



***National Institute for  
Health Research***

## Clinical Research Network Yorkshire and Humber

# Annual Delivery Report: 2016/17

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Delivering research to  
make patients, and the NHS, better

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**Glossary**

DH	Department of Health
CDL	Clinical Divisional Leads
CI	Continuous Improvement
CPMS	Central Portfolio Management System
CRNCC	Clinical Research Network Coordinating Centre
DH	Department of Health
EOI	Expression of Interest
HLO	High Level Objective
JDR	Join Dementia Research
LCRN	Local Clinical Research Network
LPMS	Local Portfolio Management System
LSL	Local Specialty Lead
MHRA CTA	Medicines and Healthcare products Regulatory Agency Clinical Trial Authorisation
NIHR	National Institute of Health Research
PI	Principal Investigator
PO	Partner Organisation
PPIE	Patient and Public Involvement and Engagement
PRA	Patient Research Ambassador
RAC	Research Accrual Co-ordinator
SL	Specialty Lead(s)
SSNAP	Sentinel Stroke National Audit Programme
SSS	Study Support Service
Y&H	Yorkshire and Humber

**Section 1. Compliance with the Department of Health / LCRN Host Organisation Agreement**

1.1. Please confirm that the Host Organisation has delivered the LCRN in full compliance with the DH/LCRN Host Organisation Agreement Terms and Conditions in 2016/17:

**Yes**    **X** - We are working closely with the newly appointed Nominated Executive Director to support delivery

1.2 If you have answered no to the above, provide a commentary below that highlights the specific clauses of non- or partial compliance. Please explain the reasons for non- or partial compliance and the progress of actions taken to address this

**N/A**

1.3. Please confirm that all LCRN Partner organisations operated in full compliance with the CRN Performance and Operating Framework 2016/17

**Yes**    **X**

1.4 If you have answered no to the above, provide a commentary below that highlights the specific clauses of non- or partial compliance. Please explain the reasons for non- or partial compliance and the progress of actions taken to address this:

**N/A**

## Section 2. Executive Summary

2.1. Please complete Table 2.1, entering key performance highlights and successes from 2016/17 from your report, against headings 1-9. Note: **There is a maximum of 2 pages for this section.**

**Table 2.1. Executive Summary**

<b>1. Host Organisation</b>	<ul style="list-style-type: none"> <li>• The Host Organisation maintains close oversight of LCRN business including performance and local funding models.</li> <li>• The Host Organisation Human Resources and Finance Teams have worked closely with the CRN over the past year.</li> <li>• The Nominated Executive Director and Clinical Directors are working together to refresh arrangements for delegated authority from the Host to the CRN.</li> </ul>
<b>2. Governance and LCRN Management Arrangements</b>	<ul style="list-style-type: none"> <li>• The Chief Operating Officer moved to a new role in the National Coordinating Centre during the year and the work of the COO has been ably covered by the Deputy Chief Operating Officers pending appointment of a new COO.</li> <li>• The CRN Senior Team and Host are working together to improve engagement of executive colleagues across the region with the Partnership Group.</li> <li>• The Clinical Leadership and Operational Management Groups have come together to work effectively with bi-monthly joint meetings of the two groups helping to drive delivery across the region.</li> </ul>
<b>3. Business Development and Marketing</b>	<ul style="list-style-type: none"> <li>• The CRN Yorkshire and Humber has worked closely with other LCRN's in the North to deliver a joint offer to commercial partners for the delivery of commercial gastroenterology studies with the support of the NHSA.</li> <li>• Key opinion leaders and successful commercial researchers in Yorkshire and Humber have been effective at using commercial contacts to bring commercial research opportunities to new researchers and sites in specialties including gastroenterology, stroke, paediatric dermatology and respiratory medicine.</li> <li>• Commercial research has contributed to 4% of our recruitment and the appointment of an industry lead has been effective in supporting an improvement in recruitment to time and target.</li> </ul>
<b>4. Information and Knowledge</b>	<ul style="list-style-type: none"> <li>• The CRN Business Intelligence Unit has produced a bespoke suite of local reports available via the Y&amp;H ODP app and NIHR Hub and supported by "how to" guides distributed through the Network Lead Nurse and RDM infrastructure.</li> <li>• The CRN is supporting the roll out of the local LPMS system to support the identification and invoicing for service support costs in Primary Care so increasing engagement with the system.</li> <li>• The CRN strives towards being "Digital by Default", by holding meetings online where possible and makes use of Hangout groups to enable communication across the large region.</li> <li>• The CRN has made effective use of social media to support study delivery, a notable success being the recruitment of 2,820 patients into the HASMID study against a target of 200.</li> </ul>
<b>5. Medical</b>	<ul style="list-style-type: none"> <li>• The CRN is the top network nationally with respect to complexity weighted recruitment and second network nationally with respect to total</li> </ul>

	<p>recruitment.</p> <ul style="list-style-type: none"> <li>● Fifteen Yorkshire and Humber specialties are in the top three in England for recruitment.</li> <li>● We have had strong and early engagement with local Chief Investigators who have developed large cohort studies that have been delivered locally within the network.</li> <li>● We have established close collaborations with HEIs including joint meetings with academic staff and supported alignment of new research studies to local infrastructure.</li> <li>● The CRN has instituted a programme of annual performance reviews of all specialties based on Specialty Lead presentations and supported by a quarterly reports from Leads.</li> <li>● The CRN has worked with the Research Design Service to ensure Network engagement early in study development.</li> <li>● Two sites in Yorkshire and Humber achieved global first patients (ENT 31042 Pr Jaydip Ray and MUSC 4731 Dr Chee-Seng Yee).</li> </ul>
<b>6. Research delivery</b>	<ul style="list-style-type: none"> <li>● At the divisional level, we have provided support that is cross-divisional and cross-cutting including responsive funding managed by the Research Delivery Managers.</li> <li>● All partner organisations have a named Lead Nurse and RDM as a first point of contact for support with study delivery.</li> <li>● RDMs and Lead Nurses work closely with Specialty Leads, research teams and partners to ensure that studies are placed in partners with strong potential for recruitment.</li> <li>● We have improved patient access to research by forging strong links with community infrastructure including hospices, care homes, pharmacies and prisons.</li> </ul>
<b>7. Stakeholder Engagement and Communications</b>	<ul style="list-style-type: none"> <li>● The CRN has developed a successful R&amp;I Director's Forum to inform regional strategy and planning.</li> <li>● After a two year gap the Network has appointed a Communications and Engagement Officer who has proved highly effective with a 20% increase in Twitter followers and several studies covered by local media.</li> <li>● The CRN has strong PPI involvement at every specialty level and continue to support and expand PPI ambassadors across our partner organisations.</li> </ul>
<b>8. Workforce Learning and Organisational Development</b>	<ul style="list-style-type: none"> <li>● The CRN provides support and mentoring to five colleagues on the Advanced Leadership Programme.</li> <li>● The CRN scoped research capacity 770 general practices to identify opportunities, individuals interested in research and training needs.</li> <li>● The CRN has supported the development of nurses and AHPs as PIs/CIs and Specialty Leads.</li> </ul>
<b>9. National Contributions</b>	<ul style="list-style-type: none"> <li>● Eight of the CRN Specialty Leads are also National Leads.</li> <li>● One of the Network RDMs was seconded to the national Accelerating Digital Programme for a year and his success in this role has now lead to a permanent appointment.</li> <li>● One of the Network Deputy Chief Operating Officers is seconded to the National Coordinating Centre one day a week to support development of the NIHR funded national nursing workforce.</li> <li>● One of the CRN Lead Nurses is a member of CRN CC Eligibility review group and the Push the Pace group.</li> <li>● A CRN Lead Nurse and one of the CRN RDMs are members of the National Coordinating Centre Research Delivery Steering Group.</li> <li>● A member of the Host Finance Team sits on the National Finance and Contracts Advisory Group.</li> </ul>

### Section 3. CRN High Level Objectives

3.1. Please complete Table 3.1, below, inserting additional rows as needed:

- (a) entering planned local contributions for HLOs 1, 2 and 4-7;
- (b) details of specific plans as presented in your 2016/17 annual delivery plan; and
- (c) for each objective, please complete the righthand column, commenting on your network's performance against your planned contributions and including any activities that have not been delivered and why.
- (d) include details of any additional actions undertaken in 2016/17 not set out in the annual delivery plan.

Commentary should focus on key achievements, impacts and key challenges and how the challenges have been mitigated and/or progress against mitigation activities.

**Table 3.1. HLO performance**

HLOs		
1.	Increase the number of participants recruited into NIHR CRN Portfolio studies Measure: Number of participants recruited in a reporting year into NIHR CRN Portfolio studies. CRN National Target: 650,000	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
65,000	<p><b>Target Setting Meetings With Partners:</b></p> <ul style="list-style-type: none"> <li>• Partners to make an initial recruitment offer; this will be used to form an initial funding allocation. Negotiations to take place to understand where additional recruits/capacity could be found.</li> </ul> <p><b>Increased recruitment target for Specific Specialties based on regional strengths:</b></p> <ul style="list-style-type: none"> <li>• Mental health trusts to have a stretched</li> </ul>	<ul style="list-style-type: none"> <li>• 2016-17 has been a successful year for CRN Y&amp;H. The network exceeded its recruitment target ending the year having recruited 74,630 against a recruitment target 65,000. This ensured we were the second highest recruiting network for overall recruitment, first in terms of complexity and sixth in terms of per million population.</li> <li>• Target setting meetings with partners as described in 2016/17 ensured all partner organisations increased their recruitment. 20 partners achieved their stated target and this was supported by the strategic placement of a number of cohort studies.</li> <li>• Mental health trusts met their recruitment target following a directed approach and</li> </ul>

	<p>target of 1000 and additional funding to support collaborative initiatives to secure additional recruitment</p> <ul style="list-style-type: none"> <li>● Potential for increased recruitment in Primary Care based on changing patient pathways</li> </ul> <p><b>Creating of Link RDM/Lead Nurse for Partners</b></p> <ul style="list-style-type: none"> <li>● All partners to have a named RDM and Lead Nurse contact. This is to improve the flow of information to and from the partners, improved access to local intelligence. Roles will be allocated and initial contacts will be made by the end of Q1, prioritising partners in need of most support.</li> </ul> <p><b>Monitoring of Performance Through SSS and Link RDM/Lead Nurse</b></p> <ul style="list-style-type: none"> <li>● Through the SSS, the RDMs and Lead Nurses will have access to information about the performance of partners and the potential of the portfolio. An outline meeting agenda will be used to ensure performance against target is discussed at every appropriate meeting.</li> </ul> <p><b>Specific Support for High-Recruiting Studies</b></p> <ul style="list-style-type: none"> <li>● We have a specific workstream that looks at support for High-Recruiting studies.</li> </ul>	<p>additional funding by working collaboratively across organisational boundaries. Furthermore, core funding for mental health and community trusts was ring fenced to stabilise research activity in this sector.</p> <ul style="list-style-type: none"> <li>● Primary Care recruitment target was not realised due to HRA study setup delays and lack of relevant new studies from the national portfolio. However increased recruitment in community and public health portfolios in Division 5 contributed 44% to overall network recruitment.</li> <li>● RDMs and Lead Nurses worked with their allocated POs throughout the year to identify, open and support the recruitment to these studies (for example see Renal specialty).</li> <li>● Ongoing dialogue and communication through the Lead Nurse/RDM link ensured early identification of problems and improved performance against RTT.</li> <li>● Direct dialogue with named person within SSS ensured access to performance information for both RDM/LN and PO.</li> <li>● The BIU produced a suite of reports accessible via Y&amp;H ODP app and NIHR hub. 'Recruitment upload' reminders and 'how to' guides have been produced and distributed to promote PO support through our LN/RDM structure.</li> <li>● The SSS and Business Intelligence team outlined a partner organisation reporting structure which will be implemented in 17/18 following successful implementation of EDGE.</li> <li>● The SSS operational team and Lead Nurses worked closely with Specialty Leads and research teams to identify high recruiting studies and provide early support infrastructure. Where required the CRN provided direct support for studies through our lead research nurses, cohort nursing team and SSS team specifically those with short recruitment periods e.g. SNAP2.</li> <li>● RDMs and Lead Nurses worked with Specialty Leads and POs to ensure high recruiting studies were placed in organisations that could maximise recruitment e.g.</li> </ul>
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		<p>Yorkshire Health Study 10496, Epidemiology of Critical Care provision after Surgery (EpiCCS) 2901, HASMID 2820.</p> <ul style="list-style-type: none"> <li>• Clinical Directors worked with CDLs and Specialty Leads through a formal performance reporting process to ensure strategic placement of studies.</li> <li>• Opportunities to use social media have been used as a mechanism to recruit into studies that might realise high recruitment e.g. HASMID and Acne BSF.</li> <li>• Use of clinical registers and databases which provide consent to be approached about research have also been explored and supported recruitment.</li> </ul>
<b>2A.</b>	<p><b>Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time</b>                  Measure: Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites. CRN National Target: 80%</p>	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Performance against plan</b>
80%	<p>We have a 2-year plan to target and improve our performance against HLO2. Specific areas of focus to improve HLO2 include:</p> <ul style="list-style-type: none"> <li>• Formalising a requirement to achieve RTT in Specialty performance objectives</li> <li>• Adjusting our approach to partner engagement with commercial delivery ensuring that RTT is referenced in communication with partners at all levels</li> <li>• Implement a performance monitoring business cycle for all studies where formal reviews are triggered by leading metrics, ensuring performance deviations are addressed at the earliest opportunity</li> <li>• Market our service offering to commercial sponsors to win more studies that are a good fit for our partners, aiming for multiple regional sites which we can manage as a team.</li> <li>• Use flexible network resource in an</li> </ul>	<p>2016/17 Performance against HLO2A was 72%, an improvement of 18.2% compared to 2015/16.</p> <ul style="list-style-type: none"> <li>• Worked directly with partners to seek studies that are well suited to sites, worked directly with companies, through regional CIs and supported site selection visits on request.</li> <li>• Implemented a performance monitoring business cycle to include review of RTT.</li> <li>• Provided monthly partner level performance summary to OMG to support communications with partners.</li> <li>• Escalations provided to clinical leadership areas not showing improvement so that extra support could be provided.</li> <li>• Primary care teams worked with clusters and start up practices to set up and support commercial study delivery.</li> <li>• Initiative in Mid Yorks to provide and support flexible working across adjacent Trust.</li> </ul>

	intelligent way, bringing expertise to the crucial set up period, providing training and support to allow partners research staff to work independently for the remainder of the study.	
<b>2B.</b>	<b>Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time</b> Measure: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period. CRN National Target: 80%	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Performance against plan</b>
80%	<p>Formalising a requirement to achieve RTT in Specialty performance objectives.</p> <ul style="list-style-type: none"> <li>Implement a performance monitoring business cycle for all studies where formal reviews are triggered by leading metrics, ensuring performance deviations are addressed at the earliest opportunity.</li> <li>Use flexible network resource bringing expertise to the set up period, providing training and support to allow partners research staff to work independently for the remainder of the study</li> </ul>	<p>2016/17 Performance against HLO2B was 83%, an improvement compared to 2015/16:</p> <ul style="list-style-type: none"> <li>Recruitment to time and target measures were built into quarterly specialty reports; with Specialty Leads required to outline plans to improve performance against this objective.</li> <li>Outlined SSS Specialty Support Offer mandates Specialty Lead's review recruitment to time and target</li> <li>SSS operational team implemented a consistent network wide non-commercial performance monitoring process. Studies falling under the new SOP processes were identified earlier and this is reflected in our improved metrics.</li> <li>Implementation of the EDGE LPMS system has improved the quality of data available to partner organisations and now allows for local tracking of remedial study actions.</li> <li>Early Contact and Engagement fed directly into Performance Monitoring plans supporting study setup and delivery.</li> <li>Vacancies in the team have resulted in delays in our ability to deliver an optimum service.</li> </ul>
<b>3A.</b>	<b>Increase the number of commercial contract studies delivered through the NIHR CRN</b> Measure: Number of new commercial contract studies entering the NIHR CRN Portfolio. CRN National Target: 650	

LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
N/A	<ul style="list-style-type: none"> <li>Market our service offering to commercial sponsors to win more studies that are a good fit for our partners, aiming for multiple regional sites which we can manage as a team.</li> </ul>	<ul style="list-style-type: none"> <li>Completed CRN Y&amp;H sales material and business and marketing profile.</li> <li>Success with regional CIs (e.g. Gastroenterology, Respiratory) using company contacts to secure additional sites within the region.</li> <li>Worked directly with partners to promote commercial research to their teams and support completion of high quality Expression of Interests (EOI)</li> <li>Began to pilot more structured regional collaboration for Gastroenterology (Gastroenterology Industry Collaborative in conjunction with NENC and as part of a collaboration with the 4 Northern CRNs and the NHSA), agreed principles across partners to increase collaboration on setup and delivery of research so that sponsors can see the benefit of awarding multiple sites to Y&amp;H</li> </ul>
<b>3B.</b>	<p><b>Increase the number of commercial contract studies delivered through the NIHR CRN</b>                      Measure: Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies.                      CRN National Target: 75%</p>	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
N/A	See above in 3A	See above in 3A
<b>4.</b>	<p><b>Reduce the time taken for eligible studies to achieve set up in the NHS</b>                      Measure: Proportion of eligible studies achieving NHS set up at all sites within 40 calendar days (from "Date Site Selected" to "Date Site Confirmed").                      CRN National Target: 80%</p>	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Progress against plan
80%	With the launch of HRA and the related changes to study Governance and Permission processes there will be changes in the ways that some HLOs are both measured and reported that are	<ul style="list-style-type: none"> <li>Implemented processes for managing CI lead studies against national SOPs.</li> <li>Activity measured against HLO4 has been integrated within the NIHR Minimum Data Set and collected via the LPMS for all POs. The reporting of these across the POs and region is coordinated by BIU to ensure that the metric is achieved.</li> </ul>

	<p>required to be collected to support this. The required new reports will be designed once the new HLO's have been defined and the required data are available.</p> <p>Increasing agility in the workforce will also support timely set up and delivery across settings.</p>	<ul style="list-style-type: none"> <li>Teams worked across primary care, secondary and tertiary services - including successful engagement with non NHS workforce and providers ( Walk In Centres, Care Homes, prisons etc)</li> </ul>
<b>5A.</b>	<p><b>Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies</b>                  Measure: Proportion of commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited")                  CRN National Target: 80%</p>	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Progress against plan</b>
No data available to enable planning	We have established a partner relations workstream and we have created a study support service team. Work with our SSS team has already started and new systems to monitor and improve this metric will be in place by the end of Q1.	<ul style="list-style-type: none"> <li>EDGE data was not complete enough to drive this activity in 2016/17 but will be a priority 2017/18.</li> <li>Sites in YH achieved 2 global first patients recruited in FY2016/17 ( ENT 31042 Pr Jaydip Ray and MUSC 4731 Dr Chee-Seng Yee).</li> </ul>
<b>5B.</b>	<p><b>Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies</b>                  Measure: Proportion of non-commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited").                  CRN National Target: 80%</p>	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Progress against plan</b>
50%	See above in 5A	<ul style="list-style-type: none"> <li>Local LPMS data was not available in 2016/17. Following the introduction of EDGE the SSS team will begin to measure activity against this objective and implement plans to improve performance in 17/18.</li> </ul>

<b>6A.</b>	<b>Increase NHS participation in NIHR CRN Portfolio studies</b> Measure: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies CRN National Target: 99%	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Performance against plan</b>
100%	We have a major strand of work planned for this financial year in this area. Our "Partner Relations" workstream is tasked with sustaining and enhancing our relations with all of our partners and stakeholders. Key strands of this work include: <ul style="list-style-type: none"> <li>• Working through our Partnership Group to foster collaboration and agree direction.</li> <li>• Creating an R&amp;D Director forum.</li> <li>• Creating link RDMs and Lead Nurses for every organisation</li> <li>• Linking the regional clinical research strategy to local partner strategies.</li> <li>• Working with CEOs and boards to make research more visible.</li> </ul>	<ul style="list-style-type: none"> <li>• Successful R&amp;D Directors forum meeting was held in October 2016, with representation from 10/22 of our Partner Organisations</li> <li>• Appendix 2 highlights our PO 2016/17 research strategies identifying links to the regional NIHR priorities</li> <li>• The Clinical Directors have met with all PO Chief Executives, Medical Directors and / or R&amp;D Directors</li> <li>• We have continued to work with the host accountable officer and and newly appointed Nominated Executive Director</li> </ul>
<b>6B.</b>	<b>Increase NHS participation in NIHR CRN Portfolio studies</b> Measure: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies CRN National Target: 70%	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Performance against plan</b>
73%	<ul style="list-style-type: none"> <li>• Supported smaller trusts to provide training and support in completion of high quality EOIs.</li> <li>• Worked with smaller trusts to identify studies that would be suitable for Trusts with no</li> </ul>	73%,  16 of 22 partners recruited to commercial research

	<p>pharmacies and limited medical PIs, highlighting the number and type of commercial studies requiring minimal intervention.</p> <ul style="list-style-type: none"> <li>Continued to promote the value of commercial activity at Partnership Group and R&amp;D directors forum.</li> </ul>	
<b>6C.</b>	<p><b>Increase NHS participation in NIHR CRN Portfolio studies</b>  Measure: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies  CRN National Target: 35%</p>	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Performance against plan</b>
52%	<p>In line with the NHS Five Year Forward View, strong primary care infrastructure and community initiatives have been developed. We will build on the success of our primary care cluster model, using intelligence secured from a detailed scoping exercise across our 770 GP practices to ensure timely recruitment and increase participation.</p>	<ul style="list-style-type: none"> <li>We have a successful and active primary care and community infrastructure, who have worked collaboratively across the network, using external networks to bring studies to the region.</li> <li>Scoping exercise was completed and information used to place studies, identify opportunities and training needs and support individuals interested in being involved in research.</li> </ul>
<b>7.</b>	<p><b>Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio</b>  Measure: Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio  CRN National Target: 20,000</p>	
<b>LCRN's planned contribution in 2016/17</b>	<b>Specific activities/initiatives in 2016/17</b>	<b>Performance against plan</b>
2,000	<ul style="list-style-type: none"> <li>Network's JDR co-ordinator has liaised with relevant trusts on a monthly basis to monitor and support utilisation of the database.</li> <li>Promoted JDR at every opportunity</li> </ul>	<ul style="list-style-type: none"> <li>The network recruited 2652 participants during 2016/17, 10% of the national target.</li> <li>JDR promoted in each organisations memory clinics. Worked with 3rd sector to promote JDR e.g. in memory cafes.</li> <li>Promoted JDR through social media, organisational communications, dementia and champion meetings</li> </ul>

	<ul style="list-style-type: none"> <li>● Specialty Leads to discuss JDR activity at every group's meeting and agree necessary actions to support JDR.</li> <li>● Specialty Leads to work close with new PIs and to consider a mentorship approach to PI development and skills expansion so industry studies are attracted to the region.</li> <li>● Utilise the Care Home network for JDR promotion activities and recruitment of dementia sufferers.</li> <li>● Utilise the opportunity to sign up all GPs and pharmacists following the community specialty review.</li> <li>● Plan for a themed meeting.</li> <li>● PPI initiatives working with trust membership and vanguard opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>● The network considers every new study for JDR registration.</li> <li>● NHS England, CRN Y&amp;H and University of Bradford held a conference in December 16, promotion of JDR was embedded into this conference.</li> <li>● It has been agreed that PRAs will support promotion of JDR and registration of patients.</li> </ul>
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## Section 4. CRN Clinical Research Specialty Objectives

4.1. Please complete Table 4.1 to provide a report on performance against individual Clinical Research Specialty Objectives.

Where applicable, please include numerical data to illustrate performance against your local baseline and/or your network's contribution to the national CRN target. Please highlight approaches which have proven particularly successful, challenges encountered/and any areas of non-delivery, and provide reasons or explanations for these, highlighting mitigation activities and/or follow-up activities.

