

# NIHR Budget update

## 13 May 2019

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Agenda Item No: 9.3

## Trust Board Report

<b>Meeting Date:</b>	13 May 2019
<b>Title:</b>	NIHR CRN West Midlands
<b>Executive Summary:</b>	<p>Under the contract with the DHSC, RWT as Host Organisation is required to submit an Annual Delivery Report (ADR) based on the Performance and Operating Framework (POF) 2018-19 as well as a Annual Delivery Plan (ADP) based on the POF 2019-20 which is part of the DHSC/LCRN Host Organisation agreement.</p> <p>The ADR will be submitted to the NIHR once approval has been received from Trust Board. As per reporting requirements the ADP was submitted to the NIHR on 23 April 2019 and the NIHR will be notified once approval for the ADP has been received from Trust Board.</p> <p>Both the ADP and ADR will be reviewed by:</p> <ul style="list-style-type: none"> <li>● Host Finance and Performance committee on 22 May 2019</li> <li>● Host Executive Group on 20 June 2019</li> <li>● LCRN Partnership Group on 18 June 2019</li> </ul>
<b>Action Requested:</b>	Receive and note performance report Approve Annual Delivery Report Approve Annual Delivery Plan
<b>For the attention of the Board</b>	
<b>Assure</b>	<p>CRN West Midlands Annual Delivery Report 2018/19 details the performance against the objectives set in the 2018/19 Annual Plan. It includes specific activities and strategic initiatives to support the achievement of the objectives and targets in the LCRN Performance Indicators as set out in the NIHR CRN Performance and Operating Framework 2018/19.</p> <p>CRN West Midlands Annual Delivery Plan 2019/20 set the strategic direction for the LCRN within the reporting year. It includes specific activities and strategic initiatives to support the achievement of the objectives and targets in the LCRN Performance Indicators as set out in the NIHR CRN Performance and Operating Framework 2019/20.</p>
<b>Author + Contact Details:</b>	Jeremy Kirk, Clinical Director & Pauline Boyle, Chief Operating Officer Tel 01902 446815 Email <a href="mailto:Pauline.boyle@nihr.ac.uk">Pauline.boyle@nihr.ac.uk</a>
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Create a culture of compassion, safety and quality</li> <li>2. Proactively seek opportunities to develop our services</li> <li>3. To have an effective and well integrated local health and care system that operates efficiently</li> <li>4. Attract, retain and develop our staff, and improve employee engagement</li> <li>5. Maintain financial health – Appropriate investment to patient services</li> </ol>

<b>Resource Implications:</b>	None
<b>CQC Domains</b>	<p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
<b>Risks: BAF/ TRR</b>	n/a
<b>Public or Private:</b>	Public session
<b>Other formal bodies involved</b>	<p>RWT Finance and Performance Committee</p> <p>RWT Executive Group</p> <p>CRN West Midlands Partnership Group</p>
<b>NHS Constitution:</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Consultation of:</p> <ul style="list-style-type: none"> <li>● Equality of treatment and access to services</li> <li>● High standards of excellence and professionalism</li> <li>● Service user preferences</li> <li>● Cross community working</li> <li>● Best Value</li> <li>● Accountability through local influence and scrutiny</li> </ul>

## Annual Delivery Report 2018/19

- 1** The Annual Delivery Report (Appendix one) details the LCRN's performance against the following domains:
- Contribution to the national High Level Objectives
  - Achievement of the national Clinical Research Specialty Objectives
  - Achievement against the Development and Improvement Objectives
  - Performance against the Operating Framework Compliance and Indicators
  - Our achievements against the NIHR CRN priorities:  
Business Development and Marketing  
Information and Knowledge  
Working with the Life Sciences Industry  
Patient and Public Involvement and Engagement  
NHS Engagement  
Communications  
Workforce Development
- Highlights:
- 73,920 participants recruited
  - Chief Investigator Development Programme
  - Every Trust within the network has recruited into a portfolio study
  - Appointment of Clinical Research Project Assistants
  - Development of the Associate Principal Investigator
  - Delivered the highest number of training events
  - Expanded and delivered the already extensive communications plan
  - Increased the number of studies delivered outside of the nhs
  - Use of Local Portfolio Management System to record activity in pharmacy departments
  - Delivered a comprehensive staff wellbeing programme
  - Developed digital solutions to aid performance management
  - Over 100 care homes research ready
  - Appointment of Trainee Involvement Facilitator
  - Highest recruitment to Dementias and Neurodegeneration studies

## Annual Plan

- 2** The Annual Delivery Plan (Appendix two) details the strategic direction for the LCRN within the reporting year and consists of plans to achieve:
- NIHR CRN High Level Objectives
  - NIHR CRN Speciality Objectives
  - Operating Framework Compliance Indicators
  - Financial Management
  - Strategic Projects
  - Improvement and Innovation Projects
  - Workforce, Learning and Organisational Development

## Finance Update

- 3 Q4 Reporting:
- CRN West Midlands returned a £0 balance year end position
  - All finance reports have been submitted to NIHR as per requirements of the contract
  - Every Partner Organisation in the network has now received a monitoring visit by the Host finance team
  - A internal audit of the Host finance was completed in March 2019, written report is pending

## Performance Update

- 4 The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Assurance level*	Colour to use in 'Assurance level*' column below
Assured	Green – there are no gaps in assurance
Partially assured	Amber – there are gaps in assurance but we are assured appropriate action plans are in place to address these
Not assured	Red – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans If red, commentary is needed in “Next Actions” to indicate what will more the matter to “full assurance”

Key issue	Assurance level	Committee update	Next actions	Timescale
HL02a	Red	Poor performance. Only LCRN to finish red.	Greater Manchester CRN (1/15 for HLO2a) are coming to talk to the R&D managers Forum in July to discuss how they performance monitor  Continuation of Senior Leadership Team bi-monthly peer review and Partner Organisation performance review documents for monthly engagement	July 2019  May 2019
HL05a	Red	Performance slightly ahead of national average	New combined HLO9 measure for 2019-20. Target to improve median by 5%. New report being set up to monitor progress.	30/06/2019
HL05b	Red			
HL04	Amber			

HL06c		40% of GP practices recruited vs target of 45%	- Increase spread of studies across practices - Aim to invite more practices to participate to increase the overall figure	31/11/19
HL01		15% ahead of target. Best ever performance with almost 74,000 recruits		
HL02b		Achieved target. Performance in line with national average.		
HL06a		All Trusts recruited		
HL06b		Achieved 70% target of Trusts recruiting to commercial studies		
HL07		41% ahead of target. Best ever performance		

**2019/20 LCRN Annual Planning Requirements**

[Link to Requirements for LCRN Annual Plans 2019/20](#)

Clinical Research Network  
CRN West Midlands

## 2019/20 Annual Plan, Mid Year Progress Report and Annual Report

Date of Annual Plan submission: April 23 2019

Date of Mid Year Progress Report submission: XX

Date of Annual Report submission: XX



<b>Section 1. Host Organisation Approval</b>	
<b>1A. Annual Plan</b>	
Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	No
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	18/06/19
Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:	No
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:	13/05/19
<b>1B. Mid Year Progress Report</b>	
Host Organisational approval and LCRN Partnership Group agreement is not required for the Mid Year Progress Report.	
<b>1C. Annual Report</b>	
Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group:	
Date of the LCRN Partnership Group meeting at which this Annual Report was agreed:	
Confirmation that this Annual Report has been reviewed and approved by the LCRN Host Organisation Board	
Date of the LCRN Host Organisation Board meeting at which this Annual Report was (or will be) approved:	

## Section 2: Compliance with the Performance and Operating Framework

Please indicate whether the Host Organisation and LCRN Partners are delivering the LCRN in full compliance with the specific areas/clauses of the Performance and Operating Framework 2019/20 listed below. Please provide a brief explanation of the reasons for partial / non-compliance in the commentary section. Any areas of partial / non-compliance must be mitigated by the inclusion of a Key Project in Section 4 in order to achieve compliance. Please include a cross-reference to the Key Project ID.

POF area	Annual Plan Compliance	Commentary	Mid Year Progress Report Compliance	Commentary	Annual Report Compliance	Commentary
Part A: Context						
A.3. Working Principles	Fully Compliant	CRN WM works to the principles as guided by the CRN CC; we will ensure that the research continues to meet the health needs of our region				
Part B: Performance Framework						
B.2. LCRN Performance Indicators						
Set 1. High Level Objectives	Fully Compliant	All performance indicators remain a high priority for CRN WM				
Set 2. Specialty Objectives	Fully Compliant					
Set 3. LCRN Operating Framework Indicators	Fully Compliant					
Set 4. Initiating and Delivering Clinical Research Indicators	Fully Compliant					
Set 5. LCRN Partner Satisfaction Survey Indicators	Fully Compliant	All POs are engaged with the survey				
Set 6. LCRN Customer Satisfaction Indicators	Fully Compliant					
Set 7. LCRN Patient Experience Indicators	Fully Compliant					
B.3. Performance Management Processes	Fully Compliant	CRN WM will adhere to all performance processes and business planning cycles as set out in the POF				
Part C: Operating Framework						
C.2. Governance and Management	Fully Compliant	Evidence for Part C compliance included in Key Projects section				
C.3. Financial Management	Fully Compliant					
C.4. CRN Specialties	Fully Compliant					
C.5. Research Delivery	Fully Compliant					
C.6. Information and Knowledge	Fully Compliant					
C.7. Stakeholder Engagement and Communications	Fully Compliant					
C.8. Organisational Development	Fully Compliant					
C.9. Business Development and Marketing	Fully Compliant					

### Section 3. Executive Summary (Annual Report only)

Section 3. Executive Summary should only be completed as part of the Annual Report submission. For the Annual Report, please complete the Table below, entering key performance highlights, successes and challenges from 2019/20

<b>Please specify up to five areas where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.</b>	1	
	2	
	3	
	4	
	5	
High Level Objectives		
Specialty Objectives		
LCRN Operating Framework Indicators		
LCRN Partner Satisfaction Survey Indicators		
LCRN Customer Satisfaction Indicators		
LCRN Patient Experience Indicators		
Host Organisation		
Governance and Management		
Financial Management		
CRN Specialties		
Research Delivery		
Information and Knowledge		
Stakeholder Engagement and Communications		
Workforce Learning and Organisational Development		
Business Development and Marketing		
National Contributions		

## Section 4: Key Projects

Section 4 of the template should be used to detail the key projects to be delivered by the network in 2019/20. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN-Cluster collaborative activities or other LCRN collaborations), and projects to be delivered nationally/CRN-wide led locally by the LCRN. Projects to be delivered in collaboration with other parts of the NIHR and/ or other external organisations should also be included.

Columns A-F should be completed as part of the 2019/20 Annual Plan.

Columns G-H should be completed as part of the 2019/20 Mid Year Progress Report.

Columns I-J should be completed as part of the 2019/20 Annual Report.

Ref	Key project	Outcome	To complete at Annual Plan stage			To complete at Mid Year Progress Report stage		To complete at Annual Report stage	
			Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
<b>1. Governance and Management</b>									
4.1.1	Appointment to the Deputy Clinical Director Post	Deputy Clinical Director appointed to ensure robust clinical leadership of the network	Jeremy Kirk	Job advertised and recruitment process completed; induction arranged	Q1				
4.1.2	Monitor compliance against the LCRN Performance Indicators once targets are agreed	Ensure that the targets for the following indicators are met 1. NIHR CRN High Level Objectives 2. NIHR CRN Clinical Research Specialty Objectives 3. LCRN Operating Framework Indicators 4. Initiating and Delivering Clinical Research Indicators 5. LCRN Partner Satisfaction Indicators 6. LCRN Customer Satisfaction Indicators 7. LCRN Patient Experience Indicators	SLT	1 - As detailed in Section 3 below 2 - As detailed in Tab 6 3 - Compliance shown in Tab 2 4 - Compliance reported and discussed at Partner Organisation meetings 5 - Partnership Group are committed to reviewing the feedback from the survey and will develop an action plan based on the findings when released. Carly Craddock also working with national team to improve the survey for the future 6 - Feedback from the Customer Satisfaction survey will be reviewed at the Senior Leadership / CRL Meetings and an action plan will be developed. Based on the findings from the 18/19 survey, there is currently a project to review the role of a Study Lead (link to document in Appendices section) 7 - As detailed in Section 3 below. The findings of the survey will be fed back to Partner Organisations for them to develop their own action plans to improve research experiences in their Trust	Q1-4				
<b>2. Financial Management</b>									
4.2.1	Detailed Cost Improvement Initiative to encourage staff to identify efficiencies in the workplace	Database of projects with the impact of these translated into £ saved. Staff encouraged to come up with ideas on making efficiencies now, and in the future	Julie Davis / Jane Mitchell	Project Plan and Process implemented; savings tracked monthly and feedback to staff.	Q1-4				
4.2.2	Development of a process to support the flow of ETC payments through the GP practice to the organisation where the cost was incurred	- Effective payment process for ETCs - Increased likelihood of payments getting to correct provider - Support for both GP and organisations will increase their willingness to take part in studies with ETCs	Pam Devall/Research Managers/CR L/CRSL	- Workflow of process - Documents to support (Also links with HLO1 and 6c)	Q2				
4.2.3	Improve process for Primary Care forecasting, cost calculation and budget management by centralisation, standardisation and streamlining of current study costing and forecasting process. Process is currently different in each of the three localities	- Consistent and accurate forecasting, as well as more stringent monitoring / management of study costs and budget.	Pam Devall and Research Managers	- Business manager appointed - Agreed process followed to initially cost studies and manage changes	Q2				
<b>3. High Level Objectives</b>									
ALL	Identification of five strategic projects which set out key priorities for the CRN and link in to the HLOs and the overall vision of the Network	- Increase number of CIs & PIs - Using Business Intelligence to inform and monitor delivery against the CRN WM Higher Level Objectives - Increase the number of portfolio studies delivered in non-nhs setting - Prioritise according to the health needs of WM - Prioritise according to the strengths of WM	SLT	Project Plans and Kanban charts produced for all projects Successful delivery of objectives reviewed at SLT meetings Elements of these projects link in to all of the information in this business plan	Q1-4				



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			Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
HLO2	Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period	Ensure that 80% of commercial contract studies achieve or surpass their recruitment target during their planned recruitment period, at confirmed CRN sites. Ensure that 80% of non commercial studies achieve or surpass their recruitment target during their planned recruitment period 1) trialling root cause analysis of closed studies to test assumptions of why studies do not achieve HLO2 and therefore what the region needs to do to change this. Also assessing site and sponsor engagement. 2) targetting POs that account for a higher percentage of organisations not achieving this metric. 3) monthly projection of HLO2a per Trust to inform SLT discussions and Link Senior Leader meetings with POs. 4) working with PO research departments to jointly agree if site identification should not be submitted, targets altered or marked as site not supported 5) Introduction of national Performance Review Lead Role to support study delivery to time and target 6) Offer of WM wide overview performance monitoring for Sponsors/CROs with a large WM Portfolio 7) Establish the Primary Care study lead role to improve HLO2 XXX rolling out PC to the other divisions 8) Specifically target POs with high contributions to commercial recruitment in pilot to improve cancer study data 9) Horizon scanning using local intelligence from CRSLs to predict potential EOI 10) Using data to inform predicted potential recruitment (EOI stage) 11) Local funding model to concentrate on HLO2a	Senior Leadership Team	1.1 List of root causes - discussed at peer performance reviews. 1.2 Decision to continue with root cause analysis of studies across all divisions, or not. 1.3 Divisional Peer Review process and discussion platform to enable Research Delivery Managers to gain support and tap into the experience of other RDMS in the CRN to ensure that studies have the best chance of delivering to time and target 2.1 Measure of PO and sponsor engagement in the process. 2.2 Record of which Trusts to target and discussions/meetings taken place with agreed actions. 3 Projection data included in SLT papers. Discussions/actions logged and followed up on through PO Peer Review document 4 Record of site identifications and CRN comments (fully support, support with changes, do not support) 5 Measure the effectiveness of the role through successful study delivery 6 Target and build relationships with key sponsors and CROs to improve their portfolio delivery and highlight the capabilities of the West Midlands 7.1 Review and remap current arrangements to ensure there is one point of contact throughout the study allowing close performance management each stage of study set up and delivery. Ensure there is clarity of roles and responsibilities with timescales 7.2 Study post mortem to support lessons learned 8 Work with relevant organisations and develop an action plan to improve performance with maximum benefit for HLO2 9 Quarterly discussions/reports between CRSL and RDM regarding pending studies 10 EOI either reviewed by Speciality leads or intelligence shared with RDM regarding realistic targets based upon population and PO 11 Agree a local funding model which is transparent and will encourage all POs to engage with the CRN's HLOs, with a priority around HLO2	Q1-4				
HLO3	Increase the number of studies delivered for the commercial sector with support from the NIHR Clinical Research Network	Increase the number of new commercial contract studies entering the NIHR CRN Portfolio	Senior Leadership Team	- engagement with non recruiting POs to support delivery of commercial research - supporting POs with a population of unmet needs, promote their capacity and engage with key sponsors - increase delivery to HLO2a to increase repeat business					
		Ensure that we maintain the 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	Sinead Collinge	Information in Business Development and Marketing section 9					
HLO6	Widen participation in research by enabling the involvement of a range of health and social care providers	Ensure that 100% of NHS Trusts are recruiting into NIHR CRN Portfolio studies; increase the research activity at Shropcom through a two year project to provide R&D / delivery infrastructure to the Trust from another West Midlands PO	SLT / Pam Devall	- improved equity of access for patients into research in that area - pump priming support to get the Trust open for research business - Opportunities for the Trust staff to take part in the delivery of research as a site / service/CI/PI - Improvement in quality, accuracy and timeliness of EDGE data - Increase in WM recruitment and focus on achieving HLO2a	Q4				
		Aim to have in excess of 70% of our organisations recruiting into commercial studies (links to HLO3). Business Development will be a priority as demonstrated in this plan	Sinead Collinge	- engagement with non recruiting POs to support delivery of commercial research - supporting POs with a population of unmet needs, promote their capacity and engage with key sponsors - increase delivery to HLO2a to increase repeat business - further information in Business Development and Marketing section 9	Q1-4				

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		Outcome	Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
		We will aim to recruit into at least 45% of GP practices by engaging with new practices and maintaining relationships with existing practices and merged organisations	Pam Devall / Jess Graysmark	Formalise arrangements for CRN staff to undertake patient identification on behalf of providers in compliance with IG and GDPR - CRN staff able to support delivery of research within organisations - Staff will operate under the appropriate legal basis to do so - suite of supporting documents, privacy statements, processing agreements and website - GP confident that CRN staff can support - Ability to open studies in localities and GP practices which we were previously unable to - Access to a wider pool of practices and patients - Primary Care staff on to the ACROSS system - see Workforce plan section	Q4				
		Increase the number of non-NHS sites recruiting into NIHR CRN Portfolio studies by 5%. These will be captured in a non-NHS instance of Edge 1) Increase the number of new non NHS studies successfully supported via ECER by 10% as well as feedback using the national SSS survey. 2) Maximise the opportunities for local hospices and care homes to become actively involved in relevant research available via the NIHR portfolio 3) Strategic Project will involve and aims to steadily increase the number of portfolio studies delivered in non-NHS settings addressing four main workstreams	Karen Hampshire/ Mobeena Naz  Andrea Shilton/Sandra Prew/Marion Evans  Andrea Shilton	1 Support the NIHR expansion of the Eligibility criteria by extending support provided by the ECER team to non NHS settings effectively to see an increase in the number of local CI studies and recruiting to time and target. 2.1 ENRICH - Maintain levels of care home engagement with research by either re-igniting research with care homes/ care home villages not engaged or replacing these care homes /care home villages with care homes/care home villages with current capacity to engage 2.2 Engage with hospices that are not research active to work towards the 2022 objective of patients or carers to be recruited into NIHR Portfolio studies from every Hospice in the West Midlands 3.1. Engaging relevant stakeholders including local NHS /Academic/Social Care/Public Health /Prisons/Schools/CTUS/Social enterprises to understand that non-NHS research is now a remit of the NIHR CRN 3.2. Operational Issues - Monitor impact of this project on current and evolving operational considerations, e.g Edge, ACROSS, Governance, Sponsorship 3.3. Identify Research Delivery Champions in a key area (non-NHS settings) 3.4. Use local expertise to upskill new/existing staff to deliver research in non-NHS settings	Q4  Q4  Q1-4				
HLO7	Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, each year: 1) Increase and broaden HEI Engagement 2) Increase the number of registered volunteers with dementia, or their carers 3) Increase number of JDR studies open in WM, and recruitment into these studies	Andrea Shilton/Juan Doblado Pavon	1 Cross reference from HLO1 - #2 2 To meet the milestones this year JDR staff will give priority to three areas: - Care Homes (I&I project) - there will be a focus in nine homes in area, with support from Enrich team - GP surgeries - calendar sharing activities with Primary Care Team - Memory clinics - support from CRSL to improve engagement with clinicians, use of SLT links to promote JDR with R&I managers to acts as a conduit to memory clinics 3 Increase awareness of JDR in the region through PO, clinician, R&I departments, memory clinics, sponsor and HEI meetings	Q4				
HLO8	Demonstrate to people taking part in health and social care research studies that their contribution is valued	Aim for 650 responses to the Patient Research Experience Survey each year, based on 1% of our recruitment target	Mary-Anne Darby	Information in Stakeholder and Engagement section 7 (PRES)	Q1-4				
HLO9	Reduce study site set-up times for NIHR CRN Portfolio studies by 5%	Improve the average study site set-up time for commercial contract studies, at confirmed Network sites (days) and improve the average study site set-up time for non-commercial studies (days)	Karen Hampshire	Core support team will review individual PO ODP Study Start Up app data on a weekly basis and identify any PO who may benefit from C&C pilot support and proactively target them with tailored study set up support.	Q1				
<b>4. LCRN Specialty Activities</b>									
4.1	Meet the health needs of our region, and the health priorities of the NIHR	Identify key specialties locally in addition to the NIHR priorities	Jeremy Kirk/Pauline Boyle	Prioritise funding streams and strategic initiatives in accordance with specialty priorities	Q1-4				
<b>5. Research Delivery</b>									

