH portfolio. • To develop research infrastructure, we plan to continue to support and develop the 0-19 and LARK networks, we aim to provide support through at least 1 LA this year (i.e. no NHS role in delivery of resource or support) and will use this as an exemplar to promote participation in research across other LAs in the region. • We will hold a regional event to include PH academics, LA DPH and consultants, PHE and HEEY&H to promote the network and teh new opportunities for PH research. This will include identifying the benefits for LAs (e.g. co-applicants on funding applications, co-authors or acknowledged in publications, quicker translation of results to policy, evidence generated from their own local population). Yorkshire and Humber have been the forerunner in terms of supporting PH research and this is regularly recognised at national events. <p>Impact/outcome</p> <p>To have 6 or more studies recruiting in the Y&H network</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
26	Renal Disorders	<p>Objective</p> <p>Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio.</p> <p>Baseline</p> <p>Two PIs (in Leeds and Sheffield) are now recruiting into their first commercial study.</p> <p>Planned Activity</p> <ul style="list-style-type: none"> • Continue pilot with PIs to support sub PIs who can then take future commercial studies as PIs. • Links required to be strengthened with the Y & H CLAHRC. • Research teams at each site require support. • Discuss objective at the NIHR Clinical Study group meeting Circle Sheffield 27th April. <p>Impact and Outcome</p> <p>Increase number of PIs performing commercial research with patients having renal disorders. Support HLO2a in current renal disorder studies. Seek to attract renal commercial studies to CRN Y&H.</p>

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
27	Reproductive Health and Childbirth	<p>Objective</p> <p>Increase the proportion of NHS Trusts recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio</p> <p>A: Proportion of acute NHS Trusts, which provide maternity services, recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio - 70%</p> <p>B: Recruitment within the LCRN geography as a proportion of infant mortality data for that region (national data not yet available)</p> <p>Baseline</p> <ul style="list-style-type: none"> • A: Currently 92% of Y&H sites providing maternity services recruit into NIHR CRN portfolio studies • B: NHS Digital still to provide national data we will revisit this objective in Q1 when data available • We have increased clinical engagement within the DGHs across the region and this currently provides greater opportunities for recruitment into RH&C studies Currently across Y&H there are 2 O&G trainees in Sheffield and 3 in Leeds currently enrolled on the RCOG Advanced Professional Module • We provide consistent and regular support through the Study Support Service and our regional RH&C research nurse 'cluster model' to ensure early identification of studies for both DGH and Teaching Hospitals <p>Planned Activity</p> <ul style="list-style-type: none"> • Ensure the Y&H Senior RH&C Research Nurse Cluster Model, Specialty Lead and RH&C research staff working across Y&H are consistently supported by providing regular opportunities for portfolio discussion facilitated by the Y&H RDM and Study Support Service – Q1-4 • Scope study opportunities for patient recruitment in the two DGHs not currently recruiting - Q1 • Specialty Leads and RDM to visit Harrogate NHS Trust to discuss portfolio opportunities - Q1 • Highlight the RCOG Advanced Professional Module to all trainees across the region - Q1&2 • Through the Early Contact and Engagement process identify at least one new Y&H Principal Investigator in addition contact O&G trainees with an aim to identify areas of clinical interest and match these to portfolio studies Q1-2 • Identify lead Midwife/Nurses in POs to support recruitment which brings opportunities to participate in more complex studies. Q2-3 • Plan a themed meeting in RH&C to include other related specialities Q2 & Q4 <p>Impact</p> <ul style="list-style-type: none"> • Facilitated the setup of a study in at least one RH&C non recruiting site • Maximised support and funding opportunities for patient recruitment in non-recruiting NHS Trust • Have developed at least one new Y&H Principal Investigator (clinician or AHP) to support RH&C studies and grown the number of trainees participating in the portfolio • Raised awareness of RH&C activity in DGHs and acute Trusts