**Table 4.1. Contribution to 2016/17 Clinical Research Specialty Objectives**

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
1	Ageing	Proportion of Ageing-led studies on the NIHR CRN Portfolio which are multicentre studies is maintained at 50% or above	Proportion of Ageing-led studies which are multicentre studies	50%	<p>Current recruitment against objective 33.3% i.e. 2 out of 6 studies recruiting in multiple-sites. Further increase will be achieved through:</p> <ul style="list-style-type: none"> <li>Continuing to work closely with our local CIs in support of their established research strategy thereby facilitating early engagement and ensuring delivery infrastructure is aligned to local studies through integrated care pathways and care homes; Care 75+ led by Dr Andrew Clegg Bradford has delivered well and will extend across Y&amp;H this year.</li> <li>We will identify an Age and Ageing lead/s from our senior nurse consultants and specialists in Y&amp;H and develop a leadership team to drive this agenda</li> <li>Linking novel initiatives e.g. opportunities with the community and vanguards within the region</li> <li>Continuing to work with NIHR partners and identify synergies for delivering cross cutting themes</li> <li>We have strong leadership in Parkinson's disease and will support</li> </ul>	<ul style="list-style-type: none"> <li>Highest recruiting LCRN in England with 27.9% of national accruals.</li> <li>Y&amp;H has recruited into 2 studies in 2016/17. Both studies are now closed.</li> <li>Working closely with our Age and Ageing researchers in utilising Y&amp;H Enrich care homes to deliver their studies. 3 studies are currently in setup that have been developed with our care home managers forum having an active input.</li> <li>Initiated work with Leeds University setting up a multi centre age and ageing study, liaising with the Partner Organisations to ensure smooth and timely setup.</li> <li>Speciality continues to be led by Chris Oxnard and Chris Rhymes.</li> </ul>

					PD research in our elderly population	
2	Anaesthesia, Perioperative Medicine and Pain Management	Establish links with the Royal College of Anaesthetists' Specialist Registrar networks to support recruitment into NIHR CRN Portfolio studies	Number of LCRNs where Specialist Registrar networks are recruited into NIHR CRN Portfolio studies	8 (of 15)	<p>Establish a Pan Yorkshire research development group to include the Specialist Registrar networks to submit one collaborative research project for NIHR funding:</p> <ul style="list-style-type: none"> <li>Recognise the input of trainees more formally through funding of meetings, websites and assistance with mentoring</li> </ul>	<ul style="list-style-type: none"> <li>Second highest recruiting LCRN in England with 10.7% of national accruals.</li> <li>Local Specialist Registrar Network trainees contributed to an observational project of intraoperative hypotension and its impact on perioperative outcomes (VH) Anaesthetic trainees (from RAFT, AARMY and SHARC) have also contributed to SNAP-2/EPICCS (critical care portfolio) at a regional level.</li> <li>The lead for RAFT is now a member of the regional and national specialty group.</li> <li>Specialty Lead represented Y&amp;H at the NIHR commercial research network at the Royal College of Anaesthetists in Dec 2016.</li> <li>By utilising the trainee network effectively we have increased patient recruitment into APOMP studies with recruitment increasing from 505 in 15/16 to 3732 in 16/17 (EPICCS - CPMS 31913).</li> <li>Local Specialty Lead contributed to a national Research Career Pathway document.</li> <li>We are aware of our decrease in regards to HLO2 performance and this will be a focus of our work in 17/18.</li> <li>We have worked hard with our IOM to establish a route into the commercial sector with studies in chronic pain continuing - Leeds tends to be the focus for this work but our SL has made significant contacts in Huddersfield and York - this work will continue into 17/18</li> </ul>

						<ul style="list-style-type: none"> <li>• IHype study has allowed our smaller sites to be involved in this important large scale study - we have had 13 or our 14 acute sites taking part in APOMP studies in 16/17.</li> <li>• The Royal College of Anaesthesia has focused on Perioperative Medicine and York secured a Health Foundation award to develop one of the first Perioperative Medicine Services in the country. The service has now been funded by the Trust and we have had several other Trusts visit in order to emulate. We are hopeful that the HF will be putting out a Spreading Innovation grant call in the near future which we will apply for. Bradford, Harrogate, Plymouth and Salford interested in collaborative project for 17/18 - research will be an important element of this work.</li> <li>• We have identified a need to review PA allocation in the specialty to support green shoots and will undertake this work in 17/18.</li> <li>• NIAA award in 16/17 to Drs Howell and Yates to lead a national observational study of frailty in the peri-operative period.</li> </ul>
3	Cancer	Deliver a portfolio of studies including challenging trials in support of national priorities	Number of LCRNs achieving recruitment to NIHR CRN Portfolio studies in 4 challenging areas which is <b>either</b> improved from 2015/16 <b>or</b> exceeds the following national targets: a) Cancer Surgery: 4 recruits per 100,000 population served	15 (of 15)	<p><b>Cancer surgery</b></p> <ul style="list-style-type: none"> <li>• Work with surgical oncologists to strengthen the portfolio.</li> </ul>	<ul style="list-style-type: none"> <li>• Second highest recruiting LCRN in England with 10.9% of national accruals</li> <li>• We have maintained a balanced portfolio of observational and complex interventional studies and have increased overall recruitment. Targets in all 4 challenging areas have been achieved.</li> </ul> <p><b>Cancer Surgery</b></p> <ul style="list-style-type: none"> <li>• Cancer surgery studies recruited 13</li> </ul>

			<p>b) Radiotherapy: 6 recruits per 100,000 population served</p> <p>c) Rare Cancers (ASR &lt;6): 12 recruits per 100,000 population served</p> <p>d) CYP: 3 children per 100,000 population served,* and all LCRNs to record the number of 16-25 year olds participating in cancer studies</p> <p>*LCRNs which do not include a PTC to provide evidence of referral pathways to access research</p>	<ul style="list-style-type: none"> <li>• The network already has a number of surgical trials but we will open 2 additional trials in 2016/17 e.g. BRAVO</li> </ul> <p><b>Radiotherapy</b></p> <ul style="list-style-type: none"> <li>• We already have a strong portfolio of radiotherapy trials and will continue to work with the Radiotherapy sub-specialty lead to promote the clinical trials across the network</li> <li>• The Y&amp;H radiotherapy centres currently participating in or setting up the national portfolio of SABR trials in lung cancer and oligometastatic disease will increase overall recruitment</li> </ul> <p><b>Rare Cancers</b></p> <ul style="list-style-type: none"> <li>• The network currently has an extensive portfolio of trials for patients with a rare cancer and will be reviewed on a regular basis during the year.</li> <li>• Encourage and enhance the existing referral pathways for patients from across the network</li> <li>• For very rare cancers the teams will work together to present a 'one network' approach to Industry. To reduce duplication and improve performance a decision is made as to which site will open a study and will then receive referrals from across the network.</li> </ul> <p><b>Children and Young People</b></p>	<p>patients per 100,000 population served against the target of 4. Surgical studies open in year: BRAVO, LILAC</p> <p><b>Radiotherapy</b></p> <ul style="list-style-type: none"> <li>• Radiotherapy studies recruited 9 patients per 100,000 population served against the target of 6.</li> <li>• Work to overcome local issues with radiation physics appointments and capacity for trials has seen an improvement in activity although this remains a prioritisation strategy for radiotherapy trials.</li> </ul> <p><b>Rare Cancers</b></p> <ul style="list-style-type: none"> <li>• Rare Cancers studies recruited 17 patients per 100,000 population served against the target of 12. Rare cancers discussed with all sub-specialty leads at review meetings and appropriate studies pursued</li> <li>• Referral pathways discussed with Sub-specialty Leads. Clinicians have referred appropriate patients.</li> <li>• MDT booklets continued to be used to increase awareness of trials for rare conditions. Sub-specialty leads encouraged inter-hospital referrals for rare cancers if trials were open.</li> <li>• Teaching hospital sites have collaborated to submit combined EOLs for rare sarcoma commercial studies</li> </ul> <p><b>Children and Young People</b></p>
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					<ul style="list-style-type: none"> <li>• Maintain the current inclusive portfolio of trials for Children's Cancer &amp; Leukaemia &amp; Young Adults, including at least 2 new commercial studies</li> <li>• When the local LPMS system is fully operational the network will identify the number of 16-25 year olds entering a trial. This will facilitate a review of performance and identify any gaps in service</li> <li>• Work with regional teams examining care in the community for children</li> </ul> <p><b>Palliative care</b></p> <ul style="list-style-type: none"> <li>• Build on links with palliative care teams</li> </ul>	<ul style="list-style-type: none"> <li>• Children and Young People studies recruited 5 patients per 100,000 population served against the target of 3.</li> <li>• The network still does not have a system to record the number of 16-25 year olds participating in cancer studies. Plans to use EDGE to record this activity will be implemented in late 2017.</li> </ul> <p><b>Palliative Care</b></p> <ul style="list-style-type: none"> <li>• Opened first study at St Luke's Hospice in Sheffield. Working with palliative care academics to expand activity.</li> <li>• Worked collaboratively with the Yorkshire Cancer Research (YCR) to support recently funded studies which are expected to deliver in the next financial year.</li> </ul>
4	Cardiovascular Disease	Increase NHS participation in Cardiovascular Disease studies on the NIHR CRN Portfolio in challenging and priority areas	Number of sites recruiting to Congenital & PAH, Surgery and CV Prevention studies	5% increase	<p>Our network has an excellent track record in Cardiovascular research, delivering large numbers of patients into a wide range of trials.</p> <ul style="list-style-type: none"> <li>• We will utilise the skills and knowledge of our delivery teams to achieve this objective. However, we will need to use the knowledge of our Specialty Leads to work with new sites and PIs to expand our cardiovascular portfolio and recruitment.</li> <li>• We will work with our specialty lead for surgery who is a cardiothoracic surgeon.</li> </ul>	<ul style="list-style-type: none"> <li>• Ranked 6th LCRN in England for recruitment with 8.9% of national accruals</li> <li>• We commenced work with our surgical specialty lead to ensure cardiothoracic surgical studies are reviewed and disseminated. We have commenced a programme of work to identify opportunities to ensure further collaboration.</li> <li>• Cardiovascular has had a challenging year with a reduction of 1000 patients from 15/16 with our portfolio demonstrating a high level of complexity</li> </ul>

					<ul style="list-style-type: none"> <li>• Clinical Divisional Leads in Division 2 have encouraged development of workforce across specialty areas to further facilitated delivery this has provided efficiencies and we will further encourage this approach.</li> </ul>	<ul style="list-style-type: none"> <li>• A number of large recruiting Y&amp;H CI-led studies have closed to recruitment in year</li> <li>• We have encouraged cross divisional working with diabetes, tissue viability and stroke services through robust review of care pathways</li> <li>• Bradford, (Hull), Leeds and Sheffield all recruited to cardiac surgical studies with an increase in Hull from 4 (15/16) to 20 (16/17) patients, Bradford with a new cardiac surgical portfolio added 79 patients and Sheffield increased from 2 to 10 patients over the year from 15/16 - 16/17. Leeds sustained their recruitment. Therefore from a total of 42 patients in 15/16 to 127 recruited patients in 17/18.</li> <li>• We also had a 25% increase in the number of sites delivering cardiac surgery - contributing Bradford to our regional open sites</li> <li>• We had 10 sites recruiting into CV prevention studies in 16/17 - an increase from 6 in the previous year.</li> <li>• We had 5 sites recruiting into congenital/PAH studies in 16/17 - an increase from 3 in the previous year.</li> <li>• All 13 of our acute adult Trusts have undertaken cardiovascular research studies in 16/17</li> <li>• Commercial performance has been excellent, HLO2A improved to 75% (from 48% in 2015/16). Several commercial trials were delivered across both primary and secondary care sites. 40 commercial study sites closed in 2016/17, a 25% increase on 2015/16</li> </ul>
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5	Children	Increase NHS participation in Children's studies on the NIHR CRN Portfolio	Proportion of NHS Trusts recruiting into Children's studies on the NIHR CRN portfolio	90%	<ul style="list-style-type: none"> <li>• Capitalising on the expertise of Professor Paul Dimitri as NIHR National Children's Specialty Lead and the intelligence gathered from national meetings.</li> <li>• Attracting an increased number of general paediatric studies suitable for DGHs as well as Teaching Hospitals.</li> <li>• Building on the strong synergies between SCH (Professor Paul Dimitri and STH Professor Mike Cork) for dermatology studies and opportunities to enhance commercial research</li> <li>• Widening visibility of the mentor/support available to emerging sites via the Cluster Lead model recently introduced</li> <li>• Exploring opportunities to work with youth groups interested in children's research</li> <li>• Establishing stronger regional links with MedTech companies in support of more device based research and from a national perspective this will be done through our Children's Research Industry Group (CRIG).</li> </ul>	<ul style="list-style-type: none"> <li>• Ranked 8th LCRN in England for recruitment with 5.9% of accruals</li> <li>• In Y&amp;H there is a good track record of equity of access to research through Children's Services in all the POs (where YP&amp;C services are offered)</li> <li>• Dr Tim Lee (Y&amp;H Specialty Lead) has actively participated in all National Specialty meetings alongside contributing at Paediatric Medicine events highlighting the expertise within Y&amp;H and the capacity within the DGHs to undertake research activity. He has used contacts in other regions to raise awareness of the developing skills within both tertiary and DGH settings to encourage Chief Investigators to consider Y&amp;H as Paediatric sites with increasing success.</li> <li>• Cluster Leads continue to evidence impact of their engagement - especially in areas of DGHs activity offering support in new situations, problem-solving when required and providing expertise in areas of feasibility and site selection</li> <li>• Both Dr Lee and Prof Dimitri have strengthened the synergy between Clinical areas to broaden the opportunity for the Paediatric population to participate in research studies - juvenile rheumatology, diabetes and dermatology are areas of success.</li> <li>• Med Tech links have been strengthened via the links with NIHR (HTC) D4D and TITCH with Sheffield Children's Hospital and Sheffield Teaching Hospitals leading on many innovative design projects. Prof. Dimitri and Dr. Yadi (NHS) held a</li> </ul>
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						<p>national event for multiple stakeholders to explore how we facilitate clinical evaluation through NIHR for products ready for market in April 2017. This may have the potential to bring more medtech studies onto the portfolio in the future.</p> <ul style="list-style-type: none"> <li>• In 2016/17 we supported the development of a Young Person's Advisory Group.</li> <li>• Collaboration between the Children's and Mental Health themes has provided the support for two studies in CAMHS setting. CAMHS in both Leeds Community Healthcare Trust and Sheffield Children's Hospital were allocated a small amount of non-recurrent funding to provide data and administrative support for the study activity as a process for facilitating their capacity to participate</li> <li>• The overall RTT has improved in both commercial and noncommercial delivery, enhancing the reputation of those Children's services who have supported the NIHR aims throughout the year.</li> <li>• Prof Dimitri and Martin Collins (IOM) worked with the NHTA and other northern LCRNs to present to an international delegation from Pzifiers paediatric research unit.</li> </ul>
6	Critical Care	Increase intensive care units' participation in NIHR CRN Portfolio studies	Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio	80%	Leadership collaboration with Anaesthetics will enhance opportunities for research across specialties and allow specialist registrar networks to support peri-operative research care pathways and specialist surgical endeavours (bariatric/obstetric surgery)	<ul style="list-style-type: none"> <li>• Ranked 10th LCRN in England for recruiting with 2.4% of accruals.</li> <li>• We have increased our total number of recruiting critical care studies by 30%</li> <li>• This has been a challenging year for critical care however we have seen an increase from 127 patients in 15/16 to 207 in 16/17.</li> </ul>

						<ul style="list-style-type: none"> <li>• We have ensured firmer links with our specialty leadership through more robust communication and an agreement to work closely with APOMP - this is working successfully.</li> <li>• Close collaboration with anaesthetics specialty continued to be of value in 2016/17</li> <li>• Activity commenced in Harrogate and Airedale critical care units which has increased the number of intensive care units recruiting into NIHR CRN portfolio studies.</li> <li>• Although commercial studies are rare in this area we continued to grow our commercial portfolio increasing the number of studies from previous years in 2016/17</li> <li>• We have a very strong CI in Y&amp;H as specialty lead and work with pharmacy consultant in Sheffield has led to the development of a number of grant proposals</li> </ul>
7	Dementias and neurodegeneration	Optimise the use of "Join Dementia Research" to support recruitment into Dementia studies on the NIHR CRN Portfolio	The proportion of people recruited to Dementia studies on the NIHR CRN Portfolio who were identified via "Join Dementia Research"	6%	<ul style="list-style-type: none"> <li>• Network to strengthen coordination of the recruitment from JDR.</li> <li>• Network's JDR co-ordinator to liaise with relevant trusts on a monthly basis to monitor and support utilisation of the database.</li> <li>• To promote JDR at every opportunity (consider JDR bus)</li> <li>• Specialty Leads to discuss JDR activity at every group's meeting and agree necessary actions to support JDR.</li> <li>• Consider JDR registration for all new dementia studies.</li> <li>• Specialty Leads to work close with</li> </ul>	<ul style="list-style-type: none"> <li>• Please reference section 3</li> <li>• Third highest recruiting LCRN in England with 9.4% of accruals</li> <li>• The proportion of people the network recruited to Dementia studies on the NIHR CRN Portfolio was over 13% against the target of 6%.</li> <li>• Mentorship approach for dementia implemented</li> <li>• Sheffield Teaching Hospital was selected for three new commercial research studies.</li> </ul>

					<p>new PIs and to consider a mentorship approach to PI development and skills expansion so industry studies are attracted to the region.</p> <ul style="list-style-type: none"> <li>• Utilise the Care Home network for JDR promotion activities and recruitment of dementia sufferers.</li> <li>• Utilise the opportunity to sign up all GPs and pharmacists following the community specialty review</li> <li>• Plan for a themed meeting</li> <li>• PPI initiatives working with trust membership and vanguard opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• One new PI in RDASH and Bradford.</li> <li>• There has been good collaboration across partners to promote new PIs. Dr Peter Bowie (Sheffield Health and Social Care) has been working closely with Dr Dan Blackburn (Sheffield Teaching Hospitals) and Dr Blackburn has been selected for his first commercial trial</li> </ul>
8	Dermatology	Increase NHS participation in Dermatology studies on the NIHR CRN Portfolio	Number of sites recruiting into Dermatology studies	160	<p>41 Sites recruiting into Dermatology studies i.e.24 GP Practices (from 13 CCGs) and 15 Trusts. 2 research ready pharmacies.</p> <ul style="list-style-type: none"> <li>• Current recruitment over 35% of English recruitment. We will continue to build on this strength through:-</li> <li>• Optimising opportunities to increase involvement in new portfolio studies through direct links with translational Dermatology research networks TREND &amp; PSORT and the UKDCTN for early sight of and engagement with pipeline studies.</li> <li>• Specific Studies to support national objective include <ul style="list-style-type: none"> <li>o A new study on atopic eczema led by Professor Steve Errser Leeds</li> <li>o Psoriasis Disease Research led Dr Phil Laws</li> </ul> </li> <li>• Studies to continue through 16/17 BADBIR BEEP, TREAT, ACORN, Influencing prescribing habits, ALPHA, HEALS</li> </ul>	<ul style="list-style-type: none"> <li>• Highest recruiting LCRN in England with 42.9% of accruals</li> <li>• 39 sites currently recruiting into Dermatology studies; 17 GP Practices currently recruiting (from 9 CCGs), 13 Acute Trusts (19 sites), 2 Mental Health Trust, 1 Ambulance Trust.</li> <li>• Regional clinical leaders remain steering group members on the UKDCTN and members of TREND and PSORT providing intelligence and opportunity for engagement with new studies.</li> <li>• Early collaboration and engagement with CIs in the region facilitated planned delivery of new studies.</li> <li>• PIs across the region have continued to recruit into the national biologics register BADBIR and national studies that have been developed and supported by the UKDCTN including BEEP, TREAT, ALPHA and HEALS.</li> <li>• Opportunities to develop nursing PIs e.g. in wound care studies continue to be</li> </ul>

					<ul style="list-style-type: none"> <li>o Studies resulting from translational research networks e.g. biologic studies for psoriasis and opportunities in eczema and skin cancer.</li> <li>• Growth of PIs i.e. further embed research in SpR training and national dermatology trainee research network through the UKDCTN. Support nurses and other AHP PI development.             <ul style="list-style-type: none"> <li>o We aim to increase our nurse PIs from our specialist nurse groups to 6 by March 2017</li> </ul> </li> <li>• Identifying mechanisms for increasing recruitment by further encouraging working across organisations, primary and secondary care interfaces and building on community pharmacy opportunities             <ul style="list-style-type: none"> <li>o 2 dermatology studies currently recruiting in community pharmacy. We will work with our pharmacy champion to identify further studies for our research ready pharmacies to recruit into.</li> </ul> </li> <li>• Updating information about workforce and infrastructure currently recruiting into NIHR portfolio studies or non-portfolio studies in each centre to support growth, encourage adoption onto the portfolio and sharing of good practice.</li> <li>• Showcasing clinical strengths and identifying synergies between specialties, organisations, community and secondary care interfaces. We will aim to increase number of centres engaged in commercially sponsored research</li> </ul>	<p>developed and we have managed to embed research delivery in trainee curriculums across some trusts.</p> <ul style="list-style-type: none"> <li>• Nurse CI appointed at a Y&amp;H site for a 3 site national RCT based on the LCRNs recommendation.</li> <li>• Collaboration with an academic pharmacist has supported the development and delivery of an ISS supported study which secured portfolio status in 2016/17.</li> <li>• Highlighting research at regional clinical meetings has enabled some sharing of good practice and set-up of studies in new sites.</li> <li>• Use of social media has enhanced recruitment into an antimicrobial study and integrated research across primary and secondary care interfaces.</li> <li>• Use of biologics in studies been acknowledged to save funding for CCGs - formal processes to estimate costings and provide opportunity for patients to receive effective therapies under discussion.</li> <li>• Use of research databases and registers to enhance recruitment into an NIH study ACORN looking at core outcome measures.</li> <li>• ISS supported studies in collaboration with pharmacy and centre for Immunology and Infection York University.</li> <li>• Professor Mike Cork has worked with the MHRA and Regeneron Pharmaceuticals to expedite biologic commercial studies for children. This has secured novel biologic studies to be delivered in the</li> </ul>
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				<p>by building on clinical strengths that lend themselves to commercial research e.g. Psoriasis, Eczema, Acne, Wound care and where possible Skin cancer.</p> <ul style="list-style-type: none"> <li>● Working to identify the economic benefit to CCGs and the wider NHS as a result of conducting e.g. biologic studies with the aim of securing support for commercial research and improved performance management within organisations.</li> <li>● Further use of databases / registers available to identify patients alongside information systems in primary care.</li> <li>● Further use of digital technology which has enabled access to teenagers in 15/16</li> <li>● Encouraging PIs to secure support from pharma for studies that could meet criteria for the NIHR portfolio through ISS funding.             <ul style="list-style-type: none"> <li>○ 2 studies currently being considered                 <ul style="list-style-type: none"> <li>▪ LTHT 5 year large recruiting Psoriasis study which will provide a register of potential participants for future studies and support stratified medicine supported by Celgene</li> <li>▪ An antimicrobial resistance study supported by GSK in HDFT</li> </ul> </li> </ul> </li> <li>● Building on strong commercial opportunities in dermatology, the national group invite commercial companies to present their strategic direction of travel which provides opportunity for specialty leads to align local researchers to</li> </ul>	<p>region for children with refractory disease.</p> <ul style="list-style-type: none"> <li>● Professor Nixon set up the Wounds Research Network bringing together clinical academics and CTUs undertaking NIHR portfolio studies in wounds research across multiple specialties (general surgery, orthopaedics, vascular, diabetes, nursing tissue viability, burns and plastic). Inaugural meeting April 2016, Cardiff.</li> <li>● Early contact and engagement activities provided for 3 trials.</li> <li>● PRESSURE 2: Invested additional funds into top recruiting centres including LTHT, Harrogate, Hull and Mid Yorks.</li> </ul> <p><b>Specialty Successes</b>            Industry Study Nurse CI: Mid Yorks</p> <p>PRESSURE 2: closed to recruitment November 2016 ahead of revised target: Y&amp;H NHS Trusts LTHT, Leeds Community, Mid Yorks and Harrogate top recruiting centres.</p> <p>Top recruiting Clinical Research Nurses in Bradford, LTHT, Harrogate, Mid Yorks and Leeds Community</p> <p>HTA MIDFUT trial success starting 2017 – cross specialty – multi-stage multi-arm diabetic foot ulcer treatment trial – lead is new CI a , Vascular surgeon</p> <p>Good links with LeoPharma have seen an increase in Dermatology studies conducted in primary care this year</p>
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					<p>commercial studies.</p> <ul style="list-style-type: none"> <li>o Professor Mike Cork has recently been secured as a specialty lead and has close links with commercial companies and the national eczema society which will provide areas of growth for dermatology.</li> </ul> <p><b>Wound care:</b></p> <ul style="list-style-type: none"> <li>• Wound care is a great strength in our region led by Professor Jane Nixon, who has extensive experience of working with Nurse PIs and also AHPs. Professor Nixon has identified some specific needs that are not currently being addressed. She has raised this regionally and nationally and is keen to provide support. She was a key lead on the recent national 'Stop the pressure campaign'. A critical component of this is to work with Chief Nurses/AHP leaders – the nurse/AHP PI role is particularly problematic because they do not usually have the necessary local networks to negotiate SSCs and there are unnecessary barriers put in place – for example the 'service lead' does not need to be the PI.</li> <li>• Commercial activity is an area of potential development in 2016/2017 working with the CRN Industry lead and the NIHR Wounds HTC. Professor Nixon has agreed to provide peer review at feasibility stage and feedback on key areas including patient pathways and research staff roles.</li> <li>• Hence specific plans to grow wound research will include arranging a cross specialty meeting. Specific</li> </ul>	
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					studies that will enhance delivery in 2016/17 are SWISHY, MIDFUT, HEALS and PRESSURE 2 wound care studies	
9	Diabetes	Increase participation in studies relating to areas defined to be of national priority for Government agencies and Research Funders	A: Number of LCRNs recruiting and/or referring into immuno-therapy studies for recent onset T1 diabetes. B: Number of sites participating in studies relating to the prevention of diabetes and its complications.	A. 15 (of 15) B. 5%	<p>We are fortunate to have the national specialty lead for diabetes in our region. Professor Simon Heller is able to lead us in this area, providing the intelligence we need to attract the right studies and open them in the right places.</p> <ul style="list-style-type: none"> <li>● The national specialty objectives relating to type 1 newly diagnosed and in particular immunotherapy will be supported by the Diabetes UK funded type 1 immunotherapy consortium (with a £2m grant from Tesco) and recruitment will be supported through a national network of regional sites who will undertake the more intensive studies. Sheffield is the regional lead site to undertake this work and will be setting up training to aid local recruitment after our team have had their training.</li> <li>● We will identify opportunities to work with the strong primary care cluster model and CCGs as these are key to diabetes prevention. <ul style="list-style-type: none"> <li>○ As an example, specialty clinical leadership in the East of the region has recently secured funding to support diabetes research involved in prevention and complications of disease and will be working with the CCGs and the community teams to deliver this</li> </ul> </li> <li>● With respect to other studies related to prevention of complications</li> </ul>	<ul style="list-style-type: none"> <li>● The highest recruiting LCRN in England with 20.6% of accruals.</li> <li>● At the beginning of the year this specialty was identified as a priority due to poor performance. Dedicated focus in identifying studies and utilising novel recruitment methods ensured Y&amp;H were the highest recruiting network for diabetes.</li> <li>● Worked with Specialty Leads on developing new types of research and supporting teams to deliver them in innovative ways; <ul style="list-style-type: none"> <li>○ Delivered the HASMID Diabetes study using social media marketing - recruited 2,820 patients against a target of 200.</li> <li>○ Two high recruiting studies ran from Hull that worked across CCGs and acute care: Perspectives on Accessing Type 2 Diabetes Services (Hull and ERY) (CPMS 31178 and 31180).</li> <li>○ Held a Diabetes and Obesity themed event which fostered collaborations across the NHS organisations, PPI groups, charities, and HEIs across the region. Speakers at the event embraced those with experience of acute and primary care delivery.</li> </ul> </li> <li>● Maintained close collaborations with SchARR (Sheffield)</li> <li>● Commercial performance has massively</li> </ul>