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			Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
4.5.1	I&I project to explore how lessons learned from performance monitoring peer reviews can be used to add value to the Early Contact Service. Measured through a CRN WM Early Contact Lead survey and sharing of lessons learned from peer review.	- Increased confidence in Early Contact Leads in understanding research delivery issues and applying their learning to support new studies will hopefully support improved time to target for Lead studies. - Added value by identifying potential additional study challenges, utilise lessons learned to positively impact study setp and predictability of the deliverability of studies which should improve time and target (HLO02). - More joined up working with the delivery team (Early Contact, Industry, Divisions). A more cohesive lessons learned approach.	Karen Hampshire/ Kirsty Hunter/ Raj Kooner/ Claire Callens	- To attend SLT peer review meetings. To capture all issues around research delivery and discuss at Early Contact meetings. - Capture all research delivery issues in crib sheet to support Early Contact Leads in their discussions with research teams and to inform the ESSU Plan. - If there is a positive change then share with national SSS. Develop a digital predictability tool to assist Divisions and POs to set realistic targets and highlight any study delivery concerns.	Q4				
4.5.2	Develop a process to identify data inaccuracies between EDGE, LPMS and CPMS in relation to the ECER and SoECAT activity so that CPMS reflects the work that has been completed.	SOECAT is a new area of work for ECER and currently capacity is a concern so by holding accurate data about the number of SOECATs, time frames and outcomes CRN WM will be able provide appropriate level of resources.	Karen Hampshire/ Ellen Edwards	- Create the report template and instructions for EDGE identify correct attributes for reporting - Run report on monthly basis so that EC Leads can update records to ensure accuracy - Compare LPMS with CPMS data compliance - Review capacity at the ECER meetings.	Q1				
4.5.3	Engage with researchers through supporting the SoECAT to ensure researchers utilise the full service offering provided through the Early Contact Service. Measured through SSS national survey comments and ratings and review of EC Personal notes outlining the support provided for each study.	By Increased awareness of the Early Contact Service at pre grant will hopefully engage CRN WM research teams by ensuring all areas of delivery has been considered to maximise time to target. Also, ensuring that the local research community are more engaged and knowledgeable about ETC processes and completing SOECATs so studies are funded appropriately.	Karen Hampshire/ Kirsty Hunter	- Early Contact Leads to discuss the full service offering when researchers request SoECAT support. - Early Contact Leads provide support over and above SoECAT support (record in EDGE). - To identify and support clear process (including an escalation process) to maximise the management of ETCs. - Ensure local ECER guidance updated to plug gaps from national guidance. - Standing item for discussion at ECER monthly meetings. - Review capacity of the service as this is a real risk - Review stakeholders feedback via the national SSS survey	Q2				
4.5.4	Continue to develop and facilitate collaborative working among pharmacy clinical trials staff	Collaborative working among pharmacy clinical trials staff in secondary care	Julie Shenton/ Jenny Warmington	- Quarterly face to face meetings - Established community of practice for pharmacy clinical trials staff across the region	Q1 -Q4				
4.5.5	Carry out 19/20 Review of the RSI scheme	- A revised scheme based on a population model - A scheme that will fit all organisations large and small - A scheme that can be performance based i.e. payment based on activity undertaken - Simplified payment calculations - One size fits all Incentivisation for individual GP / collaborations that is value for money and attractive	Pam Devall/ Research Managers/CR L/CRSL	- A working group meeting to agree scheme - Implementation of the new scheme in 2020	Q1 Q4				
4.5.6	Establish how WM can run/develop research studies for patients with multi-morbidities commensurate with a high disease prevalence in our local population	Disease entities with high local prevalence and/or incidence identified. Cross reference to other work on-going to identify areas of research strengths. Defined list of multi-morbidities where we should be research active. Identified route to achieving growth in research from defined list.	CRSLs	Report on local disease prevalence and/or incidence. Report confirming local research strengths.	Q3				
4.5.7	Ensure we are meeting the needs of our population by Investigating innovative ways of recruiting from the large local BAME population, who have a high prevalence of priority conditions eg diabetes, and many of whom remain undiagnosed.	Collaborative working with academia and local trust service leads to develop a better understanding of barriers to why BAME community not engaging in relevant research. Work up potential solutions through a joint project with the Host.	RDM / CRSL	Identify collaborators / expertise. Establish working group Promote toolkits across the region at grant application stage	Q4				
<b>6. Information and Knowledge</b>									
4.6.1	Create strong links between the CRN BI Team, the Host ICT teams and system providers	Ensure that support is provided for all local and national systems	Pat Ryan / Hamid Hussain	- Undertake review of servicedesk email and ensure that we have robust processes in place for assigning tasks to the right staff and escalating where necessary. - Develop a new database, where data from ODP, Edge and other sources can be maintained centrally, with access for all appropriate staff. - Obtain training for Google Big Query and Google Data Studio to provide a more efficient way of producing our current suite of reports and intelligence, across geographical and technical boundaries. - Follow Business Continuity Process to support business critical operations	Q3				



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			Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
4.6.2	Ongoing provision of an LPMS solution that conforms to the requirements of the CRN CC	Support partner organisations to capture the defined minimum data set to measure research activity and allow for robust performance management of Portfolio research	Hamid Hussain / Julie Davis / Pauline Boyle  Hamid Hussain / Karen Hampshire	- Review current contract with Edge (current LPMS provider), linking in with the other LCRNs who use EDGE to come up with a common approach and potentially benefit from joint negotiations for contract renewal when the current one expires  - Ensure that all POs continue to use the system of choice (EDGE) updating it in near time. Review Terms of Reference and membership of Edge Working Group. This Group will take ownership of data quality initiatives and will promote improvements through the wider Research Operational Group, attended by all Trusts.	Q2  Q1				
4.6.3	Provision of a specialist, experienced and dedicated BI Team with access to the necessary tools and systems	Provide CRN WM with the business intelligence data and analysis to enable robust performance management to be carried out, spotting trends, sharing best practice and advising partner organisations	Pat Ryan / Hamid Hussain / Julie Davis	Undertake a review of all the reports that we currently produce and identify gaps in the intelligence that they provide. Assist users in setting up reports themselves, using ODP, bespoke Excel templates for Edge reports and other tools.  Succession planning to ensure that there is coverage across the Network in terms of information management and expertise, working with colleagues in East Midlands to share this expertise and make efficiency savings  Work with all Partner Organisations to monitor and resolve data discrepancies via the Study Start-up app: - Develop business process specific to different error types so that both Network and POs have clarity on responsibilities - User guide for POs - Keep West Midlands among the best five LCRNs. - More accurate data in CPMS. - Fewer queries from POs	Q2  Q2  Q1/2				
4.6.4	Support pharmacy departments in Trusts involved in the delivery of clinical trials to engage with and use EDGE	Pharmacy departments using EDGE to support their involvement in clinical trials delivery	Jenny Warmington	Pharmacy departments in CRN WM POs using data from EDGE to monitor their approval and set-up times for clinical trials; Pharmacy EDGE Steering Group identified further workstreams for use of EDGE to support pharmacy activities in relation to clinical trials delivery	Q1- Q4				
4.6.5	Joint pilot project with Eastern and East Midlands LCRNs to develop consistent approaches for uploading recruitment to LPMS / CPMS for Primary Care sites and studies	- Consistent approach between three LCRNs to capturing recruitment data in a efficient and seamless manner from GP surgeries (I&I project)	Pam Devall	- Development of template to collect automated read code entries on Systemone - Development of template to collect automated read code entries on EMIS - Develop of an approach to apply to all future studies where the recruitment is captured at the practice	Q3				
<b>7. Stakeholder Engagement and Communications</b>									
4.7.1	Maintain a specialist, experienced and dedicated communications function with an appropriate and dedicated non pay budget	Full time Communications Lead is employed by the Network	Julie Davis	Full time Communications Lead reporting to the Head of Business Delivery Services has been in post since October 2014. We also have an apprentice who will be helping out with communications activities. Budget identified	Ongoing				

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		Outcome	Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
4.7.2	Deliver a high quality multi-channel communications programme linked to the CRN's Business Objective	<ul style="list-style-type: none"> <li>- implementation of the NIHR CRN Engagement and communications Strategies and the NIHR Communications Strategy</li> <li>- contribution to national CRN &amp; NIHR campaigns (see below).</li> <li>- the development and maintenance of the LCRN's positive reputation</li> <li>- patient, staff, carer and public awareness of research opportunities</li> <li>- effective working with other parts of the NIHR at local, regional and national level</li> <li>- Ensure that the LCRN operates in line with new brand guidelines, operational requirements and national messaging</li> </ul> Closer working with East Midlands Communications Lead to develop a cross-Midlands approach to eg Improvement & Innovation communications	Claire Hall	<ul style="list-style-type: none"> <li>- Increase use of digital tools, including monthly blogs, videos, CRN website and social media to implement all Communication Strategies.</li> <li>- Expand the Why We Do Research campaign - focus on the groups we have not yet fully engaged with - eg the wide range of different ethnicities/demographics within the region.</li> <li>- Creation of a library of fully consented photos for use in all materials and online. Also for contribution to national resource.</li> <li>- Increased focus on marketing to Industry - opportunities identified to raise awareness of the Network to potential key commercial partners by working with Industry Operations Manager</li> <li>- Increase media coverage for divisions and non-NHS research by working more closely with relevant charities and their channels</li> <li>- Encourage consistency and brand awareness, and promote a positive reputation by ensuring that all materials produced local feature the most recent branding and that outdated materials are not in use</li> <li>- Develop a joint communications plan for Improvement &amp; Innovation and other appropriate projects across both regions. Identify opportunities for sharing of best practice and joint initiatives and have regular meetings / hangouts.</li> </ul>	Q1-4 work ongoing				
4.7.3	Contribute to national CRN and NIHR campaigns and initiatives	Support national campaigns through at least a press release, consistent social media activity, staff story and patient stories (where applicable) per campaign	Claire Hall	<ul style="list-style-type: none"> <li>- Produce 'Our Stories' (three patients and one staff) and publish on the NIHR website and sell in to local and national media</li> <li>- Secure two proactive media relations activities per year</li> <li>- Local delivery and support of International Clinical Trials Day, Join Dementia Research, Be Part of Research (formerly UKCTG), Patient Research Ambassadors and the Patient Research Experience Survey</li> <li>- Liaise with regional NIHR infrastructure to support delivery of local, regional and national campaigns (in role as NIHR Regional Communications Lead)</li> </ul>	Q1-4 work ongoing				
4.7.4	Develop strong working relationship with our local NIHR partners to ensure our work practices are aligned and engaged to benefit NHS patient care and streamline NIHR resources	A One NIHR West Midlands community.	Claire Hall / Sinead Collinge / Karen Hampshire	<ul style="list-style-type: none"> <li>- Comms Lead is Regional Comms Lead for NIHR - action plan to engage partners will be produced</li> <li>- To continue to identifying key personnel within our local One NIHR organisation and have initial meetings.</li> <li>- Identify ways we can align practices and work together. Propose a joint event at the end of 19/20</li> </ul>	Q2-4				
4.7.5	Engage with CTUs regularly to ensure collaborative working practices and improved communication. Measured through the identification of a key CTU contact for all communication and the increase in number of meetings/ training sessions delivered directly with CTUs.	Greater engagement with our CTUs will ensure our CRN WM Chief Investigators and studies are supported.	Karen Hampshire / Ladan Adie	<ul style="list-style-type: none"> <li>- Establish contact point in each CTU.</li> <li>- Contact all CTUs quarterly to identify training issues/ concerns.</li> <li>- Request CTU organogram to ensure understanding of structure and key contacts.</li> <li>- Invitations to attend meetings/ deliver training with CTUs</li> </ul>	Q4				

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4.7.6	Develop and implement the PPIE Action Plan 2019-2020.	A CRN WM PPIE Action Plan 2019-2020, aligned and cross referenced to the CRNCC PPIE Strategy is produced. There is an experienced PPIE operational lead in post with a specified PPIE budget to deliver the PPIE plan. Develop meaningful patient and public representation and involvement at all levels and in all activities across the CRN WM.	Mary-Anne Darby/Carly Tibbins	- Produce and implement the PPIE Action Plan with a mid year review. - Support staff in the Divisions to develop PPIE plans and implement PPIE initiatives to include digital campaigns and posters. - Continue to support Network appointed Patient Research Ambassadors (PRAs) and ensure that they are involved in the activities of the Network - Recruit new members to the Young Persons' Steering Group (YPSG) and facilitate and support the YPSG in the full range of their activities. - Work with the Network's JDR Lead to support and develop the role of the Network's Join Dementia Research (JDR) Champions. - Continue to inform Network Patient Research Ambassadors of the opportunities for involvement in Network and other activities - Collaborate with, and share best practice in PPIE amongst NIHR partners via the West Midlands Public Involvement and Lay Accountability in Research (PILAR) Group	Q1-Q4				
4.7.7	Raise awareness of research amongst patients, carers, the public and healthcare professionals.	An established systematic process for CRN WM staff, NHS partner organisations and community health organisations to access CRN WM PPIE support e.g. PPIE advice, training, study support and collection of patient stories. Establish a visible presence online utilising social media frameworks.	Mary-Anne Darby / Karen Hylton/Divison 1	- Promote and measure the use of the CRN WM PPIE Google Site amongst CRN WM staff, NHS partner organisations and community health organisations. - Communicate with patients, carers and the public via social and digital media e.g. Twitter, Facebook and Instagram - Promote, implement and coordinate annual/on-going NIHR campaigns, initiatives and projects within the CRN WM - Work with and support Network Partners, both NHS and Non NHS, to host research awareness/engagement displays and events. - Organise and support activities to celebrate Health Awareness Weeks/Days throughout the year. - Interact with patient cancer support groups to further strengthen the role that cancer clinical trials play in future treatments, delivery and awareness of clinical trials.	Q1-Q4				
4.7.8	Further develop the Patient Research Ambassador (PRA) project across the CRN WM.	An increased number of PRAs across partner organisations with a robust system to measure the impact. Communities of best practice are set up, cultivated, good practice is shared and PRA activities are celebrated.	Mohammed Shaikh	- Produce a local Patient Research Ambassador (PRA) Project Delivery Plan 2019/20. - Share best practice of PRA activities and experiences across the region using the West Midlands Patient Research Ambassadors Regional Forum e.g. Collation of PRA case studies and PRA tweet engagement. - Adopt learning from the PPIE Impact Assessment Framework pilot and incorporate into measuring the impact of the PRA project in the West Midlands.	Q1 Q1-Q4 Q1-Q4				
4.7.9	Undertake the annual Patient Research Experience Survey (PRES)	An annual PRES, that includes the mandatory questions, will be undertaken in the Network. We will aim for a minimum response rate of at least 1% of participants recruited to Portfolio studies during 2018/2019. A written report will be produced, showing analysis of the PRES findings with a set of recommendations, which will form part of the the CRN WM PPIE Annual Plan 2020/21.	Mary-Anne Darby/ Mohammed Shaikh/Carly Tibbins/Ami Salter/Ivanna Baker	- Review the lessons learned/recommendations from the PRES 2018/19 in preparation for the planning and conduct of PRES 2019/20. - Produce a PRES Action Plan 2019/20 which outlines the key actions and timelines for achieving HL08 and conduct the PRES across the Network - Feedback will form part of the Stakeholder Engagement Site for all staff to view, and feed into Link Meeting discussions with POs. - Carry out a Mystery shopper exercise to analyse the experience of cancer patients	Q1 Q1-Q4 Q3				
4.7.10	Review, develop and provide learning and development opportunities for patients, carers, the public, lay representatives and staff.	An increased awareness and knowledge of research, PPIE initiatives and PPIE training available (face to face and online) amongst patients, carers and staff. PRAs and lay representatives are: <ul style="list-style-type: none"> <li>Fully trained and able to contribute their PPIE expertise</li> <li>Supported and feel able to support other PRAs and lay representatives.</li> <li>Informed of latest news, developments and opportunities.</li> </ul>	Mohammed Shaikh	- Comprehensive programme of PPIE in research training available for patients, the public and staff across the CRN WM designed and developed in collaboration with The West Midlands PRA Regional Forum. - Promote the National Institute for Health Research (NIHR) online training and Massive Open Online Courses (MOOCs) - Provide an induction and ongoing support and training for PRAs and lay representatives across the Network.--	Q1-Q4 Q1-Q4				

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4.7.11	To increase the access to research for patients, carers and the public.	Research is promoted to diverse communities across the West Midlands and people are given the opportunity to participate in research.	Mary-Anne Darby/ Mohammed Shaikh	- Promote research awareness and engagement with under represented groups in research in the West Midlands in partnership with the Equality, Diversity and Inclusion PRA Working Group and further develop the work with non NHS sites across the West Midlands to increase access to research. - Encourage LCRN funded staff to access the NIHR Hub and digital and social media to reach out and engage diverse audiences in research. - Record reach and contact with patient and public groups and organisations by maintaining and regularly updating the NIHR CRN PPIE Information Framework and Patient and Public Reach Framework.	Q1-Q4				
4.7.12	Capacity and Capability Pilot - Support and engage with all Partner Organisations with C&C by providing a generic workforce to support set up of studies (similar to Network generic nursing structure) and data completeness. This pilot has been extended for another six months on the approval of SLT and PO Focus Group.	This pilot will ensure that POs have access to C&C resource to support effective and timely set up of studies.	Karen Hampshire/ Mobeena Naz	- Update the relevant communication around the pilot being extended and how to access it. - Review whether the pilot can be set up on ACROSS system. - Identify why POs who haven't used the C&C pilot and compare this to study set up timeframes - why didn't they utilise the pilot. - Review added value that the C&C pilot could bring - deliver training, site files, audit and monitoring.Ensure CRN Staff have the necessary skills to deliver this training. - Review the scope of the C&C pilot can also be extended beyond the POs with new non NHS settings needing support with study set up.					
<b>8. Workforce, Learning and Organisational Development</b>									
4.8.1	Continue to implement the wellbeing strategy; a strategy that enables the CRN to create the conditions that contribute towards a fulfilling employee experience resulting in high levels of productivity which in turn contributes to organisational success.	Offer a 'pick and mix' programme that is inclusive and of benefit to all of our staff. Embed the reasons and benefits of a wellbeing programme in the vision and culture of the Network	Julie Davis	- Analyse the results from the 'Staff Satisfaction Survey' and create an action plan on how to further develop the Wellbeing Programme - Aim to improve on the current level of engagement - increase from 70% to 85% within the year - Produce a report highlighting the benefits of the initiatives carried out so far in terms of qualitative and quantitative data - Ensure that the ongoing programme is inclusive and caters for all of the CRN staff; act on feedback as the programme progresses - Develop Wellbeing Champions to co-deliver sessions to upskill the teams and tap into their interests; make the CRN more self sufficient	Ongoing				
4.8.2	Implementation of the Workforce Plan (2018/20) submitted Sept. 2018 & approved by CRN CC Jan 2019. ( <a href="https://drive.google.com/file/d/1mUdF8ZRP5wQxlt6PmdDtF3OMl1C5xBg/view?usp=sharing">https://drive.google.com/file/d/1mUdF8ZRP5wQxlt6PmdDtF3OMl1C5xBg/view?usp=sharing</a> ). Ensure feedback from mid-year review is addressed	An engaged research workforce equipped to deliver high quality research in the West Midlands	Hannah Reay and Emily Linehan  Jane Willcocks  Susie Harrison  Hannah Reay / Jane Willcocks  Hannah Reay	Establish a regional community of NMAHPPS in/aspiring to clinical academic roles working with other stakeholders including 70@70 cohort  Continue Clinical Research is Everyone's Future (CRIEF) promotion project to engage the wider workforce to promote health and social care research as an integral part of care for all  Implement strategic project to increase PI and CI capacity Work with local stakeholders to establish a regional community of NMAHPPS (Nurse, Midwife, AHP, Pharmacist, Healthcare Scientist) in/aspiring to clinical academic roles Monitor impact of CI fellowships (Research Scholars) Explore potential for sustainable regional fellowship programme Identify opportunities to engage and support early career researchers  Establish mentorship programme for new PI's  Continue review of workforce intelligence data to establish baseline and explore trends in recruitment and retention. Includes skill mix within delivery team models, indicative role vacancy and turnover rates  Implement WMRTC Learning Strategy 2018/22 and maintain provision of GCP and other NIHR training. GCP Programme Lead is Emily Linehan, emily.linehan@nihr.ac.uk	Q1-3  Q4  Q1-4  Q2-4  Q1-4				

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			Karen Hyllon / Pam Devall	Implement activities in WF plan to progress the development of an agile and responsive internal delivery workforce that can work across boundaries to support any study in any specialty / setting	Q4				
			ACROSS Team / Jonathan Forsythe	Continue to promote the ACROSS system and target partner organisations not currently utilising the service. Move Primary care nurses into the system	Q1-4				
			Fang Gao Smith	Develop local LCRN schemes/programmes for promoting and improving early career researcher (ECR) involvement in NIHR research (see Harmonised Specialty Objective 1)	Q1-4				
			Karen Hampshire/ Kirsty Hunter	Support local Sponsors & Researchers develop their knowledge of the SoECAT & non-commercial costing process by developing a new training session	Q2				
			Susie Harrison / Tom Pinkney / Hannah Reay	Implementation of the pilot Surgical PI Associate Scheme	Q3				
		Supra-regional collaboration to deliver common aspects of LCRN workforce plans identified as national WFD priorities	Hannah Reay (WM) / Michele Eve (EM)	Early career researcher initiatives to support PI / CI development: share learning resources and information about local events/initiatives (also see Harmonised Specialty Objective 1 - Local activities to achieve the national objective)	Q1-4				
				Implement common staff survey to benchmark existing levels of IT proficiency and digital maturity and scope the digital learning needs of directly-funded LCRN staff, specialty leads and R&I leads. Evaluate survey findings and develop an action plan to address key themes using a blended learning approach.	Q3				
				CRP development: joint community of practice initiatives / regional events to support the launch of the CRP register	Q4				
				CRP development: collaborate to review regional competency frameworks and agree a common framework aligned to the NIHR IWF (Integrated Workforce Framework)	Q2				
				Map learning resources to the NIHR IWF and identify opportunities to share resources / align to common learning outcomes	Q2				
				Collaborate to support the NIHR ALP (advanced leadership programme) including regional initiatives associated with participant selection, programme completion and alumni activities.	Q3				
4.8.3	Continuation of staff listening events	Piloted in Jan/Feb 2019. These have proved to be positive and well received by staff, with great ideas as a result. Staff have asked for these to be more frequent than annually or one off activity.	Carly Craddock	- prioritisation of projects/actions from Jan/Feb 2019 focus groups. - staff communication providing feedback to all staff on next steps. - further dates set for 2019/20.	Q1-4				