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
28	Respiratory Disorders	<p>Objective</p> <p>Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio</p> <p>Baseline</p> <ul style="list-style-type: none"> • 7 out of 14 sites (50%) recruiting to studies however very good recruitment numbers from CCG and primary care • 6 CI-led studies in region - good ratio of engaged and actively recruiting PIs • Highly active commercial portfolio with a number of regional CIs • Very engaged and active specialty lead who has initiated region-wide communication programme • Specialist services in Sheffield, Leeds and Bradford (all sub specialties represented in region) <p>Planned Activity</p> <ul style="list-style-type: none"> • Continue programme of communication regionally to ensure wider engagement and dissemination of recruiting and pipeline studies to culminate in a face to face regional meeting in 18/19 (Q1-4) • Actively seek out balance in the portfolio to prevent any loss of non-commercial recruitment - to continue to build non-commercial portfolio in areas of commercial focus (Bradford - asthma, Leeds IPF/ILD) (Q1-4) • Continue engagement with trainee development regionally to identify new PI's and CI's in region (Q1-4) • IOM (when in role) to support commercial activity opportunities across the whole region and more specifically to build a commercial portfolio in our smaller hospitals (Mid Yorkshire Hospitals, Harrogate) (Q1-4) • Engage with non-acute/hospital based provision such as The Rotherham Breathing Space and actively seek the portfolio for opportunities in physiotherapy and occupational health (Q1-3) • Engage with non-recruiting sites who have a respiratory service (will require SSS support) (Q1-3) • Continue engagement and relationship with primary care (RDMs Division 6 and Division 5 to meet regularly to discuss possible opportunities and review progress) (Q1-4) <p>Impact</p> <ul style="list-style-type: none"> • Number of active sites to increase from 7 to 9 in 18/19 • Balance the portfolio in order to increase non-commercial activity regionally • Support commercial opportunities (IOM) in smaller organisations • Regional teleconferences to continue with a face to face regional meeting in Q3/Q4

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
29	Stroke	<p>Objective</p> <p>CRN recruitment to Stroke RCTs should be at least 8% of the 2017/18 Sentinel Stroke National Audit Programme (SSNAP) recorded hospital admissions.</p> <p>Baseline</p> <p>129 recruits to RCTs and 869 to non RCTs = 12.9%.</p> <p>Planned Activity</p> <ul style="list-style-type: none"> • Annual research meeting to review studies and encourage centres in the region to take on new studies. Q2 • Attendance at regional, national and international meetings to attract more commercial studies to the region. On-going • Encourage and mentor young investigators to develop new research studies. Ongoing <p>Impact and Outcome-</p> <ul style="list-style-type: none"> • Continued growth in Stroke RCTs • Ensure that patients have the opportunity to take part in research particularly where Stroke services have been withdrawn (Barnsley & Rotherham).

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
30	Surgery	<p>Objective</p> <p>Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties</p> <p>Baseline</p> <ul style="list-style-type: none"> • Y&H recruiting into 10 of the 14 sub-specialty areas • 8 out of 14 sites (57%) recruiting into surgical studies with local CCGs also contributing to the regional recruitment • 4 CI-led studies, increase of PI's in region • Y&H has two Royal College of Surgeons accredited Surgical CTRUs (Leeds and York) • Review of dissemination and contact information underway (with over 3000 contacts to be reviewed) • 2 specialty meetings have taken place through the 17/18 FY • CRN support of one regional trainee meeting (October 2017) <p>Planned Activity</p> <ul style="list-style-type: none"> • RDM led SSS support of HTA grant CI Professor Giles Toogood, working with Bristol CTRU and colleagues in Wessex CRN to recruit to >5000 patients in 18/19 (Q1-4) • Active communication between sub-specialty leads and partners organisations/wider community with RDM/SSS and SL support. Examples of this will be newsletters, teleconferences to increase awareness of available studies in all sub-specialties (Q1-4) • Specialty lead or delegated colleague to attend 100% of national specialty meetings to ensure pipeline of studies is active (Q1-4) • Continued support to local CTRUs (Leeds and York) via RDM/SSS (Q1-4) • CRN support of regional surgical trainee meeting led by Matt Lee (Sheffield) (Q2-3) <p>Impact</p> <ul style="list-style-type: none"> • Increase recruiting sites to 10 with a focus on smaller sites who will undertake general surgery and other specific specialties • One trainee meeting focusing on surgical specialty and sub-specialties • 2 regional meetings (supported teleconferences and one face to face) • Review of commercial activity with IOM (when in post) to ensure all opportunities are optimised • Increase to 2 commercial studies opening in 18/19 • RDM to continue work at national level with RDM colleagues to optimise study opportunities in all subspecialties focusing on those not current recruiting in Y&H • Increase to 3 CIs in region in 18/19