					<p>examples of studies to deliver on this which the network are engaged with are:</p> <ul style="list-style-type: none"> <li>o DAFNE</li> <li>o £2.7m PGfAR to improve educational interventions in type 1 diabetes and thus glycaemic control</li> <li>• Support from the network core team will include <ul style="list-style-type: none"> <li>o Close working with the newly established SSS team to support national priorities with the aim of ensuring we have a range of sites capable of delivering studies for the region.</li> <li>o Identifying opportunities to grow PIs in diabetic nursing</li> </ul> </li> </ul>	<p>improved in 2016/17, HLO2A improved to 78% from 44% in 2015/16. 27 commercial study sites closed this year, a 69% increase on last year</p>
10	Ear, nose and throat	Increase NHS participation in Ear, Nose and Throat studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into ENT studies on the NIHR CRN Portfolio	40%	<ul style="list-style-type: none"> <li>• Continue to grow a mixed portfolio and encourage trainees in engaging with research studies, including collaborations with respiratory and children's specialties.</li> <li>• We will ensure partner sites 'new' to research are offered mentorship and support.</li> </ul>	<ul style="list-style-type: none"> <li>• The 7th highest recruiting LCRN in England with 1.3% of national recruitment.</li> <li>• Four Trusts recruited into ENT studies. CRN and Specialty Lead outlined a strategy to support ENT research in Y&amp;H. We identified some acute Trusts with capability for growth in ENT portfolio.</li> <li>• We have increased collaborations with Leeds Music College and our audiology departments to deliver on 2 CI-led studies regionally.</li> <li>• Despite limited commercial studies coming through the portfolio we have had some commercial success; <ul style="list-style-type: none"> <li>o Pr Jaydip Ray recruited the global first patient for the BAHA Superpower study (CPMS 31042)</li> <li>o A new commercial PI, Dr Dave Strachan, opened an ENT study at Bradford teaching hospitals after a</li> </ul> </li> </ul>

						<p>recommendation from a CI colleague in a different therapeutic area.</p> <ul style="list-style-type: none"> <li>• There is an active Trainee Research Collaborative which is well linked to the National Trainee Collaborative - Integrate. Y&amp;H Deanery committed to research on meeting agenda as standing item.</li> <li>• Y&amp;H ENT Specialty Lead is also the national communications lead for ENT and assisted in the development of specialty research leaflets and website.</li> <li>• Specialty lead has also lectured at the National ENT bootcamp on research opportunities within Higher Surgical Training.</li> <li>• There is a well established PPI ENT group in Y&amp;H which also has membership to the national group.</li> <li>• We have close working relationships with the British Tinnitus Association and Nottingham BRU and have completed priority setting reviews which will form the basis of future research funding bids.</li> <li>• We have the highest national recruitment for the QUIET (CPMS 18266) and OTONOMY (CPMS 17288).</li> </ul>
11	Gastroenterology	Increase NHS participation in Gastroenterology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into Gastroenterology studies on the NIHR CRN Portfolio	90%	<ul style="list-style-type: none"> <li>• We will continue to engage local staff with the regional LCRN concept through a programme of re-engagement and active communication.</li> <li>• We will ensure balanced portfolio is accessible to all parts of the network through closer working with the core CRN team and the SSS team.</li> <li>• Ensure there is the CRN input into regional meetings such as the Y&amp;H</li> </ul>	<ul style="list-style-type: none"> <li>• Top recruiting LCRN in England with 14.5% of accruals. We have increased the number of recruiting studies in our region by 48% to become the highest recruiting network compared to 6th in the previous year.</li> <li>• All our acute organisations are participating in gastroenterology studies surpassing the national target locally.</li> <li>• Monthly teleconferences took place</li> </ul>

				<p>IBD conference</p> <ul style="list-style-type: none"> <li>Engage with high recruiting studies, e.g. I-CARE – IBD cancer and serious infections in Europe;</li> </ul>	<p>throughout the year with our gastro specialty leads, At present we are using these TCs to establish a gastro clinical lead in each of our active trusts. We will then have an established network of clinical engagement around this portfolio and can use the group to review eoi/feasibility/ site identification etc. This network can be used to discuss the 'gastro collaboration project'.</p> <ul style="list-style-type: none"> <li>Studies discussed at TCs and active SLs inform best placement. SLs work actively to attract and prioritise studies to the Y&amp;H network.</li> <li>Introductory meetings with site teams completed. Bi-monthly TC with research teams now established with the aim of a face-to-face meeting late 2017. Now discussing strategic feasibility, recruitment and delivery issues regionally.</li> <li>Core group of sites linked to 'Gastro Industry Collaborative' proposal with Specialty Leads and Martin Collins working with NENC and the NHSA. Collaboration principles have been agreed, pilot sites have agreed to 'do once and share' principles for some set up tasks.</li> <li>We have sustained our integration and engagement with partners and have built on relationships with CTRU's to support researchers from concept to delivery.</li> <li>ICARE (CPMS 20798) CI and co-SL has been supported with CRN contingency funding to ensure reach of study opening across Y&amp;H.</li> <li>Continues excellent links with the Y&amp;H</li> </ul>
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						IBD network - CRN Lead Nurse has presented at conference in 2016.
12	Genetics	Full geographic access for patients with rare diseases to participate in Genetics studies is maintained on the NIHR CRN Portfolio	Number of LCRNs recruiting into multi-centre Genetics studies through the NIHR UK Rare Genetic Disease Research Consortium	14 (of 15)	<ul style="list-style-type: none"> <li>• Continue the engagement with the UKRGDRC alongside supporting the development of the Rare Disease Facilitator (RDF) role recently introduced. <ul style="list-style-type: none"> <li>o Promote identification of suitable patients to these studies, enhancing patient opportunity to participate.</li> </ul> </li> <li>• We will monitor activity from the 100,000 genomes project and the throughput in the GeCIPs with the aim of identifying any possible opportunities for engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• 6th highest recruiting LCRN in England with 8.5% of accruals.</li> <li>• Pilot RDF post commenced and impact very positive, demonstrating effectiveness of focussed pre-screening. Examples of impact are; UKID 17635 - 505 patient screened with 61 recruited, UKID 10486 - 43 screened 18 recruited.</li> <li>• To support the increased activity and output of this post Genetics in Sheffield Children's Hospital were given non-recurrent funding to increase the hours of the post and a B6 Research Nurse post.</li> <li>• Similarly Genetics in LTHT were given non-recurrent funding to increase the delivery capacity for RD-Register studies as well as INSIGNIA (15956). The success of this post has been recognised by other regions who are looking to develop a similar post.</li> <li>• We are working across the region to implement a collaborative recruitment process for 100K Genome project and NIHR genetics studies.</li> </ul>
13	Haematology	Increase trainee involvement in supporting recruitment to Haematology studies on the NIHR CRN Portfolio	Number of LCRNs with a named Haematology Trainee	15 (of 15)	<ul style="list-style-type: none"> <li>• To support the newly appointed Specialty Lead to identify emerging Trainees and provide appropriate levels of support and guidance.</li> </ul>	<ul style="list-style-type: none"> <li>• Ranked 10th highest recruiting LCRN in England with 2.9% of accruals.</li> <li>• Specialty Lead identified pathways for identification and engagement of Trainees.</li> <li>• Discussions focused on a clinical fellow posts to support research career development and to support experience in</li> </ul>

						<p>becoming a local PI on portfolio studies.</p> <ul style="list-style-type: none"> <li>• There has been a paucity of studies nationally, in the reporting year, including the closure of an ITP registry study. However RTT has continued to be good and there has been a significant number of EOIs returned for studies opening in 2017/18 The Specialty was given non-recurrent funding in 2016/17 to enable a B6 Research Nurse to increase engagement with the DGHs and enhance recruitment to ITP Registry prior to closure (14145).</li> <li>• The same team have also provided significant support to Cancer studies – 90% of the team's activity has contributed to other Divisions.</li> </ul>
14	Health Services Research	Develop research infrastructure (including staff capacity) in the NHS to support clinical research	Number of LCRNs with a lead for HSDR	15 (of 15)	<ul style="list-style-type: none"> <li>• This is a great strength in the region and the network have developed close links with the local CLAHRC with strong clinical leadership with Jo Cooke from the CLAHRC at the helm. Jo has a particular interest in building capacity and demonstrating research impact.</li> <li>• There are a number of initiatives currently in development to enhance research infrastructure.</li> <li>• We have appointed AHP leads to provide some leadership and aim to contact all AHP's currently involved in research supported by Yorkshire and Humber CLRN.</li> <li>• We aim to link with the newly revised CAHPR (North and South Yorkshire) to provide support for all AHP researchers and strengthen</li> </ul>	<ul style="list-style-type: none"> <li>• 2nd highest recruiting LCRN in England with 9,1 % of accruals.</li> <li>• Creation of the 0 -19 research network, this network comprises of Y&amp;H school nurses, Y&amp;H health visitors, local and national academics. This group aims to identify opportunities for this age groups to be involved in the delivery of portfolio studies</li> </ul>

					<p>research links and networking.</p> <ul style="list-style-type: none"> <li>● We will develop and produce AHP/CRN workshop for AHP research conference “Building AHP Capacity for Research into Complex Interventions” being hosted by University of Sheffield to promote participation in portfolio studies</li> <li>● We will continue current management support and provide more administrative help for circulating information to AHP’s and provide access to appropriate portfolio studies through CRN Information Managers</li> <li>● Agree key targets /priorities for AHP co-leads</li> <li>● Identify networks of AHPs with Dr Cooke’s support e.g. health visitors and work with them to embed research as part of clinical care.</li> <li>● We will continue to support close working with the HSDR and Public Health leads to ensure that appropriate studies are adopted onto the portfolio and opportunities to use Big Data are achieved.</li> <li>● We will continue to support the CLAHRC working with the primary care prison clusters in the CRN following a recent inaugural Prison Research Network meeting which attracted 50 participants embracing academics and practitioners from health, social care, police, prisons, not for profit and third sector organisations. The findings from the meetings will be used to inform the next steps for the CRN prison health cluster.</li> </ul>	
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15	Hepatology	Increase access for patients to Hepatology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into a multi-centre study in all of the major Hepatology disease areas: Viral Hepatitis, NAFLD and alcohol, Autoimmune Liver Diseases including (AIH, PBC and PSC)	15 (of 15)	<ul style="list-style-type: none"> <li>● Nursing support will be reviewed for Hepatology across YH to ensure access is available for patients at all sites across the region.</li> <li>● Increase local site uptake of NAFLD and autoimmune liver disease studies will be supported through increased communication and dissemination of portfolio study information at Specialty meetings and through engagement of Specialty Leads.</li> </ul>	<ul style="list-style-type: none"> <li>● 5th highest recruiting LCRN with 6.8% of English accruals.</li> <li>● There has been a 50% increase in the number of studies open in Y&amp;H and a 59% increase in recruited patients from the previous year resulting in a national uplift in position from 9th to 5th.</li> <li>● There has been a decrease in available portfolio studies and also a number of highly recruiting studies have closed in year within region. Performance has remained relatively stable in light of this.</li> <li>● HCV commercial studies have recruited well but these may decline in numbers as the patient population recedes. We have a marked presence in ALD where South Yorkshire is particularly strong.</li> <li>● Viral hepatitis remains a strong sub-specialty for Y&amp;H - third highest Network for this patient recruitment with 303 patients recruited in 16/17 Y&amp;H has recruited into all 3 disease areas.</li> <li>● Number of Trusts involved in commercial trials has doubled from 2 to 4, including a Trust who has never taken part in a commercial hepatology study</li> </ul>
16	Infection	Increase access for patients to Infection studies on NIHR CRN Portfolio	Increase the number of Infection commercial studies on the NIHR CRN Portfolio	10% increase	<ul style="list-style-type: none"> <li>● An increase in commercial activity will be achieved through; <ul style="list-style-type: none"> <li>○ closer working with CRN Industry team,</li> <li>○ timely responses to requests for expressions of interest in commercial studies,</li> <li>○ improving recruitment to time and target for existing studies to build a track record,</li> <li>○ running workshops to look at the challenges of delivering clinical</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● 6th highest recruiting LCRN with 6.9% of English accruals.</li> <li>● The sexual health service in Leeds were one of a few sites in the UK to participate in a study developing a new delivery method for HIV treatment. They achieved their recruitment target within the study time frame and also achieved the study specific goal of enrolling one female patient. This is a major success for the</li> </ul>

					<p>trials of new antimicrobials and building relationships with the diagnostics industry</p> <ul style="list-style-type: none"> <li>• Increase access for patients to infection studies will be supported by increased work in antimicrobial resistance and sexual health through supporting different ways of working (e.g. flexible use of staff, out of hours care).</li> <li>• Expansion of areas of good practice throughout the region</li> <li>• Pandemic readiness plan to be updated.</li> <li>• Working with service providers involved in delivering care to patients in novel arenas.</li> <li>• Working with nurse specialists across primary and secondary care to optimise use of available expertise.</li> </ul>	<p>centre in Leeds and will lead to other commercial work.</p> <ul style="list-style-type: none"> <li>• SYSTEMATIC (CPMS 16371) a Y&amp;H CI-led recruited for 6 months in 16/17 achieving 99% of target. This work has formed the bedrock of further work in this area and has attracted commercial sponsors to Leeds</li> <li>• Bradford Royal Infirmary are making progress with their collaboration with the Sexual Health provider Locala. Both have agreed in principle to work towards formal agreements for the governance of Research activity in the Locala centres.</li> <li>• Commercial Performance;             <ul style="list-style-type: none"> <li>○ 4 Infectious disease studies closed in 2015/16, none achieved RTT.</li> <li>○ 5 Infectious disease studies closed in 2016/17 achieving 80% RTT</li> <li>○ Reflects overall improvement of commercial research delivery including structured involvement and escalation to Specialty Lead</li> </ul> </li> </ul>
17	Injuries and Emergencies	Increase NHS emergency departments' participation in NIHR CRN Portfolio studies	Proportion of acute NHS Trusts recruiting into Injuries and Emergencies studies on the NIHR CRN Portfolio	50%	<ul style="list-style-type: none"> <li>• Research Nurse time to be allocated to mentor/partner Trusts who are relatively new to research.</li> <li>• Engagement with James Lind Alliance work and PPI groups to ensure/share appropriate accruals for I&amp;E recruiting studies.</li> <li>• Utilise the 'Big Front Door' initiative to recruit cross-divisionally from I&amp;E and further collaborative working with YAS including the RePHILL trial.</li> <li>• We will Identify 'top 3' studies for I&amp;E to focus on and develop Y&amp;H based</li> </ul>	<ul style="list-style-type: none"> <li>• Top recruiting LCRN nationally, with 12.8% of accruals across England. Our recruitment of 1846 in 15/16 has been exceeded by our patient recruitment of 1973 in 16/17 - an increase of 127 patients.</li> <li>• All 14 of our acute trusts and YAS have recruited to studies in 16/17 exceeding the national target.</li> <li>• Good progress was made across all actions. Support for new I&amp;E staff in place through network Lead Nurse and SRN.</li> <li>• Collaboration between Yorkshire</li> </ul>

					<p>research collaboratives and programmes.</p> <ul style="list-style-type: none"> <li>Regional I&amp;E group continues to grow in membership with a focus on engagement with ANP's, ENP's, paramedics and R&amp;D research nursing leads across Y&amp;H</li> </ul>	<p>Ambulance Service and Partner Organisations has been established. This is paramount to the early identification of research eligible patients and enables the provision of out of hospital research and interventions. CRN has funded a further research paramedic to support pre-hospital cross-divisional working.</p> <ul style="list-style-type: none"> <li>Regional group continued forming links to RDS/CTRU and trauma/orthopaedics. We have established a critical review of new CI-led ideas and studies in region to build in feasibility and site interest across the region. We have also made links with a paediatric emergency departments.</li> <li>We have delivered bespoke GCP to teams across the patch to ensure research readiness.</li> <li>Number of Trusts involved in commercial research has increased from 1 in 2015-16 to 4 in 2016-17, including our first Community Trust to take part in commercial Injuries and Emergencies research.</li> </ul>
18	Mental Health	Increase participation in Mental Health studies involving children and young people	Number of LCRNs with Child and Adolescent Mental Health Service (CAMHS) champions	15 (of 15)	<ul style="list-style-type: none"> <li>To set-up a network of CAMHS champions. We will try to utilise Network's Research Ambassadors and Young Dynamos (young adults) PPI group.</li> <li>Having ring-fenced funding for our mental health trusts, we will support collaborative working across organisations and boundaries to develop strong infrastructure for study delivery as a means of attracting studies to the region and ensuring we deliver efficiently studies developed locally. Within</li> </ul>	<ul style="list-style-type: none"> <li>6th highest recruiting LCRN with 7.5% of English accruals.</li> <li>Dr Adrian Philipson and Dr Barbara Symonds have agreed to act as CAMHS Champions.</li> <li>The CAMHS Champions attended the NHIR CAMHS Champions day and set up plans to mobilise colleagues to increase participation in Mental Health studies involving children and young people.</li> <li>Regular meetings held with MH/community Trust R&amp;D managers to</li> </ul>

					<p>this context we will work with Mental Health Trusts' R&amp;D Departments to increase number of studies involving children and young adults.</p> <ul style="list-style-type: none"> <li>• Work with CIs in the region including the CI leading a James Lind Alliance to allow provision of research ready sites for studies in development,</li> <li>• We will encourage specialty leads to collate and disseminate information about pipeline studies presented at national/international meetings</li> </ul>	<p>support collaborative working between trusts and expand activities within community and primary care.</p> <ul style="list-style-type: none"> <li>• BDCT working with local GPs on one industry study.</li> <li>• Pipeline studies discussed at monthly Dementia/Neuro TC / face to face meeting.</li> </ul>
19	Metabolic and Endocrine Disorders	Increase the number of participants recruited to rare disease studies in Metabolic and Endocrine Disorders on the NIHR CRN Portfolio	Number of participants recruited into studies of rare diseases on the NIHR CRN Portfolio	10% increase nationally	<ul style="list-style-type: none"> <li>• We have a strong track record of recruiting into Metabolic and Endocrine studies.</li> <li>• Our Specialty Leads are active in developing research that aligns well to care pathways within the network.</li> <li>• We will aim to increase our own recruitment by 10% to contribute to the national target through the engagement of the SSS team and enhanced study information dissemination process.</li> </ul>	<ul style="list-style-type: none"> <li>• 3rd highest recruiting LCRN with 16.5% of English accruals.</li> <li>• Y&amp;H is second highest recruiting CRN into the rare diseases portfolio - this is 17% of the national total into this area.</li> <li>• This is a national objective to increase recruitment by 10%. We do not currently have any benchmark or progress data for this metric.</li> <li>• Specialty leadership has worked well with diabetes leadership to manage cross specialty working and opportunities.</li> </ul>
20	Musculoskeletal disorders	Increase NHS participation in Musculoskeletal studies on the NIHR CRN Portfolio	Number of sites recruiting into Musculoskeletal studies on the NIHR CRN Portfolio	350	<ul style="list-style-type: none"> <li>• Current recruitment includes MSK 71 Sites - 53 GP Practices (from 17 CCGs), 15 Trusts and 3 Non-NHS sites.</li> <li>• We will further build on this area of strength in 16/17 by : <ul style="list-style-type: none"> <li>o Working closely with the BRUs so aware of studies in the pipeline</li> <li>o Looking for opportunities to secure portfolio status for studies where appropriate; CONVAS onto the portfolio. to get CIMA renewed by MRC/ARUK</li> </ul> </li> <li>• Helping to review efficiency of</li> </ul>	<ul style="list-style-type: none"> <li>• 106 MSK sites = 50 studies</li> <li>• Regular contact with BRu and understanding of current and future portfolios studies in development.</li> <li>• Links with PC continue to our advantage with studies being developed and delivered across the care boundaries</li> <li>• Portfolio status achieved for CONVAS</li> <li>• Two of our partner organisations are first and third nationally for the RAMS multicentre study.</li> <li>• Strong commercial engagement with</li> </ul>

					<p>existing workforce to allow more studies to be delivered.</p> <ul style="list-style-type: none"> <li>• Early engagement with CIs so aware of studies in development e.g. CIs in the region aiming to secure funding for studies using anti-inflammatories (e.g. sulphasalazine) and for OA progression.</li> <li>• Continue to build on successful commercial recruitment in MSK and seize opportunities to recruit into biologics studies which are cost effective for the region and provide opportunities for some translational research. highlight excellent interface between primary and secondary care to our success.</li> <li>• Build on synergies and collaborative working between primary and secondary care e.g. Early arthritis study due for extension and between specialties e.g. dermatology and rheumatology.</li> <li>• Streamline opportunities for PIC working across primary and secondary care.</li> <li>• Identify commercial opportunities with orthopaedic devices.</li> <li>• Engage with high recruiting studies e.g. SALI</li> </ul>	<p>companies developing and studying biologics continues, providing opportunities to study biosimilars in the future.</p> <ul style="list-style-type: none"> <li>• Dr Chee Seng-Yee has achieved a commercial global first patient again this year (MUSC 4731).</li> <li>• The primary care steering has identified opportunities to deliver MSK studies. Close working with dermatology has identified opportunities to deliver biologic studies.</li> <li>• Orthopaedic device studies been identified and in set up - have provided opportunity to collaborate with the private sector</li> </ul>
21	Neurological Disorders	Increase clinical leadership capacity and engagement in each of the main disease areas in the Neurological Disorders (MS; Epilepsy and Infections) Specialty	Number of LCRNs with named local clinical leads in MS; Epilepsy and Infections	15 (of 15)	<ul style="list-style-type: none"> <li>• Dr Helen Ford is the Clinical Lead for Multiple Sclerosis and has identified new commercial and non-commercial opportunities for MS research.</li> <li>• Professor Markus Reuber is the Neurology Specialty Lead and is an epilepsy specialist and we have appointed Dr Melissa Maguire as Epilepsy Specialty Lead.</li> <li>• Dr Helen Ford is the first point of</li> </ul>	<ul style="list-style-type: none"> <li>• 4th highest recruiting LCRN with 7.4% of English accruals.</li> <li>• Dr Helen Ford is the Clinical Lead for Multiple Sclerosis and the first point of contact for neurological infections</li> <li>• Professor Markus Reuber and Dr Melissa Maguire are network's Epilepsy Specialty Leads, the network clinical leadership team is further strengthened by Specialty Leads in Parkinson's Disease - Prof.</li> </ul>

					<p>contact for neurological infections.</p> <ul style="list-style-type: none"> <li>• The Neurology Clinical Leadership team is very strong and engaged. The majority of the research activity is focused within the two Neurosciences centres in Leeds and Sheffield, and our aim is to expand the activity to Hull and Bradford.</li> <li>• We aim to develop a balanced portfolio with commercial and noncommercial studies. We are expanding our industry collaborations with new commercial opportunities in 2016/17.</li> <li>• We are increasing our academic collaborations and Dr Chris McDermott, Academic Lead for Sheffield Neurosciences has recently joined the team.</li> </ul>	<p>Oliver Bandmann and Huntington's Disease - Dr. Oliver Quarrell</p> <ul style="list-style-type: none"> <li>• Balanced portfolio with majority studies closing green. Majority of D4 industry studies are within the neurology specialty.</li> <li>• Dr Chris McDermott, Academic Lead for Sheffield Neurosciences has recently joined the clinical leadership team.</li> <li>• There was significant recruitment in 16/17 in Mid Yorkshire for the UK MS Register. They recruited 145 participants.</li> <li>• Bradford have actively participated in MS trials (Dr Cord Spilker).</li> <li>• Hull have been active in Headache studies (Dr Fayyaz Ahmed).</li> <li>• Monthly neuroscience research meetings as part of research governance and performance monitoring.</li> <li>• Novel research and awarded project grants - Four MS projects exploring employment retention and treatment decisions in MS.</li> </ul>
22	Ophthalmology	Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts that provide eye services recruiting into Ophthalmology studies on the NIHR CRN Portfolio	80%	<ul style="list-style-type: none"> <li>• Our aim is to increase regional site uptake of studies ensure there is an engagement of all Network's Trusts with an ophthalmology service - focus on Rotherham NHSFT.</li> <li>• Expand activity to other areas of service e.g. non-retinal studies through locally initiated large scale portfolio studies and trainee initiated projects.</li> <li>• Expand industry collaborations including horizon scanning of new studies with Bayer/Novartis.</li> <li>• Closer working with the CRN IOM.</li> </ul>	<ul style="list-style-type: none"> <li>• 11th highest recruiting LCRN with 3.6% of English accruals.</li> <li>• 65% of our partners recruited to NIHR portfolio studies, 12 of our 14 acute trusts are recruiting into ophthalmology studies - this exceeds national target at 86%.</li> <li>• We have successfully reviewed our optometry and medical illustration support across the region in collaboration with our specialty leads, CI's and partners undertaking ophthalmology recruitment. From this we have funded sessional optometry and medical illustration support</li> </ul>