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4.8.4	Continued Improvement and innovation leadership collaboration across our Networks - to identify further leadership projects and opportunities to work together	Further strengthen relationship between the LCRNs, more efficient/streamlined/integrated service delivery for our stakeholders etc. Sharing good practice of embedding a culture for I&I and driving improvement of HLOs. Record of what's been shared and shared/spread to other LCRNs.	Hannah Finch (East Midlands) Carly Craddock (West Midlands) Sally-Anne Hurford (Eastern)	- Continue to hold regular Hangout Meets with CI leaders in CRN Eastern, East Midlands & West Midlands and extend invites to staff from other workstreams/working groups as appropriate (including event attendees) - Develop (and all engage with) Kanbanchi Board for collaborative CI leadership/culture projects - WM share CI Champion/mentor roles across our regions to provide support to staff with I&I work - EM share updated e-learning - Delivery of joint project as outputs from 2018 showcase event: Sharing of information of key I&I projects, and engagement in LCRN priority projects (EDGE, HLOS, specialty objectives, PRES in ambulance service). - Hold the next collaborative I&I Showcase Event (in Peterborough TBC) - Continue sharing CI impact stories (minimum of 4) through various comms channels	Ongoing  Q1 Q1 Q2 Q4  Q3 Q1-4				
4.8.5	Work collaboratively with Eastern and East Midlands LCRNs to further implement the NIHR Digital strategy (and previous CRN accelerating digital workstreams).	Aim to improve and increase our staffs ability and confidence in using digital technology.  Develop a collaborative I&I communications plan to promote the CI agenda (focussing on use of social media & digital platforms)  Social Media - Twitter campaign promoting I&I, each LCRN to run a Tweetchat on an I&I topic.	Hannah Finch (East Midlands) Carly Craddock (West Midlands) Sally-Anne Hurford (Eastern)	- Social Media - Twitter campaign promoting I&I, each LCRN to run a Tweetchat on an I&I topic. - Training needs analysis for staff using digital tools - Delivery of training and other learning support to address training needs of CI staff - Develop a collaborative I&I communications plan to promote the CI agenda (focussing on use of social media & digital platforms)	Q2-4 Q2 Q3 Q2				
4.8.6	Trailing of and learning from adoption and spread of impacts from other LCRNs projects	Identification of one project that each LCRN could roll out in their CRN to maximise impact for the CRN as a whole. Lessons learned to feed in to Supra network leadership and national CI Leads group.	Hannah Finch (East Midlands) Carly Craddock (West Midlands) Sally-Anne Hurford (Eastern)	- Identification of a project that could be rolled out in own LCRN - Implementation of project locally and ongoing monitoring of impact - Lessons learned gathered and fed in to supranetwork cluster meetings, LCRN SLTs and national CI Leads.	Q2 Q3 Q4				
4.8.7	Continuous Improvement Maturity Assessment	Results from a survey carried out to assess organisational maturity in embedding a culture for continuous improvement.	Carly Craddock	- Report produced for CRN WM. - List of recommendations. - Action plan agreed and monitored by SLT.	Q1 Q1 Q2-4				
4.8.8	Identify potential AcoRD Specialists from POs to work with Network AcoRD Specialists to deliver the service efficiently. Pilot this over a 12 month period. Measured through a local review of success of pilot and ability to support all SoECAT requests for support/authorisation (identified in EDGE).	By reviewing the expansion of the AcoRD Specialist within CRNWM will support some of the perceived capacity issues of SoECAT completion for 19/20.	Karen Hampshire	- Develop project plan for pilot. - Set up Google local community group for cost attribution/ AcoRD queries to share queries and discussion points. - Link in with specific POs identified for the pilot and discuss how this is rolled out to benefit both the PO and the Network and ultimately prevent delays in supporting researchers through the SoECAT process. - Train new PO AcoRD Specialist and ensure national standards are maintained. - Review EDGE data to ensure PO AcoRD Specialist support is timely. - Review national SSS Survey to ensure the level of support is of the highest standard and more importantly consistent.	Q4				
<b>9. Business Development and Marketing</b>									
4.9.1	To support Partner Organisations Promote their capacity and capabilities to deliver commercial research	To maximise research opportunities for patients and ensure 70% of WM organisations are delivering commercial research	Sinead Collinge/ Raj Koener	- align PO priorities with commercial stakeholder pipelines - market PO capabilities through Trust profiles and disseminating case studies - ensure commercial opportunities through various cloud and database platforms are shared with all PO	Q4				
4.9.2	Primary Care West Midlands to become an IQVIA Preferred Site	To increase the number of commercial research studies delivered in primary care; increasing accessibilty to research for patients in a community setting	Raj Koener & Jess Graysmark	- establish project requirements at both strategic and operational levels, and design a project brief for implementation - Agree financial and operational practicalities - pilot with an initial study and provide a case study as a future template for IQVIA study delivery	Q4				



## Section 5: High Level Objectives

Columns F-G should be completed as part of the 2019/20 Annual Plan. Annual Plan for HLOs 1 and 7 only i.e. the greyed out rows do not require completion at this time.

Column H should be completed as part of the 2019/20 Mid Year Progress Report.

Column I should be completed as part of the 2019/20 Year End Report.

HLO	Objective	Measure	National Target	LCRN Target	Annual Plan Commentary (How target has been determined and supporting rationale)	Mid Year Commentary	Year End Commentary
1	Deliver significant levels of participation in NIHR CRN Portfolio studies	A	Number of participants recruited to NIHR CRN Portfolio studies	TBC (A)	65,000	Based on the mean of the annual values for the previous five years (awaiting final data cut)	
		B	Number of participants recruited to commercial contract NIHR CRN Portfolio studies	TBC (A)	4,400	Based on the mean of the annual values for the previous five years (awaiting final data cut)	
2	Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period	A	Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed CRN sites	80%			
		B	Proportion of noncommercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%			
3	Increase the number of studies delivered for the commercial sector with support from the NIHR Clinical Research Network	A	Number of new commercial contract studies entering the NIHR CRN Portfolio	TBC (B)			
		B	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	75%			
4		This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9.					
5		This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9.					
6	Widen participation in research by enabling the involvement of a range of health and social care providers	A	Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies	99%			
		B	Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies	70%			
		C	Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies	45% (C)			
		D	Number of non-NHS sites recruiting into NIHR CRN Portfolio studies	TBC (D)			
7	Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies		Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, each year	25,000	1,200	Figure is an increase on the target set in 18/19 and is based on horizon scanning	
8	Demonstrate to people taking part in health and social care research studies that their contribution is valued		Number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey, each year	10,000 (E)			
9	Reduce study site set-up times for NIHR CRN Portfolio studies by 5%	A	Average study site set-up time for commercial contract studies, at confirmed Network sites (days)	TBC (F)			
		B	Average study site set-up time for non-commercial studies (days)	TBC (F)			

### HLO TABLE NOTES

1 Site set up time defined as "Date Site Selected" to "Date First Participant Recruited"

2 Average site set-up time defined as the median average of all individual site set-up times for all studies in a reporting year

(A)	HLO 1A / 1B	The Ambition values will be the mean of the annual values for the 5-year period 2014/15 to 2018/19
(B)	HLO 3A	The Ambition value will be an increase in the 2018/19 annual value
(C)	HLO 6C	Reverted to current value of 45%. Note 2017/18 outturn was 32%, and 2018/19 to Q3 is 33%
(D)	HLO 6D	The Ambition value will be the 2018/19 annual value plus 5%
(E)	HLO 8	The Ambition value of 10,000 respondents represents an increase of 14% on the 2018/19 outturn of 8,779 respondents
(F)	HLO 9A / 9B	The Ambition value will be the 2018/19 annual value less 5%



## Section 6: Specialty Objectives

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<b>Green (G)</b>	On target to deliver all specified deliverables by the Milestone Date.

Ref	Objective	Specialties Included	Measure	Target	Local activities to achieve the national objective	Mid Year Report		Year End Report	
						RAG	Commentary	RAG	Commentary
1	To develop local LCRN schemes/programmes for promoting and improving early career researcher (ECR) involvement in NIHR research	All	<p>A. LCRNs to have at least one named individual who acts as an ECR/Training Lead AND</p> <p>B. LCRNs to demonstrate year on year increases in ECR involvement in at least 50% of specialties (e.g. new PIs or CIs, links with Royal College or other professional organisations, record of ECR staff per specialty and the trials to which they are recruiting – they may not necessarily be LCRN funded)</p>	<p>A. 1 ECR/Training Lead per LCRN AND</p> <p>B. 5% Increase in ECR involvement in 50% of all specialties</p>	<p>Determine accurate baseline in order to demonstrate year on year increases in ECR involvement in at least 50% of specialties</p> <p>CRNWM has a named individual who acts as an ECR/Training Lead - Fang Gao Smith. ECR/Training Leads for each Division; CRSLs take responsibility for trainees in their specialty unless otherwise arranged</p> <p>Engagement of early career researchers - initiatives embedded within WF plan and PI/CI strategic project (see Appendix 4)</p> <p>- Use of standard slide set ('Getting started in research') to promote consistency and aid reach of engagement across specialties / disciplines</p> <p>- Event targeting early / aspiring CIs (academic career focus)</p> <p>- Event targeting early / aspiring PIs (clinical delivery focus)</p> <p>- Workforce intelligence: Project to evaluate and improve CI/PI profile data in EDGE - as source of data to evaluate impact of interventions to improve involvement of early career researchers</p> <p>- Record details of new PIs/CIs; links with professional organisations; ECRs per specialty where they are recruiting</p> <p>- Implement a working group for the region</p> <p>- Establish trainees networks or collaborations in all identified specialties</p> <p>- Set CRSL yearly objectives and review in annual appraisal</p> <p>- Engage with CTUs to get lists of new researchers</p> <p>- Work with Trusts to identify ECRs and link to R&amp;D depts for study set-up</p> <p>- Register of interest for all ECRs - signpost them to training / funding opportunities</p> <p>- Develop a local way of recording ECR accessing GCP and PI essentials / masterclass</p> <p>- Plan Mentorship programme</p> <p>- Ensure that opportunities apply to all those new to research, not just trainees. Include case studies of more experienced staff to highlight that it can be at any point in the career</p> <p>Specialty specific initiatives include:</p> <ul style="list-style-type: none"> <li>Genetics – Consideration of next steps to meet the needs of the Genetics workforce subsequent to the joint East-West Midlands Specialty event on 30 January 2019 for Consultant clinical geneticists, SpRs and genetics counsellors, where both experienced researchers and early career researchers presented their own Portfolio studies, discussing opportunities for ECRs to get involved in the current open studies and also highlighting the career development pathways and challenges they have faced in becoming a Chief/Principal Investigator. Create links with academic supervisors, and support their ECRs to attend relevant conferences and to present their research at regional and national events with a view to research publications. Continue to increase the number of ECRs on delegation logs, with a longer-term aim of having new co-applicants on funding awards.</li> <li>Haematology – Supporting the named haematology trainee as Chair of HaemSTAR, who has been recognised as The BSH/NIHR "Researcher of the Year Awards 2019 Trainee" for his outstanding work in delivering research, to continue to lead on the registrar-delivered audit and research activities locally and nationally. To support the development of the post 'flash-mob' audit with the Birmingham CTU providing data management for new initiatives to be delivered by the HaemSTAR registrars through 2019/20.</li> <li>Haematology – Appointment of CRSL haematology co-lead, who is also an early career researchers (ECRs), to one of the 2-year CRN WM Clinical Trials Scholar positions in order to take the next steps to developing a research study relevant to local patient needs.</li> <li>RH&amp;C – Evaluation of the RCOG curriculum core module 3 "Clinical Research in the NHS" Advanced Professional Module (APM) masterclass full day programme organised by the CRSL and delivered to ST6/7s across the CRN WM in February 2019, with the aim of providing this training for the Postgraduate School of Obstetrics &amp; Gynaecology in 2019/20. The CRSL will continue to provide support to the MRCOG via scientific review of proposals from the trainees and to support their involvement in recruitment to NIHR Portfolio studies.</li> <li>Critical Care - to improve engagement with trainees and AHPs in the region we have identified interested trainees who may be able to act as co-PIs for portfolio studies. We are discussing with WM-Train (the anaesthetic trainee network) to integrate ICM trainees into their numbers. We are advising them about suitable multi-centre audits and will facilitate any research protocol that arise from this group.</li> <li>I&amp;E - Engagement with trainees is the key to success, particularly non-academic trainees as they are the "front-line" and have the scope to identify suitable patients to recruit into studies. Orthopaedics now has trainee led research groups but so far there has been very little on delivery so support is needed to develop this area. Potentially inviting trainees to attend some of the national meetings and provide links/contacts to the CRN to develop and support research ideas. In Emergency Medicine, we need to understand from trainees what are the barriers to them becoming research active.</li> </ul>				

**Section 6: Specialty Objectives**

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Annual Plan				Mid Year Report		Year End Report			
Ref	Objective	Specialities Included	Measure	Target	Local activities to achieve the national objective	RAG	Commentary	RAG	Commentary
2	To increase opportunities for people to participate in health research in less established specialities (<70 open studies on the NIHR CRN Portfolio in April 2018)	<ul style="list-style-type: none"> <li>Ageing</li> <li>Anaesthesia, Perioperative Medicine and Pain Management</li> <li>Critical Care</li> <li>Dermatology</li> <li>Ear, Nose and Throat</li> <li>Haematology</li> <li>Injuries and Emergencies</li> <li>Oral and Dental Health</li> <li>Public Health</li> </ul>	Each LCRN to increase recruitment in studies or increase the number of studies open to recruitment within all of these nominated specialities	LCRN demonstrates either 5% increase in recruitment or 5% increase in open studies in ALL nominated specialities	<p>Determine and disseminate accurate baseline and increase required, and review report on this monthly in order to demonstrate either 5% increase in recruitment or 5% increase in open studies in all specialities. Develop a BI plan to collate this information.</p> <p>For open studies identify new sites that can also recruit to the study; unblock any barriers to recruitment at existing sites (e.g. signpost to ACROSS support)</p> <p>Work closely with CRN WM Partner Organisations and new settings to increase the number of studies open to recruitment.</p> <p>Speciality specific initiatives include:</p> <ul style="list-style-type: none"> <li>Haematology – Appointment of CRSL co-lead to one of the 2-year CRN WM Clinical Trials Scholar positions, supported by Warwick CTU, in order to support early career researchers (ECRs) to take the next steps to developing a research study relevant to local patient needs. Cross-speciality working is to be expected i.e. cancer and surgery, particularly for the thrombophilia sub-speciality.</li> <li>Primary Care - To reappoint/reallocate a GP with the relevant academic and fellowship experience to encourage VTS trainees to undertake 'in-practice'. This postholder will attend the National First5 meetings, convened by Cluster C and develop the WM approach</li> <li>APMPOM - CRNWM is currently the top regional recruiters for APMPOM in the UK. The continuing success of this in 2019/20 is not assured, but we will further support centres across the region to recruit to new and existing studies and continue working with WM-TRAIN.</li> <li>Critical Care - CRNWM is currently the top regional recruiters for Critical Care in the UK. The continuing success of this in 2019/20 is not assured, but we will further support centres across the region to recruit to new and existing studies. To this end we have identified interested PIs in those ICUs not currently research active. We are advising them about the types of trial that would be suitable for research-naive PIs and ICUs whilst also advising them of resource available within their Trust to assist with trial setup. Continue to engage with PIs and potential CIs in the region. This is aided by the establishment of a local informal PI/CI group set up in Jan 2019.</li> <li>ENT - The addition of a research audiologist with the ability to collaborate with other centres across the region will encourage &amp; support other units to engage with NIHR studies. We will run awareness sessions in training days for both ENT trainees and audiologists. We envisage our recruitment and speciality ranking to increase within the next 12 months</li> <li>I&amp;E - CRNWM is currently the top regional recruiters for I&amp;E in the UK. The continuing success of this in 2019/20 is not assured, but we will further support centres across the region to recruit to new and existing studies and continue working. Engagement with trainees is the key to success, particularly non-academic trainees as they are the "front-line" and have the scope to identify suitable patients to recruit into studies. Orthopaedics now has trainee led research groups but so far there has been very little on delivery so support is needed to develop this area. Potentially inviting trainees to attend some of the national meetings and provide links/contacts to the CRN to develop and support research ideas. In Emergency Medicine, we need to understand from trainees what are the barriers to them becoming research active. Explore smaller units and blocks to recruitment, have discussion with Associate Specialist and Staff Grades in these units to explore interest in research</li> </ul>				

## Section 6: Specialty Objectives

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Annual Plan		Mid Year Report			Year End Report				
Ref	Objective	Specialities Included	Measure	Target	Local activities to achieve the national objective	RAG	Commentary	RAG	Commentary
3	To broaden participation within well-established specialities, particularly in areas or groups who have historically been underrepresented on the NIHR CRN Portfolio	<p>Cancer</p> <ul style="list-style-type: none"> <li>• Cancer Surgery</li> <li>• Radiotherapy</li> <li>• Rare Cancers</li> <li>• Teenage and Young Adults</li> </ul> <p>Diabetes</p> <ul style="list-style-type: none"> <li>• Diabetes managed, Primary Care supporting PLUS Primary Care managed, Diabetes supporting PLUS any speciality managed, if both Diabetes AND Primary Care are supporting</li> </ul> <p>Hepatology</p> <ul style="list-style-type: none"> <li>• Nonalcoholic fatty liver disease</li> <li>• Nonalcoholic steatohepatitis</li> </ul> <p>Gastroenterology</p> <ul style="list-style-type: none"> <li>• Endoscopy</li> </ul> <p>Injuries and Emergencies</p> <ul style="list-style-type: none"> <li>• Pre-hospital care and Trauma</li> </ul> <p>Infection</p> <ul style="list-style-type: none"> <li>• Antimicrobial Resistance</li> </ul> <p>Mental Health</p> <ul style="list-style-type: none"> <li>• Children and Young People</li> </ul> <p>Metabolic and Endocrine Disorders</p> <ul style="list-style-type: none"> <li>• Obesity</li> </ul> <p>Respiratory Disorders</p> <ul style="list-style-type: none"> <li>• Rare Diseases</li> </ul> <p>Stroke</p> <ul style="list-style-type: none"> <li>• Hyperacute AND Acute Care Studies (sum of both)</li> </ul> <p>Cardiovascular Disease</p>	<p>A. Increase recruitment by 5% into at least 50% of the nominated sub-specialities</p> <p>B. 2nd year of a two-year objective begun in 2018/19: LCRNs to enact the cardiothoracic surgery workforce plan made as part of the 2018/19 objective</p>	<p>A. 5% increase in recruitment for 50% of the nominated subspecialities</p> <p>B. Cardiothoracic surgery workforce plans implemented</p>	<p>Determine and disseminate accurate baseline and increase required, and review report on this monthly in order to demonstrate 5% increase in recruitment for 50% of the nominated subspecialities. Develop a BI plan to collate this information.</p> <p>Other speciality specific initiatives include:</p> <ul style="list-style-type: none"> <li>• Closer working relationships between cancer and surgical speciality to ensure all activities are captured</li> <li>• Cancer Surgery - Cancer team will identify nominated trials that fit the cancer speciality objective and ensure they are all highlighted to partner organisations. Performance manage the relevant studies to ensure objectives are achieved.</li> <li>• Radiotherapy - Collaborate with radiotherapy SSRL to increase participation to radiotherapy studies. Hold a radiotherapy event to promote radiotherapy as speciality.</li> <li>• Rare Cancers - Promote the referral process for rare cancers in management meetings.</li> <li>• TYA - appoint a SSRL to raise awareness and to drive the national strategy for TYA patients.</li> <li>• Mental Health - Monitoring by subspeciality lead for CYP mental health; Developmental disorders research across the region; Open up all CYP MH studies open to new sites; maximise schools research; Monitor/review of where MH need to be a supporting speciality.</li> <li>• Primary Care - Dedicate Primary Care CRSL time to educate the other specialities, POs and researchers on the benefits of working with Primary Care to identify patients. Primary Care CRSL would also aim to work with consultants and CIs to develop research ideas to address issues of multimorbidity i.e associated prescribing contra-indications that the GPs are challenged with.</li> <li>• Cardiovascular - Enact the Cardiothoracic surgery workforce plan submitted in February 2019. This will include meeting with cardiothoracic surgeons at the four cardiothoracic units in the WM and for CRSL/RDM to deliver talks at appropriate departmental meetings to ensure prospective PIs / research teams know of all the services available from the CRN to support them take on an deliver Portfolio studies. Link with Surgical Speciality and Cardiothoracic Surgery subspeciality lead to deliver plan.</li> <li>• Diabetes - Continue mapping the changing landscape in community Trusts and primary care/GP practices (in collaboration with PC team), for diabetes and how research can fit with redeveloped patient pathways (STP/Integrated Care). This will include looking at the potential of Vertically Integrated (VI) practices and larger practice consortiums e.g. Modality Partnership since the vast majority of Type 2 patients are diagnosed and treated in primary/community care settings.</li> <li>• Met&amp;Endo - Support local Diabetes and Endocrinology centres (e.g. WISDEM centre at UHCW) to host gut hormone / obesity studies including those related to GLP-1 analogues.</li> <li>• Stroke - Ensure the two WM Hyperacute Stroke Research Centres (HSRC) scrutinise all newly adopted hyperacute and acute stroke studies for local delivery. Develop point of care prompt cards as quick guides to inclusion / exclusion criteria for stroke studies - aimed at assisting investigators and other research staff in HSRCs so as to minimise missed recruitment not only from stroke wards but neurology, A&amp;E and outpatient settings.</li> <li>• Hepatology - Nonalcoholic fatty liver disease and Nonalcoholic steatohepatitis - Lead and Deputy CRSLs will approach hepatology champions at acute Trusts &amp; will present NIHR CRN support information to speciality disease networks in the region. Holding a Joint Hepatology-Gastroenterology WM investigator meeting (September). Aim to open NAFLD BIORESOURCE by Oct/No 2019</li> <li>• NASH trials: - Nor-UDCA in NASH; REVERSE in NASH; SEMA in cirrhosis NASH. Aim to support UHBHGS, which has been identified as having a large catchment area &amp; potential PI identified. New WM investigator-led portfolio study: EXCITED Study in fatigue PBC</li> <li>• Gastroenterology - Endoscopy - Holding a Joint Hepatology-Gastroenterology WM investigator meeting (September). Target GI/Endoscopy Nurse awareness following on from national meeting centres across the region to recruit to new and existing studies. Currently 11 WM led studies (inc. 3 in set up) related mainly to Trauma, but also Pre-hospital Care. Potentially 11 studies may open during 2019/20 at WMAS (main site for pre-hospital care studies), but some of these are at a very early stage in development.</li> <li>• Infection - Antimicrobial Resistance - Establish a research team within a Microbiology Laboratory to support a number of research studies across a variety of specialities (Cancer, Respiratory Medicine, Intensive Care and Sexual Health) that will support studies from assessing feasibility, implementing bespoke laboratory protocols and dedicated processing of research samples and liaison with other study staff. If successful this model may be implemented across the WM. Continue to explore collaborations with national investigators to provide a wider range of infections for imported infections e.g. Malaria, TB and target priority areas including antimicrobial resistance, HIV &amp; TB resistance, emerging pathogens, antiviral treatments.</li> <li>• Respiratory Disorders - Rare Diseases - Opening WM Led CPMS ID: 39960 Neutrophil phagocytosis in Alpha 1 Anti trypsin Deficiency and participating in Idiopathic Pulmonary Fibrosis trials</li> </ul>				



## Section 7. LCRN Operating Framework Indicators (not required at Annual Plan Stage)

At Annual Plan stage the expectation is that any plans required to support delivery of LCRN Operating Framework Indicators are listed in Section 4: Key Projects or as appendices  
 Column C should be completed as part of the 2019/20 Mid Year Progress Report.  
 Column D should be completed as part of the 2019/20 Year End Report.