Section 5: Financial Management			
5.1	Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2018/19. (For example particular studies that require large investment, concentration on a particular specialty)	LCRN funding required in support of major national and local initiatives, such as in support of Genomics; the extended eligibility into Public Health Research within social care settings and non-NHS organisations; etc will be managed in-year via the strategic use of reserves retained centrally, following agreement by the Executive Group. Public Health needs and development will be one of the priority areas for contingency support.	
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 the model please describe what this is for and the proportion of funding allocated to this.		
Funding Element	Examples	Description of model	% of Total CRN Funding Budget 2018/19 Budget
Host Top sliced element	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team	The top sliced element comprises; Host support (1.1%), Leadership & Management (3%), Network support teams and LPMS software licences (6.3%), centralised delivery workforce supporting Acute, Community and Primary Care (4.4%), and Specialty Leadership (1.9%).	16.7%
Block Allocations	Primary care, Clinical support services (i.e. pharmacy)	Block allocations are used in the local funding model and consists of allocations for Primary and Community Care. This includes the activity of a primary care steering group, non standard infrastructure payments to Research activity practices and service supporting costs at general practice / community level .	4.8%
Activity Based	Recruitment HLO 1, number of studies	An activity Based element is used in the local funding model by taking the PO's offered recruitment target weighted for complexity based on historic 2 years.	71.6%
Historic allocations	PO funding previously agreed	Partner Organisations do not have historic agreed allocation. The local funding model seeks to rebalance delivery funding over consecutive years whilst maintaining relative financial stability through the application of differential Cap and Collar changes.	0.0%
Performance Based	HLO performance, Green Shoots funding	An element of performance based funding has been retained in the Networks reserve to support HLO and Green Shoots.	0.6%
Population Based	Adjustments for NHS population needs	There are no population elements in the local funding model	0.0%
Project Based	Study start up	The Project based element is used in the local funding model and is based on the number of non-commercial recruiting studies	4.8%
Contingency / Strategic funds	Funds held centrally to meet emerging priorities during the year	A contingency and strategic reserve has been retained to support strategic development and emerging priorities throughout the year. A process for the timely identification of in year savings is in place to enable a timely redistribution to supplement this reserve.	1.5%
Cap and Collar	Please provide your upper and lower limits if applicable	Not applicable for 2018/19. .	% CAP
			% 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%		

Section 5: Financial Management		
5.3	If the 2018/19 local funding model methodology has changed since 2017/18 please give a brief description of the changes	The local funding model was introduced from 2015/16 and has rebalanced delivery funding across the Network over consecutive years consistent with delivery and performance. This included a Cap & Collar limit to maintain financial stability along the way. The opening allocations to Partners for 2018/19 remains at 2017/18 levels. After 3 consecutive years of funding reductions, the Network is now able to retain a steady state for Partners subject to the continuation of recruitment levels and improvements to study performance
5.4	Please confirm whether monitoring visits will be taking place over the course of 2018/19. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion of your Partner organisations are being monitored (Category A Partners).	A programme of monitoring visits is being developed for 2018/19. Partners with significant commercial activity and CRN funding will be the initial focus.
5.5	What are the key financial risks and mitigations for 2018/19?	<p>The Network has been in receipt of funding reductions over three consecutive years up to and including 2017/18. Partners have responded positively to this and have delivered increased patient recruitment and improved performance.</p> <p>The 0.5% increase in funding compared to the 2017/18 financial year provides relative financial stability. However, the Network continues to face the challenge of maintaining Research Delivery and Performance whilst implementing Strategy and managing inflationary costs.</p> <p>The network has retained a modest reserve which is an increase over the 2017/18 opening reserve. This will contribute to risk mitigation as well as strategic development.</p> <p>The current level of vacancies and the on-going structure reviews across central budgets will provide in-year savings and efficiency gains which will also mitigate against risk.</p> <p>The Leadership team will progress the implementation of a robust framework for performance management across Partners and central budgets. .</p>
5.6	Please provide details of any planned audit of the LCRN Host Organisation in 2018/19	The 3 year internal audit was commenced in December 2017 and is due to be completed in February 2018

Section 6: Appendices		
Ref no	Title	Link
6.1	Business Development and Marketing Profile	Business Development and Marketing Profile
6.2	Risk and Issues Log	Risk and Issues Log

Section 7. Glossary	
Abbreviation	Definition
AARMY	Anaesthetic and Audit Matrix of Yorkshire
ACORN	Addressing Capacity in Organisations to do research network
AFP	Annual Financial Plan
AHPs	Allied Health Professionals
AHSN	Academic Health Science Networks
AIRWAYS-2	Airways Management in Cardiac Arrest Patients (Study)
AKI	Acut Kidney Injury (Study and Disease area)
ALP	Advanced Leadership Programme
APOMP	Anaesthetic, Peri-Operative Medicine and Pain
AQP	Any Qualified Provider
BIU	Business Intelligence Unit
BJ	Benjamin Jones, Communications and Engagement Officer
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CD	Clinical Director
CDL(s)	Clinical Divisional Lead(s)
CI	Chief Investigator
CKD	Chronic Kidney Disease
CLAHRC	Collaboration for Leadership in Applied Health Research and Care
CO	Chris Oxnard, Deputy Chief Operating Officer/Research Delivery Manager
COO	Chief Operating Officer
CPD	Continuing Professional Development
CPMS	Central Portfolio Management System
CR	Christopher Rhymes, Research Delivery Manager/Lead Research Nurse
CRF	Clinical Research Facility
CRN(s)	Clinical Research Network(s)
CRNCC	Clinical Research Network Coordinating Centre
CTRU	Clinical Trials Research Unit