						<p>in 4 of our partners to support recruitment.</p> <ul style="list-style-type: none"> <li>• We have 8 acute trusts recruiting into commercial studies and we have the highest national proportion of complex industry led studies to non-commercial in region with several well established CI's.</li> <li>• The Lead Nurse presented at the Royal College of Ophthalmologists 'Eye and Vision Research - NIHR Industry Studies Masterclass' in March 2017.</li> <li>• Commercial - IOM and Speciality Leads held meetings held with Bayer, Novartis and Roche to review study delivery across the region.</li> </ul>
23	Oral and dental health	Increase access for patients and practitioners to Oral and Dental studies on the NIHR CRN Portfolio	Proportion of participants recruited from a primary care setting into Oral and Dental studies on the NIHR CRN Portfolio	30%	<p>An increase in our Oral and Dental portfolio and maintaining Y&amp;H region as one of the top recruiters into new portfolio studies will be achieved by:-</p> <ul style="list-style-type: none"> <li>• Continuing to support the 4 studies currently open in network which are Y&amp;H initiated</li> <li>• Working closely with our 3 specialty leads who are distributed over the region and together have developed a comprehensive strategy for oral and dental research and are fully committed to developing a vibrant CRN in oral health by creating opportunity to expand the portfolio through links with school, public health and local authorities. <ul style="list-style-type: none"> <li>o The portfolio and areas for development include translational research, genetics, paediatrics, dental public health prevention, orthodontics, elderly oral care, oral cancer and restorative research.</li> </ul> </li> <li>• Linking oral and dental teams to the</li> </ul>	<ul style="list-style-type: none"> <li>• 3rd highest recruiting LCRN with 10.4% of English accruals.</li> <li>• Continued to work closely with our 3 specialty leads resulting in an increase in portfolio recruitment across the network and growth in areas across Y&amp;H delivering oral and dental studies.</li> <li>• Our specialty leads continue to be successful in obtaining grant awards ie Dr Marshman NIHR HTA award for the Bright Trial.</li> <li>• First study in community dentistry in set up in BDCT. 4 acute studies.</li> <li>• Oral and dental specialty leads have attended a 0 - 19 research network to promote a health visitor interventional dental study of which our specialty lead Peter Day is the chief investigator.</li> <li>• Effective collaboration between our leads and the Born in Bradford cohort resulting in the successful delivery of Peter Days "Linking oral health data of 'Bradford 5</li> </ul>

					<p>primary care steering group</p> <ul style="list-style-type: none"> <li>• Forging collaboration across both regional dental schools</li> <li>• Forging strategic partnerships in elderly care homes, schools network, BiB and Better start Bradford and homeless and travellers community.</li> <li>• Engaging with high recruiting studies e.g. Linking oral health data of 'Bradford 5 year olds with their birth data ' led by Dr Phil Day a collaboration between PH and O&amp;D will deliver in 16/17</li> </ul>	<p>year olds with their birth data study.</p> <ul style="list-style-type: none"> <li>• Strategic partnership has been developed between the leads and the Y&amp;H offender health network. Looking at developing a portfolio of oral &amp; dental/ public health studies that could be delivered in prisons.</li> <li>• National Co-ordinating Centre for Public Engagement award for Sue Pavitt and the SMILE AIDER PPI Forum - Using Theatre and Debate to disseminate research to at-risk seldom heard adolescents in areas of social deprivation and high oral health inequality.</li> </ul>
24	Primary care	Increase access for patients to NIHR CRN Portfolio studies in a primary care setting	Proportion of NIHR CRN Portfolio studies delivered in primary care settings	15%	<p>There were 77 out of 1104 studies which were delivered in a Primary Care setting i.e. 7%, however, recruitment wise <b>20.5%</b> (12,259 out of 60,184) of accruals came from a Primary Care setting.</p> <p>2015/16 engaged 37% of GP practices in active research across Y&amp;H; we aim to engage 50% in 16/17 – this will be dependent on additional resource being available to support this growth. Objectives outlined for 16/17 will be achieved through:</p> <ul style="list-style-type: none"> <li>• Continuing to support community infrastructure and the primary care cluster model; growing research ready environments some of which are currently unique to Y&amp;H these include community care homes, hospices, prisons and research ready pharmacies. Building our relationships with GP federations and social enterprises.</li> <li>• Rolling out a GP profile form enabling access to interested</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care in Y&amp;H has contributed to 4.0% of English accruals.</li> <li>• 39 studies open = 5.5%</li> <li>• Continued growth over the year of research active practices, currently 51% of Y&amp;H GPs are research active.</li> <li>• Growth of care home studies being lead by Y&amp;H researchers continues to grow, currently 4 being delivered with 2 more in setup.</li> <li>• Primary care academics continue to be well supported with early contact and set up and delivery. We have 3 new primary care professors in post in 16/17 across Yorkshire this is very much a growth area for us (Richard Neal and Sue Richards at Leeds and Chris Burton in Sheffield).</li> <li>• We have worked closely with Professor Una Macleod, Professor of Primary Care Medicine at Hull York Medical School who was appointed as Dean of Hull York Medical School in January 2017. We have supported the plans to develop an</li> </ul>

				<p>researchers i.e. having mapped out the research specialties, clinical areas of expertise and capability across the whole region in primary care we will encourage the alignment of appropriate NIHR portfolio studies to clinical care pathways and identify synergies between primary and secondary care.</p> <ul style="list-style-type: none"> <li>● Continuing to work proactively with our local Academic General practitioners in Y&amp;H and beyond making infrastructure available and reactive to research needs. This will be achieved through joint meetings which have proved productive in the past by consolidating links with local CIs developing research such that they have access to our community infrastructure. We are also building links with the primary care clinical trials unit in Oxford. Specific examples of studies to be supported include: <ul style="list-style-type: none"> <li>○ The Empress Study ; planned to deliver through 8 sites in Yorkshire and Humber</li> </ul> </li> <li>● Identifying training needs of our community / primary care workforce to support study delivery by identifying studies in the pipeline through close links with specialty leads.</li> <li>● Building on the success of our commercial strengths in primary care, future opportunities include novel studies identified through MSK and dermatology.</li> <li>● A monthly primary care steering group has enabled robust understanding and management of</li> </ul>	<p>academy of primary care with the aim of aligning our delivery structures with research development .</p> <ul style="list-style-type: none"> <li>● We have supported a growing number of practice nurses to engage in portfolio research. Our primary care delivery teams mentors and buddies these nurses using a network developed competency package. (currently 39 PNs).</li> <li>● The Primary Care Steering Group (PCSG) meets quarterly to discuss and manage strategic operational primary care matters.</li> <li>● The PCSG screen all commercial studies for primary care feasibility, this has enabled the SSS team to ensure robust feasibility and a resulting improvement in commercial RTT.</li> <li>● 24 commercial study sites closed in primary care settings in 2016/17, 21 of those closed green, 88% achieving RTT. This is an improvement from 50% RTT in 2015/16)</li> <li>● The group also provides specialty advice for researchers wishing to utilise primary care for recruitment into their studies, this service has been utilised by researchers across the NIHR network.</li> <li>● Lead nurse presented and ran a workshop at the NIHR National GP ACF conference in March 17. Presenting to national and local academics around the CRN and CRN support.</li> <li>● Lead nurse now runs a monthly drop in sessions at Sheffield University Academic unit of Primary Medical Care, this enables researchers to discuss their upcoming research ideas, assist with study setup</li> </ul>
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				<p>the EOs through a timely strategic process across primary care and community. This has achieved rapid and efficient adoption of studies in 15/16 and will be further refined in 16/17 with the aim of providing more realistic feasibility and therefore recruitment to time and target.</p> <ul style="list-style-type: none"> <li>• Continue to support start up practices and develop nursing/ AHP skills in the delivery of research</li> <li>• We will identify opportunities to increase participation in research through the community vanguards</li> <li>• We will work with social enterprises and the private sector to enhance recruitment into studies.</li> </ul> <p><b>Pharmacy</b> - we will also build on our pharmacy strengths, we have a very proactive pharmacy champion in Mahendra Patel. Primary care objectives will be supported further by:-</p> <ul style="list-style-type: none"> <li>• Continuing to grow and build on current research ready pharmacy infrastructure aligning to the Cluster leads and primary care infrastructure</li> <li>• Continuing to enhance regional reputation by showcasing the work that has been done to date and identify YH as a region that has the infrastructure to deliver pharmacy studies</li> <li>• Identifying clinical areas where research has and can be further conducted in the pharmacy arena e.g. in CVS, DM, Yorkshire Health study, and Dermatology</li> <li>• Supporting the governance processes to ensure pharmacy research can be delivered in a timely fashion and securing efficient</li> </ul>	<p>and performance manage ongoing studies.</p> <ul style="list-style-type: none"> <li>• Supported the Medicines and Pharmacy work-package of a multi-disciplinary NIHR funded programme of work IMPACCT study (Improving the management of pain from advanced cancer in the community) with University of Bradford and University of Leeds.</li> <li>• Emerging and growing formal partnership with Drug Safety Research Unit (DSRU) Southampton.</li> <li>• Showcased findings and learning from using the Y&amp;H pharmacy research network to recruit patients to study for the Medicines Adherence Industry Study to NIHR Pharmacy champions nationally.</li> <li>• Supported Y&amp;H in addressing the question of the role of Y&amp;H in the diversity and inclusion agenda for NIHR and to play a leading role in this topic at national level.</li> <li>• Supporting a Pharmacy alcohol research application for NIHR Program Grant for Applied Research now progressed to final stage. York &amp; Durham Universities CI Prof J McCambridge July 2016.</li> <li>• Working with CLAHRC and colleagues at SchARR using the pharmacy network to support Public Health recruitment for the Yorkshire Health Study.</li> <li>• Potential to work with the College of Mental Health Pharmacy and through their annual conference and help promote clinical research.</li> <li>• Pharmacy Champion successfully supported a GP practice to secure</li> </ul>
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					<p>models to fast track study approval</p> <ul style="list-style-type: none"> <li>● Support the Medicines and Pharmacy work-package of a multi-disciplinary NIHR funded programme of work IMPACCT study (Improving the management of pain from advanced cancer in the community) with University of Bradford and University of Leeds</li> <li>● Formalise evolving partnership with Drug Safety Research Unit (DSRU) Southampton and very keen to: <ul style="list-style-type: none"> <li>○ Undertake a proof of concept Pharmacy Event Monitoring Study to explore whether the Pharmacy research ready network can undertake a study that can identify patients who are users of new medicines, obtain their consent for participation and as appropriate undertake regular follow-ups (as part of usual clinical practice).</li> <li>○ Explore and confirm the possible routes for consent, including whether the pharmacist can obtain consent that permits access to GP records, or whether separate consents would be needed.</li> </ul> </li> <li>● Established Industry link to engage in large multi-centred study on medicines adherence – recently completed with Sheffield, Rotherham and Leeds GP practices utilising pharmacy support to recruit to target – moving on to next Phase for planning in October</li> <li>● Working with Jo Cooke and colleagues at SchARR using the pharmacy network to support Public Health recruitment for the CLAHRC</li> </ul>	<p>Community Cluster Funding (Wakefield) and continues to support GP clusters with a view to engaging in research in the region.</p> <ul style="list-style-type: none"> <li>● Mobilised and support the wider RPS Research Ready pharmacists within Y&amp;H – maintained the largest number of RR accredited pharmacists in the country.</li> <li>● Pharmacy champion provides a link to RPS and through this promotes funding and education for pharmacy research.</li> <li>● Worked with Cardiology team and consultant pharmacist at LHTH to identify and support research – now a member of the Yorkshire &amp; North East Pharmacy Cardiovascular Network Group.</li> <li>● Held a joint meeting (Nov 2016) between Pharmacy and Primary Care Research Champions with Doncaster LPC and its members to highlight the Primary Care Research Network in South Yorkshire and how pharmacy can be involved with general practice and research.</li> <li>● Continue to regularly showcase Y&amp;H Pharmacy Research Network and studies at the annual WYLP Research symposia (March 2016).</li> <li>● Developed and work with Y&amp;H AHSN member of the Medicines Optimisation Translational Research Steering Committee to explore: <ul style="list-style-type: none"> <li>○ Patients’ experiences of self-management and recovery after a cardiac event (past NIHR RfPB grant)</li> <li>○ Development of health information resources and e-technology with</li> </ul> </li> </ul>
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				<p>Yorkshire Health Study</p> <ul style="list-style-type: none"> <li>● Mobilise and support the wider RPS Research Ready pharmacists within Y&amp;H – largest number of RR accredited pharmacists in country</li> <li>● Develop work with Y&amp;H AHSN member of the Medicines Optimisation Translational Research Steering Committee to explore:             <ul style="list-style-type: none"> <li>○ Patients' experiences of self-management and recovery after a cardiac event (past NIHR RfPB grant)</li> <li>○ Development of health information resources and e-technology with introduction of e-prescribing in the autumn of 2016.</li> <li>○ Service improvement work around medicines reconciliation</li> <li>○ Identify any NIHR applications around these areas to align with Y&amp;H delivery infrastructure</li> <li>○ Bring in and harness multidisciplinary research partnership and collaboration in the region to support Medicines Optimisation.</li> </ul> </li> </ul> <p><b>Palliative care</b> - palliative care is another area of strength. We have supported collaboration and recruitment within the hospices in 15/16 and will continue to develop models to facilitate this further.</p> <ul style="list-style-type: none"> <li>● We will maintain research nurse support for palliative care recruitment and ensure new palliative care appointments within the region are linked to our academic researchers through their regional meetings</li> </ul>	<p>introduction of e-prescribing</p> <ul style="list-style-type: none"> <li>○ Service improvement work around medicines reconciliation</li> <li>○ Bring in and harness multidisciplinary research partnership and collaboration in the region to support Meds Optimisation.</li> </ul> <ul style="list-style-type: none"> <li>● We had 7 research active hospices delivery palliative care research in Y&amp;H with 143 recruits.</li> <li>● We have continued to work closely with Hospice UK as they increase their interest in Palliative care clinical research.</li> <li>● We have explored a number of models to deliver palliative care research in Y&amp;H and have successfully supported delivery.</li> <li>● We have started work in prison setting but have yet to explore this.</li> </ul>
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					<ul style="list-style-type: none"> <li>• We will work closely with Hospice UK, Marie Curie, MacMillan and Sue Ryder to attract and deliver studies to Y&amp;H.</li> <li>• Scope the current workforce in the network.</li> <li>• One of our challenges is to explore palliative care study delivery in unusual settings eg. prisons. We will work with our clinical teams to explore this further.</li> </ul>	
25	Public health	Increase the number of Public health studies on the NIHR CRN Portfolio	Number of new PH studies entering the CRN (England led) Portfolio	15	<p>We are fortunate to have the national lead Jane West as a speciality lead in our region who works alongside an internationally recognised CI Professor John Wright. We secured recruitment to 2 new Public Health studies in Yorkshire and Humber in 15/16. This places us in a strong position to engage with PH research and to:-</p> <ul style="list-style-type: none"> <li>• Increase the number of PH studies in the CRN portfolio increasing awareness and engagement among the PH community by clarifying the eligibility of PH studies so they are included on the portfolio</li> <li>• Ensure PH and HSDR studies are correctly assigned to PH where appropriate</li> </ul> <p>In 16/17 we will be supporting a new extension to the birth cohort BiB and will look to support nested studies alongside this in support of PH research.</p>	<ul style="list-style-type: none"> <li>• Highest recruiting LCRN with 74.7% of accruals nationally. Over half the current recruitment to the PH portfolio takes place in Y&amp;H -4 studies in PH.</li> <li>• Very good synergy with the Y&amp;H CLARHC. Creation of the Local Authority Research Network, in collaboration with the Y&amp;H CLARHC. We have identified a research champion in each of our local authorities enabling us to work with them on future PH studies.</li> <li>• Strengthened links with PHE and HEEYH</li> <li>• More studies being developed to run inside our public health cohorts (Twics -Trial within cohorts) eg BIB Data linkage study.</li> <li>• 0 - 19 network as mentioned previously</li> </ul>
26	Renal Disorders	Increase research capacity within the field of commercial renal disorders	Number of renal units recruiting into commercial contract studies	39	<ul style="list-style-type: none"> <li>• In the last financial year, half (3/6) of our renal units recruited into commercial contract studies. A paucity of commercial studies in</li> </ul>	<ul style="list-style-type: none"> <li>• 2nd highest recruiting LCRN with 9.2% of English accruals.</li> <li>• Y&amp;H has 6 renal units with 5 units undertaking renal studies in 16/17. We are</li> </ul>

		research			<p>renal medicine as well as the complex nature of some of these studies challenges this specialty objective but we will continue to work closely with our Specialty Leads and Industry Operations Manager to try to add one more this financial year, while maintaining recruitment in those already active in Sheffield, Hull and Doncaster.</p> <ul style="list-style-type: none"> <li>• We have strong PPI initiatives linked to this speciality within the region and we will work to increase participation through this route.</li> </ul>	<p>therefore meeting the national target of 74% of renal units recruiting with a inclusion of 83% of Y&amp;H renal units. This allows us to continue to build commercial relationships based on reputation.</p> <ul style="list-style-type: none"> <li>• The SCIPs study (CPMS) Streamlining Cross-sectional Imaging Pathways has recruited very well with 224 patients recruited in a 60 day period (16/17) (304 patients in total against a target of 300). The CRN has provided support to the new CI (Dr Beverly Snaith) at our Mid-Yorkshire Partner Organisation through the process, from application to closure. Bespoke training has also been provided to the team at site and the CRN has funded from contingency a CTA role to support recruitment and data entry. We will continue to support the team as they prepare a larger multi-site RCT follow-on study.</li> <li>• A reduction in commercial Renal studies has presented a challenge this financial year, 3 units recruited to commercial studies, this will continue to be a focus for next year.</li> </ul>
27	Reproductive Health and Childbirth	Establish a national network of sites supporting reproductive medicine studies	Number of LCRNs recruiting into reproductive medicine studies on the NIHR CRN Portfolio	15 (of 15)	<p>To ensure that participation in Reproductive medicine studies occurs we will be working with our Specialty Leads to identify suitable studies for the specialist sites.</p> <ul style="list-style-type: none"> <li>• We are currently working to open 3 such studies in sites across Y&amp;H and are active participants of the National Network currently being established.</li> <li>• We will evaluate the implementation of cluster model to support studies in a similar way to children's research.</li> </ul>	<ul style="list-style-type: none"> <li>• 10th highest recruiting LCRN with 2.8% of English accruals.</li> <li>• 2 studies for Reproductive Medicine were opened as planned along with the pilot phase of the third. (HABSELECT, ENDO-SCRATCH, E-FREEZE) .</li> <li>• Meetings to develop awareness of the Reproductive Medicine Network were led from Y&amp;H and took place in Scotland and 3 regions within England. Led by Nigel Simpson (National and Local RH&amp;C Lead) all received positive feedback and</li> </ul>

					<ul style="list-style-type: none"> <li>o We will then examine the productivity of each site on a 'productivity index' basis to see where support is needed through the cluster model approach</li> </ul>	<p>contributed to raised engagement.</p> <ul style="list-style-type: none"> <li>● Positive feedback from the Children's Cluster Leads models enabled a similar arrangement for RH&amp;C. Two Midwife/Nurses have been appointed to support and encourage the NIHR activity in Y&amp;H - especially in the DGHs. This has raised engagement, improved 'Set-Up' dialogue with sites, study teams and R&amp;I within Trusts.</li> <li>● The Cluster Leads provide local Mentorship, training and support in the early stages of a study alongside 'problem-solving' when required. Although evidence of success is currently 'anecdotal' improved RTT and levels of engagement will be measureable in 2017/18.</li> <li>● Session undertaken at Specialty meeting on improving marketing to attract commercial trials has resulted in an increase of quality responses from a wider range of sites for commercial Site Identification processes</li> </ul>
28	Respiratory Disorders	Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting participants into NIHR CRN Portfolio studies in <b>two</b> of the main respiratory disease areas: asthma; COPD; bronchiectasis; rare diseases	15 (of 15)	<p>Ensure support to new respiratory Specialty Lead to re-establish the research specialty group across Yorkshire and Humber.</p> <ul style="list-style-type: none"> <li>● Identify areas of excellence regionally (e.g. asthma, ILD) and ensure patient referral pathways are maintained.</li> <li>● We will work closer with delivery teams in centres such as Leeds which currently underperform relative to their size.</li> <li>● Development of a respiratory research training day to encourage</li> </ul>	<ul style="list-style-type: none"> <li>● Ranked 11th LCRN in England, recruiting 5.4% of accruals nationally.</li> <li>● National specialty objective exceeded (to recruit to 2 of the main respiratory disease areas) as Y&amp;H has delivered studies in all of the objective areas.</li> <li>● 11 of 14 study sites have closed to RTT green measures. This performance metric of 79% is a significant increase on the same measure for 15/16 of 67%</li> <li>● We have effectively reviewed our patient pathways and local areas of expertise for</li> </ul>

					consultants and trainees to engage with research	<p>sub specialties to continue to promote regional collaboration opportunities.</p> <ul style="list-style-type: none"> <li>• Our complexity rating remains high and we continue to have a higher than average proportion of commercial studies - we have worked to ensure balance in the portfolio whilst maintaining momentum in relation to commercial study involvement</li> </ul>
29	Stroke	Across all LCRNs, average RCT recruitment should be at least 6% of SSNAP-recorded hospital admissions, balanced across the hyperacute, acute, rehabilitation and prevention stroke care pathway, each domain contributing at least 1%.	% of SSNAP-recorded admissions recruited into RCTs across the entire stroke pathway (hyperacute, acute, prevention, rehabilitation) on the NIHR CRN Portfolio.	6% (1% per domain) calculated at national level	<p>Paucity of available trials may challenge delivery of this objective. However, we have a strong history of collaborative working in stroke research across the region.</p> <ul style="list-style-type: none"> <li>• The recent appointment of a new specialty lead in stroke provides new opportunities and we will develop a strategy for stroke research which will include</li> <li>• A review of stroke infrastructure</li> <li>• Close working with our new lead; through business intelligence to monitor and report on stroke activity, responding where we can to promote and open new studies, through the RDM and SSS staff to ensure we have the right balance in our research to achieve this goal.</li> <li>• Working collaboratively with national intelligence to hand to open trials and to focus on collective targets.</li> <li>• Utilising the skills within our partner organisations as all of our centres have experience in delivering RCTs</li> </ul>	<ul style="list-style-type: none"> <li>• 2nd highest recruiting LCRN with 8.7% of English accruals.</li> <li>• Stroke Pathway Recruitment against available SSNAP admissions data for 15/16 indicates Yorkshire and Humber exceeded the 6% target of SSNAP-recorded hospital admissions, achieving 14%. Whilst the 1% target was exceeded in hyperacute, rehabilitation and prevention domains, no recruitment was achieved in the acute care domain due to anticipated paucity of available trials.</li> <li>• Appointed new Specialty lead who is forging collaborations across the region.</li> <li>• Sheffield submitted a HSRC bid in October 2016 - although unsuccessful on this occasion this was a very positive process for the team</li> <li>• Through early engagement, the CRN has supported Professor Majid as co-applicant for a NIHR funded EME clinical study on brain microglial imaging after stroke using PET - if successful he will become CI and plans to open Sheffield and Leeds as sites</li> <li>• Our Specialty Lead, Prof Arshad Majid has been particularly active contacting international Biotech companies to</li> </ul>

						promote the UK, discussions are currently ongoing with Pulse Therapeutics and Remedy Pharmaceuticals
30	Surgery	Increase patient access to Surgery research studies across the breadth of the surgical subspecialties	Number of LCRNs recruiting into at least 11 of the following 15 subspecialties: breast, cardiac, colorectal, endocrine, general, head & neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular	15 (of 15)	<p>Clinical Directorship to support the Specialty Lead in the organisation of a regional specialty meeting to include attendees from all subspecialties.</p> <ul style="list-style-type: none"> <li>To support the network of sub-leads through regular contact and engagement with the specialty leads and colleagues from other specialties (oncology, pain management, wound care etc).</li> <li>To work closer with the new Leeds Surgical Centre to ensure research is given priority</li> </ul>	<ul style="list-style-type: none"> <li>4th highest recruiting LCRN with 9.1% of English recruitment. We have seen an increase of over 50% from 15/16 (396 patients) to 16/17 (817 patients).</li> <li>Specialty meeting held in October with 15 sub-specialties appointed.</li> <li>Engagement strategy being planned including expectations of the role and outputs</li> <li>Sub-Specialty Lead meeting held in Jan 2017, group requested that bespoke information be sent to the subspecialty leads regarding projects which are supported by surgery. This report has been added to the ODP platform and has been sent to the Sub Specialty Leads. A trainees/joint sub-specialty leads meeting is planned for Sep 2017.</li> <li>Links with Leeds and York CTRU continue to grow with SSS and ECAE support - Leeds and Sheffield CTRU's have specialist surgical status and we are continuing to evolve our relationship with the New Leeds Surgical Centre.</li> </ul>

**4.2. Please provide a brief summary of overall performance against the Clinical Research Specialty Objectives. Commentary should focus on key achievements, impacts and key challenges and how the challenges have been mitigated/progress against mitigation activities.**

**Key achievements**

2016-17 has been a successful year for CRN Y&H. The network exceeded its recruitment target ending the year having recruited 74,630 against a recruitment target 65,000. This ensured we were the second highest recruiting network for overall recruitment, first in terms of complexity and sixth in terms of per million population. Key to this success has been our integrated clinical strategy involving our clinical leadership and a comprehensive speciality lead performance review process. This has ensured we have maintained oversight and engagement against our clinical portfolio, identified and strategically placed studies across the region and maximised cross divisional collaboration. Consequently CRN Y&H has supported studies in all speciality areas in 2016/17. 27 specialties are in the top 10, overall we recruited 11.2% of national recruitment.

**Division 1** recruited 10.9% of the national recruitment. Joint working in primary and secondary care have continued to ensure studies are delivered in hospices. Our links with Yorkshire Cancer Research and the Leeds CTRU has facilitated the development of studies that will recruit across the region in 2017/18.

**Division 2** recruited 13.1% of the national recruitment placing it first in the national division 2 recruitment. Diabetes and Metabolic & Endocrine disorders represented 20.6% and 16.5% respectively of the national recruitment at specialty level. Synergies between primary care and secondary care were developed which have inevitably contributed to high recruitment and provided opportunity to further engage interested general practitioners.