ID		Mid-Year Commentary (if required)	Year End Commentary (if required)
1.1	<p><b>Domain:</b> Governance and Management  <b>Indicator:</b> Each LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre  <b>Assessment Approach:</b> Monitoring of provision of key documents requested by the National CRN Coordinating Centre</p>		
1.2	<p><b>Domain:</b> Governance and Management  <b>Indicator:</b> Each LCRN Clinical Director and/or LCRN Chief Operating Officer attends all National CRN Coordinating Centre/LCRN Liaison meetings  <b>Assessment Approach:</b> Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings</p>		
1.3	<p><b>Domain:</b> Governance and Management  <b>Indicator:</b> Each LCRN Host Organisation and LCRN Category A Partner submits an NHS Data Security and Protection Toolkit annual assessment to NHS Digital. All NHS Trusts were asked to provide an initial baseline assessment in October 2018.                      LCRN Host Organisations and LCRN Category A Partners should aim to achieve "Standards Met" (i.e. completed all mandatory evidence items and assertions).                      If "Standards Not Met" remains after completion or publication, the Host Organisation will be required to assess whether this impacts business delivered on behalf of the NIHR CRN. If this is the case, the Host Organisation is required to submit a report to the National CRN Coordinating Centre outlining the failure and mitigating actions to ensure improvement and achievement of the mandatory data security and protection standards.  <b>Assessment Approach:</b> Review of submitted Host Organisation Report outlining failures and mitigating actions</p>		
1.4	<p><b>Domain:</b> Governance and Management  <b>Indicator:</b> Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners  <b>Assessment Approach:</b> LCRN Annual Report</p>		
1.5	<p><b>Domain:</b> Governance and Management  <b>Indicator:</b> Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners  <b>Assessment Approach:</b> LCRN Annual Report</p>		

1.6	<p><b>Domain:</b> Governance and Management  <b>Indicator:</b> Category C LCRN Partner flow down contract templates used to contract with all Category C LCRN Partners  <b>Assessment Approach:</b> LCRN Annual Report</p>		
2.1	<p><b>Domain:</b> Financial Management  <b>Indicator:</b> Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the requirements of the LCRN Minimum Financial Controls Contract Support Document specified by the National CRN Coordinating Centre  <b>Assessment Approach:</b> Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre</p>		
2.2	<p><b>Domain:</b> Financial Management  <b>Indicator:</b> Deliver robust financial management using appropriate tools and guidance  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%)</li> <li>• Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%)</li> <li>• Monitoring of financial management via LCRN financial health check process</li> </ul>		
2.3	<p><b>Domain:</b> Financial Management  <b>Indicator:</b> Distribute LCRN funding equitably on the basis of NHS support requirements  <b>Assessment Approach:</b> Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements</p>		
3.1	<p><b>Domain:</b> CRN Specialties  <b>Indicator:</b> LCRN has an identified Lead for each NIHR CRN Specialty  <b>Assessment Approach:</b>  Each LCRN Host Organisation shall:</p> <ul style="list-style-type: none"> <li>• Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information</li> <li>• Notify the National CRN Coordinating Centre if there are changes within the financial year</li> <li>• Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies</li> </ul>		

3.2	<p><b>Domain:</b> CRN Specialties</p> <p><b>Indicator:</b> Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings</p> <p><b>Assessment Approach:</b> Attendance registers for National Specialty Group meetings</p>		
3.3	<p><b>Domain:</b> CRN Specialties</p> <p><b>Indicator:</b> Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews</p> <p><b>Assessment Approach:</b> Review by the National CRN Coordinating Centre of evidence of support provided in LCRN Annual Plan and Report</p>		
4.1	<p><b>Domain:</b> Research Delivery</p> <p><b>Indicator:</b> Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN Coordinating Centre and available as part of the LCRN Contract Support Documents</p> <p><b>Assessment Approach:</b> Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead</p>		
4.2	<p><b>Domain:</b> Research Delivery</p> <p><b>Indicator:</b> Each LCRN provides near time Minimum Data Set data items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework elements of the LCRN Contract Compliance Assurance Framework</li> <li>• Analysis of percentage of missing and inaccurate data points from each LCRN</li> </ul>		

5.1	<p><b>Domain:</b> Information and Knowledge</p> <p><b>Indicator:</b> Each LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system</p> <p><b>Assessment Approach:</b> Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system</p>		
5.2	<p><b>Domain:</b> Information and Knowledge</p> <p><b>Indicator:</b> Each LCRN provides support for ongoing provision of an LPMS solution</p> <p><b>Assessment Approach:</b> Review of budget line for provision of an LPMS in LCRN Annual Financial Plan</p>		
5.3	<p><b>Domain:</b> Information and Knowledge</p> <p><b>Indicator:</b> Each LCRN has in place a senior manager to coordinate business intelligence activities within the LCRN. The identified lead will participate in nationally agreed business intelligence improvement initiatives and attend national NIHR CRN business intelligence meetings</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Attendance registers for national NIHR CRN business intelligence meetings</li> <li>• Individual's name and contact details provided to the National CRN Coordinating Centre</li> </ul>		
5.4	<p><b>Domain:</b> Information and Knowledge</p> <p><b>Indicator:</b> Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required</p> <p><b>Assessment Approach:</b> Attendance registers for national CPMS-LPMS meetings</p>		
5.5	<p><b>Domain:</b> Information and Knowledge</p> <p><b>Indicator:</b> Each LCRN has a plan to ensure that the best researchers, wherever they are based, undertake clinical, and public health and social care research in the areas of England with the greatest health needs</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Review and monitoring of LCRN Annual Plan</li> <li>• Review of outcomes as reported within LCRN Annual Report</li> <li>• Monitoring of national metrics relating to the priority disease areas specified by the Department of Health and Social Care</li> </ul>		



6.1	<p><b>Domain:</b> Stakeholder Engagement and Communications</p> <p><b>Indicator:</b> Each LCRN has an experienced and dedicated communications function to support national CRN, NIHR and local CRN objectives</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Individual's name and contact details provided to the National CRN Coordinating Centre</li> <li>• Non-pay budget line for communications identified in LCRN Annual Plan</li> </ul>		
6.2	<p><b>Domain:</b> Stakeholder Engagement and Communications</p> <p><b>Indicator:</b> Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Review and monitoring of LCRN Annual Plan</li> <li>• Review of outcomes as reported within LCRN Annual Report</li> <li>• Evidence of joint work with local NIHR infrastructure reviewed</li> </ul>		
6.3	<p><b>Domain:</b> Stakeholder Engagement and Communications</p> <p><b>Indicator:</b> Each LCRN has in place a senior leader experienced in PPIE to support national CRN, NIHR and local CRN objectives</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Individual's name and contact details provided to the National CRN Coordinating Centre</li> <li>• Evidence of LCRN PPIE activity and continuous improvement based on recorded participant experience and reported in the LCRN Annual Plan and Report</li> <li>• Non-pay budget line sufficient for PPIE plan delivery</li> <li>• WTE role(s) identified in LCRN Annual Plan</li> </ul>		
6.4	<p><b>Domain:</b> Stakeholder Engagement and Communications</p> <p><b>Indicator:</b> Each LCRN records metrics of research opportunities offered to patients and users of wider health and care services</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Each LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc.)</li> <li>• Evidence of local participant evaluation system</li> <li>• Progress discussed at national PPIE meetings and reported in LCRN Annual Report</li> </ul>		

6.5	<p><b>Domain:</b> Stakeholder Engagement and Communications</p> <p><b>Indicator:</b> Each LCRN has in place an active programme of learning activities supporting patient and public involvement in research</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets</li> <li>• Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan</li> <li>• Programme of work and continuous improvement in participant involvement, engagement, learning activities and participant experience reported in LCRN Annual Report</li> </ul>		
6.6	<p><b>Domain:</b> Stakeholder Engagement and Communications</p> <p><b>Indicator:</b> Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG))</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Review of outcomes as reported within LCRN Annual Report</li> <li>• Review of performance on JDR</li> </ul>		
6.7	<p><b>Domain:</b> Stakeholder Engagement and Communications</p> <p><b>Indicator:</b> Each LCRN delivers the Patient Research Ambassadors (PRAs) project as specified by the National CRN Coordinating Centre</p> <p><b>Assessment Approach:</b> Evidence of PRA activity, continuous improvement of project delivery and reporting of impacts in LCRN Annual Plan and Report</p>		
6.8	<p><b>Domain:</b> Stakeholder Engagement and Communications</p> <p><b>Indicator:</b> Each LCRN delivers and reports on the Patient Research Experience Survey, as specified by the National CRN Coordinating Centre</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Monitoring of the responses to the Patient Research Experience Survey as required by the Patient Research Experience Framework</li> <li>• Patient experience survey findings and impacts reported to CRN Coordinating Centre with an accompanying plan for continuous improvement presented in LCRN Annual Plan and Report</li> </ul>		

6.9	<p><b>Domain:</b> Stakeholder Engagement and Communications</p> <p><b>Indicator:</b> Each LCRN develops and implements a plan to increase and continuously improve the quality of local healthcare engagement, capitalising on opportunities presented by national strategic initiatives such as new CQC research markers</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Review of plans for continuously improving engagement in LCRN Annual Plan</li> <li>• Review of improvement plan outcomes and impacts as reported within LCRN Annual Report</li> <li>• Evidence of piloting utilisation of new data on being asked about research from CQC Inpatient Experience Survey</li> <li>• Evidence of corporate positioning as a helpful partner in supporting Partnership Organisations with new CQC requirements</li> </ul>		
7.1	<p><b>Domain:</b> Workforce, Learning and Organisational Development</p> <p><b>Indicator:</b> Each LCRN has a senior leader in place to coordinate workforce planning, recruitment, development and retention. The identified lead will participate in nationally agreed workforce development initiatives, drive a culture of modern workplace learning, and support the delivery of an integrated approach to workforce development across the NIHR CRN</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Individual's name and contact details provided to the National CRN Coordinating Centre</li> <li>• Implementation of the local action plan to support the LCRN Workforce</li> <li>• Review and monitoring of NIHR Learn metrics</li> </ul>		
7.2	<p><b>Domain:</b> Workforce, Learning and Organisational Development</p> <p><b>Indicator:</b> Each LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Individual's name and contact details provided to the National CRN Coordinating Centre</li> <li>• Implementation of a local action plan to support the CRN wide wellbeing framework</li> </ul>		

7.3	<p><b>Domain:</b> Workforce, Learning and Organisational Development</p> <p><b>Indicator:</b> Each LCRN has an active programme of activities that engage the wider workforce to promote health and social care research as an integral part of healthcare for all</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Evidence of a programme of learning opportunities provided in the LCRN Annual Plan and Report</li> <li>• Increased engagement of local partners in promoting the work of the NIHR</li> </ul>		
7.4	<p><b>Domain:</b> Workforce, Learning and Organisational Development</p> <p><b>Indicator:</b> Each LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Evidence of a programme of activities provided in the LCRN Annual Plan and Report</li> <li>• Effective approaches shared by Continuous Improvement Leads at national meetings</li> </ul>		
7.5	<p><b>Domain:</b> Workforce, Learning and Organisational Development</p> <p><b>Indicator:</b> Each LCRN has in place a GCP Programme Lead, a suitably qualified individual responsible for strategic oversight of GCP education across their LCRN</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Individual's name and contact details provided to the National CRN Coordinating Centre</li> <li>• Annual plan of appropriate face-to-face GCP training, suitably resourced using approved GCP Facilitators</li> <li>• Review and monitoring of NIHR Learn metrics</li> </ul>		
8.1	<p><b>Domain:</b> Business Development and Marketing</p> <p><b>Indicator:</b> Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Profile template submitted as part of LCRN Annual Plan</li> <li>• Individual's name and contact details provided for assigned LCRN Profile lead in LCRN Annual Plan</li> </ul>		

8.2	<p><b>Domain:</b> Business Development and Marketing</p> <p><b>Indicator:</b> Each LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>• Review and monitoring of LCRN Annual Plan</li> <li>• Review of outcomes as reported within LCRN Annual Report</li> </ul>		
8.3	<p><b>Domain:</b> Business Development and Marketing</p> <p><b>Indicator:</b> Each LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers by actively engaging with the Business Development and Marketing team</p> <p><b>Assessment Approach:</b> LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings</p>		

## Section 8: Financial Management

8.1	Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2019/20. (For example particular studies that require large investment, concentration on a particular Specialty)	We will use the in year underspend to support the development of Chief Investigators locally. A targeted call will focus upon the ten priority areas as well as the needs of the local population and co morbidities. We will use our flexible workforce to provide support to settings outside of the NHS. The current funding model will be reviewed in the Summer in preparation for 2020/21 allocations.	
8.2	In respect of the LCRN 2019/20 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this		
*Notes	1. It is assumed that the Local Funding Model is net of any National Top Slice as these are pass through costs		
	2. If the funding element category is not applicable to your Local Funding Model, please enter 0%		
	3. The percentages (%) entered in the table should equate to 100%		
Funding Element	Examples	Description of model	% of Total CRN Funding Budget 2019/20 Budget (Please note that these should total 100%)
Host Top sliced element	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team	Pay £5,172,187 (19%), non pay £897,027 (4%) & Clinical Speciality Leads £606,200 (2%). These figures include the costs for the flexible workforce that are employed by the Host organisation.	25%
Block Allocations	Primary care, Clinical support services (i.e. pharmacy)	Primary Care receives stable funding providing a annual plan is approved by the CD/COO. Their allocation is £3,022,047 (11%). There is also some funding for GP practices involved in research across the network £500,000 (2%)	13%
Activity Based	Recruitment HLO 1, number of studies	The funding model starts with the previous years funding for the individual PO and then the median weighted recruitment of ABF of the last 3 years for that PO is applied. A cap and collar system is then applied to this figure where a PO cannot increase by more than 10% or decrease by more than 5% of their core funding the previous year. This is to ensure that the PO have some stability of funding.	55%
Historic allocations	PO funding previously agreed	Contingency Funding £376,107 (1%) this is funding that is agreed between the LCRN and PO to assist some PO's who have significant financial challenges.	1%
Performance Based	HLO performance, Green Shoots funding	none	%
Population Based	Adjustments for NHS population needs	none	%
Project Based	Study start up	none	%
Contingency / Strategic funds	Funds held centrally to meet emerging priorities during the year	LCRN WM has a 5% top slice element in their funding model which is used for Strategic Funding. This is a tried and trusted method used throughout the network, currently there is £1,111,432 (4%) which has been allocated to fund strategic initiatives (strategic funding) plus there is £352,960 (2%) which will be held centrally for emerging priorities and Chief Investigator development	6%
Other funding allocations			%
<b>Total</b>			100.00%
Cap and Collar	Please provide your upper and lower limits if applicable	Upper limit is 10% and lower limit is 5%	10 % CAP 5 % COLLAR
Comments			
8.3	If the 2019/20 local funding model methodology has changed since 2018/19, please give a brief description of the changes	no change	
8.4	Please confirm whether monitoring visits will be taking place over the course of 2019/20. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion (by spend) of your Category A Partner organisations are being monitored	The second round of monitoring visits will begin in 2019/20 based on the new set of minimum controls by NIHR . 100% of the trusts in the network have been visited and this was part of the internal audit which was conducted in March 2019. In 2019/20 the plan is to revisit Royal Wolverhampton NHS (delivery), University Hospitals North Midlands, University Hospitals Coventry & Warwickshire, West Midlands Ambulance and The Dudley Group of Hospitals	

8.5	Please confirm how much is being spent on addressing disease prevalence; a minimum of 2% of budget is required. This should be highlighted as 'strategic funding' in the CRN Finance Tool	£555,716 (2%) will be utilised on this area
8.6	What are the key financial risks and mitigations for 2019/20?	Risk: being in an underspend position at year end. Mitigations - Any underspend within year will be spent upon Chief Investigator development.
8.7	In which financial year did your previous internal audit take place? Have all of the auditor's recommendations been implemented and, if not, when will they be implemented?	March 2019 - awaiting feedback. All recommendations from the previous internal audits have been implemented.
8.8	If the next internal audit is due in 2019/20, please give the estimated date of the audit	

Section 9: Appendices		
Ref no	Title	Link
<b>Annual Plan Appendices</b>		
AP Appendix 1	Business Development and Marketing Profile ( <b>Please update using Google Suggesting mode / Track-changes</b> )	<a href="https://docs.google.com/document/d/1XJkmXhHQp011wRRC6OMSZMDBc8GAX7rP27uj5IUNxCg/edit?usp=sharing">https://docs.google.com/document/d/1XJkmXhHQp011wRRC6OMSZMDBc8GAX7rP27uj5IUNxCg/edit?usp=sharing</a>
AP Appendix 2	Workforce Plan	<a href="https://drive.google.com/file/d/1mIUdF8ZRP5wQxt6PmdDtf3OMI1C5xBg/view?usp=sharing">https://drive.google.com/file/d/1mIUdF8ZRP5wQxt6PmdDtf3OMI1C5xBg/view?usp=sharing</a>
AP Appendix 3	Risk and Issues Log - Operational	<a href="https://drive.google.com/open?id=0Byv5E6bPpCfsOEduc0hyTVFHQTikUDFTNURhQ1IMU1YyT3g0">https://drive.google.com/open?id=0Byv5E6bPpCfsOEduc0hyTVFHQTikUDFTNURhQ1IMU1YyT3g0</a>
	Risk and Issues Log - Strategic	<a href="https://drive.google.com/open?id=0Byv5E6bPpCfsUVF0NlozR1hwRjBUNHNXeXNfY2g4ejRxZ2U4">https://drive.google.com/open?id=0Byv5E6bPpCfsUVF0NlozR1hwRjBUNHNXeXNfY2g4ejRxZ2U4</a>
Please add additional appendices as needed		
Appendix 4	CI / PI Strategic Project	<a href="https://docs.google.com/document/d/1Qt6IzRx62VLypKdsSC-EgseUDpXgWgpwWdFRDPmbkYE/edit?usp=sharing">https://docs.google.com/document/d/1Qt6IzRx62VLypKdsSC-EgseUDpXgWgpwWdFRDPmbkYE/edit?usp=sharing</a>
Appendix 5	BI / Performance Strategic Project	<a href="https://docs.google.com/document/d/1POPYbx3GLqmaSWsArCbnBnURAZITcGZXvqi_eqoa8SU/edit#heading=h.gjdgxs">https://docs.google.com/document/d/1POPYbx3GLqmaSWsArCbnBnURAZITcGZXvqi_eqoa8SU/edit#heading=h.gjdgxs</a>
Appendix 6	Study Lead Project	<a href="https://docs.google.com/document/d/1-0H2wkmGhgcZYkXqeAx6CwXXVn02mwcXdf8n8v8CTPI/edit">https://docs.google.com/document/d/1-0H2wkmGhgcZYkXqeAx6CwXXVn02mwcXdf8n8v8CTPI/edit</a>
Appendix 7	Surgical PI Associate Scheme	<a href="https://docs.google.com/document/d/1ytcSsOVNZUajnTJbuGryvfcSxYJJhL3eHbD6LEamHYE/edit?usp=sharing">https://docs.google.com/document/d/1ytcSsOVNZUajnTJbuGryvfcSxYJJhL3eHbD6LEamHYE/edit?usp=sharing</a>
Appendix 8	PPIE Action Plan	<a href="https://docs.google.com/document/d/1q4ie42sXmLkKxmKrczk76s7qelvBrE1L6NrNcz_Opc0/edit?usp=sharing">https://docs.google.com/document/d/1q4ie42sXmLkKxmKrczk76s7qelvBrE1L6NrNcz_Opc0/edit?usp=sharing</a>
<b>Mid Year Progress Report Appendices</b>		
MYPR Appendix 1	LCRN Fact Sheet	
MYPR Appendix 2	Risk and Issues Log	
Please add additional appendices as needed		
<b>Annual Report Appendices</b>		
AR Appendix 1	LCRN Fact Sheet	
AR Appendix 2	Finance section for the LCRN Fact Sheet	
AR Appendix 3	LCRN Category B Providers	
AR Appendix 4	Non-Supported Non-Commercial Studies	
Please add additional appendices as needed		



## Section 10. Glossary

Abbreviation	Definition
CRL	Clinical Research Lead
CRSL / SSRL	Clinical Research Specialty Lead / Sub Specialty Research Lead
PPIE	Patient and Public Involvement in Research
PC	Primary Care
LCRN	Local Clinical Research Network
NIHR	National Institute for Health Research
CRN WM	Clinical Research Network West Midlands
WM	West Midlands
POs	Partner Organisations
POF	Performance Operating Framework
ETCs	Excess Treatment Costs
HLO	High Level Objectives
SLT	Senior Leadership Team
CRN EM	Clinical Research Network East Midlands
CROs	Commercial Research Organisations
EOI	Expressions of Interest
RDM	Research Delivery Manager
IG / GDPR	Information Governance / General Data Protection Regulation
ECER	Early Contact and Engagement with Researchers
JDR	Join Dementia Research
ESSU	Effective Study Start Up
SoECAT	Schedule of Events Cost Attribution Tool
LPMS	Effective Study Start Up
CPMS	Central Portfolio Management System
RSI	Research Site Incentive
BAME	Black, Asian, and minority ethnic
ODP	Open Data Platform
I&I	Improvement and Innovation
PRA	Patient Research Ambassador
YPSG	Young Persons' Steering Group
ECR	Early Career Researcher
NMAHPPS	Nurse, Midwife, AHP, Pharmacist, Healthcare Scientist
IWF	Integrated Workforce Framework
ALP	Advanced leadership programme
PRES	Patient Research Experience Survey
SSS	Study Support Service
CTU	Clinical Trials Unit