Section 7. Glossary	
Abbreviation	Definition
DALES	Drug Allergy Labelling in the Elective Surgical population Study (Study)
DCOO	Deputy Chief Operating Officer
DLs	Division Leads
DeNDRoN	Dementias and Neurodegenerative Diseases Research Network
DGH	District General Hospital
DOF	Director of Finance
EC	Evie Chandler, Patient Public and Carer Involvement and Engagement Officer
EC&E	Early Contact and Engagement
EDGE	Name of the Local Portfolio Management System adopted in Y&H
EM	Emily McDougal, Research Delivery Manager
EOI	Expression of Interest
FH	Fiona Halstead, Deputy Chief Operating Officer/Research Delivery Manager
FY	Financial Year
GCP	Good Clinical Practice
GI	Gastrointestinal
GP	General Practitioner
HB	Hazel Brook, Study Support Manager
HEE	Health Education England
HEIs	Higher Education Institutions
HLO	Higher Level Objective
HR	Human Resources
HSDR	Health Services and Delivery Research
HSR	Health Services Research
ICNARC	Intensive Care National Audit and Research Centre
ICTD	International Clinical Trials Day
ILD	Interstitial Lung Disease
ILRP	Investigator-Led Research Project
IM	Industry Manager/Industry Operations Manager

Section 7. Glossary	
Abbreviation	Definition
IOM	Industry Manager/Industry Operations Manager
IPF	Idiopathic Pulmonary Function
IWF	Integrated Workforce Framework
JDR	Join Dementia Research
JDR SRN	Join Dementia Research Senior Research Nurse
JLA	James Lind Alliance
LA	Local Authority
LARK	Local Authority Research link
LPMS	Local Portfolio Management System
MDS	Minimum Data Set
MDT	Multi-disciplinary team
MH	Mental Health
MND	Motor Neurones Disease
MOCCA	Medicines Optimisation in Critical Care Areas (Study)
MP	Maggie Peat, Lead Research Nurse
MRI	Magnetic Resonance Imaging
MS	Multiple Sclerosis
N8	Research Partnership is a collaboration of the eight most research intensive Universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield and York.
NENC	North East and North Cumbria
NHS	National Health Service
NIHR	National Institute for Health Research
NMAHP	Nurses, Midwives and Allied Health Professionals
NWILD	Northern Workforce Intelligence Learning and Development group
NSG	National Steering Group
O&G	Obstetrics and Gynaecology
ODP	Open Data Platform

Section 7. Glossary	
Abbreviation	Definition
PC	Primary Care
PCDT	Primary Care Delivery Team
PDSO(s)	Project Delivery Support Officer(s)
PHR	Public Health Research
PI(s)	Principal Investigator(s)
PICs	Participant Identification Centres
PICU	Paediatric Intensive Care Unit
PO(s)	Partner Organisation(s)
PPI	Patient and Public Involvement
PIIE	Patient and Public Involvement and Engagement
PRA(s)	Public Research Ambassador(s)
PRES	Patient Research Experience Survey
PRU	Policy Research Unit
PSTRC	Patient Safety Translational Research Centre
RAFT	Research and Audit Federation of Trainees
RAG	Red, Amber, Green
RCGP	Royal College of General Practitioners
RCOG	Royal College of Obstetricians and Gynaecologists
RCT	Randomised Controlled Trial
RDM(s)	Research Delivery Manager(s)
RDOps	Research and Development Managers' Operational Group
RDS	Research Design Service
RH&C	Reproductive Health and Childbirth
RTT	Recruitment to Time and Target
SANDWICH trial	Sedation AND Weaning In CHildren
SchARR	School of Health and Related Research (Sheffield)
SHARC	South Yorkshire Hospitals Audit and Research Collaborative
SL	Srdjan Ljubojevic, Research Delivery Manager

Section 7. Glossary	
Abbreviation	Definition
SME	Small and Medium-sized Enterprises
SOP	Standard Operating Procedure
SPHR	School for Public Health Research
SSM	Study Support Manager
SSNAP	Sentinel Stroke National Audit Programme
SSS	Study Support Service
STH	Sheffield Teaching Hospitals NHS Foundation Trust
TAVI	Transcatheter Aortic Valve Implantation
TIDE	Together in Dementia Everyday
ToR	Terms of Reference
TYA	Teenage and Young Adult Services
VICTOR	Visible ImpaCT Of Research
WFD	Work Force Development
Y&H	Yorkshire and Humber
YAS	Yorkshire Ambulance Service
YCR	Yorkshire Cancer Research (Cancer Charity)