**Division 3** The most successful specialty in Division 3 is Genetics with 8.5 % of national recruitment at the Specialty level. The Children's theme has suffered a national lack of studies reducing the opportunity to continue developing activity and expertise within the DGHs, although this specialty has worked well to undertake robust feasibility and performance monitoring - both have resulted in a vastly improved RTT outcome in commercial and noncommercial activity. Non-malignant Haematology has worked well to support the delivery to studies within Cancer and other NIHR Specialities. Repro Health & Childbirth, whilst not showing a large recruitment figure, has had a good year developing engagement and expertise within the clinical area. In both RH&C and Children's we are seeing an increase in the number of local Chief Investigators - this will underpin patient opportunity to participate in the future. Despite a number of challenges in 2016/17 each specialty achieved a ranking of 10th or above in the national tables.

**Division 4** is the 5th highest (8.3% of the national recruitment in that division) recruiting division nationally. The ranking is slightly lower than last year due to closure of a few well recruiting studies. All specialty objectives have been met through innovative approaches to enhancing recruitment including embedding dementia research in partner organisation research strategies and promoting JDR through memory clinics. Mental health has continued to be an area of clinical strength with strong engagement with local Chief investigators. Mental health trusts started to work together with the aim of optimising patient access to research. There have also initiatives to support collaboration between MH/Community Trusts and Primary care to expand industry portfolio and increase number of interventional studies within the Division 4 and General Practice.

**Division 5** recruited 19% of the national recruitment placing it first in the national division 5 recruitment. Public Health recruited 74.7% , Dermatology recruited 42.9%, Ageing recruited 27.9% and MSK disordered 15.5% of the national recruitment at Specialty level. It has been a successful year for this division contributing to about 44% of the total Y&H recruitment. Research active general practices have increased to 50% of 749 practices over the last year. Key

aspects of this success include strategic development of research in the community, a strong and effective Primary Care Steering Group, a strategy for growing high quality research portfolio in non-traditional settings such as prisons, care homes and hard to reach groups in addition to close alignment with specialty areas including cardiovascular medicine, diabetes, wound and palliative care..

**Division 6** was the 4th highest recruiter nationally and significantly increased recruitment on previous years. Gastroenterology and Injuries & Emergency were the highest recruiting specialties in that division and were top nationally with 14.5% and 12.8% of national recruitment at specialty level. Anaesthesia and Perioperative Medicine and Pain Management were second with 10.7%. Division 6 also presented some excellent commercial opportunities in the reporting year these were primarily through ophthalmology, respiratory and gastroenterology. The NHSA Industry collaborative commenced and a CRN northern collaborative memorandum of understanding was agreed.

**4.3. Please highlight any Specialties that have been the particular focus of investment locally in 2016/17 and comment on the return on this investment.**

Mental health funding was ring fenced in-year and the MH Trusts were then tasked with a stretch target incentive supported some novel working models and collaborative working. Social media was used to support increased public and patient engagement and recruitment in two studies in Diabetes and Dermatology, this proved to be a popular and successful approach providing excellent opportunity for patients engage with research and we would invest in this again. In the reporting year the reproductive medicine speciality invested in a cluster model approach appointing 2 lead research nurses to support the specialty across the region. This was similar to the cluster model provided to the children's theme in the previous year. The effectiveness of both models will be reviewed in 17/18 but there is confidence they will show an increased patient recruitment and access to the portfolio.

## Section 5. LCRN Development and Improvement Objectives 2016/17

### 5.1. Please describe your activities and impact against the following objective: a) promote equality of access, ensuring that wherever possible, patients have parity of opportunity to participate in research

#### Ensuring equitable access

We developed models of delivery that underpinned equity of access:

1. In line with the 5 year forward review - engaged with Vanguard, pharmacy champion engaged nationally with RCGP and RPS partnership launch
2. Ensured cross primary/ secondary care interfaces were maximised
3. Utilised a flexible workforce proactively supporting study delivery within and across partner organisations and health service interfaces.
4. Grew capacity in our AHP and nursing workforce encouraging their development as CIs/PIs and specialty leads. Continued to embed research in our trainee networks working with deanery to achieve this
5. Held a number of PPI group meetings throughout the network engaging with hard to reach groups and those of a diverse format such as the Young Dynamos (a Bradford Care Trust based group of young people interested in promoting research amongst their peers)

### 5.2. Please describe your activities and impact against the following objective: b) demonstrate a 'one-Network' approach to delivery supported by engagement with and implementation of the Study Support Service

#### Working towards a 'one-Network' approach

- During the reporting year the core team met with POs R&D colleagues to establish a **collaborative SSS service provision**. A matrix of roles and responsibilities for each trust was established with clear lines of accountability for provision of SSS SOPs across the region. Embedding this approach has been delayed following the loss of a number of staff from our core SSS team but the related system and process will be achieved in 2017/18.
- **Improved feasibility** was achieved through joint target setting across organisations, community and secondary care health boundaries and specialties; implementation of feasibility workshops and use of information systems to improve target setting to proactively support delivering to time and target
- **Initiated a dialogue with Research Design Service** to ensure network early engagement work complements RDS activity.
- **Clinical leadership** was utilised effectively to identify where there may be synergies and opportunities for more cross specialty collaborations – maximize opportunities through National Divisional Leads and Thematic Leads
- With the support of the NHTA, the four **Northern Clinical Research Networks have established a memorandum of understanding** with the aim of developing a collective approach and positive offer to industry.
- We have continued to work with our broader NIHR family including CLAHRC and RDS, links with AHSN and NHTA have also been strengthened and have included work on collaborative projects.

**Section 6. Operating Framework Compliance Indicators**

Please complete Table 6.1 with details of compliance with the 2016/17 Operating Framework Compliance Indicators as requested below.

**Table 6.1: Compliance with Operating Framework Indicators 2016/17**

<b>Operating Framework Compliance Indicators</b>	
1A	Domain: LCRN Management Arrangements <b>Objective: LCRN leadership and management teams are in place as approved by CRNCC</b>
Please describe your management arrangements in 2016/17 and comment on the effectiveness of these:	The Clinical Directors had regular face to face discussions with the Host CEO and newly appointed nominated Executive lead. Following a change in operational senior management in December 2016 day-to-day management of the network has been led and implemented by the Deputy Chief Operating Officers.
1B	Domain: LCRN Management Arrangements <b>Objective: LCRN leadership and management groups (LCRN Partnership Group, LCRN Executive Group, Clinical Research Leadership Group and Operational Management Group) are fully operational</b>
Please comment on the effectiveness of operation of each of the Groups, highlighting any issues encountered in their operation:	<p><u>Partnership Group</u>                      These meetings are held quarterly. Membership of the group was revised mid-year with the aim of ensuring delegated board level attendance from each PO. However, composition of the group still fails to secure executive membership that is able to influence and effect change within PO. In the latter half of 2016/17 we secured representation on the group from our AHSN, CLAHRC and RDS. The current Chair is a CEO from a partner organisation, however, current commitments have challenged his regular attendance this will be reviewed in 17/18 with the accountable officer for the host.</p> <p><u>Executive Group bi-monthly</u>                      This meeting is held every two months. It is attended by the Clinical Directors, Chief Operating Officer and Deputy Chief Operating Officers, the Head of the Host Clinical Research Office and Host Finance and Human Resources representatives. Also in attendance is a representative of Clinical Leadership Group. The new Nominated Executive Director who took up this role in the autumn of 2016 also attends. The meeting functions effectively but has to defer decisions to garner additional operational, clinical or financial intelligence to inform decisions.</p> <p><u>Clinical Leadership Group and Operational Management Group</u>                      This group meets bi-monthly with monthly CDL tele conferences, a new meeting format was initiated February 2017 at the request of clinical divisional leadership and core operational team. Novel format specifically aims to look at</p>

		performance and align strategic priorities and resource to achieve value for money. Preliminary observations suggest this is a helpful way to communicate relevant information and inform shared decision making.
2A	Domain: Research Delivery <b>Objective: LCRN Partner organisations adhere to specified national systems, and Standard Operating Procedures and LCRN guidance in respect of research delivery</b>	
	Please comment on progress and achievements against this objective focussing on delivery of the CRN Study Support Service according to national SOPs and guidance for both commercial and noncommercial studies:	Our Study Support Service has continued to be developed and our core team have worked on ensuring SOPs are being delivered in line with national guidance. Y&H SSS core team has participated in the national working groups, and continues to adapt local processes in line with national directive.
	Please comment on use of CPMS/LPMS data to support operational delivery processes:	All PO's have migrated study related data to the LPMS. Throughout the year the POs will further explore and use of the functional aspects of the LMPS, in particular site patient data collection workflows to aid in the performance management of studies both at site level and in collaboration with network core team members. BIU utilises CPMS to investigate any issues reported by RACs in relation to the upload of recruitment and to update/add sites on CPMS for HLO4/5. BIU extracts data from LPMS to feed into our RTT reports for data validation.
	Please highlight any aspects of the implementation of the national systems and standard operating procedures where you feel further support is required:	A matrix of roles and responsibilities for each PO was established which detailed clear lines of responsibility and accountability for provision of SSS SOPs both with each Trust across the region however due to the loss of members of the core SSS intended progress with this piece of work to bespoke our SSS provision has been delayed in the reporting year.
2B	Domain: Research Delivery <b>Objective: Support to NHS organisations for activities relating to assessment, arrangement and confirmation of local capacity and capability, or if applicable, timely processing of study wide and local reviews within the CSP process</b>	
	Please comment on progress and achievements against this objective focussing on provision of support for LCRN Host and Partner organisations to apply the principles outlined by the CRNCC for assessing, arrangement and confirmation of local capacity and	The core team continued to provide comprehensive support for local and study-wide review, right up to the closure of CSP and attained a green RAG status for 15 days processing (local and study-wide) and HLO6. The LCRN has liaised with R&D colleagues in helping them draft their assess, arrange and confirm Capacity & Capability process. This has proved to be a challenge as the volume of HRA Approval studies coming to Partners has been low and the ongoing development of the process by the HRA and Clinical Research Network was still ongoing. Assess, arrange and confirm of Capacity & Capability is a major component of the Y&H Study Support Service project brief and is reported on in the LCRN Readiness Framework for HRA Approval.

<p>capability for studies submitting for HRA Approval or delivery of support for study-wide and local governance review in accordance with the CSP Operating Manual where applicable to the study, which includes the collection and recording of the associated NIHR minimum data points for site set-up:</p>	<p>All POs have migrated and implemented the LPMS platform, within the the system there are recordable data points for each study that facilitates reporting on the NIHR Minimum Data Set. Each PO is provided with the link to the latest version of the data-set, via the NIHR website.</p> <p>In addition workflows are available within the system for POs to use which are designed to inform and guide site procedures for consistent processes across the PO's within LCRN.</p> <p>BIU report on these data fields to each PO on a monthly basis to ensure that all data points are completed in a timely fashion.</p>
<p>2C</p>	<p>Domain: Research Delivery  <b>Objective: Support the delivery of the Government Research Priority of Dementia</b></p>
<p>Please insert commentary on performance and achievements against this objective not already covered in Table 3.1:</p>	<p>Please reference Section 3</p>
<p>3A</p>	<p>Domain: Stakeholder engagement and communications  <b>Objective: Promote research opportunities in line with the NHS Constitution for England, including informing patients about research conducted within the LCRN and improving patient experience of research through actively involving and engaging patients, carers and the public in research delivery</b></p>
<p>LCRN to insert commentary on performance and achievements against this objective in 2016/17:</p>	<p>Lay review of PO websites showed improvement in content of accessible research sections and information about research participation in comparison with 2015 with over half improved by 10% or more. New review of CCG sites and research active GP practices performed for baseline.</p> <p>Recruitment of research ambassadors continues with a total of 22 PRAs within Y&amp;H. Over half of POs having at least one PRA in place and all others at various planning stages and six GP practices also have at least 1 PRA in place. Annual Gathering of PRAs April 17 planned to build on work at 2016 event producing toolkits to inform work and role of PRAs and guidelines for POs supporting them.</p> <p>PRAs interact on NIHR virtual platform  Lay Members at Partnership Group provide PRA voice  NIHR Voices event Nov 16 brought together patients, public and carers who work with all NIHR organisations &amp; AHSN across Y&amp;H to build on work started at NIHR Voices 2015 and identify workstreams for 16/17.</p>
<p>3B</p>	<p>Domain: Stakeholder engagement and communications</p>

<b>Objective: LCRN communications function and delivery plans in place, and budget line identified</b>	
LCRN to insert commentary on performance and achievements in 2016/17 against this objective including a figure for total non-staff expenditure on communications:	<p>Following a 2 year gap in support for the communications workstream we appointed a Communication &amp; Engagement Officer in July 2016. We have also appointed support one day per week to review internal and external communications.</p> <p>Budget available but no expenditure in year.</p>
3C	<p>Domain: Stakeholder engagement and communications</p> <p><b>Objective: LCRN contribution evident in national NIHR/NIHR CRN campaigns</b></p>
LCRN to insert commentary on their performance and achievements in 2016/17 including patient and staff stories collated and media coverage achieved:	<p>Since the Communication &amp; Engagement Officer joined the network, we have had an increase in our social media following on Twitter by 20% and had several stories covered within the media which include:</p> <ul style="list-style-type: none"> <li>● Stephen Lock - RDM appeared on Made in Leeds</li> <li>● Dr Richard Falk emigrating to Australia highlighting his contributions to NIHR Primary Care Research across Yorkshire &amp; Humber. This was covered in the Doncaster Free Press (September 2016)</li> <li>● DECIDE study - Researchers in Bradford hoping to help find a new way of measuring the impact that looking after someone with dementia has on the quality of life of carers. Funded by the NIHR and MRC (September 2016)</li> <li>● Wendy Mitchell active PPI member, is to co-write a book on her life and living with Dementia. This story was covered in the Yorkshire Post and on both the NIHR website and the JDR website.(March 2017)</li> </ul>
4	<p>Domain: Continuous Improvement</p> <p><b>Objective: Promote and sustain a culture of innovation and continuous improvement across all areas of LCRN activity to optimise performance</b></p>
LCRN to insert commentary on activities undertaken to achieve this and their impact. Where activities are outlined in other sections of this report please include the identifier '(I&I)' to highlight these.	Please reference Section 9
5	<p>Domain: Workforce, Learning and Organisational Development</p> <p><b>Objective: Implementation of LCRN Workforce development plan in partnership with relevant stakeholders and other local learning providers</b></p>
LCRN to insert commentary on performance and achievements against this objective in 2016/17:	Please reference Section 8

6A	Domain: Financial Management <b>Objective: LCRN Host Organisation and LCRN Partner organisation meet minimum control standards, as specified by the National CRN Coordinating Centre</b>												
LCRN to insert commentary on their performance and achievements in 2016/17 and any issues encountered:	Minimum requirement met, work commenced in reporting year to address data and finance categorisation quality in the finance tool, please reference Appendix 1.												
6B	Domain: Financial Management <b>Objective: LCRN Host Organisation meet minimum requirements for the scope of internal audit work, as specified by the National CRN Coordinating Centre</b>												
LCRN to insert commentary on their performance and achievements in 2016/17 and any issues encountered:	Minimum requirements met please reference Appendix 1.												
7A	Domain: Information Systems <b>Objective: LCRN Host Organisation and LCRN Partner organisation have access to the required information systems and services</b>												
For each system identified in the table to the right please indicate whether the LCRN Host Organisation and all LCRN Category A Partner organisations have access.  If you have responded 'No', please provide an explanation for each system or service which has not been accessible in 2016/17.	Please reference Appendix 3.  <table border="1" data-bbox="676 815 1550 1082"> <thead> <tr> <th data-bbox="676 815 1393 874">CRN national systems</th> <th data-bbox="1393 815 1476 874">Yes</th> <th data-bbox="1476 815 1550 874">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="676 874 1393 948">NIHR Hub</td> <td data-bbox="1393 874 1476 948"></td> <td data-bbox="1476 874 1550 948">x</td> </tr> <tr> <td data-bbox="676 948 1393 1016">NIHR CRN Open Data Platform</td> <td data-bbox="1393 948 1476 1016"></td> <td data-bbox="1476 948 1550 1016">x</td> </tr> <tr> <td data-bbox="676 1016 1393 1082">NIHR CRN Central Portfolio Management System (CPMS)</td> <td data-bbox="1393 1016 1476 1082"></td> <td data-bbox="1476 1016 1550 1082">x</td> </tr> </tbody> </table>	CRN national systems	Yes	No	NIHR Hub		x	NIHR CRN Open Data Platform		x	NIHR CRN Central Portfolio Management System (CPMS)		x
CRN national systems	Yes	No											
NIHR Hub		x											
NIHR CRN Open Data Platform		x											
NIHR CRN Central Portfolio Management System (CPMS)		x											
7B	Domain: Information Systems <b>Objective: LCRN Host Organisation and LCRN Partner organisation have a Local Portfolio Management System(s) (LPMS) live and in operational use by LCRN-funded staff</b>												
Please describe how you are using your LCRN Hosted Local Portfolio Management System to support the management of your portfolio across	<ul style="list-style-type: none"> <li>● 22/22 PO migrated and use LPMS as main study support system</li> <li>● 22/22 PO signed up to completion of the recruitment tool and minimum dataset to inform live study performance management</li> <li>● 4 PO exploring the finance aspects of the system</li> </ul>												

your LCRN Partner organisations	<ul style="list-style-type: none"> <li>• 6 PO exploring the patient status workflow aspect of the system</li> </ul>
8	Domain: Information Governance <b>Objective: LCRN Host Organisation and LCRN Partner organisation comply with CRN information governance requirements</b>
Already addressed in Section 1	

**Section 7. Host Organisation report on performance against the LCRN Host Performance Indicators**

Please complete Table 7.1 for each domain/objective, except where indicated otherwise, commenting on actions and approaches taken by the Host Organisation in 2016/17 to achieve the objective, the effectiveness of these actions/approaches, any issues or challenges which have arisen and highlighting mitigation activities and/or follow-up activities.

**Table 7.1. LCRN Host Performance Indicators 2016/17**

<b>LCRN Host Performance Indicators</b>	
<b>1</b>	<b>Domain: LCRN Leadership and Management</b> <b>Objective: Deliver effective leadership and management of the LCRN</b>
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:	The Clinical Directors attended regular meetings with the Host CEO, Chief Operating Officer, Director of the Host Research Office, and Host Financial Officer. The Clinical Directors have also had meetings and teleconferences with the new Nominated Executive Director for the Network who took up this role in the autumn of 2016. The Nominated Executive Director and Clinical Directors are working together to refresh arrangements for delegated authority from the Host to the CRN. Following the move of the Chief Operating Officer to a role in the National Coordinating Centre in December 2016 the day-to-day operational management of the Network has been undertaken by the Deputy Chief Operating Officers covering the Chief Operating Officers duties. This arrangement has provided effective operational leadership at a time of transition. The senior team, and in particular the Deputy Chief Operating Officers have been carrying a very considerable additional workload and have received the thanks of the Clinical Directors and Host for supporting the CRN through this challenge.
<b>2</b>	<b>Domain: LCRN Research Delivery Infrastructure</b> <b>Objective: Deliver a responsive and flexible NHS support service that meets the needs of Customers (researchers, non-commercial funders and industry)</b>
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:	The network has continued to host a flexible staffing model supporting primary and secondary care organisations. Lead Nurses have continued to be key to ensuring dialogue with partners about efficient deployment of the network workforce and sharing approaches to meet study needs. A Workforce Steering Group (established Sept 2015) and HR Advisory Group (established Feb 2016) met on a number of occasions throughout the year and have provided a forum to address workforce and HR issues to agile working and development.
<b>3</b>	<b>Domain: Financial Management</b> <b>Objective: Deliver robust financial management using appropriate tools and guidance</b>
Host Organisation actions/approaches	The Host has provided financial management support, through its dedicated Research Finance Team, consistently

<p>and any issues encountered in meeting/delivering against the objective in 2016/17:</p>	<p>throughout the year delivering the requirements set out in the Performance and Operating Framework. The Q4 period has been a period of change across the Network Senior Management Team and the Host has provided additional support throughout this transition period.</p> <p>The host finance team continues to engage with Partner Organisations (POs)through:</p> <ul style="list-style-type: none"> <li>● The provision of tailored support to meet Partner requirements.</li> <li>● The Financial Advisory Group which is represented by finance colleagues and research managers of PO's</li> <li>● Mid-year reviews meetings</li> <li>● Host finance representation across key groups.</li> <li>● Host Research Finance representation at the Network Executive Group, providing financial management and performance reports at its bi-monthly meeting</li> </ul> <p>An internal Audit review of the Host financial governance framework was completed in April 2016 concluded that significant assurance was provided that there is a generally sound system of control.</p>
<p><b>4</b></p>	<p><b>Domain: Allocation of LCRN funding</b>  <b>Objective: Distribute LCRN funding equitably on the basis of NHS support requirements</b></p>
<p>Please provide a clear description of the funding allocation method in 2016/17 as requested in the reporting guidance:</p>	<p>The opening allocation of funding to PO's for 2016/17 included a refinement to the model introduced in 2015/16 which closely linked funding to activity, complexity and performance whilst maintaining financial stability through the application of a 5% cap and collar.</p> <p>For 2016/17 the funding allocation model refinements included:</p> <ul style="list-style-type: none"> <li>● The application of a differential cap and collar across Acute/Teaching Trusts such that PO's were incentivised for growth.</li> <li>● A ring-fenced allocation to Primary Care maintained at 2015/16 levels in recognition of growth potential and cross sector delivery.</li> <li>● Funding for Mental Health Trusts maintained at 2015/16 levels with an introduction of a further stretch target for the sector.</li> <li>● Funding to enhance the development of a flexible and responsive workforce through the cohort teams.</li> <li>● The retention of a contingency fund to support targeted recruitment and to enable innovation in line with clinical strategy.</li> </ul> <p>Further funding, derived from in-year slippage across Network support budgets, was distributed across PO's in Q4 in recognition of individual recruitment performance.</p>
<p><b>5</b></p>	<p><b>Domain: LCRN Governance (Host Board)</b>  <b>Objective: Ensure that the LCRN Host Organisation board has visibility of LCRN business and fulfils its agreed assurance role</b></p>

<p>CRNCC will need to have a copy of the relevant minutes from each Host Organisation board meeting in 2016/17 when LCRN contract compliance was discussed, and will check to see if the LCRN has already provided them. If these have not already been supplied, please send them to <a href="mailto:lcrn.support@nihr.ac.uk">lcrn.support@nihr.ac.uk</a></p>	<p>The CRN Y&amp;H has been discussed at the following Host Organisations Board meetings during 2016/17;</p> <ul style="list-style-type: none"> <li>• April 2016</li> <li>• June 2016</li> <li>• September 2016</li> <li>• December 2016</li> </ul> <p>Extracts of these minutes were forwarded to Sally Johnson, CRNCC Funding and Contracts Manager in March 2016.</p>																
<p><b>6 Domain: LCRN Governance (Partner Engagement)</b>  <b>Objective: Ensure all LCRN Partners are engaged in the work of the Partnership Group</b></p>																	
<p>Please complete the table to the right, confirming the number of Partnership Group meetings held within the 2016/17 operational year and representation at the meetings.</p> <p>Please also comment on the effectiveness of operation of the Group and any issues encountered, and actions taken to ensure the Group is engaged with primary care, mental health and community sectors.</p>	<table border="1" data-bbox="674 643 1554 986"> <thead> <tr> <th>Meeting date</th> <th>No. of attendees</th> <th>Of these the no. of lay attendees</th> </tr> </thead> <tbody> <tr> <td>7th June 2016</td> <td>32</td> <td>0</td> </tr> <tr> <td>13th December 2016</td> <td>30</td> <td>1</td> </tr> <tr> <td>14th February 2017</td> <td>42</td> <td>0</td> </tr> <tr> <td><i>September 2016</i></td> <td colspan="2" style="text-align: center;"><i>Meeting cancelled</i></td> </tr> </tbody> </table>		Meeting date	No. of attendees	Of these the no. of lay attendees	7th June 2016	32	0	13th December 2016	30	1	14th February 2017	42	0	<i>September 2016</i>	<i>Meeting cancelled</i>	
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<p><b>7 Domain: Management of Risk</b>  <b>Objective: Establish and maintain an assurance framework and risk management system for the LCRN, including an escalation process</b></p>																	
<p>Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:</p>	<p>The network maintained a risk register, issues of concern were brought to the Executive meetings (with host representation) and escalated to Partnership group when necessary.</p> <p>The format of the risk register was reviewed during 2016-17.</p>																
<p><b>8 Domain: Management of LCRN Performance</b>  <b>Objective: Ensure delivery of LCRN performance against the LCRN Annual Plan</b></p>																	

<p>Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:</p>	<p>Our Senior Management Team meets regularly and discusses strategic issues with the Industry Lead, workforce leaders and the business intelligence team. Performance is also regularly reviewed by divisional groupings, SSS and during PO meetings. Key performance against recruitment targets are reported to Executive meetings (with host representation).</p> <p>Please reference Section 7.</p>
<p><b>9</b></p>	<p><b>Domain: Host Corporate Support Services</b>  <b>Objective: Deliver high quality Corporate Support Services as specified in the Performance and Operating Framework</b></p>
<p>Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:</p>	<p>Accommodation, facilities and support are provided on three sites all ensuring adequate provision and support.</p> <p>Information systems and LPMS have been supported by the core team and our VBiU including a secondment from a PO to facilitate EDGE implementation</p> <p>Our finance colleagues have linked with POs and during Q4 we have worked to develop a more collaborative approach managing the network finances</p> <p>During 16-17, HR support was provided by the Host.</p> <p>Our Communications strategy has been supported by the core team.</p>

## Section 8. NIHR CRN Priorities 2016/17

The national CRN priorities for 2016/17 are:

- Delivery of NIHR CRN Portfolio studies to time and target (HLO 2) with a specific focus on commercial contract research (HLO 2A)
- Delivery against the NIHR CRN Strategies<sup>1</sup>
- Delivery against the NIHR CRN Goals<sup>2</sup>

### 1. NIHR CRN Portfolio studies to time and target (HLO2)

Please reference Section 3

### 2. Delivery against the NIHR CRN Strategies

Strategy	Examples of delivery against network CRN Strategies in 2016/17
<b>Information and Knowledge Strategy</b>	<ul style="list-style-type: none"> <li>• The NIHR information and knowledge strategy has informed planning for the digital workforce and for sprint methods in team working. In 2016/17 the core team continues to strive towards being “Digital by Default”. We have utilised examples from the national “Accelerating Digital Programme” to streamline our work (reference section 9). For example, we use hangout groups as a means of communicating “live” across our large region, and hold a number of our key meetings online.</li> <li>• We experimented with new ways of analysing and presenting data to support our decision making. Most notably, using Statistical Process Control to spot real improvements in amongst the random variation we see in recruitment.</li> <li>• Business Development and Analyst Manager commenced in post August 2016 enabling CRN Y&amp;H to provide a more direct focus on the Information and Knowledge Strategy.</li> </ul>
<b>Patient and Public Involvement and Engagement Strategy</b>	Please reference Section 6

<sup>1</sup> Business Development and Marketing strategy, Information and Knowledge Strategy, Working with the Life Sciences Industry Strategy, Patient and Public Involvement and Engagement Strategy, NHS Engagement strategy, Communications strategy, Workforce Development strategy

<sup>2</sup> Goals to support our purpose: 1) Increase the opportunities for all people across England to participate in and contribute to health research; 2) Provide researchers with the practical support they need to make clinical research studies happen in the NHS; 3) Work as a single network to improve the efficient delivery of high quality clinical research; 4) Increase national and international clinical research investment to support the country’s growth; and 5) Provide a coordinated and innovative approach to national research priorities.