GCP	Good Clinical Practice
TYA / CYP	Teens and Young Adults / Children and Young People
BI	Business Intelligence
MH	Mental Health

**2018/19 LCRN Annual Reporting Requirements**

[Link to Requirements for LCRN Annual Delivery Reports 2018/19](#)

[Guidance to support completion of the Finance Section for the LCRN Fact Sheet](#)



## Clinical Research Network West Midlands

# Integrated Annual Plan and Report 2018/19

Date of Mid Year Progress Report submission: 3 January 2019

Date of End of Year Report submission: 3 May 2019

<b>Section 1. Host Organisation Approval</b>	
Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	Yes
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	2018-03-15
Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:	Yes
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:	26/03/18
Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group:	No
Date of the LCRN Partnership Group meeting at which this Annual Report was agreed:	18/06/19
Confirmation that this Annual Report has been reviewed and approved by the LCRN Host Organisation Board	No
Date of the LCRN Host Organisation Board meeting at which this Annual Report was (or will be) approved:	13/05/19
<b>If this Report has not been approved by the LCRN Host Organisation Board at the time of submission to CRNCC, then the LCRN Host Organisation Nominated Executive Director should provide that confirmation by email to the CRNCC once the Board has approved the Report</b>	

<b>Section 2. Compliance with the Performance and Operating Framework</b>						
Please indicate whether the Host Organisation and LCRN Partners are delivering the LCRN in full compliance with the specific areas/clauses of the Performance and Operating Framework 2018/19 listed below. Please provide a brief explanation of the reasons for partial / non-compliance in the commentary section.						
POF area	Annual Plan Compliance	Commentary	Mid Year Compliance	Commentary	Annual Report Compliance	Commentary
Part A: Context						
3. Working Principles	Yes		Yes		Fully Compliant	
Part B: Performance Framework						
2. LCRN Performance Indicators					Fully Compliant	
2.1 High Level Objectives	Yes		Yes		Partially Compliant	We have not met the required target for HLO2a in year. Performance Management is monitored via Peer Review meetings and Division Meetings as detailed in line 28 Section 4. IOM to raise at national meetings
2.2 Specialty Objectives	Yes		Yes		Partially Compliant	The majority of the specialty objectives have been met (25/30) and good progress have been made in others. More information is included in Section 6
2.3 LCRN Operating Framework Indicators	Yes		Yes		Fully Compliant	
2.4 Initiating and Delivering Clinical Research Indicators	Yes		Yes		Fully Compliant	
2.5 LCRN Partner Satisfaction Survey Indicators	Yes		Yes		Fully Compliant	
2.6 LCRN Customer Satisfaction Indicators	Yes		Yes		Fully Compliant	
2.7 LCRN Patient Experience Indicators	Yes		Yes		Fully Compliant	
3. Performance Management Processes	Yes		Yes		Fully Compliant	
Part C: Operating Framework						
2. Governance and Management	Yes		Yes		Fully Compliant	
3. Financial Management	Yes		Yes		Fully Compliant	
4. CRN Specialties	Yes		Yes		Fully Compliant	
5. Research Delivery	Yes		Yes		Fully Compliant	
6. Information and Knowledge	Yes		Yes		Fully Compliant	
7. Stakeholder Engagement and Communications	Yes		Yes		Fully Compliant	
8. Organisational Development	Yes		Yes		Fully Compliant	
9. Business Development and Marketing	Yes		Yes		Fully Compliant	

Section 3. Executive Summary	
Please complete the Table below, entering key performance highlights, successes and challenges from 2018/19	
<p><b>Please specify up to five areas where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.</b></p>	<p><b>1</b> We achieved a record recruitment year with 73,920 participants recruited into studies in 18/19; an increase of almost 5% on 17/18 and 15% ahead of our target. In addition, our ABF calculations show that we recruit to complex studies and have a balanced portfolio. The further development of our Chief Investigator programme with the appointment to Clinical Trials Scholars and Research Scholars has contributed to this success. The Associate Principal Investigator initiative ensures individuals are recognised for their contribution and in 18/19 100% of Trusts recruited into clinical trials.</p>
	<p><b>2</b> Primary Care have again performed successfully in a number of areas this year including having the highest number of practices in the country signed up to CRPD (233) and accredited to RCGP RR (178). We are 2/15 for participant recruitment coming in at 18,082, our EDGE data completeness has risen from 14% to 87% in 4 months. The Primary Care team have successfully completed all early SoECATs validations and are also working tirelessly to ensure that the new ETC process is implemented as smoothly as possible with minimal impact on GPs and organisations maintaining their enthusiasm to participate in future research.</p>
	<p><b>3</b> Our ENRICH team have maintained relationships with over 100 care homes across the WM. 66% have taken part in research of some type. We have engaged ten retirement villages and one event has been held showcasing research from across a variety of specialties that people could take part in, as well as promoting research and participation in research. We have been asked to complete a case study for the CRNCC. This is underway.</p>
	<p><b>4</b> Wellbeing Initiatives rolled out in 18/19 - we have reached 70% of our staff, 96% said they are proud to work for the CRN. Sickness rates have reduced by 40% with Mental Health related absence reducing by 57% and MSK by 40%.</p>
	<p><b>5</b> Pharmacy: project to support pharmacy engagement with EDGE with EDGE now being used to collect pharmacy study set-up and approval times (project won an EDGE engagement award at EDGE conference 2019).</p>
High Level Objectives	<p>Meeting and reporting on our HLOs was aided by the development of a CRN WM ODP app that provides access to near real-time data and delivers superior visualisation, enabling users to interact with the data and explore trends at a glance. Showcased at a number of regional meetings, and site visits attended at 8 POs.</p> <p>Met HLO1 (73,290, 15% ahead of target) and HLO7 (1,408) almost doubling the amount recruited in 17/18.</p> <p>Although we missed our target for HLO2a (58%) we have plans in place to improve this. Exceeded the target for 2b with 82% - 61 pass out of 74 WM-led studies that closed in FY1819.</p> <p>All of our POs are recruiting to a portfolio study, and 70% recruiting to a commercial study (reduced slightly due to a number of mergers).</p> <p>Improvement in the % of GP practices recruiting despite changes and mergers.</p> <p>Exceeded HLO7 target.</p>
Specialty Objectives	The CRN met 25 of the 30 specialty objectives. We promoted cross specialty working, especially around early career researcher development.
LCRN Operating Framework Indicators	The CRN is compliant with all of the LCRN Operating Framework Indicators as detailed below (16-23) All POs met the requirements in the Performance and Operating Framework.
LCRN Partner Satisfaction Survey Indicators	The CRN encouraged all of our POs to contribute to the national survey. Based on feedback from 17/18 this year members of the Partnership Group (PG) were informed before the PG meeting that they will be expected to complete the survey during the meeting in order to increase the response rate and use this as an opportunity to increase engagement during the PG meetings. This improved the response rate from 52% in 17/18 to 58% in 18/19; this will be carried out further in advance next year.
LCRN Customer Satisfaction Indicators	Based on the feedback of the Customer Satisfaction Survey, we have produced an action plan and have initiated a Study Delivery Lead process in order to improve our customers experience and communication with the LCRN.
LCRN Patient Experience Indicators	The Patient Research Experience Survey was carried out as in previous years. The response rate was lower than previously as we helped generate a specific version for mental health, primary care and young people to be adopted nationally. Lessons learned from the 17/18 survey were addressed, and the feedback from the 18/19 survey was distributed to POs. WM are working closely with Eastern and EM to develop a PRES for the Ambulance setting.
Host Organisation	<p>As in previous years, the Host Organisation has continued to fulfil its responsibilities as an LCRN Host in line with the DHSC/LCRN Host Organisation Agreement. Quarterly performance reports are reviewed by the Host Finance and Performance Committee. Quarterly Board report is reviewed at full public Host Board meeting with Clinical Director (CD) and Chief Operating Officer (COO) in attendance.</p> <p>Executive Group meets quarterly and is Chaired by the Host Medical Director and is attended by the Host CEO, Medical Director, Finance Director, LCRN CD and COO. Divisional and cross cutting leads are invited to present achievements and challenges to the group.</p> <p>Strong relationship between CRN WM and the Host Organisation continue. Excellent support received for Human Resources, Finance, Estates, Governance/Legal and Information Technology has been key to successful performance.</p> <p>The Host welcomes any feedback relating to its obligations to administer the contract with the Host and POs and continues to ensure the infrastructure is in place to ensure that all elements of the Performance and Operating Framework are delivered.</p>

Governance and Management	<p>The appointment of a Deputy Chief Operating Officer and Deputy Clinical Director completes the Executive Leadership team. Meetings have been reviewed and the Senior Leadership Team (including the CD and Divisional Leads) ensures constructive challenge and effective decision making. Performance remains the top priority.</p> <p>The CRN delivered a financial break-even year end position.</p> <p>The Partnership Group have appointed a new Chair to ensure that constructive engagement continues.</p> <p>The CRN met all of it's requirements in terms of the annual business planning cycle with comprehensive annual plans, mid year reviews and annual reports.</p>
Financial Management	<p>The Network reported a £0 balance year end position.</p> <p>All reports were completed on time and met the required standard that was endorsed by NIHR. The first round of financial health check / monitoring visits were completed in this financial year and the next round will start in financial year 19/20 using the new finance controls as a guide.</p> <p>Actions from previous financial audit completed; awaiting results of 2018/19 audit</p>
CRN Specialties	<p>ENT - was the most improved Specialty in 2018/19: 2017/18 = 13 recruits and 2018/19 = 153 recruits and five new Trusts/site participating in ENT studies. Walsall Healthcare NHS Trust recruited 55 participants this year having never participated in ENT research studies before.</p> <p>Haematology - evidenced increased trainee involvement in NIHR CRN Portfolio research: Dr P Nicolson is Chair of the newly formed HaemSTAR (<a href="http://haemstar.org/">http://haemstar.org/</a>) network, and has been awarded 'Researcher of the Year' presented by Dame Sally Davies at the April 2019 British Society of Haematology Annual Scientific Meeting for his 'flash-mob' audit and for trainee support to TRAIT and FLIGHT portfolio studies.</p> <p>UHB - Largest recruiter in Metabolic and Endocrine with &gt;25% of national recruits.</p> <p>RWT - Largest recruiter in Dermatology.</p> <p>For the second year in succession CRNWM are largest recruiter for Critical Care and Injuries &amp; Emergencies managed studies, and the largest recruiter for Anaesthesia, Perioperative Medicine and Pain Management managed studies, after being second highest last year.</p>
Research Delivery	<p>CRNWM have successfully developed, set up and are in the process of delivering a study in collaboration with IQVIA (multinational company). The Primary Care team were selected to develop a study which would test the validity of using an app to consent patients and collect data in real time.</p> <p>The Associate Principal Investigator (PI) scheme, developed by the West Midlands Research Collaborative, Birmingham Surgical Trials Consortium, Birmingham Clinical Trials Unit and the CRNWM, was initiated this year with a focus on junior doctors. It has been well received to date and aims to develop junior doctors, nurses and allied health professionals to be PIs of the future.</p> <p>CRNWM appointed a Peripatetic Trainee-Involvement-Facilitator who has made a positive impact locally with many more junior doctors talking about research studies, trying to get involved, and successfully completing their GCP.</p> <p>Study Support Service Capacity and Capability (C&amp;C) pilot (which is about CRNWM providing C&amp;C support for our POs) has been extended for a further 6 months due to the positive response to the pilot and other needs identified that could support our POs in improving set up of studies.</p> <p>Since the new national process to streamline the management of Excess Treatment Costs was introduced, the Early Contact team received 59 requests for SoECAT support and validated 49 SoECATs between 1 October 2018 and 31 March 2019.</p> <p>The well recognised ACROSS system for POs to access research delivery support saw 201 requests made with 70% of these requests being supported. Ten POs received research delivery support, across more than 10 specialty areas.</p>
Information and Knowledge	<p>All Trusts in CRNWM are now live on EDGE; monthly reports to POs highlighting data quality problems and modified reports to focus on recruitment comparison between EDGE and CPMS are produced. Improvement of data completion percentage of the minimum data set from 80% in March 2018 to 92% in April 2019.</p> <p>Ongoing efforts, with Specialty performance management staff, to reduce Business Rule Violations (9 BRVs out of 231 which is less than 4%).</p> <p>Site-level Recruitment to Time and Target weekly report shared via Google Sheet.</p> <p>Excel templates provided to Trusts to enable their own real-time reporting from LPMS.</p> <p>Supporting Trust EDGE Leads with data completion and managing studies at local site level.</p> <p>Supported the improvement of Primary Care data completion on EDGE - improvement of data completion for Primary Care from 31% to 76%</p> <p>Embedding a digital culture across the network through the use of digital enablers such as Powtoon, Prezi, Adobe Spark, ScreenCastify, Action Minutes (Awesome Tables), Vox Vote.</p> <p>Increasing the use of Social Media in Research and among Network staff including a Digital Leader staff award.</p> <p>Introduction of a new data visualisation platform (Google Data Studio) to be adopted as the standardised approach for all internal reports.</p>
Stakeholder Engagement and Communications	<p>Development of the Patient Research Ambassador (PRA) role in primary care. The Network now has six PRAs working specifically in primary care.</p> <p>Hosted the I Am Research event at the Pannel Croft Retirement Village, Birmingham. The event was the idea of a Network PRA/resident and was the first time such an event had been held in a retirement village/care home. A model for future events has been developed.</p> <p>Production of a video promoting the PRA role and the West Midlands PRA Forum.</p> <p>Staff Awards and Partner Organisation (PO) Awards - record number of nominations for each, extensive coverage on PO websites for the latter.</p> <p>Communications Lead appointed as NIHR Regional Comms Lead for one year pilot starting July 2018.</p> <p>Production of Hospice video in conjunction with ENRICH team, which featured in CRNCC national World Palliative Care Day campaign.</p> <p>Seventeen Blogs published, three of which were read over 100 times.</p> <p>Tailored Study Support Service, Partnership Organisations and Academic Sponsor engagement meetings have improved the relationships with the CRNWN to ensure our services are streamlined and add value. The SSS Partner Organisation meetings are now our core business.</p> <p>ECER Team has improved their e-digital footprint by setting up a ECER twitter handle, using this to link in with the research community @CRNWMCECER.</p> <p>ECER Team encouraged greater awareness of the added value of the service to our research teams, especially ETCs and SoECATs; they have attended 64 meetings and events in 2018/19 which is a 33% increase on events attended in 17/18, and a 56% increase on events and meetings attended in 2016/17.</p>



<p>Workforce Learning and Organisational Development</p>	<p>Detailed workforce plan formulated with regional consultation. This plan continues to evolve and now provides a coherent framework for all of our Learning, Workforce and Organisational Development initiatives.                  Workforce profile project launched to identify and address gaps in regional workforce intelligence data.                  Training needs survey undertaken (n = 320) to inform development of a West Midlands Research Training Collaborative (WMRTC) Learning Strategy aligned to the workforce plan.                  Four CRNWM Strategic projects identified and planned for 2018 - 2020.                  Regional community of Clinical Research Practitioners (CRPs) established; workforce survey and successful stakeholder event raised awareness of the national CRP project in which we have regional representation within both the standards working group and project board.                  Ongoing promotion of workplace based learning culture, including awareness of NIHR National Learning Directory e-learning Programmes, Resources and Communities; greater emphasis on blended learning and promoting workplace based learning is incorporated in the WMRTC Learning Strategy.                  Over 2000 participants attended taught courses delivered in 33 workplace-based venues across the region (including Introduction to GCP, GCP Refresher, Valid Informed Consent, PI Masterclass, PI Essentials and other delivery related topics). Over 2320 participants completed e-learning GCP modules.                  Investment in CI development including two well attended Research Forum events to bring together clinical staff in / aspiring to clinical academic roles to explore research funding and career development opportunities and recruitment to regional Clinical Trial Scholar and Research Fellowship programmes.                  Targeted engagement activities with over 280 Early Career Researchers (dedicated research topics in deanery sessions; introduction to GCP for specialty-specific trainee groups; research awareness sessions).                  During 18/19 the IRAS/ HRA for Sponsors training was reviewed with collaboration with Divisional Portfolio Managers and representatives from PPIE to include new training areas around study design and setting realistic recruitment targets. The feedback from the attendees has been very positive.                  Continuing to promote a culture of I&amp;I through provision of 1:1 and group practice-based training. 20% of staff have led on delivering improvement projects.</p>
<p>Business Development and Marketing</p>	<p>Industry Operations Manager and Head of Study Support Services have conducted successful engagement activities with West Midlands NIHR infrastructure to ensure cohesive regional support is available for researchers in the West Midlands.                  Through Trauma MIC engagement we identified 6-8 studies suitable for portfolio adoption.                  With the AHSN &amp; Medlink West Midlands we co-hosted an SME roadshow showcasing the support available for regional SMEs and promoting the NIHR Life Sciences Agenda.                  Successfully delivered a Primary Care Industry event to showcase primary care capacity. The event was hugely successful, with 98% positive feedback and a request for a follow up event. It provided an opportunity for practices to showcase their capabilities and network with commercial companies. Outcomes from the event saw the primary care team visit new practices to discuss commercial research and commercial sponsors discuss two new commercial opportunities.                  Developed relationships with three commercial companies and a CRO, where we provide assistance with key opinion leader access and capacity access, and improved ways of building site relationships.                  Regionally engaged with NHS England Midlands and East to explain and obtain commitment to the national Biosimilars campaign.</p>
<p>National Contributions</p>	<p>WM was one of five LCRNs selected to participate in the PPIE Impact Framework Pilot.                  BI Team heavily involved in national initiatives, including user acceptance testing for CPMS upgrade, ICD10/HRG categories and CPMS-LPMS links.                  WM (Mark Evans, Primary Care) have taken the lead on the National IT Solutions Pilot.                  Hosted two national Primary Care Research Activity Events focussing on finding national solutions to Primary Care issues so that all CRNs can consistently improve and work more effectively.                  Working with NCRI CM-Path initiative to improve pathology clinical trial delivery.                  WFD Lead is member of national CRP project working group and project board, and contributes to the selection process for the NIHR Advanced Leadership Programme (ALP).                  With the Study Support Service Team the Lead AcoRD Specialist has take the lead in supporting national training for the R&amp;D Forum on their 'AcoRD Masterclass' in March 2019.                  The Head of Study Support Service is a member of the national Research Delivery Steering Group.                  The Lead AcoRD Specialist has presented the CRNWM Sense Check process for the SoECAT with the Research Delivery Management Community to encourage other LCRNs to adopt a 'gold standard' in ETC and SoECAT provision.</p>

Section 4. Key Projects									
Section 4 of the template should be used to detail the key projects to be delivered by the network in 2018/19. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN-Cluster collaborative activities or other LCRN collaborations), and projects to be delivered nationally/CRN-wide led locally by the LCRN. Projects to be delivered in collaboration with other parts of the NIHR and/ or other external organisations should also be included. Please add additional rows as required.									
Columns A-F should be completed as part of the 2018/19 Annual Plan.									
Columns G-H should be completed as part of the 2018/19 Mid Year Progress Report.									
Columns I-J should be completed as part of the 2018/19 Year End Report.									
<b>RAG Information:</b>									
The RAG ratings are automated. Please select Complete, Green, Amber or Red from the drop-down menu in column I and the colour will update automatically.									
<b>Complete (C)</b>		Milestone complete.							
<b>Red (R)</b>		The specified deliverable was not delivered by the Milestone Date. Commentary is mandatory.							
<b>Amber (A)</b>		There is a risk that the specified deliverable will not be delivered by the Milestone Date. Commentary is mandatory.							
<b>Green (G)</b>		On target to deliver the specified deliverable by the Milestone Date.							
<b>N/A</b>		The Key Project and/or Outcome is no longer required and therefore this Milestone is no longer applicable. Commentary is mandatory.							
To complete at Annual Plan stage						To complete at Mid Year Progress Report stage		To complete at Year End Report stage	
Ref	Key project	Outcome	Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
<b>1. Governance and Management</b>									
2.3.3.	Desk top exercise to test the effectiveness of the current business continuity plan	Assurance that the business continuity plan is fit for purpose	Susie Harrison	Desk top exercise complete	Q1 [1]	Amber	Date agreed for desk top exercise	Green	Staff emergency contacts collated, whatsapp emergency groups set up and regular SLT discussions. Templates developed for a desk top exercise in the future
2.5.2. (d)	Video conferencing facilities installed in at least two offices.	More efficient meeting management.	Pauline Boyle	Procurement process completed Facilities installed	Q4	Green		Complete	Video conferencing now available in Stafford and Albrighton offices
2.8.5.1	Appointment to the post of deputy Chief Operating Officer	Deputy Chief Operating Officer appointed to ensure robust management of the network	Pauline Boyle	Job description development using the national profile Post advertised and recruitment process completed	Q1	Green	Interviews arranged	Complete	Julie Davis and Carly Craddock in post since December 2018
<b>2. Financial Management</b>									
3.2.1.	Compliance with new General Data Protection Regulation	Staff names will no longer be reported to the NIHR CC	Alex Howes	Process established in order to report spend on staff without using staff names	Q1	Green		Green	Staff names have not been used by either the host or any of our POs throughout the year
3.1.10.	Finance tool training	Finance information is completed in a timely manner and to a high quality	Alex Howes / Bhavesh Patel	Training delivered upon request	Q1-Q4	Green		Green	Training is offered to the PO when monitoring visits are done
<b>3. High Level Objectives</b>									

HLO1	<p>Increase the number of new non NHS studies successfully supported measured on positive feedback using the national survey. This is a new area so any feedback received will be reviewed to determine the usefulness of support provided. Identify what support research teams working in non NHS settings require to set up studies successfully and develop processes for Early Contact Leads to support these. Embed the new national process and crib sheet developed for Early Contact Team.</p> <p>Add specific fields in EDGE to support reporting and performance.</p> <p>Lessons learned from these studies discussed at Early Contact Team meetings.</p> <p>Targeting research related events at non NHS settings (schools, community settings, hospices and care homes).</p>	<p>Increase in the number of studies being delivered in non NHS settings.</p>	<p>Karen Hampshire, Kirsty Hunter and Mobeena Naz</p> <p>Julie Davis</p>	<p>Survey results. Process developed for Early Contact Leads to support sites in non NHS settings. EDGE fields updated. Lessons learnt report. Targeted events at non NHS settings.</p> <p>Investigate opportunities to develop local public health / wellbeing research studies which may be eligible for portfolio in non-NHS setting</p>	Q2	Green	<p>"SSS ROW10 - Q1 April 18 - Create a crib sheet specifically for non-NHS studies. Meetings with Sandra Prew to capture the resource for care homes/ hospice studies. An ECER Lead is overseeing the completion of the national monitoring tool for resource required for non-NHS studies. Linked in with Julie Davis who is also doing work in this area. June 18 - Sandra Prew has recorded studies in the monitoring tool and ECER Leads to input some data for these also. Dec 18 - Develop a non-NHS Crib sheet to support these studies through Early Contact due to lack of national guidance around these studies. To be discussed at February Early Contact meeting following working group meeting with RDMs for Division 5.</p> <p>RDMs for Division 5 making good progress with the strategic project to underpin this project</p> <p>Working with external partners to look into collaboration opportunities"</p>	Amber	<p>More work is required on this objective as the Early Contact and Core Support for Local Stakeholders are still developing their roles in supporting non NHS studies effectively. A national crib sheet was to be developed (still waiting) so the the SSS Team are looking into developing an internal document to support ECER and non NHS studies and will be a part of core business development. CRNWM have maintained and updated the national Non NHS Monitoring sheet to capture the support provided and the ECER team have supported nine non NHS studies (this includes the PC ECER Team).</p> <p>CRN WM three year strategic project brief written to deliver four main work streams to expand into other settings including:</p> <ul style="list-style-type: none"> <li>- Engaging relevant stakeholders including local NHS / Academic / Social Care / Public Health / Prisons / Schools / CTUs / Social enterprises to understand that non-NHS research is now a remit of the NIHR CRN</li> <li>- Monitor impact of this project on current and evolving operational considerations, e.g Edge, ACROSS, Governance, Sponsorship</li> <li>- Identify Research Delivery Champions in key area (non-NHS settings)</li> <li>- Use local expertise to upskill new / existing staff to deliver research in non-NHS settings</li> </ul>
	<p>Explore why researchers are reluctant to use e-digital concepts to increase recruitment as uptake to e-digital during 17/18 was minimal. Continue to review and discuss various e-digital concepts with CIs as part of the Early Contact support. Continue with a E Digital EC Lead to support new ways of working and share with EC Leads.</p> <p>Apply knowledge to conversations with CIs during Early Contact to increase recruitment e.g. PICs, e-digital, Primary Care, Community Pharmacy, other CRN WM PO's</p>	<p>Increased recruitment. More cognisant of e-digital and how it can support research.</p>	<p>Karen Hampshire, Jonathan Forsythe</p>	<p>Potential to use digital to assist with recruitment discussed at every EC meeting. Recording of the number of studies using digital to aid recruitment</p>	Q4	Green	<p>"SSS Row 11- Q1 April 18 - Discussed how we can work with WM RDS (joint RDS CRN meeting on 23 April) to encourage researchers to use e-digital. A social media guidance document has been written by an ECER Lead. To be presented at next Joint CRN and RDS meeting. June 18 - Social media guidance reviewed by ECER Leads and to be discussed at ECER meeting on 21 June. To confirm with ECER Leads that they are continuing to suggest this method for supporting studies. ECER Leads trained on 7 June on how to use Twitter for Early Contact. Developing a ECER Twitter presence! Collating data on social media discussions in EDGE."</p>	Complete	<p>Local guidance on the use of social media has been developed by the Early Contact team. Early Contact Leads continue to suggest this method for supporting studies and the success of this is recorded in EDGE to measure uptake. The Early Contact team have also been trained in Twitter, have a Twitter handle to develop a Twitter presence which is used to raise awareness of the service at events, plus the ECER team have received positive feedback from researchers on twitter regarding ECER SoECAT support.</p>

	<p>Early Contact Leads to continue to attend events and meetings to raise awareness of the service and added value of linking in as early as possible.</p> <p>Early Contact Leads to continue to highlight benefits ECER during delivery of any SSS training.</p> <p>Develop I&amp;I projects to support this objective e.g. Target all CIs that didn't take up ECER at post PAF stage to understand why the service was not optimised.</p>	Increase the target of 70% of all non-commercial studies supported through Early Contact at the pre-PAF stage.	Karen Hampshire, Kirsty Hunter and Mike Salmon	Events attended. Training delivered. I&I projects completed.	Q4	Green	<p>"SSS Row 12 - April 18 - Reviewed the data points around identifying studies supported at ECER from Pre Paf to Pre IRAS Submission to ensure consistency. Study progress data management report sent to Laura Bousfield and shared with key staff in the CC.</p> <p>June 18 - Stats identified and to be written into EDGE Reporting section. All PAFs now recorded in EDGE even when no Early Contact support provided. This was a recent decision to ensure a complete data set as previously only studies that had received Early Contact support were recorded in EDGE.</p> <p>In 20218/19 the ECER team have supported/ attended/ presented at 54 Events.</p>	Complete	More than 80% achieved but the introduction of the new SoECAT process in October 2018 skewed the results as researchers have to contact the Early Contact team at a much earlier stage. A couple of I&I projects were rolled out to ensure this objective was achieved and Early Contact Leads presented at several events and meetings including the CRSL meeting to improve engagement.
	Increase the number of local Chief Investigators by: Arranging Sandpit events Developing trainee groups Funding protected time for potential Chief Investigators	Number of local Chief Investigators increased.	Jeremy Kirk	Events arranged. Funding identified and awarded.	Q4	Green	October 2018 - Clinical Trials Scholars and Research Scholars appointed	Green	12 Clinical Trials Scholars appointed and 5 Research Scholars. All have now started placements with relevant Universities. A list of projects has been collated
	Continue to work with local Universities to identify potential collaborations.	Number of local Chief Investigators increased.	Pam Devall	Meetings held with each University	Q4	Green	<p>December 2018 - Meeting with Wolverhampton Uni Social Care Dept to promote CRN and explore possibilities of identifying new CIs</p> <p>Warwick, Keele and Bham have funded Grant Writing activity, to support early/future Chief Investigators</p>	Green	<p>December 2018 - Meeting with Wolverhampton Uni Social Care Dept to promote CRN and explore possibilities of identifying new CIs</p> <p>Warwick, Keele and Bham have funded Grant Writing activity, to support early/future Chief Investigators</p> <p>Academic Lead activities incorporated into GP roles to support HEI communication and collaboration</p>
	Ensure that the Business and Marketing Profile is used as a tool to attract new partners / studies to the region, for both commercial and non-commercial research studies	Increase number of research studies within the network.	Julie Davis / Sinead Collinge	Action plan created to fully investigate opportunities to increase the number of research studies in the region based on the new partners and maximise the USPs of the region, the Network and our POs	Q1 - Q4	Green	Trust profile documents in development - amended by Industry Steering Group and will be developed in early 2019 as a trial with two POs	Green	Trust profile documents in development - amended by Industry Steering Group and will be developed in 2019 as a trial with two POs. Engagement with three commercial partners to increase early stage contact for key opinion leaders and potential PIs.
HLO2	Continue to support Partner Organisations to deliver to time and target by conducting PO Industry Operational Visits	Strengthened relationships between the Industry team and PO's. Maintain realistic target setting for commercial studies and proactive performance monitoring within PO's to achieve 70% of delivering to HLO2a	Catherine Dexter	Conduct PO visits by end of Q2. Ensure strategic suggestions are discussed at Industry Strategy Group and rolled out region-wide as appropriate	Q4	Amber	Ongoing 53% complete	Complete	84% of PO engaged with the operational visits, providing benefit in improving relationships and ways of working. We have seen increased engagement with the Industry team as a result of these visits.
	Divisional Performance Monitoring	Proactive performance monitoring and support with target setting Improved HLO2a across all divisions, and accurate and realistic EOI submissions	Catherine Dexter / Sinead Collinge	Peer review reports completed and reviewed monthly Actions from peer performance reviews implemented	Q2	Green	Divisional Performance Monitoring embedded and Peer Review setup and established on a bi-monthly basis at Senior Leadership Level	Complete	Divisional Performance Monitoring embedded and Peer Review setup and established on a bi-monthly basis at Senior Leadership Level. There has been a continued focus on setting realistic and achievable targets at a PO level, which we expect to see an impact from in the coming 18 months. Unfortunately 19/20 saw a reduction of 4.9%.

	Roll out of Closed Study Review Project	An understanding of project failures and successes to ensure lessons learned across the CRN	Catherine Dexter	Process formally launched Documented in LMPS to enable network wide reporting at PO, Division and Specialty Group level. Collection of intelligent data to be utilised to predict future study deliverability	Q1	Green	Process formally launched. Evaluation of the process demonstrated it was not as valuable as expected - it is hoped with integrated performance monitoring in Edge, details of closure and study delivery will already be captured. Lessons learned to be fed back through SLT, PO's and Specialty Groups	Complete	Process formally launched. Evaluation of the process demonstrated it was not as valuable as expected - it is hoped with integrated performance monitoring in Edge, details of closure and study delivery will already be captured. Lessons learned to be fed back through SLT, POs and Specialty Groups
	To continue on from Annual Plan Objective 17/18 in identifying new ways to deliver the "IRAS/HRA for Sponsors Training" with an emphasis on the sponsors setting realistic recruitment targets with Sites.	Improved recruitment to time and target	Karen Hampshire /Mobeena Naz	Review of past training evaluation forms and identification of new areas to address Identification of specific studies where local Academics were Sponsors for actively recruiting studies and review time to targets performance and speak to Universities directly about how CRN can support their CI/ Research Team in improving RTT	Q2	Amber	SSS Row 18 - April 2018- Updated face to face and webinar IRAS/HRA training to reinforce the need for effective project management of studies and early conversations with R&D to set realistic recruitment targets. The new training for sponsors on expectations as per the UK policy framework is expected to support this objective. June 2018- Work on the new UK policy framework is underway and expected to have a draft by end of July for feedback by the wider SSS team. December 2018- Joint meeting (DPM's/ Industry/ PPIE representatives) to update "IRAS/HRA for sponsors training". The aim of this was to ensure a more joined up approach in educating sponsors and that emphasis on setting more realistic recruitment targets and ensuring sponsors request PPI input in reality and not just tick the box in IRAS to say they have	Complete	The training will be continued as core business to support academic sponsors and CTUs but no longer an objective. There was collaborative work with the Divisional PMs and PPIE reps to improve the training by discussing study design to set realistic recruitment targets which was implemented and the feedback has been very positive. A real recruitment time to target case study was introduced which was to help sponsors representatives to understand the impact of early discussions on recruitment to time and target with the CRN and sites. Feedback from the training is that 90% of delegates scored 4 or 5 out of 5 in clarifying the need for early communication with the CRN regarding setting up studies.
HLO3	Establishment of the CRN Industry Steering Group	Increase the number of commercial studies delivered in specialties and partner organisations	Sinead Collinge	Engagement with PO's to educate and promote the value of portfolio adoption for all commercial studies including single site studies Identify areas of capacity and patient population through CRSLs and PO's Work nationally and locally to identify appropriate sponsors with study pipelines and introduction to the region and PO's through Specialty Groups	Q4	Amber	ISG established and running. Materials to promote benefits of portfolio adoption will be shared in line with national documents and projects.	Green	ISG established and running. Materials to promote benefits of portfolio adoption are shared in line with national documents and projects. Industry team and Specialty groups engaged; further opportunities to explore in 19/20 Engaged with three commercial sponsors and introduced to regional capabilities with engagement seen with Key Opinion leaders
	Specialty Group Engagement	Utilise specialty groups as an opportunity to discuss regional development and opportunities to deliver commercial research	Sinead Collinge	Engage with CRSL and RDM's to promote the opportunities available in commercial research and look to build relationships with the Life Sciences community Q1 Look at business development opportunities and utilise specialty groups to host the Life Sciences Community and their pipeline	Q4	Amber	Industry team engaging and presenting Life Science opportunities for primary and secondary care. Opportunity offered for commercial sponsors to present pipelines at Specialty Groups.	Green	Industry team engaging and presenting Life Science opportunities for primary and secondary care. Opportunity offered for commercial sponsors to present pipelines at Specialty Groups. Opportunity in 19/20 to look at targeted approach in terms of HLO2a performance, as well as unmet patient needs and Sponsor introductions
	See Further details in Life Sciences								

HLO4	Identify a solution to support PO's in identifying studies approaching 40 days from DSS to DSC. The aim of this solution would be to give PO's better oversight of all studies and helps us support delays in a proactive manner	To reach 70% by Q1 and 81% by Q4. If not then ensure all sites have identified reasons for not delivering to this objective.	Karen Hampshire / Mobeena Naz	Review of current trends within PO's regarding performance with HLO4 Liaison with PO's to identify how they currently manage oversight of live studies in Set Up Via the EDGE Working Group identification of possible solutions to provide oversight of live studies.	Q1	Amber	SSS Row 19 - April 2018- ODP Study Start up app has been heavily promoted at various ROG meetings during 2017/18. A guide has also been compiled as a result of the EDGE working group. June 2018- Due to the limitations of the ODP study start up app (i.e. it is currently displaying incomplete data due to the API failures) we will propose the use of a local template at the July ROG meeting. The template has been tested by two PO's and is undergoing some minor refinements before it can be demonstrated. In the meantime, the NIHR CC have been informed that the ODP app is not fit for purpose for our local oversight and they have agreed to look into this (email from Alex Bernard, 9.7.18). At the July EDGE working group we expect to discuss the option of bringing reasons for study set up delays into the Trust reports and while the app is unreliable we are utilising MOAS for following up of data errors and missing site information with the support of the BI team. August 2018- On hold whether to re-record the webinars (Cost and Time). October 2018- Currently the projects team are working on an app for our PO's to support set up times. In the meantime we promoted a study start up tool at the September ROG meeting	Amber	CRN WM has struggled to achieve the national 80% compliance for HLO4 / 05. During 2018/19 the SSS Team promoted the national NIHR ODP Study Start Up app to support PO's to enable them to identify studies that may breach HLO4 and HLO05 but POs did not find this app that user friendly. The CRN WM BI team developed an internal system to support PO's which was regularly discussed at Research Operational Group (ROG) but the uptake of this was not overly successful. The SSS team used the Capacity and Capability Pilot to target specific PO's who had been struggling with HLO04 and EDGE data completeness which did have a positive affect with most PO's with poor data completeness compliance moving to good (over 80%) or excellent (over 90%) completeness. The new CRN WM ODP app will demonstrate HLO09 data in during 19/20. This will continue to be an objective for 19/20.
	Identify and target active commercial Sponsors who work with CRNWM PO's to attend 'IRAS/HRA for Sponsors' training sessions. There does not seem to be a robust understanding by Commercial Sponsors role in understanding the new HRA processes around capacity and capability.	Increase in the number of sites achieving NHS set up within 40 calendar days (from "Date Site Selected" to "Date Site Confirmed")	Karen Hampshire / Mobeena Naz	Identification of active commercial/CRO's within the network Identification of which stakeholders require bespoke training	Q4	Amber	SSS Row 20 - June 18 Promoting the IRAS/HRA for sponsors webinar as far as wide as possible and if commercial sponsors require any ad hoc training this is on offer generally. October 2018- Attended the Industry and Primary Care event held on 21 September and took this as an opportunity to network with commercial stakeholders and offer training. A representative from Janssen was keen for training to be delivered and highlighted that from her experience working with local Uni and R&D incurs delays and therefore anything which would support better understanding of the process for commercial companies would be beneficial.	Complete	The feedback from the training continues to be very positive. The CRN WM IRAS/HRA for sponsors training is available for all stakeholders including commercial sponsors. The real challenge has been engaging with commercial companies to attend the face to face training. The SSS team key message about effective capacity or capability is very much the same regardless of whether a study is commercial or non commercial and therefore, it was agreed the need for a specific commercial objective was not required during 18/19.

HLO5	Identify a solution to support PO's in identifying studies approaching 30 days from DSC to PPFV.	To give PO's better oversight of all studies and help the network to support delays in a proactive manner. The aim is to reach 70% by Q1 and 81% by Q4. If not then ensure all sites have identified reasons for not delivering to this objective	Karen Hampshire / Mobeena Naz	Review of current trends within PO's regarding performance with HLO05 Liaise with PO's to identify how they currently manage oversight of live studies in Set Up Via the EDGE Working Group identify possible solutions to provide oversight of live studies Implement the solutions - pilots, testing, training and full implementation	Q1 - Q3	Amber	April 2018- ODP Study Start up app has been heavily promoted at various ROG meetings during 2017/18. A guide has also been compiled as a result of the EDGE working group. June 2018- Due to the limitations of the ODP study start up app we will propose the use of a local template for both study set up and recruitment delays. This will be discussed at the July ROG meeting and is currently undergoing some refinements after being tested by two of our PO's. In the meantime the NIHR CC have agreed to look into updating the ODP app to make it fit for purpose locally. At the next EDGE working group we will discuss how to use the Trust reports to identify reasons for breach of study set up as well as recruitment.	Amber	CRN WM has struggled to achieve the national 80% compliance for HLO4 / 05. During 2018/19 the SSS Team promoted the national NIHR ODP Study Start Up app to support PO's to enable them to identify studies that may breach HLO04 and HLO05 but PO's did not find this app particularly user friendly. The CRN WM BI team developed an internal system to support PO's which was regularly discussed at Research Operational Group (ROG) but the uptake of this was not overly successful. The SSS team used the Capacity and Capability Pilot to target specific PO's who had been struggling with HLO04 and EDGE data completeness which did have a positive affect with most PO's with poor data completeness compliance moving to good (over 80%) or excellent (over 90%) completeness. The new CRN WM ODP app will demonstrate HLO09 data in during 19/20. This will continue to be an objective for 19/20.
HLO6a	Develop profiles for each PO detailing facilities, population served, patient pathways, and unique selling points.  Use prevalence data to place studies where the population is.	Easily identify studies that match the profile of of the population.  Studies open to meet the needs of the local population.	Portfolio Managers / Project Management Team	100% of NHS Trusts recruiting to portfolio studies Suite of Trust specific profiles which highlight the USPs for our POs, ensuring that not only commercial but non-commercial research teams bring their studies t to the region	Q4	Green	Profiles will be trialled in early 2019. One is developed but feedback has been that they need to include more information - working with two POs to develop a template. 100% of Trusts reporting recruitment	Green	See line 26  Prevalence App has been demonstrated so researchers are aware of the needs of the local population
HLO6b	Increase Partner Organisations delivering commercial research to 90%	Maximise the number of PO's offering commercial research to their patient populations	Sinead Collinge	Continue to support those organisations delivering commercial research successfully Consistently support and work alongside those organisations not currently delivering commercial research to ensure that all available opportunities are highlighted and where possible, delivered	Q4	Amber	In Q4 need to re-engage with those PO's without a commercial pipeline	Red	We have seen a decrease in the number of organisations recruiting to commercial research, due to failure to recruit to commercial studies for three organisations and two organisations non portfolio commercial research studies. 19/20 Annual Plan sees plans to re-engage and work with these organisations. One organisation delivers small scale non-portfolio commercial research, we work with sponsors to encourage adoption.

HLO6c	Mapping new GP configurations and emerging models of care to monitor proportion of general medical practices recruiting into portfolio studies. As the GPs are merging the number of practices available to invite to participate will reduce. Use practice population data to monitor whether the patient population that we have access to is increasing rather than reducing	Ensuring that through the GP configurations we are accessing an increasing patient population, even if this is difficult to show because of the reducing GP practices. As number of GP practices reduces, the percentage will change	Pam Devall	Supporting individual practices and group schemes through the RSI scheme Adapting the RSI scheme to ensure that it remains both attractive to GPs and value for money Evidence that our service and our team to remain relevant in the new landscape	Q4	Green	DRS/SE/TH have met to form an RSI group and are working on a new model to satisfy the needs of traditional size practices and also those working at scale. TOR for group clearly define aims  MP/IT/ SH have created a map of emerging models of care layered onto existing practices CCGs and associated population  3 x Pilot schemes underway to develop a flexible workforce that can work on any study in any setting. These posts are currently working on studies across the Primary and Secondary Care interface	Green	DRS/SE/TH have met to form an RSI group and are working on a new model to satisfy the needs of traditional size practices and also those working at scale. TOR for group clearly define aims  MP/IT/ SH have created a map of emerging models of care layered onto existing practices CCGs and associated population  3 x Pilot schemes underway to develop a flexible workforce that can work on any study in any setting. These posts are currently working on studies across the Primary and Secondary Care interface  Info on New Care Models being fully entered on EDGE so that updates and communication with NCMs can be recorded by all CRN staff on a single database. This will extend to include Primary Care Networks as they are set up
HLO7	Increase links with academic institutions	Increase the number of local Chief Investigators in Dementia Studies.	Juan Doblado Pavón	Support newly appointed DENDRON CRSL in organising meetings with relevant stakeholders.	Q4	Green	Working with East Midlands to develop co-applicants from WM. Meeting arranged Feb 2019. New Professor identified and now in post. 1 existing Professor now has 2 grant applications being submitted (MRC and HTA). 2 dementias studies on portfolio this year from Keele University.	Green	Meeting took place with East Midlands. Waiting for new academics to be appointed. CRSL working with academic in Bham on MRC grant application. New CI in dementia in Wolverhampton. New Prof of Nursing in Dementias started and meeting arranged. CRSL making contact with Academics outside of WM to engage in their dementia research. Keele University study opened. CRSL has honorary position at Keele.
<b>4. LCRN Specialty Activities</b>									