<b>Communications Strategy</b>	Please reference Section 6
<b>Workforce Development Strategy</b>	<ul style="list-style-type: none"> <li>We built our learning and development programme providing comprehensive access to a wide range of opportunities in relation to GCP, Informed consent and Principle Investigator Oversight</li> <li>We held several workforce meetings engaging with regional workforce leaders to establish priorities</li> </ul>

### 3. Delivery against the NIHR CRN Goals

<b>CRN goals</b>	<b>Examples of network focus on CRN Goals in 2016/17</b>		
<b>Increasing opportunities for research participation</b>	Visibility of research within was achieved through our specialty lead and PO research awareness strategies	Supported activity in specialties achieving less than 10% of national recruitment	Provided focused support for locally led portfolio cohort studies realising significant recruitment in the reporting year
<b>Practical support for researchers</b>	GCP training programmes continued	CPD opportunities were provided for staff taking on new studies	Support with GCP training for trainees and AHPs networks was provided through bespoke lead research nurse provision
<b>Improved efficient delivery</b>	Increased agility in workforce	Study support service implemented incorporating collaborative working between the core team and POs	Partner relations workstream ensured the network supported portfolio review and workforce review to secure more efficient use of network staff
<b>Increase clinical research investment</b>	Developed NHSA offer with northern networks	Worked with CTRU & RDS to complement their work in early development of studies (early engagement)	Collaborations with stakeholders to coordinate offers/joint themes working
<b>Coordinated and innovative approach to national priorities</b>	Sustained support for dementia	Review of clinical pathways in line with Five Year Forward View to align research more closely with clinical care	Developed offer for stratified/personalised medicine

## Section 9. Other local innovation and initiatives

Please use this section to report on any local initiatives and any locally initiated or locally lead innovation and improvement projects supporting continuous improvement across the wider CRN (not already covered elsewhere in the report). Please include details of achievements, particular challenges, benefits/impact of these initiatives and any lessons learned.

- Stephen Lock was seconded to the national accelerating digital programme for a year where he was part of the operational team of this successful national programme. As a result he helped to disseminate the use of social media marketing as a research delivery tool. Please see draft report here: <https://docs.google.com/a/nih.ac.uk/presentation/d/1YYgOTSpDHqH9eHE32d-wWdrmkLZINbyCn7tlq-pQ1kg/edit?usp=sharing>
- Chris Oxnard is seconded to the CC one day per week to support the the development of NIHR funded nursing workforce with an increasing focus on developing capacity in primary care, public health and non acute providers. Chris also supports the Health and Care Systems Engagement CRN Stakeholder Working Group.
- Chris Rhymes is a member of CRN CC Eligibility review group and the Push the Pace group and has supported the research delivery.
- Terri Larcombe (RDM Division 3) and Chris Rhymes are both members of the CC Research Delivery Steering Group.
- Lead nurse and SSS host a research clinic at Leeds University CTRU, York and Sheffield CTU and Sheffield Academic Unit of Primary Medical Care, researchers can drop in to discuss any issues regarding their studies from early contact to performance management.
- Work developed with the Leeds City Council programme manager has enabled us to work district nurses, health visitors, OTs, physios and social workers with teams.
- Late 2016/17 saw the setup of the Deep End Research Cluster. These are practices in the region's most socioeconomically deprived areas and the cluster delivers research around the stark and growing health inequities in the network. [www.yorkshiredeependgp.org/](http://www.yorkshiredeependgp.org/)
- Learning Communities project. The project aimed to create a positive and safe environment where good and bad examples of practice can be shared and explored. We established a community for diabetes in the first instance and collaborations between primary and secondary care to improve study delivery and the patient experience have been identified.
- Bespoke Improvement training to research teams across the region was implemented. Throughout the year, eight sessions were delivered across the region.

**Section 10. LCRN Host Organisation Approval**

Please confirm that this Annual Report has been, or is scheduled to be, approved by the LCRN Host Organisation board:

Signature:	
Name and position of signatory:	<p>Sandi Carman Assistant Chief Executive Sheffield Teaching Hospitals NHS Foundation Trust T: 0114 27 12144</p> <p>Dr Simon Howell MA(Cantab) MRCP FRCA MSc MD Clinical Director, Yorkshire and Humber Clinical Research Network Leeds Institute of Biomedical &amp; Clinical Sciences Level 7, Clinical Sciences Building St James's University Hospital Leeds, LS9 7TF T: 0788-795-4541</p> <p>Dr Alison M Layton Honorary Clinical Senior Lecturer, Hull York Medical School Harrogate &amp; District NHS Foundation Trust Harrogate and District NHS Foundation Trust   Lancaster Park Road   Harrogate  HG2 7SX   Clinical Director Clinical Research Network: Yorkshire and Humber  T: 01423 553364</p>
Date of signature:	12/05/2017
Date of LCRN Host Organisation board approval:	<i>Host to confirm scheduled date for board sign off</i>

**Appendix 1. CRN Yorkshire and Humber Fact Sheet 2016/17**

Please refer to separate attachment.

## Appendix 2 - Partner Organisation Feedback

### 1. Please provide an update on your Trust's performance against your Research Strategy

<b>Airedale</b>	<p>The Research Strategy for Airedale covers the period up to 2019 and many of the objectives are around achieving the NIHR national benchmarks for research. Within this, Airedale has surpassed its recruitment target of 550 by long way. At the end of year there had been 886 portfolio recruits across most specialties within the Trust. More clinicians are involved in research than ever before and there is GCP training available in-house through our GCP facilitators.</p> <p>In terms of the other NIHR metrics, the Trust has achieved 100% performance in commercial trials and is RAG rated green for RTT on most studies. The Trust also consistently achieves the 70 day benchmark for first patient, first visit.</p>
<b>Barnsley</b>	<p>Following a completed restructure, the department has been successful in delivering its four main strategic aims for 2016/17; recruitment to time and target, implementation of a new staffing model, an increase in the number of commercial clinical research trials and financial balance at year end.</p> <p>The on-going focus of the department is to engage a wider community of clinical staff involved in research. Research activity in a significant amount of specialities has developed.</p> <p>Opportunities for new research has exceeded our expectations for 2016/17, enabling the department to gain a reputation as an organisation that delivers well, whilst increasing opportunity to allow the department to begin to generate income for future sustainability.</p> <p>At year end, our recruitment to time and target was 1024 participants, exceeding our set target of 400. Achieving this target has given the department confidence to substantially increase the target for participants recruited into clinical trials in 2017-18 to 500 participants.</p> <p>2016/17 saw the development and implementation of a financial tracking system to ensure research income is appropriately captured and reconciled with R&amp;D costs. This ensures good financial governance and as a result, outstanding income was identified and claimed resulting in a financial balance at year end.</p> <p>The Research Strategy Group (RSG) was established in 2016 and meets quarterly. This group is chaired by the Trust Medical Director. The purpose of this group is to engage with clinical staff, review performance and promote networking. As a result of this group we have been able to promote research and identify research champions for clinical areas.</p>
<b>BTHFT</b>	<p>The Trust developed a new research strategy in 2016 "Together, making research real. A strategy that changes a city." This is a five year strategy and there is good progress in implementing it.</p>

<b>C&amp;H FT</b>	<p>In 2016-17 CHFT achieved a research recruitment of 2,616 against a target of 1,342 (195%). Our RTT has shown considerable improvement and continues to perform well. We have opened research in new areas of renal, ophthalmology and diabetes. We closed 18 studies and opened 25 new studies in this period. CHFT joined as an ACORN site with our local CLAHRC which has led to partnerships in supporting new studies.</p> <p>Our strategy to develop a new 'fit for purpose' research delivery team was embedded and has led to increased efficiency and better performance. CHFT has appointed research champions across the Trust to help facilitate new research and support new investigators. We have also appointed our first Patient Research Ambassador.</p>
<b>Harrogate</b>	<p>The number of patients receiving relevant health services provided or sub-contracted by HDFT in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was over 3,100 which exceeded the agreed target with Y&amp;H CRN. HDFT remains committed to the promotion of evidence informed practice with the aim of continuous improvement to quality and patient outcomes and as of March 2017, the number of studies open and recruiting at HDFT was 84. 133 clinicians covering 28 clinical areas offer patients the opportunity to be part of research studies.</p>
<b>Hull &amp; East Yorkshire Hospital</b>	<p>Commitment to research as a driver for improving the quality of care and patient experience:</p> <p>The Trust is committed to providing the best possible care to patients and recognises the value of high quality peer-review research as a fundamental tool in the successful promotion of health and well-being for the population it serves. To achieve this, the Trust has focused on research activity which addresses NHS priorities, is of national and international quality and is cost-effective.</p> <p>Every study the Trust participates in will, in some way, have a direct or indirect benefit to institutions, staff, patients, carers, policy makers and academics. The collective benefits for our population of participating in research include more personalised, protocol driven care with often more frequent oversight of clinical outcomes and safety assessments. Frequently, research participation allows for increased interactions between clinical staff and patients, providing more time to make assessments of patients' needs and anxieties and therefore supporting a trusting relationship to flourish.</p> <p>Research portfolio and activity:</p> <p>The Trust was involved in processing 177 clinical research studies of which 133 commenced during the reporting period 2016/17. This compares with 156 new submissions and 120 commencing in 2015/16.</p> <p>The Trust used national systems to manage the studies in proportion to risk. Of the 133 studies given permission to start, 91 were National Institute for Health Research (NIHR) portfolio adopted.</p> <p>The Trust has 171 studies actively reporting accruals (patient recruitment) under the NIHR Clinical Research Network (CRN) Portfolio, as compared to 173 portfolio studies reporting accruals for the period 2015/16.</p>

	<p>The number of recruits into the Trust portfolio studies for the periods 2015/16 and 2016/17 was 2,300 and 8,996 respectively. A target of more than 6,000 patient accruals has been set for 2017/18. The largest topic area of portfolio adopted studies across 2016/17 is Oncology (Cancer) and Haematology with 48 studies between them. The top five therapeutic areas of Trust research in 2016-17 (based on portfolio recruiting studies) were:</p> <ol style="list-style-type: none"> <li>1) Oncology and Haematology</li> <li>2) Cardiovascular</li> <li>3) Renal Disorders</li> <li>4) Gastroenterology</li> <li>5) Diabetes and Endocrinology</li> </ol> <p>77% of commercial portfolio studies completed in 2016/17 recruited on time and to an agreed target. This has helped the Trust maintain a strong relationship with pharmaceutical and medical device companies that allows us to be part of offering novel technologies and treatment to our patients in more and more therapeutic areas.</p> <p>The Trust has continued to push forward mechanisms to enable a supportive and productive research workforce and the implementation of the 'Research Delivery Units' structure has helped to maximise resources in areas of need to ensure that best practice is shared and opportunities for patients increased.</p> <p>The Trust has also signalled its intention to more formally collaborate with the University of Hull. In 2016-17 a research 'Memorandum of Understanding' (MoU) was signed by the Trust and University of Hull which sets out a foundation for strategic and operational research collaborations. This has enabled productive steps to be taken within the last 6 months regarding the joint development of the 'Hull Health Trials Unit' that will seek to provide research management, delivery and methodological support to researchers seeking to turn ideas into multi-centre trials within our region and further afield.</p> <p>Further to this, the Trust supported the development of the University of Hull and HYMS 'Daisy Tumour Bank' which is a facility hoping to collect and store tumour samples for use in future research.</p>
<b>Humber</b>	<p>All objectives were achieved from the Trust Research Strategy 2015-17, as well as all but one of the individual actions within its associated action plan. The only action not achieved was opening a commercial study.</p>
<b>Leeds Community</b>	<p>The aims of Leeds Community Healthcare (LCH) NHS Trust Research Strategy are:</p> <ul style="list-style-type: none"> <li>● Embed research and development into the culture of the organisation</li> <li>● Excellence in the delivery of research</li> <li>● Increase research capacity and capability</li> <li>● Increase the amount of funding into the organisation to enable investment and grow additional return</li> <li>● Develop and strengthen links to the National Institute of Health Research (NIHR) and Department of Health infrastructure, and other</li> </ul>

	<p>research organisations and to support synergy</p> <ul style="list-style-type: none"> <li>● Dissemination of research</li> </ul> <p>1. Embed research and development into the culture of the organisation</p> <p>The Research team now present a regular bi-monthly report to the Trust's Clinical Effectiveness Group which details active studies, accruals data and potential new studies.</p> <p>The corporate team attended and manned a stand at the Trust AGM, visited and presented at the LCH organised conference for Nurses in June as well as the medical conference in Nov.</p> <p>The team continue to attend and contribute to the Trust's Innovation and Research council, which is proving a valuable forum for making links and facilitating work with service improvement colleagues, innovation champions, Medipex, and academics in local HEIs.</p> <p>Recruiting staff to the Yorkshire Health Study via attendance at Flu clinics, has given the research team the opportunity to raise the profile of research activity and discuss the subject of participation in research in general with staff attending the clinics.</p> <p>2. Excellence in the delivery of research</p> <p>The Trust's Clinical Research Network (CRN) portfolio accruals well exceeded the stated target for the year of 200, being over 700. The main factor behind the increased accruals was the Trust's participation in the Yorkshire Health Study, a questionnaire to which we recruited 517 participants.</p> <p>Quarterly submissions of the Performance in Delivery and Initiating of Clinical Research (PID and PII reports) continue on a quarterly basis. The reports continue to be published on Trust internet pages.</p> <p>Following national publication of the NHS Research activity league table for 2015/16, the Trust received a letter of congratulations from Dr Jonathan Sheffield, NIHR CRN Chief Executive due to the fact that the Trust was ranked 7<sup>th</sup> out of all 23 Care trusts in the country for participation in the highest number of studies.</p> <p>Significant work was undertaken within the corporate research team to transfer information about current studies from paper and corporate file systems onto the "EDGE" database. The system required a major change in day to day working practice with regards to research administration.</p> <p>3. Increase research capacity and capability</p> <p>As a regular part of day to day work, the Research team circulate information about portfolio research studies that are open and seeking new</p>
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	<p>sites. Our Research Facilitator attends local team meetings to raise the profile of the team and facilitate opportunities for portfolio research participation.</p> <p>The development of our Research Facilitator to be a GCP trainer has been an important step in enabling our Trust to train service staff in house and develop capacity to better support studies.</p> <p>Work is underway with Trust colleagues to explore output from (and linkage with) staff undertaking post graduate courses in order that we might better utilise existing skills and map capacity.</p> <p>The research team continue to support staff engaged in preparing and submitting applications for NIHR fellowships and research training.</p> <p>4. Increase the amount of funding into the organisation to enable investment and grow additional return</p> <p>During 2016 our Trust experienced the loss of service contracts including Prison Healthcare – our single most research active service. As a result we were unable to maintain our research related external income for 2016/17 at the levels experienced in previous years. Our research related income for 2016/17 mostly comprised the CRN allocation £207K and Research Capability Funding (RCF) of £36K.</p> <p>Ongoing changes to service provision continue to provide a challenging environment in which to plan and develop research collaborations. This is particularly the case in service areas where the provision of specific types of care by us as a Trust cannot be guaranteed for the duration of a proposed study due to re-commissioning of service contracts.</p> <p>5. Develop and strengthen links to the NIHR and Department of Health infrastructure, and other research organisations to support synergy</p> <p>The Research Manager has continued to attend external meetings to foster collaborative relationships. Over the past few months, in addition to those with NHS colleagues, and CRN staff these meetings have increasingly included University employed staff involved in differing research collaborations. In addition, colleagues from the Academic Health Science Network have started to work more closely with the Trust and colleagues in the Quality improvement team, focussing on ways of working which will support the delivery of innovative work and practice.</p> <p>6. Dissemination of research</p> <p>Links to staff publications and research outputs are now made available to Trust staff via a new Innovation and Research hub on the Trust's intranet site (Elsie). The Hub is being developed under the auspices of the Innovation and Research council along with the library service and Quality improvement team.</p> <p>During the year publication of a national 5 year wound care research programme that the Trust participated in was publicised across the Trust and externally. It can be found at: <a href="http://www.journalslibrary.nihr.ac.uk/pgfar/volume-4/issue-13#plain-english-summary">http://www.journalslibrary.nihr.ac.uk/pgfar/volume-4/issue-13#plain-english-summary</a></p>
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	<p>Key findings from the programme were as follows:</p> <ul style="list-style-type: none"> <li>• Approximately 1.5 people per 1000 have a complex wound; pressure ulcers and venous leg ulcers are the most common types and patients are greatly troubled by the social consequences of complex wounds.</li> <li>• It was not possible to implement a comprehensive, prospective complex wounds register, partly because usable clinical data were not routinely collected in community nursing services in the UK. If such a register could be implemented it could be useful in informing wound care services and help to answer important research questions.</li> <li>• Most patients and health professionals regarded healing of the wound as the primary treatment goal.</li> <li>• We worked with patients, clinicians and carers to develop a top 12 list of research priorities for the prevention and treatment of pressure ulcers.</li> <li>• Research on which treatments are most effective at healing complex wounds was largely inadequate and several strategies for improving the research were identified</li> </ul>
<b>Leeds &amp; York Partnership</b>	<p>The majority of objectives identified in the Trust's research strategy are underway but still ongoing.</p> <p>The following were completed during 2016/17:</p> <ul style="list-style-type: none"> <li>• James Lind Alliance research Priority Setting Partnership on bipolar was completed.</li> <li>• Trust external website: Research has its own tab on the home page and its content has been updated to promote NIHR studies open to recruitment and individual contact details.</li> </ul>
<b>LTHT</b>	<p>The recruitment target for 2016/17 for Leeds Teaching Hospitals NHS Trust was 13,000 and at the ABF cut off date the Trust had recruited 12,531 which is 96.4% against target. The Trusts main areas of strength are cardiovascular, oncology and musculoskeletal disease and together the recruitment contributed to 40% of the overall recruitment in the Trust.</p>
<b>Mid Yorks</b>	<p>The NHS Constitution made a commitment for research and innovation to '...improve the current and future health and care of the population'. NHS England has made a commitment to ensure research systems are in place to promote and support participation by NHS organisations and NHS patients in research to contribute to economic growth. Mid Yorkshire is committed to providing excellent research, development and innovation opportunities and actively engages with academic and healthcare organisations to explore and support research partnerships to improve our care.</p> <p>The Mid Yorkshire Hospitals NHS Trust is a partner organisation in the Yorkshire &amp; Humber Clinical Research Network (a regional network to support research). This partnership working helps the Trust to support national commitments to research, including the NHS Mandate, the NHS Operating Framework and NHS Commissioning Guidance.</p> <p>In 2016/17, the Trust has continued to work with the YHCRN to implement the National Institute for Health Research (NIHR) guidance for setting up research in support of national initiatives to improve the quality, speed and co-ordination of clinical research by removing the barriers within the NHS, unifying systems, improving collaboration with industry and streamlining administrative processes. This includes the new Health Research Authority approval system.</p>

The table below shows our performance on key targets and measures related to this drive for improvement:

Objective	Performance in 16/17	Target/performance comments	Performance in 15/16
Increase in patients recruited into NIHR portfolio studies	1949  160% of target  (figures from MY recruitment tracker on 24 April 2017)	Full year target was 1218 recruits  An area which has improved from 15/16	846 recruits to end Feb 2016 76% of year to date target 70% of end of year target (figures from YH CRN monthly report for March 2016)
Proportion of NIHR non-commercial studies recruiting to time and target (RTT)	44/67  66%	Target is 80%  Regional average is 57%  An area which has improved from 15/16	33%
Proportion of NIHR commercial studies recruiting to time and target	6/10  60%	Target is 80%  League table data unavailable.  An area which has remained the same from 15/16 and an area for improvement in 17/18	60%
Number of NIHR studies gaining local NHS permission in 30 days or less	Measurement has been suspended nationally due to the implementation of the new HRA approval process. The measure will be used from April 2017 onwards  Will require focus in 17/18		
Proportion of all NIHR studies achieving NHS permission to first patient first visit within 30 days	11/27  41%	Target is 80%  League table data unavailable.	10/27 (37%)

		<p>An area which has improved from 15/16 and requires further work in 17/18.</p>	
<p>Mid Yorkshire is committed to providing excellent research, development and innovation opportunities and actively engages with academic and healthcare organisations to explore and support research partnerships to improve our care. Between 1st April 2016 and 31<sup>st</sup> March 2017, 87 research studies were active within the Trust (including studies where patients are being followed up after recruitment and treatment phases are complete). Of those, 40 studies were new and opened during 2016-17.</p> <p>The number of patients receiving relevant health services provided or subcontracted by Mid Yorkshire Hospitals NHS Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 2040. 95 % (1949) of this activity is related to research adopted onto the National Institute for Health Research portfolio of high quality studies.</p> <p>Research activity is overseen quarterly by a multidisciplinary Research Committee, chaired by the Trust’s Research Director. In line with Trusts across Yorkshire and the Humber and supported by the Yorkshire and Humber Clinical Research Network (YHCRN), MY has begun using an online system called Edge to record all research activity which then links directly to the National Institute of Health Research (NIHR).</p> <p>In addition we have established a Research Quality Group which is overseeing the implementation of a new MY research quality system including internal audits and the development of research Standard Operating Procedures (SOPs). SOPs have been amended in line with the Health Research Authority national process for research approvals and will be continually developed in 2017/18. Performance is audited and managed within the Trust; additionally performance against the high level objectives is managed by the YHCRN and national Coordinating Centre. The Department of Health requires, via the NIHR, contracts with providers of NHS services and the publication on Trust websites of information regarding: i) the 70-day benchmark for clinical trial initiation (i.e. from a valid study submission to recruitment of first participant); and ii) the recruitment to time and target for commercial contract clinical trials. These are published quarterly on the Trust website by the Research Management and Support Team.</p> <p>We are an active member of the local Academic Health Science Network which brings together organisations in Yorkshire and Humber which have an interest in the health and wealth of the region. We are a member of Medipex, a healthcare innovation hub for NHS organisations across the Yorkshire &amp; Humber and East Midlands regions and industry and academia internationally. We also have a track record of engagement with commercial research organisations such as pharmaceutical companies and have been selected to recruit into six new multi-centre international commercial studies in the last year.</p> <p>During the year we held our first annual research event: ‘My Research: My Question’. This was an opportunity for staff and partners to share information about our research activity, highlight several studies across our services and detail different ways for Trust staff to get more involved in research. We also conducted an online survey across the Trust to identify research interest and questions which could be</p>			

	developed into future research studies.
<b>Rotherham</b>	<p><b>Robust research finance systems</b> To implement systems to i) ensure that research income owed to the Trust for research activity was received in a timely manner and ii) were distributed appropriately internally to ensure permanence for the R&amp;D department, incentivise individual clinicians and clinical departments and provide evidence of R&amp;D contributing to Trust income</p> <p>Progress in 2016/17: A distribution model in line with the NIHR model was agreed by the Trust Management Committee in September 2016. The principles were applied for the first time at TRFT to research income received in 2016/17.</p> <p><b>Efficient and effective research nurse support</b> To implement a model for provision of research delivery staff (in first instance research nurses) that would:</p> <ul style="list-style-type: none"> <li>(i) ensure appropriate and flexible allocation of resource according to the intensity of the research activity and value for money by ensuring that individuals worked to capacity</li> <li>(ii) provide an assurance of the quality and standardisation of the working practices with appropriate management oversight</li> <li>(iii) provide an identity for a group of research professionals with specialised senior research nurse management, specialised training, career development opportunities and peer support.</li> </ul> <p>Progress in 2016/17: A Lead Research Nurse for TRFT was appointed in May 2016 with appointment of 2.0 FTE generic R&amp;D nurses centrally located with R&amp;D. Steps have been taken to bring the historically “embedded” research nurses into the central team; looking at line management and contractual arrangements and encouraging team meetings and peer support.</p> <p><b>Local research governance processes</b> To review local research governance arrangements in light of HRA Approval and ensure that local processes and SOPs comply with legislative requirements</p> <p>Progress in 2016/17: A RM&amp;G Facilitator was appointed in April 2016 who led a complete review of processes and SOPs to ensure that they are compliant with HRA requirements while providing appropriate assurance for TRFT governance. Feedback from sponsors in respect to responsiveness in set up TRFT R&amp;D has been positive #thefriendlytrust</p> <p><b>Meeting Recruitment for Time &amp; Target</b> To ensure that studies at TRFT are delivering to time and target</p> <p>Progress 2016/17: A joint working approach has been developed where RM&amp;G and research nurses work closely together to support the entire study delivery process from horizon scanning for new potential studies, to identifying new researchers/research areas, feasibility meetings of potential new studies pre and post site selection and coordinated close working with site set up.</p>