4.1.2.	<p>All CRSL's will attend a joint meeting twice a year.</p> <p>The SSS will attend at least 90% of all CRSL meetings to present the benefits of ECER and Study Support Service .</p> <p>Each CRSL will hold a speciality meeting at least once a year.</p> <p>CRSL's will be provided with prevalence data and will contribute to the feasibility process.</p> <p>The RDM, Portfolio Manager and CRSL will meet regularly to review the portfolio.</p>	<p>CRSL's will be kept up to date, share best practice and monitor</p> <p>Identify CRSL meetings where ECER haven't attended already. Contact Admin support for the Speciality to identify dates for future meetings and ensure ECER attend. Showcase studies where ECER support has made a difference. Identify trends and studies supported through Specialities.</p> <p>Well informed clinical community. Promotion of research and the portfolio as well as what the network can offer researchers.</p> <p>CRSL's will have information required to ensure accurate feasibility is completed.</p> <p>CRSL's in collaboration with the RDM will performance manage the portfolio of studies with particular attention to recruiting to time and target.</p>	<p>Jeremy Kirk</p> <p>Karen Hampshire / Mike Salmon</p> <p>Research Delivery Manager</p> <p>BI team</p> <p>Research Delivery Manager</p>	<p>Register kept of meetings held and attended</p> <p>Meetings attended and feedback obtained</p> <p>Annual event held</p> <p>Information disseminated</p> <p>Performance meetings held</p>	<p>Q1 - Q4</p> <p>Q3</p> <p>Q4</p> <p>Q2</p> <p>Q1 - Q4</p>	<p>Amber</p>	<p>SSS Row 27 - April 18 - CRSL meetings confirmed in the ECER Events file. June 18 - Presentation at CRN WM CRSLs meeting on 22 May. Not many CRSL have used the ECER service. So far attended a 4 Speciality meetings in Q1. Supported 10 POs at Clinical Trials Day events. October 18 - Reviewed engagement with CRSL and targeting CRSL's where there is no CRSL speciality ECER engagement. . Reviewed patterns on Lead Trust, Sponsor, Specialty but unfortunately no obvious pattern identified to support targeting specific areas. Dec18 - Presented at the Nov CRSL meeting to request support from the CRSLs in promoting the ECER service (highlighting suitable events, discussing with colleagues etc). Asked CRSLs what we can do differently to increase the number of studies supported at an earlier stage. No new ideas from CRSLs. Considering using the funding email comms to inform potential investigators of funding in their work area.</p> <p>Primary Care: - Locality meetings currently held annually, however discussion between DRS/MS/TH/JG/PD on whether one CRSL event could take place to include the whole W Mids locality - Quarterly meetings take place to review the portfolio</p> <p>BI: Incidence and Prevalence ODP App presented at SLT and Partnership Group and will be rolled out wider in 2019</p>	<p>Green</p>	<p>Two CRSL meetings held and well attended</p> <p>COMPLETED. The SSS Team - The CRSL meetings were targeted to discuss the Early Contact service and ideas to raise awareness of the service but due to limited engagement this will not be an objective going forward.</p> <p>Ongoing programme of speciality meetings with educational and awareness raising objectives, designed around the needs of the speciality.</p> <p>BI: Incidence and Prevalence ODP App presented at SLT and Partnership Group and will be rolled out wider in 2019</p> <p>Regular performance meetings held in Divisions and via the Peer Review meetings, with particular focus on HLO2</p>
4.1.3.	<p>The CD will continue to ensure each speciality has an appointed lead, through a competitive process.</p>	<p>Appointed lead for each speciality who holds the relevant experience and expertise to lead the speciality.</p>	<p>Jeremy Kirk</p>	<p>All speciality leads appointed through a competitive process</p>	<p>Q1</p>	<p>Green</p>		<p>Green</p>	<p>Appraisals carried out; all vacancies filled in year through competitive process after review of posts</p>
4.1.4.	<p>Each CRSL will be provided with up to date information on the portfolio, prevalence data, performance data, local intelligence data and profile information for each PO.</p>	<p>Each speciality lead will have all the information required in order to inform accurate feasibility and performance manage studies.</p>	<p>Research Delivery Manager</p>	<p>Information prepared by Portfolio Managers and BI team CRSL's in receipt of information</p>	<p>Q3</p>	<p>Green</p>	<p>Portfolio Management Group contact CRSLs to discuss performance reports and feasibilities.</p>	<p>Green</p>	<p>Portfolio Management Group contact CRSLs to discuss performance reports and feasibilities.</p>
4.1.5.	<p>The CC will be informed of changes to CRSL appointments.</p>	<p>Coordinating Centre informed of changes in a timely manner</p>	<p>Andrea Shilton</p>	<p>Process developed and implemented</p>	<p>Q2</p>	<p>Green</p>	<p>Vacancy process for CRSL/CRL process implemented</p>	<p>Complete</p>	<p>Completed</p>

4.1.6.	Attendance at local and national meetings will be monitored and included in the annual performance meeting held by the RDM and CRL.  All PCNSG meetings will be attended by one or more Primary Care CRSL	Management of performance.  Aim to improve role of CRSL to make this more effective in terms of communication and influencing study targets to improve deliverability in the WM	CRL  Mark Porcheret	Minimum of 75% of performance meetings attended  All PCNSG meeting attended by at least one CRSL  PCNSG Minutes will evidence attendance and actions	Q1 - Q4	Green	Need to improve the information from Cluster office to accurately performance manage.  All PCNSG meetings have been attended by one of more WM CRSLs with MP attending the national IT subgroup meetings. TH attends every other meeting routinely for the SPCR	Complete	Need to improve the information from Cluster office to accurately performance manage.  All PCNSG meetings have been attended by one of more WM CRSLs with MP attending the national IT subgroup meetings. TH attends every other meeting routinely for the SPCR
4.1.7.	The RDM and Portfolio Manager will meet regularly with the CRSL to provide clinical and local intelligence into the early commercial feedback, non-commercial expert review, delivery assessments and performance reviews.	Early clinical engagement to ensure studies deliver to time and target.	Research Delivery Manager	Meetings held at least quarterly	Q1 - Q4	Green	Contacted more frequently as required.  Primary Care - Quarterly meetings take place to review the portfolio	Green	Meetings take place at least quarterly, or more frequently as required.
<b>5. Research Delivery</b>									
	Implementation of new WM wide Primary Care Research Site Initiative (RSI) Scheme  Implementation of a pilot scheme to test what might be the best approach for groups of practices in terms of value for money and incentive to attract GPs to work with us	Single scheme in place which is equitable and offers all single site GP practices a streamlined and uniform process for sign up In conjunction with new finance forecasting this will allow improvements in budget setting to be made	Sue Elwell	Pilot group practice leadership scheme across all three localities Implementation of a single scheme	Q1 - Q2	Green	18-19 saw the introduction of a WM wide RSI scheme for single practices - all areas are using this scheme and have practices signed up to it . Study level payments are being agreed at Research Manager level for application across the whole of WM . Review will take place at end of financial year to ensure that the values set ensure that individual practice payments remain at a reasonably stable level from previous years	Complete	18-19 saw the introduction of a WM wide RSI scheme for single practices - all areas are using this scheme and have practices signed up to it . Study level payments are being agreed at Research Manager level for application across the whole of WM . Review will take place at end of financial year to ensure that individual practice payments remain at a reasonably stable level from previous years  A Single scheme has now been implemented across all three localities and is currently under discussion to see if we need to tweak for roll out in 19 / 20
	Development of RSI scheme for GP federations / super practices - The primary care landscape is changing and we need to have an RSI scheme that can be adapted to the new care models . Two pilot schemes are in progress and they will be reviewed during the year	Scheme in place that is fit for purpose, allows us to work at scale and best utilises our resources for maximum patient recruitment	Sue Elwell	Pilots complete Scheme in place for GP federations / super practices	Q1 - Q4	Amber	RSI at scale is currently with a working group consisting of CSRL , RM and PM and will include views from stakeholders at appropriate time points . TOR have been agreed  Pilot Group practice leadership schemes have been implemented across all 3 localities to help determine a scheme that will be appropriate and attractive the the emerging collaborations	Complete	RSI at scale is currently with a working group consisting of CSRL , RM and PM and will include views from stakeholders at appropriate time points . TOR have been agreed  Pilot Group practice leadership schemes have been implemented across all 3 localities to help determine a scheme that will be appropriate and attractive the the emerging collaborations  This activity is complete however further work will go into the 19/20 annual plan to capture the success of the pilots and direct next steps

	Continue to maintain engagement with community pharmacies which is challenging due to lack of available studies	Maintaining engagement with pharmacies enables us to be flexible and respond to study teams who may wish to utilise pharmacy as a recruiting site	Sue Elwell	Availability of Research Ready Community Pharmacies in readiness for studies that may benefit from support from Community Pharmacy to enhance recruitment	Q1- 4	Green	Engagement with Research Ready community pharmacy within each type of setting continues at the current level. No plans to extend further until more studies become available.	Complete	Engagement with Research Ready community pharmacy within each type of setting continues at the current level. No plans to extend further until more studies become available.  The Early Contact team promote inclusion of pharmacy as potential method of recruitment in all studies but no new pharmacies have been engaged
	Management of Excess Treatment Cost arrangements for Primary Care Studies	Improved equity of access Improved set up time of studies	Mark Stone / David Shukla	Process in place to manage ETC's for Primary Care studies across the network Report on the spend on the spend on ETC's	Q1	Green	Two schemes were set up and operationalised as planned. This work has now been superseded by the National ETC scheme.	Complete	Two schemes were set up and operationalised as planned. This work has now been superseded by the National ETC scheme.
	Engagement with emerging GP collaborations  In line with working principles 3.1.c,d,f,i,j,k - Inclusivity, equity of access, partnership working, consistency, flexibility and responsiveness to stakeholders -Engagement with the developing 'new care models' (NCM) being established  NCM's are still being developed locally and established - they have not currently established clear 'research strategies' and we are going to be continuing to develop this and establish partnerships	The aim is to inform CRN West Midlands on how best to adapt its support for research delivery to ensure that patients being cared for by the New Care Models are given every opportunity to consider and, if desired, participate in research studies.  This will also ensure engagement of primary care providers in the delivery of research	Mark Porcheret / Mark Stone / David Shukla	System developed to keep track of NCM - all new WM GP collaborations and emerging Care models mapped on EDGE  EDGE used to log which GP practices are in each care model, their research activity, sign up to CPRD, involvement / interest in commercial research and resource as well as payments received WM GP Champions and First 5 GP Champions will be engaged in support of this work  Regular reports to the LNMG and SLT will report progress and identify how support for research delivery may need to adapt	Q1 - system developed and first round of data collection  Q2 - findings, and suggestions on adapting CRN support, reported to SLT. Second round of data collection  Q3 and 4 - third and fourth rounds of data collection and further reports to SLT.	Amber	We have developed:  1) a list of all new care models identified giving info on each, 2) 17/18 recruitment and RSI payments by new care model, 3) current year recruitment by new care model.  Practice Activity at NCM level is reportable on EDGE  Regular reports provided to LNMG and SLT on progress	Complete	We have developed:  1) a list of all new care models identified giving info on each, 2) 17/18 recruitment and RSI payments by new care model, 3) current year recruitment by new care model.  Practice Activity at NCM level is reportable on EDGE  Regular reports provided to LNMG and SLT on progress  Work extended to include details of PCN
	Assist in the development and review of the Research, Development and Innovation structure across the Staffordshire CCGs The Staffordshire CCGs have come together with a new joint management team and single accountable officer. A new research steering group is required to be developed	Improvement of CCG engagement with research	Mark Stone / David Shukla / Jeremy Dale	Engagement with the Accountable Officer and shared management team of the Staffordshire CCG Steering group established Arrangements replicated in Central and South locality	Q1 - Q4	Amber	Formal arrangements in the North locality are under review due to the changes to the CCG structures  There is no formal engagement in the Central area although informal engagement does take place at various levels and all CCGs are provided with reports on their practices research activity	Complete	Formal arrangements in the North locality are under review due to the changes to the CCG structures  There is no formal engagement in the Central area although informal engagement does take place at various levels and all CCGs are provided with reports on their practices research activity  Primary Care Liaison roles implemented to support collaborations and communications with CCGs and PCNs
	Remove duplicates from current Primary Care Early Contact (EC) and Assess Arrange and Confirm (AAC) processes  Undertake a pilot to assess the suitability and effectiveness of a combined role	This will aim to: - streamline the function - future proof the RF Team - improve service provision for researchers and Sponsors	Louise Jones / Gail White	Pilot complete Senior Research Facilitators (RF), Senior Research Nurses, two existing RFs and two newly recruited RFs trained to undertake the EC role. .	Q1 - Q2	Green	Complete	Complete	Complete

	Improve Study Support offered by restructuring the Primary Care team to provide support to the existing EC and RF teams	Improve the capacity in the teams and is also an opportunity for development forming succession planning within the team  Primary Care Team will be more cost efficient	Louise Jones	Restructuring of the team complete Introduction of a new Band 5 hybrid role	Q1	Green	Complete	Complete	Complete
	Improve Study Support Offering by continuing to refine and develop the new Primary Care training package that we now offer to stakeholders	Promote the services available and improve communications and engagement with research teams, sponsors and other organisations	Louise Jones / Gail White	Improved face-to-face training delivery package completed Online training material developed and made available to stakeholders	Q3 - Q4	Green	Complete	Complete	Complete
	Improve process for Primary Care forecasting, cost calculation and budget management by centralisation, standardisation and streamlining of current study costing and forecasting process. Process is currently different in each of the three localities	Provide consistency and more accurate forecasting, as well as more stringent monitoring of budgets.  In addition, ETCs will be tracked and monitored more effectively enabling CCGs to budget for these accordingly	Pam Devall	Review of current process complete Most efficient process identified New process implemented across the network	Q1 - Q2	Amber	Review of current process and new process identified.  Next steps to recruit a finance post to implement process and undertake centralised operations across the 3 localities with regard to costing, forecasting, resource allocation and budget management	Amber	Review of current process and new process identified.  Next steps to recruit a finance post to implement process and undertake centralised operations across the 3 localities with regard to costing, forecasting, resource allocation and budget management
	Primary Care Research Nurses working as one team. The Research Nurses have been working in isolation within their own localities often on the same studies. Progress needs to be made so that the nurses are working more collaboratively so that one nurse will be responsible for the running of a study across all three localities. To be able to do this processes need to be put into place: <ul style="list-style-type: none"> <li>Standardised template for nurse working instructions</li> <li>SOPs</li> <li>Use of clinical templates where appropriate</li> </ul>	Nurse team will work more efficiently and maximise recruitment	Jenny Stevens	Standardised template developed for nurses working instructions SOPs developed Clinical templates developed	Q4	Amber	Clinical SOPs are being reviewed Network wide. Working group in place led by JS/Ivanna Baker to review all clinical SOPs and identify any gaps that may need new SOPs. Clinical templates are now part of the ROST remit and will be QA'd to ensure that they are capturing the information required to maximise high quality documentation from the nurses. Standardising working instructions is in progress but not completed. Envisage they will be ready by the end of March 2019.	Amber	Clinical SOPs are being reviewed Network wide. Working group in place led by JS/Ivanna Baker to review all clinical SOPs and identify any gaps that may need new SOPs. Clinical templates are now part of the ROST remit and will be QA'd to ensure that they are capturing the information required to maximise high quality documentation from the nurses. Standardising working instructions is in progress but not completed. Envisage they will be ready by the end of March 2019.  Initial joint clinical SOP meeting has taken place and work to make SOPs relevant for both Primary Care and Secondary Care is underway. Timeline in place to complete the first eight SOPs completed and ratified by December 2019  UPDATE: First Clinical template designed by nurses will be completed Feb 19 for the ATTACK study. As part of the ROST Skills Matrix plan, nurses will be surveyed to gauge skill levels using EMIS to design Clinical Templates. This information will inform a training plan for all nurses, to run through 2019/20, in order for all staff to be able to contribute towards the design process. It is planned for questionnaires to be distributed before the end of 2018/19
	Primary Care Research Nurses to use EDGE as part of the care pathway	Standardised way of running clinics across the area so that locality differences make minimal impact	Jenny Stevens / Ian Thomas	All Primary Care research nurses trained on using EDGE Primary Care nurses have access to appropriate infrastructure to access EDGE Working procedures developed	Q4	Green	All nurses have now received EDGE training but some nurses have requested a refresher as there have been quite a few changes. Refresher sessions have been set up. COMPLETE	Complete	All nurses have now received EDGE training but some nurses have requested a refresher as there have been quite a few changes. Refresher sessions have been set up. COMPLETE

	Pan-pathology Research Coordinator Role Awareness	Greater awareness of the importance of Pathology Coordination of research activity (assisting in research staff liaison, accessing pathology expertise, assisting in assessing feasibility, supporting study set up and sample processing) using the existing examples of pathology research coordinator roles in the region.	Dr Owen Driskell	Online webcast of the importance of these roles to the work of the CRN	Q4	Green	Developing material	Complete	This is now complete and due for publication on a pathology website currently in construction.
	Develop the Pathology research advisory group RAPID	Group established to share best practice and promote pathology in research.	Dr Owen Driskell	Meetings held	Q1-Q4	Green	Meeting held November 2018	Complete	Complete
	A measure of pathology contribution to research	Investigation of methods to generate quantitative evidence for the contribution of pathology to CRN research	Dr Owen Driskell	Establish a measure of research activity	Q4	Amber	Given Southampton's Pathology contact through EDGE, turned out to be radiology contact. They have provided a potential pathology contact through which to develop the use of EDGE.	N/A	This was not taken further as CM-Path initiative was prioritised.
	Collaboration with East Midlands	Sharing best practice, promote joint working and explore future research and delivery opportunities	Pauline Boyle / Jeremy Kirk	Meetings held	Q1-Q4	Green	SLT Meeting took place 3rd July 2018. Further division specific meetings taken place within year. I&I showcase event between EM and Eastern in Oct 2018. Further EM/WM SLT meeting taking place Feb 2019.	Green	Regular meetings are held, both in terms of local collaborations between workstreams and an overall meeting with all staff. Further details throughout this plan
	Division 1 Cancer Speciality Meetings	Engagement with Subspeciality Leads (SSLs) to boost the interest, recruitment and knowledge in the specific disease sites. Interest has been received from Gynecological, Lung, Head and Neck and Skin cancers for meeting to be held during 2018/19.	Karen Hylton	3-4 disease speciality events held through the year	Q4	Amber	Good progress made to date. We have held two specific disease site meetings. Post Ash which is our annual Haematology meeting was very attended with international speakers and an oversubscribed attendees. We also held an Head and Neck meeting to discuss collaboration with CRN WM. This meeting was chaired by newly appointed SSL Anthony Kong.	Complete	Ongoing progress has been made with our sub-speciality meetings. Whilst planning still remains for Gynecological and Lung meetings, our SSL for Head and Neck is planning a second meeting within a year of his appointment. We also supported our Radiotherapy SSL Andrew Chan to hold a meeting. This was very well attended from POs and other stakeholders. We will continue to support our SSLs in planning educational events in the future.
	Clinical Nurses Specialist (CNS) Project revised to East/West Midlands Project	Evaluation of the role of the Multidisciplinary Team (MDT) in supporting equity and access to cancer clinical trials. This has also been registered as an Improvement and Innovation (I & I) project.	Karen Hylton / Julia Locklin	Assessment of the level of engagement in cancer research at MDT time point. For all MDTs to consider potential cancer research for each patient discussed at these meetings.	Q4	Amber	All trusts within CRN WM contacted and obtained contact details for MDT co-ordinators. Next phase is to determine whether research is discussed within MDTs and that Research patients are identified at MDTs. Liaise with East Midlands for update on status of project.	Complete	Established that research patients are identified at MDTs, and that research is discussed at the majority of MDTs. The lesser frequent MDTs and those that rely on joint MDTs have less representation. In the majority of MDTs, research nurses are in attendance. East Midlands have taken a more national approach as we know work is being undertaken nationally. We plan to bring our findings together to discuss how improvements can be made for the future.
	ENRICH	Maintain levels of care home engagement with research by either re-igniting research within care homes not engaged or replacing these care homes with care homes with current capacity to engage.	Andrea Shilton / Sandra Prew	Approximately 100 care homes engaged	Q4	Green	Have exceeded this number and include care villages also.	Green	120 care homes engaged. 100% of homes have received information about some form of research and 66% have taken part in research of some type: PhD, questionnaires or non portfolio, or portfolio.

	<p>Continue to develop the Supportive and Palliative Care Specialty Group This year our key areas of focus will include supporting: Qualitative research - Benefits and barriers; Hospice CEO investment; raising awareness at Hospice UK 2018 Conference</p>	<p>Increase the opportunities for local hospices and care homes to become actively involved in research available via the NIHR portfolio Re-ignite research with hospices not engaged or struggling; ensure robust mechanics for identifying Portfolio studies; engaging care homes. Engage with East Midlands to determine the way forward for a nurse S&amp;PC forum.</p>	<p>Andrea Shilton / Supportive and Palliative Care Specialty Group</p>	<p>Hospice CEO investment Raising awareness at Hospice UK 2018 Conference Nurse S&amp;PC forum established</p>	<p>Q4</p>	<p>Amber</p> <p>Presentation at West Midlands Hospice UK regional meeting to hospice CEOs, Chairs and senior staff (11/09/2018): 'Research in hospices and the Clinical Research Network West Midlands'.</p> <p>Establishment of the 'West Midlands Hospices Together Research Meeting'. Meeting objectives and purpose: to increase supportive &amp; palliative care research activity within hospices across the West Midlands; to develop and conduct original research involving hospices and NHS community palliative care providers across the West Midlands; to support delivery, within West Midlands, of the National Institute for Health Research (NIHR) and Charities Consortium for Hospice and Community Research objective to recruit patients or carers into NIHR Clinical Research Network Portfolio studies from every hospice in the UK each year by 2022.</p> <p>Links established with the West Midlands Cares and this group of doctors are on placements through the West Midlands Hospices and therefore spread the word on the NIHR and Clinical Research.</p> <p>Supporting a qualitative project with Sue Nielsen an academic from Birmingham university re SPC Childrens.</p> <ul style="list-style-type: none"> <li>- Supporting a homeopathic study at Walsall and</li> <li>- Supporting The Douglas Macmillan on a service redesign project</li> </ul> <p>We had a cross spread of hospices actively recruiting to a number of studies and currently the band 7 senior research nurses are engaging with sites that have been struggling or are new to research.</p> <p>We have 3 portfolio managers scrolling through the Portfolio to find studies and are linking in Nationally with any information we have to update the informal national spreadsheet of studies. The Enrich team continue to engage with Care homes to recruit to studies</p> <p>Two meetings held with East Midlands CRN about the way forward for a nurses forum for SPC nurses. Due to the recent formation of the West Midlands 'Hospices together' this would be superseded by a Nurse Forum developing through this group and would evolve to engage with the East Midlands. Future meetings are planned in the New Year to continue links with EM.</p> <p>Continue to link with EAG team</p> <p>Link in regularly with the National Supportive &amp; Palliative Care/Psycho-Social Oncology every 6/8 weeks via T/C and have contributed to the National Portfolio via our Portfolio Managers and this</p>	<p>Complete</p>	<p>Presentation at West Midlands Hospice UK regional meeting to hospice CEOs, Chairs and senior staff (11/09/2018): 'Research in hospices and the Clinical Research Network West Midlands'.</p> <p>Establishment of the 'West Midlands Hospices Together Research Meeting'. 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The Enrich team continue to engage with Care homes to recruit to studies</p> <p>Two meetings held with East Midlands CRN about the way forward for a nurses forum for SPC nurses. Due to the recent formation of the West Midlands 'Hospices together' this would be superseded by a Nurse Forum developing through this group and would evolve to engage with the East Midlands. Continue to link with EM.</p> <p>Continue to link with EAG team</p>
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	Continue to develop and facilitate collaborative working among pharmacy clinical trials staff	Collaborative working among pharmacy clinical trials staff in secondary care	Julie Shenton / Jenny Warmington	Quarterly face to face meetings Established community of practice for pharmacy clinical trials staff across the region	Q1 -Q4	Green	Meetings held: May, Sep, Dec and one planned for Mar 19	Green	Meetings held: May, Sep, Dec and one planned for Mar 19; march meeting delayed until 10 April
	HRA pharmacy technical assurance Support pharmacy departments involved in the delivery of clinical trials with the implementation of the HRA pharmacy technical assurance process	Pharmacy staff using the HRA pharmacy technical reviews as part of the local pharmacy review process for clinical trials as well as undertaking the reviews as appropriate	Julie Shenton / Jenny Warmington	Pharmacy departments updated upon progress of HRA implementation Review and lessons learnt report completed and disseminated	Dependent upon implementation by HRA	Green	Regular discussion point at pharmacy meetings.	Green	Regular discussion point at pharmacy meetings; updates disseminated as appropriate
	Explore and scope potential opportunities for pharmacists to be PIs for studies across all sectors including secondary and primary care	Pharmacists undertaking the role of PI	Julie Shenton	Pharmacists expressing interest in undertaking the role of PI Record of the number of Pharmacist taking on the role of PI Forum established to share best practice	Q1 - Q4	Green	Study identified and engaging pharmacists to invite expressions of interest	Green	Study identified and pharmacists invited to express interest; no pharmacists expressed interest in being a PIs for the study as study unsuitable in terms of patient numbers
	Implement a weekly process to identify data discrepancies within EDGE for PO's around C&C and increase the % at each quarter. Work with PO's where compliance and entering data in near time is an issue. Reinforcing the message via the Effective AAC training session and ROG meetings.	Reach 80% compliance for HLO4 and HLO5	Karen Hampshire / Mobeena Naz	Review of Study Start Up App on a weekly basis. Identify data discrepancies and review Trust Monthly reports to ensure they match. Identify common errors, data issues and trends around poor compliance and ensuring data is entered in real time by PO's.	Q4	Amber	SSS Row 31 0 April 2018- ODP Study Start up app has been heavily promoted at various ROG meetings during 2017/18. A guide has also been compiled as a result of the EDGE working group. June 2018- Due to the limitations of the ODP study start up app we will propose the use of a local template for both study set up and recruitment delays. This will be discussed at the July ROG meeting and is currently undergoing some refinements after being tested by two of our PO's. In the meantime the NIHR CC have agreed to look into updating the ODP app to make it fit for purpose locally. At the next EDGE working group we will discuss how to use the Trust reports to identify reasons for breach of study set up as well as recruitment." Weekly emails sent to Head of Study Support Service. August 2018- Reviewing new ODP App to ensure PO's needs in for data discrepancies are considered at this meeting and ensure a more user friendly app can be created. October 2018- promoted a study start up tool at the September ROG meeting and hopefully give PO's better oversight of their projects until an app is ready.	Amber	CRN WM HLO04/ HLO05 and data completeness at the end of year did not hit the metric. During the year the national ODP Start Up was encouraged to PO's. The PO's expressed a need for a more user friendly platform consequently, the BI team developed an interim solution until a PO specific dashboard or app was developed. The ODP Start Up app was chosen as the best medium to display study data but it didn't support specific site data. HLO04 / HLO05 and data completeness became a standing item on the ROG meeting agenda but this didn't help. Since December 2018 the SSS Team has really pushed for improvement by providing weekly reports to the Head of Study Support Service, linking in with PO's when discrepancies are identified, ensuring the right PO's were utilising CRN WM Capacity and Capability Pilot staffing and engagement with Senior Link Managers if POs were continuing to struggle. This will continue to be an objective for 19/20.