	<p>Development of TRFT research portfolio To provide research opportunities for staff and patients across the Trust and to identify new areas for commercially funded research.</p> <p>Progress 2016/17: Studies have been set up in areas that had previously not participated in research in recent years including Sexual Health, Obstetrics &amp; Gynaecology and Orthopaedics. Commercial sponsors have selected TRFT as sites for Haematology and ENT clinical trials.</p>
<b>STHFT</b>	<p>Over the past year, our research infrastructure has enabled the Trust to continue to increase the volume of studies being offered to our patients and the number of participants taking part. In 2016/17 the Trust recruited 11490 participants to portfolio clinical research studies (compared to 8490 in 2015/16).</p> <p>As part of our collaboration and joint research strategy with the University of Sheffield, our national and international reputation to provide outstanding clinical research was given a major vote of confidence with the award of multi-million pound government grants from the National Institute for Health Research (NIHR), the research arm of the NHS.</p> <p>As a recognised leader in neurosciences, a £4m investment into a cutting-edge Biomedical Research Centre will take our research efforts to develop new and improved treatments for patients with devastatingly progressive illnesses such as dementia, Parkinson's disease, motor neurone disease, stroke and multiple sclerosis to the next level. The Centre, which is one of only 20 designated across the country, will be run in partnership with the University of Sheffield.</p> <p>This investment was complemented by a renewed £3.1m investment into our NIHR Clinical Research Facility for Experimental Medicine. The Facility, which operates from both the Royal Hallamshire and Northern General hospital sites, plays a pivotal role in helping the Trust to fast track new and innovative research in Sheffield.</p> <p>Cancer research in the region received a major boost following a £4.5m investment from Yorkshire Cancer Research. The funding to University of Sheffield will support and develop research from 10 of the UK's most promising cancer researchers in four strategic areas. This includes testing new ways to diagnose and assess lung cancer, improving the health of patients living with and beyond cancer in an era of improved survival rates and addressing health inequalities by improving access to earlier diagnosis and treatment.</p> <p>In recognition of the work by our doctors, nurses and scientists developing innovative, more effective cancer treatments, the Trust were awarded nearly £1 million pounds from Cancer Research UK and the NIHR for the renewed Sheffield Experimental Cancer Medicine Centre. The funding will enable the team based at Weston Park Hospital's clinical trials unit to continue to initiate new cancer research in specialist areas such as bone metastases, the tumour microenvironment, thoracic cancers, radiotherapy, and rarer tumours.</p>
<b>South West Yorkshire Partnership</b>	<p>In 16-17 we have recruited 785 participants to 19 studies in the NIHR CRN portfolio against a target of 525, an increase compared with 15-16 (697 participants, 16 studies). We have also successfully increased the relative complexity of the portfolio compared with 15-16 (1795 weighted recruits compared with 1307 in 15-16) and expect to see the impact of this further into 17-18 and onwards. In 16-17 SWYPFT received 0.5% of the total funding allocated to research delivery in CRN Y&amp;H and generated 1% of CRN Y&amp;H's total recruitment for 16-17 and 0.58% of its total weighted recruitment (based on data from ODP at end March).</p>

	<p>We have expanded the breadth and scope of the local portfolio and engaged new services and clinicians in clinical research supporting our strategy of increasing the profile and reach of research at SWYPFT. In 16-17 we have opened 17 new portfolio studies (compared with 6 in 15-16); 5 interventional, 9 observational, 1 large scale and an additional 2 that we are participating in as a Participant Identification Centre. We have opened a further 5 new studies in April 2017. We have also supported a number of studies which focus on the physical health and wellbeing of people with mental illness, supporting one of our Trust's Strategic Objectives. These include the RESPECT, Lifestyle Health &amp; Wellbeing (CPMS 20643) and DIAMONDS (CPMS 30683) studies.</p> <p>We underwent a successful peer review of our Research &amp; Development Department led by the Director and Assistant Director for Research of a Trust specialising in Mental Health services from another Local Clinical Research Network and drawing on learning from the NIHR Research &amp; Development leadership programme. The review generated a number of recommendations for developing research capacity and capability and these have been incorporated into the Department's plans for 17-18 and beyond. For example, these plans include expanding our collaborations with partner organisations, including local Universities, NHS Trusts and other NIHR research infrastructure which we have begun to enact during 16-17</p>																				
<b>York</b>	<p>As the Head of R&amp;D is new in post, and the current version of the Trusts R&amp;D strategy is out of date, we have decided to write a new strategy. So, there is no update on performance against a research strategy as this is yet to be written</p>																				
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	Participate in, and influence the development of high quality pre-hospital research activity to the benefit of YAS patients and clinical practice Objectives 3a, c	Patient Research Ambassador recruited	Interim PRA in place.
		Deliver research with at least one new partner organisation	Universities of Swansea, Lancaster, Plymouth
	Enhance the organisation's reputation for research and development  Objectives 4a,b,c,e	80% recruitment to time and target	One NIHR study currently recruiting below target (Right2), at YAS and nationally. AIRWAYS2 120%; VAN 80%. RIGHT2 is under-recruiting nationally, and will impact on this target through 2017-18.
		80% of studies given decision to participate within 15 days	National metric has changed. On track. Currently at 100% for all studies given decisions in 16-17
		80% first participant recruited within 70 days of formal site selection	National target. No data for 16-17 as no studies fit criteria.
		Audit of research governance policy compliance reported to Clinical Governance Group	Delayed by 2 months. Data collection complete. Final report due May 2017
	Develop research skills and expertise in paramedics to contribute to the development of their professional practice  Objectives 5a,b,c	One YAS staff member funded from NIHR/HEE Integrated Clinical Academic Programme	No candidates to date. Reflects national picture of low uptake from AHPs. Four staff preparing MSc or PhD applications for 17-18.
		At least 15 additional YAS clinical staff trained to deliver clinical research projects	7 new staff trained for AIRWAYS2 trial. 10 new staff trained for RIGHT2 trial
		Six staff authored peer reviewed publications	Eight publications in peer reviewed journals
	Increase the research infrastructure within YAS by generating a 5% year on year increase in income	5% increase in income	15-16 income £203k 16-17 income £233k
		Three research delivery staff in post by	Three research paramedics in post from November 2016.

	Objectives 6a,b,d	March 2017		
<p>YAS Research Strategy is a 3 year document (2016-2019), including detailed objectives, key performance indicators, and milestones. 16 of these milestones were selected for regular reporting, and these are detailed and RAG rated in the table above for 16-17.</p>				

## 2. Please provide details of any good news stories and successes within your Trust

<b>Airedale</b>	<p>Airedale was the highest recruiter in Yorks &amp; Humberside to the Prism study (reproductive health) and has been commended for high return rates for CRFs for the STOMP and Add-Aspirin studies (Cancer).</p>
<b>Barnsley</b>	<p>The R&amp;D department was successful in obtaining a research funding grant award from the General Nursing Council Trust. A research project focussing on understanding the patient and family experiences of communication and information exchange within the Emergency Department environment with a particular focus on their informational requirements will be conducted.</p> <p>The Trust has been chosen to be a collaborator on a national project funded by the Health Foundation in collaboration with Sheffield Teaching Hospitals and CLAHRC YH, to implement a scaling-up quality improvement programme for Shared Haemodialysis Care (SHC). As a result of this successful funding a BHNFT Researcher has been funded and awarded an honorary contract to work as part of the project team for 30 months.</p> <p>The Trust was successful in exceeding the recruitment target of 400 participants into NIHR Portfolio adopted studies and recruited 1024 participants in 2016/17</p>
<b>BTHFT</b>	<p><b>1. Wolfson Centre for Applied Health Research</b></p> <p>The Trust, along with the Universities of Leeds &amp; Bradford, have been working over the last 18 months, to prepare a bid to the Wolfson Foundation for (part) funding for a new Centre for Applied Health Research. A final stage bid, led by the University of Leeds was submitted in September, and we are delighted to have received confirmation that the Wolfson Foundation will provide a £1 million grant to support the building of this Centre for Applied Health Research.</p> <p>The new building is planned to be sited adjacent to the Bradford Institute for Health Research and will provide ~1000m<sup>2</sup> of accommodation for applied health research teams. It will cost £3 million to build with the additional funding provided through matched funding from the two University partners; BTHFT will provide the land for the building and car parking facilities.</p>

### **The transformative impact of co-located bespoke facilities in Bradford**

A Wolfson Centre for Applied Health Research will:

- Provide a creative space for health researchers and practitioners from education, clinical and community settings to work in close collaboration,
- Provide a platform for applied health researchers to harness population and system-level research in order to change the city. It will emulate the Crick Institute's premise of increasing value by bringing together the best scientists from different disciplines under one roof to push back the boundaries of research,
- Adopt the principles used by Google and the BBC Media City Centre to promote an imaginative and communitarian identity, with design architecture supporting an informal and nurturing environment. It will act as the 'halfway house' between education and health service providers and academic research teams, supporting them to come together. It will offer a space to learn how to identify patients' needs, the right interventions to match to needs, and a chance to participate in studies to develop new interventions.

In order to develop and test new ideas and evaluate new interventions, our population laboratory requires strong community engagement and NHS-wide leadership. The Bradford Institute for Health Research already has a strong track record of community engagement in its research and our primary, secondary and community trusts are committed to working together to develop system-wide solutions for future health service delivery.

A Wolfson Centre for Applied Health Research will focus on two crucial periods of life – healthy childhood and healthy ageing – with an underpinning theme of enhancing quality and safety across the care pathway during those periods.

Work will start in the New Year with our University partners to develop the initial design of the building and how it will operate.

### **2. Leading centre in Applied Health Research**

The Foundation Trust has continued to increase its expertise in applied health research with the work of the following teams being the main focus for applied health research:

#### **Academic Unit of Elderly Care and Rehabilitation**

The Academic Unit of Elderly Care and Rehabilitation has been established for over twenty years and has a national and international reputation in elderly care and stroke research.

The Unit's programme of applied health research uses a wide range of methods including randomised controlled trials, systematic reviews (lead on three Cochrane Reviews), cohort studies and qualitative evaluations. The Unit's research is supported by strong patient groups and clinical colleagues.

Work undertaken addresses key questions such as: care for people susceptible to delirium; the role of medical day hospitals and community

hospitals; in-hospital and post-discharge care after stroke; care for patients with dementia, and the support provided to caregivers.

Currently large workstreams are being implemented focused on the needs of the frail elderly and residents of care homes. In the former the Unit has established the Community Ageing Research 75+ (CARE 75+) study using an innovative cohort multiple randomised controlled trial design. The study is recruiting older people aged 75 and over to investigate frailty and disability trajectories and evaluate interventions to improve outcomes. In the latter the research team are working closely with care homes owners, managers, staff and residents to implement a range of projects considering ways to improve the care environment.

Our work in stroke has been referenced in National Clinical Guidelines and highlighted in national audit reports.

### **The electronic Frailty Index (eFI)**

Colleagues in the Unit have developed and validated an electronic frailty index using existing patient level data in primary care. The (eFI) team, led by Dr Andy Clegg, Senior Lecturer & Honorary Consultant Geriatrician, Prof John Young, Professor of Elderly Care Medicine, and Dr Tizzy Teale, Senior Lecturer & Honorary Consultant Geriatrician recently won the Royal College of Physicians Excellence in Clinical Care award for Innovation, which recognise outstanding clinical activity that contributes to excellent patient care in an innovative and forward-thinking way.

The electronic Frailty Index (eFI) was developed and validated using data from around 900,000 patients in two large primary care databases – ResearchOne and The Health Improvement Network (THIN). The eFI helps primary care providers identify older people with frailty who face an increased risk of care home admission, hospitalisation and mortality by using existing information contained within a patient's electronic health record. Last month the eFI was described as 'one of the most effective pieces of innovation I have ever come across' by Dr Martin Vernon, NHS England's National Clinical Director for Older People and Integrated Care, when he spoke at the Yorkshire & Humber Academic Health Science Network (AHSN) Innovation, Improvement & Impact Conference.

The eFI development and validation was led by the AUECR team in a collaboration between BIHR and the University of Leeds, in partnership with Dr Chris Bates and Dr John Parry from TPP/SystemOne, Dr Ronan Ryan, Linda Nichols and Prof Tom Marshall from the Institute of Applied Health Research, University of Birmingham and Prof Mohammed A Mohammed from the Faculty of Health, University of Bradford. The work was funded by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care, Yorkshire and Humber (NIHR CLAHRC YH). The Yorkshire & Humber AHSN supported the rollout of the eFI through its Healthy Ageing Collaborative, led by Sarah de Biase, based at the BIHR Improvement Academy. As a result of this work, the eFI has been implemented into the SystemOne and EMISWeb primary care electronic health record systems, so is available to 90% of general practices in the UK.

Use of the eFI is also supported in the 2016 NICE Multimorbidity Guideline as a recommended tool to identify people who may require an approach to care that takes account of multimorbidity. The eFI has also been highlighted for routine use in the forthcoming GP General Medical Services (GMS) contract.

Last year, the eFI won the prestigious Healthcare IT Product Innovation category at the EHI Live 2016 Awards.

**Born in Bradford**

Established in 2007, the Born in Bradford research programme is one of the largest health research projects in the UK. By focusing on key public health priorities for families and conducting cutting edge research it is exploring the reasons why some people fall ill and others stay healthy. This information is being used to develop and evaluate interventions to improve the lives of families.

Over the past 5 years the Born in Bradford research team have attracted over £20 million in research grants from national and international funders. The Born in Bradford research programme hosts two internationally recognised birth cohort studies (Born in Bradford and Born in Bradford's Better Start), an established programme of applied health research, Connected Yorkshire, and the Better Start Bradford Innovation Hub. Their funders include the National Institute for Health Research, Wellcome Trust, Economic and Social Research Council, Medical Research Council, National Lottery and British Heart Foundation. Further details can be found on their website [www.bominbradford.nhs.uk](http://www.bominbradford.nhs.uk)

The team conduct research into all aspects of health and wellbeing including obesity, adiposity and child growth, allergic diseases, dental health, the impact of environmental influences such as pollution on health. With their Connected Yorkshire programme they are pioneering routine data linkage to provide a region-wide digital community programme covering over five million people that will provide a shared platform for developing innovative approaches to improving health and wellbeing. This platform will allow interventions to be developed and tested. Born in Bradford aims to make Bradford the world's first 'City of Research' by engaging with citizens and stakeholders to become an international centre of discovery and innovation, conducting research which improves the health and wellbeing communities locally and globally.

Following prestigious funding from the Economic and Social, and Medical Research Council, 2017 will see the BiB team embarking in an ambitious programme of research which will see them revisiting 10,000 Born in Bradford aboard a state of the art research bus to collect measures of health and wellbeing. They will also be working with 90 primary schools across this city to assess the cognitive development and wellbeing of 20,000 children aged 7-9.

The key to the success of the BIB team lies in their engagement with families, and those working across health and education within this city. They host regular family festivals and scientific conferences in the City. BIB have two artists in residence, Ian Beesley (Photographer) and Ian McMillian (Poet), who aim to inspire and engage the people of Bradford and disseminate the findings in novel and exciting ways.

**Quality and Safety Research Team**

The Quality and Safety research team are a multi-disciplinary team of applied health researchers who deliver research that directly addresses the issues most affecting the NHS. Over the last year the team have continued their work on three key projects. First, in collaboration with the AHSN improvement Academy and with funding from a Health Foundation 'Closing the Gap' grant they have been working with Bradford, Hull and Bamsley and their group of volunteers to collect feedback from patients about the safety of care during their hospital stay. The team have also carried out exciting work to understand what hospital ward teams do with these data and the challenges they experience when using this information to improve services. Second, we have continued our research to enhance the use and usefulness of patient experience

	<p>feedback. Working with Bradford, Leeds and Harrogate Trusts we have now developed a patient experience toolkit together with staff and patients and in January we launched this on six wards. Over the next year, we will observe the implementation of this toolkit and attempt to understand whether using the toolkit helps teams to make changes that improve patient experience. This involves collecting data from more than 800 patients.</p> <p>Third, our work on understanding how hospital teams achieve excellence in safety, where we have been focusing on elderly medicine and elective hip and knee surgery, is beginning to deliver some interesting findings that we are sharing across the region and beyond. Not surprising is the finding that 'positively deviant wards/services' seem to be those that facilitate multi-disciplinary working, where staff know and trust one another and help each other out when things get tough and where everyone feels they can speak up and understand their own contribution to delivering safe care.</p> <p>In January 2017 the team embarked on a five year programme of research, funded by a £2.3 million NIHR Programme grant that will develop and evaluate a Partner's at Care Transition (PACT) intervention. This intervention will seek to involve older patients and their carers more closely in the transition from hospital to home. The first stage of this study, involving Bradford and Leeds NHS Trusts will follow 30 older patients from the point of admission to hospital to three months after discharge. Through interviews and observations we will try to gain a better understanding of what factors support patients to navigate this transition safely and avoid readmissions.</p> <p>Finally, great news for this year is that the Quality and Safety Research Group have been successful in a competitive bid to become the third national Patient Safety Translational Research Centre based on a longstanding partnership between BTHFT and the University of Leeds. The award of £3 million over five years will see BTHFT hosting this national centre whose mission is to 'deliver research that makes care safer'. Led, by Professor Rebecca Lawton, the centre will be working closely with BTHFT to develop and test novel approaches to improving safety.</p> <ol style="list-style-type: none"> <li>1) Expansion to the Bradford Institute for Health Research in form the form of an extension to the Clinical Research Facility.</li> <li>2) Dr Alison Bruce, Head Orthoptist (BTHFT) and NIHR Post-doctoral Research Fellow, awarded the Royal Society of Medicine's "Squint Forum Prize for 2016".</li> </ol>
<b>Calderdale &amp; Huddersfield NHS Foundation Trust</b>	Our Trust has implemented the Electronic Patient Record, one of very few Trusts to embark on this technological change for the improvement of patient care. This benefits our research patients to be cared for in a more efficient and safer way as well as helping staff to recognise research patients immediately.
<b>Harrogate</b>	The research team within the trust continue to work with academic partners to explore focused development of workforce and to ensure high quality studies are attracted to the Trust. Current partners include Bradford Institute for Health Research and University of York (reproductive health and healthcare delivery); Centre of Evidence-based Dermatology; Centre of Immunology and Infection York University; Clinical Trials Units in York, Leeds and Sheffield as well as the Yorkshire and Humber CLAHRC and SCHaRR. NIHR supported studies have been conducted within the Trust over the last year as a result of these collaborative working arrangements thus enabling our patients to have

	<p>access to high quality research. In addition the fieldwork for studies has produced useful information to inform the Trust quality agenda.</p> <p>The Trust is an active member of the Yorkshire and Humber Academic Health Science Network (YHAHSN). Research plays a role with Innovation and in collaboration with the Partnership and Innovation team (HDFT) connects with Medipex – the Yorkshire and Humber Innovation specialists. The area has a history of organisational collaboration including academic (White Rose Consortium), Leeds University, Bradford Teaching Hospitals, Training Boards, Collaboration for Leadership in Applied Health Research and Care (CLAHRC), Hull and York Medical School, Centre for immunology and Infection York University, Leed and Bradford Universities and Clinical trial units based within the region.</p>
<p><b>Hull &amp; East Yorkshire</b></p>	<p><b>Research impact:</b>          Demonstrating specific project outcomes and impact through research for the population we serve is fundamental. Below are some examples of the difference research participation has made to patient outcomes and changes in service delivery at Hull and East Yorkshire Hospitals NHS Trust:</p> <p><b>Public Health Cohort studies:</b>          The Trust was the top recruiter in Yorkshire and Humber for the ‘Yorkshire Health Study’ with over 3,000 participants in 2016/17. The study will run for another two years and is the largest long term health study in Yorkshire. It aims to capture information on a large scale with the hope of finding the best treatments to keep Yorkshire healthy, and prevent and treat disease in the future. It focusses specifically on eating, drinking, and smoking habits as well as current illnesses and mobility in the context of locality and socio-economic status.</p> <p><b>Diabetes and Endocrinology:</b>          In collaboration with a local Diabetes charity the Trust has led work looking into the Service Users’ Perspectives on Accessing Type 2 Diabetes Mellitus Services within Hull and East Riding. Capturing the perceptions of nearly 3,000 type 2 diabetes service users in Hull and the East Riding has provided further insight into the reasons for not meeting NICE guidelines on reducing the risk of associated diabetes complications.</p> <p>The findings will support relevant parties to further deliver effective, service user driven care within Hull to suit type 2 diabetes service users’ needs in conjunction with delivering national and local standards of care. This reflects the aims of the Hull CCG 2020 programme which states, “people will be supported by services that fit their needs and lifestyle, designed in partnership with them” – an aim which will support a healthier city. The study report and dissemination for the studies will occur over the summer of 2017 and is expected to have a high impact.</p> <p>Alongside the large cohort studies, the team have continued to be successful in the small number of commercial clinical trials available and are the preferred UK site for Novo Nordisk studies.</p> <p>Academically the research unit continues to attract high quality medical staff and PhD students to work as research fellows but also have a real presence nationally as a centre that delivers high quality research and delivers clinical trials to time and target.</p>

**Gastroenterology and Hepatology (non-IBD) department:**

The Trust is one of only 2 sites in the UK to look at Non-Alcoholic Fatty Liver Disease (NAFLD) and how it is managed by both GP and liver specialists. In the COMMANDS-02 trial, we designed a NAFLD Integrated Care Pathway (NAFLD e-ICP) for GPs to standardise care for patients in primary care and ensures that GPs complete a full liver assessment. Standard care is haphazard and inconsistent resulting in poor referral decision making and poor patient management and outcomes. HEY Trust has helped set up the e-consult clinic element of the research trial and both East Riding of Yorkshire and Hull CGGs have part-funded the research.

Interim data analysis shows a significant increase in complete GP liver assessments, improved patient diagnosis, improved referral decisions, appropriate use of the e-consult clinic option, reduced secondary care referral rates and high patient and GP satisfaction feedback. Interim data analysis suggests Health Care Professional and public awareness of NAFLD is poor and we aim to examine this in self-generated portfolio research trials due to start recruiting in 2017/18.

**Haematology Research Department:**

The haematology department run several ongoing basic science projects investigating risk factors for leukaemia and developing novel therapeutic approaches for leukaemia.

In particular, in conjunction with Chemistry Hull Uni, the department received £140k from cancer research UK to develop a new therapeutic approach for acute leukaemia called Bioimprinting which was devised by Prof Paunov in Hull Uni. This study has been adopted onto the portfolio and the first patients will be recruited in early 2017/18. <https://paunovgroup.org/news-2/>

Working with the University of Newcastle they have developed a large cohort of chronic lymphocytic leukaemia patients who have undergone genomic analysis. We are in the process of demonstrating that some people are predisposed to have disease that progresses quicker than others and have found novel genetic markers predicting this. This work will be published later this year.

One of our portfolio studies (NIHR BPD study) has offered whole genome sequencing to patients with rare and previously undiagnosed disorders. One such patient with an immunological disorder, who unfortunately died, was diagnosed through this study with positive consequences for her family. They reported their experiences to the Hull Daily Mail.

<http://www.hulldailymail.co.uk/tributes-to-one-of-a-kind-lyndsey-borman-after-death-at-just-33/story-30121698-detail/whatson/story.html>

The team have also become an affiliated member of the Trials Acceleration Programme (TAP). TAP is an initiative set up by the Bloodwise Charity to deliver promising treatments to more patients, more quickly. Through this collaborative work it is hoped that more trials infrastructure, ideas and delivery personnel can be utilised to share a common goal of ensuring researchers get the support they need to make their trials happen.

The department also contributed to the 'Patient perceptions on the symptomatic and economic burden of Myeloproliferative Neoplasms (MPN)' study. The MPNs LANDMARK survey is a multi-country cross-sectional survey of MPN patients and treating physicians and

	<p>provided valuable data on the patient's' disease burden including how it affect patients' work productivity, and impacts them financially.</p> <p><b>Vascular Surgery Research Department:</b> The Academic Vascular Surgery Unit (AVSU) has led on significant impactful research in 2016-17. In particular, the department is cited 3 times in the current NICE Guidelines (CG168) for Varicose veins: diagnosis and management and also cited 3 times in the current NICE Guidelines for PAD (CG147) Peripheral arterial disease: diagnosis and management.</p> <p>Through Professor Chetter's role on the RCS Education Committee, he has developed and introduced the Specialist Trainee year 5 course which is delivered in Hull (this follows on from the successful development of ST3 course which was also piloted in Hull).</p> <p>The AVSU have concluded significant NIHR funded wound research in 2016-17:</p> <ul style="list-style-type: none"> <li>- surgical wounds healing by secondary intention common following emergency surgery</li> <li>- surgical wounds healing by secondary intention take on average 3 months to heal</li> <li>- Negative Pressure Wound Therapy for SWHSI may delay wound healing and is thus unlikely to be cost effective.</li> </ul> <p><b>Radiotherapy Research:</b> Identification of patients who are on RT trials has improved through the use of the electronic patient management form and trial specific planning protocols. These (along with the use of tasks to improve workflow in the ARIA database) have helped to ensure adherence to trial protocols and facilitate prompt and efficient collection of data.</p> <p>Trial protocols (eg. SCALOP2 and Aristotle) have led to changes in pre-treatment preparation with regards to the use of contrast and breath-hold scans which allows the Clinician to better localise the RT treatment. This directly benefits patients (even those not in trials) as it improves treatment quality.</p>
<b>Humber</b>	<p>Exceeded annual recruitment target and increased numbers of portfolio studies from previous years.</p> <p>Saba Alam, our Trust's Senior Research Assistant and Rater Development Lead for Yorkshire and Humber CRN, trained 34 people from 9 NHS trusts on various mental health research measures in 16-17</p> <p>See also section 3 below.</p>
<b>Leeds Community</b>	<p>Our Community Dietetics team received a nomination at the Medipex Innovation showcase event in October for their revised, proactive approach to caseload management for dietetic priorities care homes. Our IAPT team were finalists in the Mental Health Category of the Medipex NHS Innovation Awards in March for developing a computerised system that helps therapists monitor how patients are responding to feedback.</p>
<b>Leeds &amp; York Partnership</b>	<p>£2,343,665 was awarded to the Leeds and York Partnership NHS Foundation Trust in 2016/17 from National Institute for Health Research funding programmes. This funding was granted for two trials:</p> <ul style="list-style-type: none"> <li>● Alleviating Specific Phobias Experienced by Children Trial (ASPECT/Phobia): non-inferiority randomised controlled trial comparing the</li> </ul>

	<p>clinical and cost-effectiveness of one session treatment (OST) with multi-session cognitive behavioural therapy (CBT) in children with specific phobias</p> <ul style="list-style-type: none"> <li>• (I-SOCIALISE) Investigating SOcial Competence and Isolation in children with Autism taking part in LEGO-based therapy clubs In School Environments</li> </ul>
<b>LTHT</b>	<p>Imperial hailed Leeds 'strong commitment to the AVATAR-AF trial into reducing the costs of AF ablation.</p> <p>Hyperacute Stroke team and Paediatric Research teams celebrated recruiting their 1000 patient in the BASICS trial (The bedside assessment, stabilisation and initial cardiorespiratory support (BASICS) trolley.</p> <p>The Clinical Genetics Research Team were runners up in the Clinical Service Unit team of the year.</p>
<b>Mid Yorks</b>	<p>On 24 November 2016 the Research Team hosted an event called 'My question, my research' at Pinderfields Hospital to share information about how our research has informed best evidence-based practice. The day included reflection on recent research studies and discussion about moving forward. Speakers from The Yorkshire and Humber Clinical Research Network and the Research Design Service talked about developing research ideas into research studies and how to take them forward with the support of the Trust's Research and Innovation Team.</p> <p>Two particular pieces of work undertaken in the year were:</p> <p>A study to look at the use of point of care technology to undertake a blood test in radiology at the time of scanning. This investigated whether they can provide immediate information about renal function to help decide on the suitability of an injection during some specific scans. This was the first piece of Mid Yorkshire investigator initiated research to be adopted to the NIHR national portfolio and involved 363 patients as research participants. A follow up study, SCIPS, has begun in the Trust to do further work in this area.</p> <p>An NIHR funded 'Research for Patient Benefit' (RFPB) study looking at the consent process for patients in cardiology who were receiving percutaneous coronary intervention (PCI) was completed. The findings have been used to inform the revision of the patient consent leaflet at Mid Yorkshire, to inform the introduction of nurse led consent in cardiology and will be shared in an up and coming British Medical Journal (BMJ) article.</p> <p>Other research conducted at the Trust has resulted in changes to local and national practice, such as: Immediate reporting of emergency department X-rays which has embedded into NICE guidance on trauma services allowing better patient care and cost savings. Changes to the way urology patients with ureteric colic are treated, with tamsulosin and calcium channel stabilisers having been shown to be ineffective in a range of patients. The development of a new pressure ulcer risk assessment framework, which was implemented at the Trust in September 2016.</p>
<b>Rotherham</b>	<p>The Sexual Health department was a research naïve area and by the research nurses working in close collaboration with the PI and departmental team TRFT has recruited successfully to two studies, Safetxt and Positive Voices. As a consequence of this achievement TRFT have been selected for a further study in this speciality.</p>
<b>STHFT</b>	<p>Another key grant was awarded to Professor Dilly Anumba and colleagues at the University of Sheffield to develop a 'next generation' device</p>

	<p>which could predict if pregnant women are at risk of giving birth early up to three months. The small pencil-tip probe detects properties that are known to change in the cervix prior to the onset of premature labour, and could be offered to all pregnant women between the 18th and 20th week of pregnancy. The device is being developed and tested at the Jessop Wing Maternity Hospital thanks to a £792,753 grant from the NIHR and the Medical Research Council.</p> <p>The findings of an important study, carried out by researchers at the South Yorkshire Cardiothoracic Centre, were published online in the British Medical Journal's Heart journal. Led by Dr Ever Grech, a Consultant Cardiologist at the Northern General Hospital, the research revealed that smokers under the age of 50 are more than eight times as likely as nonsmokers to suffer a major heart attack, making them the most vulnerable of any age group of smokers. The research could help make people better aware of the risks of smoking.</p> <p>Professor Paul Griffiths, Honorary Consultant at the Trust and Professor of Radiology at the University of Sheffield and Martyn Paley, Professor of MR Physics at the University of Sheffield, are pioneering the use of a compact MRI scanner for imaging the brains of premature babies. The compact scanner, which is considerably smaller than a standard MRI scanner, meaning it can be situated within or close to the neonatal unit, is being tested as part of a two-year research project looking at the benefits of scanning babies on a neonatal unit. The scanner is one of only two purpose-built neonatal MRI scanners in the world, and featured on BBC's News at Ten and on BBC Online.</p> <p>A world-leading diabetes team at Sheffield Teaching Hospitals have been awarded a £3m grant to conduct a study into the effectiveness of pain control drugs in patients with chronic pain caused by diabetes. The study will compare the effectiveness of the three main drugs used to treat patients who suffer from painful diabetic neuropathy, and is funded by the NIHR Health Technology Assessment Programme. The grant is one of the biggest awards ever given to a Sheffield Teaching Hospitals research team.</p> <p>New research, led by Professor Simon Heller, Director of R&amp;D at the Trust, found that sustained periods of hypoglycaemia, or low blood sugar levels, in young people with type 1 diabetes resulted in a greater delay in the heart's ability to reset itself (repolarisation). Published in Diabetes Care, the journal of the American Diabetes Association and supported in part by a grant from the NIHR, the findings could promote better health care for people with diabetes.</p>
<p><b>South West Yorkshire Partnership</b></p>	<p>In 16-17 we have successfully re-established the Research &amp; Development department at SWYPFT following a prolonged period of significant change and substantial turnover into 15-16 (including 100% turnover in our research delivery staff). During the year we have made successful appointments to all remaining vacancies and gradually rebuilt the portfolio. One of our Clinical Research Officers was successfully accepted onto the inaugural round of the NIHR CRN leadership programme. The programme is in the final stages and it has been a valuable experience from a personal and a professional development perspective.</p> <p>Over the 15-16 and 16-17 period we were able to benefit from the opportunity to support recruitment to the Yorkshire Health Study which was helpful to build skills in the newly appointed team and to help raise the profile of the new department across the Trust in addition to sustaining our recruitment levels whilst we redeveloped the local portfolio.</p> <p>Our successful recruitment activity from the period 1 Oct 15- 30 Sep 16 has helped secure Research Capability Funding for the first time in several years for the Trust. We will be reinvesting this funding in pump priming local projects with the aim of generating NIHR funding</p>

	opportunities for the Trust in the future.
<b>York</b>	<p>The team at York Hospital for being recognised as the top recruiters in 2016 for the Rheumatoid Arthritis medication study. The team recruited more than 300 participants. The study involves a collection of clinical data and blood samples from patients who are about to start therapy with methotrexate and then follows them prospectively to assess response to therapy over the first year of treatment.</p> <p>High levels of recruitment into research studies in the Anaesthesia, Perioperative Medicine and Pain Portfolio continues. York is one of the highest recruiting Trusts in the country for this Specialty Group. Interest from commercial companies (commercial research has never been strong in this specialty group) is just starting and we are hopeful to bring some success trials to the region in the coming months and years.</p>
<b>Yorkshire Ambulance Service</b>	The AIRWAYS-2 clinical trial is a national device study open in four regional ambulance services. YAS accruals to the study are running at 120% RTT, while the study as a whole is at 93% RTT. YAS is the highest recruiter to this study.

**3. Please provide us with details of any awards that your Research teams have received throughout the year, or particularly successful trials i.e. Global First etc.**

<b>Airedale</b>	See above.
<b>Barnsley</b>	<p>The Trust saw 2016 as a recovery year for R&amp;D and had several key aims that were achieved:</p> <ul style="list-style-type: none"> <li>● To deliver a balanced financial position</li> <li>● To exceed the recruitment target agreed with the CRN</li> <li>● To complete the R&amp;D staff restructure</li> <li>● To engage a wider community of clinical staff involved in research.</li> </ul> <p>As mentioned above, the R&amp;D department was successful in obtaining a research funding grant award from the General Nursing Council Trust to conduct a research project focussing on understanding the patient and family experiences of communication and information exchange within the Emergency Department. This project idea was developed by a Keeley Clayden, Research Staff Nurse, following on from her dissertation for her nursing degree. Keeley received a distinction for her dissertation and as a result has been asked by the Open University to submit the dissertation to the prestigious undergraduate awards.</p>
<b>BTHFT</b>	<p>Please see section 2 and also:  <b>Forster A, Clarke D</b>, Birch K, Carter G, Holloway I, Oxley S, Farrin A, Patel A, English C, Mead G, Lawton R. Development and evaluation of strategies to reduce sedentary behaviour in patients after stroke and improve outcomes. <a href="#">NIHR, Programme Grants for Applied Research</a> £3,013,121; 01/10/2017- 31/09/2024</p>

	<p><b>Clegg A, Young J, Forster A</b>, Farrin A, Hartley S, Hulme C, <b>Clarke D</b>, Wright P, Cundill B. Randomised controlled trial evaluation to determine the clinical and cost effectiveness of a Home-based exercise intervention as <u>Extended Rehabilitation in Older people with frailty following acute illness or injury</u>, including internal pilot and embedded process evaluation (HERO). <a href="#">NIHR HTA</a> £2,038,930.19; 01/03/2017-31/05/2021</p>
<b>C&amp;H FT</b>	<p>STOP-ACEi Trial (Renal) Calderdale and Huddersfield Trust recruited 3 patients in February, more than doubling previous total and highest recruiter nationally in February 2017.</p> <p>FOCUS Trial (Stroke) Calderdale and Huddersfield Trust came 6<sup>th</sup> in the league table for recruitment out of 107 sites.</p> <p>STAR Study (Ophthalmology) Calderdale and Huddersfield Trust 4<sup>th</sup> in league for recruitment out of 24 sites nationally. Also won the first award from the study.</p>
<b>Hull &amp; East Yorkshire</b>	<p>Congratulations to Consultant Gastroenterologist, Dr Sebastian, who has been awarded the NIHR Clinical Research Network research prize, in partnership with the Royal College of Physicians (RCP). Dr Sebastian specialises in inflammatory bowel disease (IBD) and is the Clinical Research Network's gastroenterology specialty Co-Lead for Yorkshire and Humber. He has been recognised by the NIHR for his work on engaging patients in research, his clinical leadership and for his contribution to successful delivery of clinical research studies.</p>
<b>Humber</b>	<p>Patient Research Ambassador, Wendy Mitchell, who won an award at the Alzheimer's Society People's Awards 2016. Wendy was the winner in the Realising Potential (Volunteer) category, and the award was presented to her at St. James's Palace in April 2016. Wendy is dedicated to sharing her own experiences in order to raise awareness of dementia and the importance of research.</p> <p>My Health Guide won the Innovation and Technology Award at Hull Health Expo event held at the KC Stadium. This research project was trialling a tablet based app to enable people with learning disabilities to play an active role in their healthcare through sharing health related information. Also, the Yorkshire and Humber Academic Health Science Network hosted its Innovation, Improvement and Impact Conference at Leeds in January 2017, where the Performance Through Partnership award went to Maldaba Ltd for the My health Guide App for adults with a Learning Disability.</p> <p>First site to recruit nationally in the following studies:  Alcohol Dependence and Adherence to Medicine (ADAM)  Caregiving HOPE (dementia) - also surpassed our recruitment target  PRIDE Intervention Development and Feasibility Study WP3  Journeying through Dementia (JtD)</p>
<b>Leeds Community</b>	<p>As previously indicated, our Trust have been particularly successful in recruiting to the Yorkshire health study, recruiting over 500 during 2016/17. The Trust also recruited very well to palliative care studies (IMPACCT and PiPs). The IMPACCT study demonstrated excellent joint working across organisations with Leeds Teaching Hospitals NHS Trust, St Gemmas Hospice and the Academic Unit of Palliative Care at the University of Leeds.</p>

<b>Leeds &amp; York Partnership</b>	LYPFT was the first site to recruit to the Randomised Evaluation of Sexual health Promotion Effectiveness informing Care and Treatment (RESPECT): a feasibility study of an intervention aimed at improving the Sexual Health of People with Severe Mental illness
<b>LTHT</b>	No response provided.
<b>Mid Yorks</b>	Mid Yorkshire was the highest recruiting UK site to the commercial portfolio study, iCare
<b>Rotherham</b>	Josie Roberts, Macmillian Lung Cancer Nurse Specialist received a grant from National Lung Cancer Forum for Nurses to undertake a study on "Survivorship in lung cancer". This TRFT initiated study was granted NIHR portfolio status. Josie had a poster accepted at the World Lung Cancer Conference in Vienna, December 2016.
<b>STHFT</b>	<p>Dr Michael Paddock, specialist registrar at the Royal Hallamshire Hospital, received the Young Researcher Award 'Best Scientific Paper' award at the world-renowned International Paediatric Radiology Congress in Chicago in May 2016. His research on paediatric imaging is being supported by an NIHR Academic Fellowship programme in Clinical Radiology at the Royal Hallamshire Hospital.</p> <p>Sheffield NIHR Clinical Research Facility's was one of only a handful in the world to receive a ClinLife® Top Recruiter award in recognition of their outstanding achievements in recruiting patients into studies supported by the international technology platform. This platform connects patients with research recruiting sites around the world.</p> <p>In 2016/17 the Trust also achieved recruitment accolades for the following clinical research studies:</p> <p>BAHA 5 SuperPower (Portfolio ID 31042) – 1<sup>st</sup> Global patient  TROPHY (Portfolio ID 19906) – 1<sup>st</sup> UK patient  BMS CheckMate 274 (IRAS 194253) – 1<sup>st</sup> UK patient  PRACTICE (Portfolio ID 19145) – Top recruiter</p>
<b>South West Yorkshire Partnership</b>	<p>We have had successes in a number of non-commercial portfolio studies. Most notable is our activity in the Caregiving Hope study sponsored by University of Bradford (CPMS ID 20810). The study aims to explore the issues associated with caring for people with dementia and we have had particular success in recruiting to individuals from the South Asian population due at least in part to the language skills of one of our Clinical Research Officers.</p> <p>The Lifestyle Health &amp; Wellbeing study (CPMS 20643) has also been a successful means for the department to raise the profile of research within the Trust and make valuable links with services and clinicians for future studies. We have rolled out the study across a number of services and have employed a variety of strategies to recruit including direct recruitment from outpatient clinics. We were the highest recruiting Trust in Yorkshire &amp; Humber to the study at the end of 16-17.</p> <p>During 17-18 we will be opening several NIHR-funded portfolio studies at the invitation of the Chief Investigator following our success in earlier studies (for example DAWN-SMI and RAPID).</p> <p>In 16-17 SWYPFT has not taken part in any commercial studies however we have submitted Expressions of Interest for two commercial studies and we are in discussions with a UK based company regarding a small scale pilot study for a medical device. The study has not yet</p>

	been submitted for regulatory review but we have strongly encouraged the company to apply to have the study included in the NIHR CRN portfolio.
<b>York</b>	<p>A new method of testing patients for serious bowel complaints won a regional award for service improvement for the Trust at the recent Medipex NHS Innovation Awards. The pioneering approach, designed by consultant gastroenterologist James Turvill, has revolutionised treatment for hundreds of people in the York area and is set to save £1.4 million for the NHS in the Yorkshire and Humber region.</p> <p>A special test, the faecal calprotectin diagnostic test, has been introduced to help doctors to identify which bowel conditions can be treated by GPs and which will need specialist hospital treatment. The test can distinguish between inflammatory bowel diseases (IBD) such as Crohn's disease and ulcerative colitis which can involve an operation, and non-inflammatory bowel diseases, such as irritable bowel syndrome (IBS). James Turvill explained: "Faecal calprotectin is a marker of bowel inflammation and is normal in IBS but raised in IBD. Using this new care pathway will mean most people with IBS will be diagnosed without the need for invasive tests." "The diagnosis can be difficult for GPs as similar symptoms are present in both IBS and IBD. This can result in many people with IBS having unnecessary hospital investigations before their condition is diagnosed. People can be tested when they see their GP which reduces the amount of patients who need to come to hospital for these investigations."</p> <p>Before the new testing method was introduced half of patients referred to hospital had a colonoscopy, but less than five percent were found to have IBD. This puts a lot of pressure on endoscopy services as well as being a very expensive way to diagnose the condition. Working with the Yorkshire &amp; Humber Academic Health Science Network, James Turvill and his team have created a pack for GPs which is being used throughout the region and is expected to roll out nationally.</p>
<b>Yorkshire Ambulance Services</b>	None

#### 4. Could you please confirm the name of your research ambassador and any novel PPI initiatives and the impact of these.

<b>Airedale</b>	<p>PRAs – Helena Tudhope and Mike Priestley</p> <p>We have a 'Road to Research' pre-registration scheme running where staff, patients and the public can register their interest in clinical trials. This is done via a secure online database which can be filtered according to age, gender, family history</p>
<b>Barnsley</b>	<p>The Trust does not currently have a NIHR Research Ambassador but is in the process of developing the role and a draft description of the Barnsley's vision for the role has been established. The Trust has a Consumer in Research Advisory Group (CRAG) and work is underway to reform the group and bring the function of the group more in line with that of Patient Research Ambassadors (PRA). The process of bringing the CRAG alongside the PRA role will be guided by the needs and expertise of the volunteers. Once in post it is intended that the PRAs will link with the Trust's volunteers and the regional PRA network hosted by the CRN.</p>
<b>BTHFT</b>	Currently in the process of recruiting Patient Research Ambassador

<b>C&amp;H FT</b>	Our NIHR PRA is Mr Jeff Goodman – newly appointed and also a Trust volunteer.
<b>Harrogate</b>	HDFT research staff seek out findings of projects conducted at HDFT and ensure these are shared with individual participants but also ensure that the findings are available to all the population HDFT serves and clinical teams and the impact of research within the organization is recognized. These and opportunities for involvement are publicised via a HDFT Research Facebook account.
<b>Hull &amp; East Yorkshire</b>	Phyllis Smith (supporting research campaigns predominantly in Ophthalmology since the 'Ok to Ask' in May 2016 – ongoing involvement may need to be confirmed). The Trans-Humber Consumer Research Panel continue to provide excellent work in supporting local researchers with the development of protocols, patient facing documents and general advice on trial design to enhance the participants' experiences of research. The impact of this group can be felt through the engagement they have with clinicians submitting to grant bodies but also, perhaps more tangible, a reduction in the number of issues picked up by ethics committees and HRA
<b>Humber</b>	<p>Wendy Mitchell.</p> <p>Regularly attend local public events, charitable groups and organise public events ourselves to promote research, as well as our Trust Communications team posting on facebook and twitter. Have also had a research stand in a supermarket, shopping centre, public health bus, Alzheimer's Society memory walks, Tour de Yorkshire, Health Expo, Carers event, etc. These have led to new recruits to studies. In Dec we held a Christmas dementia research event for people accessing Hull memory services which led to people being recruited into studies and registering with Join Dementia Research (JDR). Now have GP practices owned by the Trust and have sent a generic dementia research letter out to those registered with dementia in one of the practices which resulted in approx. 20% of those who were sent a letter subsequently contacting the research dept.</p> <p>Some of the above events have involved Wendy Mitchell attending/presenting alongside the research team. Wendy and I have also done a live local radio interview to raise awareness of research.</p> <p>Promoting Independence in Dementia – people with mild dementia were given the opportunity to help the research team interpret and give their opinions on information collected in 2016 as part of the PRIDE dementia research programme. They attended two morning sessions at the Mercure Hull Grange Park hotel in March 2017. Sessions were led by a trained facilitator with assistance from our research team, refreshments provided and our Trust volunteer drivers assisted with transport.</p>
<b>Leeds Community</b>	We are currently developing appropriate volunteer job descriptions and exploring options with regards to recruitment of 2 Patient Research Ambassadors
<b>Leeds &amp; York Partnership</b>	<p>Helen Cooke joined the team as Patient Research Ambassador at the end of February 2017.</p> <p>She is currently developing a campaign to increase awareness of research within the Trust and beyond but this is in its early stages.</p> <p>Helen is working closely with Maggie Peat, PPI lead in Yorks and Humber CRN and has volunteered to facilitate the People are Messy event in Hull in June 2017</p>
<b>LTHT</b>	The Trust currently has 9 Patient Research Ambassadors, 6 Specialist and 3 General. Their names are: Melvyn Sumroy, Paul Smith, Peter Webster, Kevin Matthews, John White, Steven Scupham, Ken Mellor, Ian Thompson and Vincent Musakanya. Specialist PRAs are currently

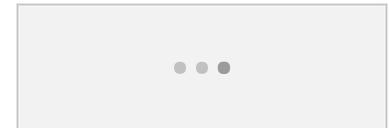
	working with the Leeds Clinical Research Facility, Microbiology/Infectious Diseases, Gastroenterology and Renal. The General PRAs are working with the R&I Manager in developing the R&I website to be much more patient and public friendly and developing a newsletter promoting research across the Trust. The PRAs will actively be involved on International Clinical Trials Day events on the 19th May. Paul Smith, one of our General Patient Research Ambassadors is involved in the People are Messy events across Yorkshire and the Humber. Ian Thompson was interviewed by Made in Leeds and BBC Look North in October 2016 about taking part in clinical trials.
<b>Mid Yorks</b>	John Whelpton is our NIHR Research Ambassador and is a member of Mid Yorkshire's Research Committee.
<b>Rotherham</b>	No named Ambassador. R&D team are considering how the Research Ambassador would work at TRFT based on experience of others (TRFT representative at Ambassador meeting attendance in April)
<b>STHFT</b>	<p>The involvement of patients and the public in research is vital to our continuing success in conducting high quality research. The Trust Clinical Research Office currently supports the activities of fifteen patient panels, and these panels help to ensure that our research is patient-focussed and our approach to research is patient friendly. The Online Public Advisory panel has entered into its second year, and continues to go from strength to strength, providing an opportunity for any health researcher within Sheffield (and the region) with an opportunity to gain a patient perspective on their research. In a survey of Patient &amp; Public Involvement activities within STH, panel members described how getting involved in research provides 'an opportunity to give something back to the NHS' and helps to 'break down barriers between the public and academics'. We intend to present some of our excellent public involvement work at the next Involve conference taking place in November 2017.</p> <p>Our Research Ambassadors are:  Amin Kassab – Renal Services  Anna Roman – Combined Community &amp; Acute Care  Arthur Durrant - Diabetes &amp; Endocrinology (retired this year)</p>
<b>South West Yorkshire Partnership</b>	<p>SWYPFT has a small Research Involvement Group of service users and carers which supports local researchers by providing advice and comment on draft participant information from the participant perspective. We invited feedback from researchers on the input from RIG and researchers consistently report their appreciation of the Group and that their comments have been incorporated into the study documents.</p> <p>One of the RIG members, Keith Hardcastle, has a particular interest in the Research Ambassador role and has been attending the regional Patient Research Ambassador events on behalf of SWYPFT accompanied by Helen Carter, Research Administrator who supports the RIG and its members. We have not yet formalised a local role description for a Patient Research Ambassador and have therefore not made a formal appointment at this time. We would like to give this more consideration whilst we also review the remit of the RIG. In the meantime, Keith continues to support RIG and also regularly attends monthly new starter induction events to help promote the Research &amp; Development Department and current studies and to this end has helped to promote recruitment to the Yorkshire Health Study locally.</p>
<b>York</b>	<p>Chris Hurford</p> <p>We have held two research training sessions for our lay members on the R&amp;D Group and some interested parties who we identified through giving research talks to governors and members. So far we have trained 8 members of the public and now use this small group to comment on patient information sheets etc via emails</p>

<b>Yorkshire Ambulance Service</b>	Interim PRA is Andrea Broadway-Parkinson. We are in the process of negotiating additional support from acute trust-based PRAs, as our research crosses organisational boundaries.
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### Appendix 3 - Partner Organisations Access to NIHR Systems

Partner Organisation	NIHR HUB	ODP	CPMS
Airedale NHS Foundation Trust	Y	Y	Y
Barnsley Hospital NHS Foundation Trust	Y	Y	Y
Bradford District Care Trust	N	Y	Y
Bradford Teaching Hospitals NHS Foundation Trust	Y	Y	Y
Calderdale and Huddersfield NHS Foundation Trust	N	Y	N
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Y	N	N
Harrogate & District NHS Foundation Trust	Y	Y	Y
Hull & East Yorkshire Hospitals NHS Trust	Y	Y	N
Humber NHS Foundation Trust	Y	Y	Y
Leeds & York Partnership NHS Foundation Trust	Y	Y	N
Leeds Community Healthcare NHS Trust	Y	N	N
Leeds Teaching Hospitals NHS Trust	Y	Y	Y

Mid Yorkshire Hospitals NHS Trust	Y	Y	Y
North Lincolnshire and Goole NHS Foundation Trust	Y	N	N
Rotherham, Doncaster & South Humber NHS Foundation Trust	Y	Y	Y
The Rotherham NHS Foundation Trust	Y	Y	Y
Sheffield Children's NHS Foundation Trust	Y	N	N
Sheffield Teaching Hospitals NHS Foundation Trust	Y	Y	Y
Sheffield Health & Social Care NHS Foundation Trust	N	N	Y
South West Yorkshire Partnership NHS Foundation Trust	Y	Y	Y
York Teaching Hospitals NHS Foundation Trust	Y	Y	Y
Yorkshire Ambulance Service	N	Y	N



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