	<p>Identify and link in with local NIHR Partners (eg RDS, AHSN, NIHR Trauma Centre, NIHR BRC Birmingham, NIHR Birmingham Liver Biomedical Research Unit).</p>	<p>Raise awareness of the Network particularly around Commercial and Non Commercial Study Support Service activities. Increase links and referrals to the Network.</p>	<p>Karen Hampshire / Sinead Collinge</p>	<p>Meet and Greet Event with all key Partners. Attend events and deliver presentations that compliment one another.</p>	<p>Q4</p>	<p>Green</p>	<p>SSS Row 32 - June 18 - 25.10.18 The West Midlands is enriched with NIHR organisations supporting our local and wider community with research. The aim of this event is to bring together all our local NIHR organisations to showcase our service offerings and how we support researchers in the West Midlands to deliver research; ultimately allowing us to represent as One NIHR to provide a consistent and cohesive service across the West Midlands. We have invited the local NIHR infrastructure organisations and we would like each to invite one of the attendees from your organisation to deliver a 10 minute presentation on 'what are your key service offerings'. There will also be workshops on how we can integrate together. Unfortunately this event had to be cancelled due to poor uptake, so Head of Study Support Service is visiting individual local NIHR organisations to forge partnerships. In November we had our regular meeting with RDS but also NIHR Trauma Management MedTech. NIHR CTU's are scheduled for the new year.</p>	<p>Green</p>	<p>The initial objective was to link in with the local NIHR infrastructure organisations and for the CRN WM to host a joint event in Oct 2018 to do a 'show and tell' so each can learn what each others do, with the aim of streamlining our NIHR services for the benefit of our local research community. Unfortunately, the uptake to the invite was unsuccessful so the Head of Study Support Service and Industry Operations Managers has individually met with several local NIHR Infrastructure organisations to achieve this aim (NIHR Research Design Service, NIHR CLAHRC, NIHR BRU, NIHR Trauma Management MedTech Cooperative, NIHR Surgical Reconstruction and Microbiology Research Centre, three NIHR CTUs in the region). It is quite clear from these meetings that ourselves and our local NIHR infrastructure organisations know very little about each other. For this reason this objective will continue in 19/20.</p>
	<p>Delivering on the Government Research Priority of Dementia Continue promotion and recruitment through Join Dementia Research. Identify dementia studies that can recruit in acute hospitals. Increase recruitment in care homes. Increase links with local academics.</p>	<p>All opportunities for participants to have the opportunity to be recruited into Dementia research</p>	<p>Juan Doblado Pavon</p>	<p>Increase number of people recruited on JDR to 8%</p>	<p>Q1 - Q4</p>	<p>Green</p>	<p>Currently 11% of people recruited to DeNDRoN studies have been recruited via JDR.</p>	<p>Green</p>	<p>11.7% of WM DeNDRoN recruits have been recruited via JDR.</p>



	<p>Following NHSE consultation for managing ETC's, identify what change is required in terms of resources, capacity and processes to prepare for the management of excess treatment costs. Liaise with other Networks specifically Wessex who already have a model in place. With Cohort 5 SSS Leads consider starting up an informal national SSS support structure to support all LCRNs with this major change in LCRN business if a national group is not developed. Identify a training needs analysis with the current team. Consider capacity issues. Make changes in systems and processes to accommodate management of ETCs.</p>	<p>Process established to manage of ETC's</p>	<p>Karen Hampshire / Kirsty Hunter</p>	<p>When National Guidance is released.</p>	<p>Q4</p>	<p>Amber</p>	<p>SSS Row 45 -June 18 - Conversations are starting around how we are going to manage this with suggestion of a band 6 to replace current part time vacancy. It is anticipated that all EC staff will have a role to play in supporting ETCs. National Guidance Released - October 18 - updated ECER trifold leaflet with support, end of email signature for team, sent various comms emails to stakeholder groups, asked RDS to update comms paragraph. Conducted VoxVote quiz with AcoRD Specialists to confirm understanding. Following up with weekly questions on cost attribution to promote discussion on local ECER community group. Identified areas in local guide that need updating and in EDGE. December 18 - ECER documentation and end of email signatures updated to reflect additional support for SoECAT. Bi-weekly emails on ETC update now scheduled. Several PO meetings to discuss new process. Sense check process written up and shared on AcoRD Community. Standard text to be used by AcoRD Specialists also in process of being drawn up. Staff put forward to deliver national training. Still a lack of consistency and clarity from National team</p>	<p>Complete</p>	<p>CRN WM local documentation updated to reflect additional support, regular communications sent to all stakeholder groups, and standing item at ROG meeting to provide updates. The Lead AcoRD Specialist has supported national training for the R&amp;D Forum and local training is in development for roll out next year. A meeting specifically to discuss the new process for the management of ETCs was held in the early stages of the pilot to support all stakeholders in understanding the new process.</p>
	<p>AcoRD Moderator to develop and roll out national programme of AcoRD training for AcoRD Specialists across the Midlands (within Network and neighbouring Networks to be confirmed).</p>	<p>To ensure all AcoRD Specialists are trained to a national standard and consistent advice on AcoRD is provided across the Networks.</p>	<p>Karen Hampshire / Kirsty Hunter</p>	<p>AcoRD training delivered Consistent understanding and interpretation of AcoRD across the Networks Standard CRN Support Letter in use across the Networks Stronger community of support for AcoRD Specialists</p>	<p>Q4</p>	<p>Amber</p>	<p>SSS Row 46 - April 18 - Contacted CC Lead to confirm attribution for social media related activities in a research study to inform local guidance document on social media. June 18 - Contacting CC Lead re new activity on SoE with a view to incorporating into DHSC approved cost attribution training. October 18 - On hold with the release of the new process for the management of ETCs. However, a training need has been identified to ensure all AcoRD Specialists have a thorough understanding of cost attribution. Conducted VoxVote quiz with AcoRD Specialists and following up with weekly questions on cost attribution to promote discussion on local ECER community group. December 18 - ECER Leads put themselves forward at 7 December AcoRD Meeting to deliver national training for AcoRD/ SoECAT. Considering specific SoECAT training locally once national R&amp;D Forum processes are confirmed and national guidance is clearer.</p>	<p>Complete</p>	<p>CRN WM Lead AcoRD Specialist has supported national training for the R&amp;D Forum and local training is in development for roll out next year. A meeting specifically to discuss the new process for the management of ETCs was held in the early stages of the pilot to support all stakeholders in understanding the new process. AcoRD Specialists within the Early Contact team now have regular test questions to support their understanding using a poll in a local Google community group and cost attribution/ ETCs are discussed at meetings to ensure a thorough understanding of AcoRD.</p>

6.1.6/7/8	Create strong links between the CRN BI Team, the Host ICT teams and system providers	Ensure that support is provided for all local and national systems	Pat Ryan / Hamid Hussain  Linda Smith	Robust process for escalation via the CRN service desk email system Review opportunities to launch Structured Query Language (SQL) server to allow better sharing of data across all geographical and technical boundaries All offices have a Business Continuity Process to support business critical operations	Ongoing Q2  Ongoing	Green	Assistant Project Manager (Digital) working with East Midlands to look at alternatives to SQL - Big Query / ODP	Green	Both PO and Network staff are well supported in all systems, via the service desk email address, via regular meetings such as the Research Operational Group and the Edge Working Group, and also by visits to individual Trusts to provide training as agreed.
6.2.1/2	Ongoing provision of an LPMS solution that confirms to the requirements of the CRN CC	Support partner organisations to capture the defined minimum data set to measure research activity and allow for robust performance management of Portfolio research	Hamid Hussain / Julie Davis / Pauline Boyle  Andrea Shilton  Hamid Hussain	Review current contract with Edge (current LPMS provider), linking in with the other LCRNs who use EDGE to come up with a common approach and potentially benefit from joint negotiations for contract renewal when the current one expires  Ensure that all POs continue to use the system of choice (EDGE); aim is to get all 28 organisations on board (currently 27/28)  Review Terms of Reference and membership of Edge Working Group. This Group will take ownership of data quality initiatives and will promote improvements through the wider Research Operational Group, attended by all Trusts.	Q2  Q1  Q1	Amber	All POs now live with EDGE - Continued support for EDGE by BI Team and engagement at ROG is focusing on developments of CPMS - LPMS API EDGE Working Group Membership recently changed to include additional members. The group is looking at a collaborative approach on utilising the finance module. Primary Care working group looking at using Edge more effectively for the regional set up	Green	Current contract not due for renewal until June 2019  21 POs expressed interest to be involved with EDGE Finance project from EDGE Working Group Improvement of data completion percentage of the minimum data set from 80% 27 March 2018 to 92% in April 2019. Improvement of data completion for Primary Care from 31% to 76%. Final PO not using EDGE went live in December 2018

6.3.1/2/4	Provision of a specialist, experienced and dedicated BI Team with access to the necessary tools and systems	Provide CRN WM with the business intelligence data and analysis to enable robust performance management to be carried out, spotting trends, sharing best practice and advising partner organisations	Pat Ryan / Hamid Hussain / Julie Davis	<p>Regular reports for CRN WM Executive Team, Partnership Group, Senior Leadership Team, Partner Organisations, research teams; ensure these are reviewed regularly and meet the needs of the organisation and use the official data as issued by the CRN CC</p> <p>Develop new Trust reports via Excel, as requested by several Trusts so they will have the ability to copy/paste tables and charts to their own Board reports</p> <p>Succession planning to ensure that there is coverage across the Network in terms of information management and expertise</p> <p>Divisional Peer Review form and discussion platform to enable Research Delivery Managers to gain support and tap into the experience of other RDMS in the CRN to ensure that studies have the best chance of delivering to time and target</p> <p>Develop a local business process to routinely investigate and resolve Business Rules Violations via the Data Quality ODP app</p> <p>Work with all Partner Organisations to monitor and resolve data discrepancies via the Study Start-up app:                  - Develop business process specific to different error types so that both Network and POs have clarity on responsibilities                  - User guide for POs                  - Keep West Midlands among the best five LCRNs.                  - More accurate data in CPMS.                  - Fewer queries from POs</p> <p>Devise method of reporting on the quantifiable specialty-level objectives, relating to objectives 3, 5, 6, 11, 20, 25, 27, 27B, 29, 30                  - RDMS will have ongoing information about progress towards achieving targets and early warning of any potential shortfalls.                  - Several other objectives are about having named leads/champions etc. and do not merit ongoing reporting</p>	Ongoing  Q2  Q1/2  Q1  Q1  Q1/2  Q2	Green	<p>Excel Trust reports now in place and working well.</p> <p>Meeting planned with East Midlands in January to discuss collaborative working ideas for succession planning</p> <p>Monthly peer review meetings taking place; impact already showing on HLO2a</p> <p>BRV process was delayed due to the long-term absence of a key member of staff. We have relatively few Priority 1 BRVs, but we will review and relaunch the process in the New Year to reduce them further.</p> <p>Study startup app user guide written and circulated to all POs</p> <p>Regular Data quality reports sent to Senior Leadership Team and PO at R&amp;D Forum</p> <p>Superseded by Specialty Objectives ODP app</p>	Green	<p>All required reports are being regularly provided to both POs and to appropriate Network staff.</p> <p>LCRN app developed and launched this year. Presented at several meetings and training provided, including site-visits (eight so far) where appropriate - initial feedback has been very encouraging and this will be developed further.</p> <p>Presentations given at several meetings about new apps developed by the national BI team, especially the "Research Targeting Tool" and the "Partner Dashboard."</p> <p>Site-level Recruitment to Time and Target dashboard launched, providing a comparison across sites for all studies, as well as comparison with study-level performance.</p> <p>Work underway to develop dashboard to report on the 2019-20 High Level Objectives and the Harmonised Specialty Objectives, subject to clarification by the national BI team on exactly how these will be measured.</p>
6.3.3	Ensure that the BI Team contribute to the work of the national BI Team and collaborate with other regions	One or both of our BI Managers will attend each meeting of the VBIU and any national meetings which relate to BI	Pat Ryan / Hamid Hussain	Feedback all relevant information to both the Network Senior Leadership Team and the Partner Organisations as appropriate. A member of our BI team will take part in the EDGE-CPMS teleconferences and ensure cover as required.	Ongoing	Green	Continued attendance of fortnightly EDGE-CPMS teleconference and national CPMS-LPMS API meetings	Green	Continued attendance and involvement in national projects, including meetings, teleconferences and user acceptance testing for new developments.
	Work up a proposal to run a pilot study in Primary Care in the WMs via CPRD	Defined approach to working with CRN and CPRD resulting in improved recruitment, improved range/quantity of studies and improved service offering to study teams	Dr Rebecca Harrison	Feasibility searches improved Confirmation that CPRD searches can be completed across entire LCRN	Q4	Amber	CRN and CPRD are now working up the proposal to run a proof of concept patient eligibility study to demonstrate CPRDs searching ability using Trialviz to identify patients and comparing this to WM CRn searching methods to establish how CPRD might support the CRN recruitment for future studies.	Amber	CRN and CPRD are now working up the proposal to run a proof of concept patient eligibility study to demonstrate CPRDs searching ability using Trialviz to identify patients and comparing this to WM CRn searching methods to establish how CPRD might support the CRN recruitment for future studies.

	Encouraging GP practices in WM region to sign-up to CPRD WM CRN and CPRD are working closely together to identify opportunities for GP practices and their patients to participate in clinical studies (in line with POF working principle 3.1.d)	Increase in GP CPRD member practice across WMs Increased involvement from large scale organisations e.g. superpractices, GP federations Continue to be leading LCRN for CPRD participation Improve recruitment Increase in the number of studies we can offer practices Improved contribution to the national initiative to increase number of GPs signed up to CPRD (Jonathan Sheffield's letter)	Dr Rebecca Harr	Relationship building with large scale organisations Feedback acquired from member practices about the value of Quality Improvement reports Proposal worked up to run a pilot study in the WMs via CPRD	Q4	Amber	211 West Midlands practices signed up as of end Oct 18 (18% of the total number of CPRD practices) . Highest LCRN in the country. 2nd highest is 98 South London. CRN has facilitated meetings with most CCGs in West Midlands. More successful meetings have involved CSRLs and local RFs. Involvement and engagement has been seen from large scale organisations e.g. Umbrella Medical Federation - all members signed up. The QI reports provided to practices are popular and excellent feedback has been received from practices regarding these.	Green	Primary Care have again performed successfully in a number of areas this year including having the highest number of practices in the country signed up to CRPD (233) and accredited to RCGP RR (178).
	Development of a West Midlands Wide Research Optimisation Support Team (ROST) group who is responsible for setting and assuring the standards required to help identify patients on GP systems. The group will consist of RFs, manager, nurse, practice manager and GPRF to give a broad view on issues arising.	To quality assure all searches and simple pop-ups to identify patients for research. They will act as the 'expert' for the rest of the team to consult. Part of all members roll will be to educate the rest of the team on how to build effective searches so that the workforce is upskilled.	Jenny Stevens	Provision of a quality assured service to study teams providing a consistent approach to patient identification	Q2	Green	ROST group is now fully operational with members from each of the localities attending. All searches and identifying pop ups are QA'd through ROST and advice and support given to all staff to build searches/po-ups. SEArch exclusion codes have been agreed so that all 3 localities are using the same criteria. RF/RN skills are to be reviewed so that all staff can increase their skills and build accurate searches. Work being shared nationally by Mark Evans.  COMPLETE	Complete	ROST group is now fully operational with members from each of the localities attending. All searches and identifying pop ups are QA'd through ROST and advice and support given to all staff to build searches/po-ups. SEArch exclusion codes have been agreed so that all 3 localities are using the same criteria. RF/RN skills are to be reviewed so that all staff can increase their skills and build accurate searches. Work being shared nationally by Mark Evans.
	To support pharmacy departments in Trusts involved in the delivery of clinical trials with EDGE including using EDGE to collect pharmacy set-up and approval times	Facilitate pharmacy departments to assess and plan workload relating to clinical trials	Jenny Warmingto	Pharmacy departments in CRN WM POs to collecting and analysing pharmacy approval and set-up times	Q4	Green	Project ongoing; pharmacy departments using EDGE and a workflow for pharmacy set up had been rolled out together with attributes relating to pharmacy approval and set up times	Green	Project ongoing; pharmacy departments using EDGE and a workflow for pharmacy set up had been rolled out together with attributes relating to pharmacy approval and set up times; Pharmacy EDGE Steering Group established with representation from R&D and pharmacy staff; invited to deliver a break-out session re 'using EDGE to support the delivery of research in pharmacy' and jointly host a meet and greet session re pharmacy and the use of EDGE at the EDGE Conference 2019
<b>7. Stakeholder Engagement and Communications</b>									
7.1.1	Engagement opportunities offered by Join Dementia Research (JDR) and the UK Clinical Trials Gateway (UKCTG) will be communicated to all appropriate stakeholders	Traffic to JDR and UKCTG from the West Midlands will increase	Claire Hall	Signposting to both sites included in all materials and communications where appropriate, including social media posts	Ongoing	Green	Both sites have been signposted where appropriate - eg in Blogs, on the patient Thank You card.	Green	Both sites have been signposted where appropriate - eg in Blogs, on the patient Thank You card and at library events carried out with PPIE Team in Summer 2018.
7.1.2 (and 7.3.3)	Support for new and emerging NIHR strategies containing stakeholder engagement and communication goals	The CRN Communications Lead will continue to work closely with the Host Organisation Communications Team to provide a joined up approach which sells the successes of the Network to the media and to external organisations eg CQC. All requirements of the Stakeholder Engagement Contract Support Document will be fulfilled.	Claire Hall	Press Releases and Comms publications to highlight RWT as the host, and publicise the successes in year	Ongoing	Green	All relevant releases and publications highlight the role of Host. Network included in Host NHS70 video. Host CEO presented Network and Staff Awards. Network contributions to Host Newsletter,	Green	All relevant releases and publications highlight the role of Host. Network included in Host NHS70 video. Host CEO presented Network and Staff Awards. Network contributions to Host Newsletter, where appropriate.
7.1.3/4	Provision of a sufficient non-pay budget line and resource to deliver PPIE, Engagement & PPIE activities	A dedicated communications budget line and Comms Lead ensures that all potential engagement workstreams are viable and prioritised	Julie Davis	A suite of publications from the Communications Team which market the CRN to internal staff, partner organisations, external companies and partners (eg Industry and Clinical Trials Units etc).	Ongoing	Green	Suite of publications available in print and electronically	Green	Suite of publications available in print and electronically, including Network brochures aimed at Industry and at Researchers.

7.1.5	Develop and deliver a local Communications Plan that recognises the LCRNs position as part of a national system	<p>The Communications Lead will deliver a high quality multi-channel communications programme to support:</p> <ul style="list-style-type: none"> <li>- the implementation of the NIHR CRN NHS Engagement and Communications Strategies and the NIHR Communications Strategy</li> <li>- the implementation of the Communications Contract Support Document</li> <li>- the development and maintenance of the LCRNs positive reputation</li> <li>- transparency of local performance on research delivery</li> <li>- strong internal and external stakeholder relationships</li> <li>- patient, staff, carer and public awareness of local clinical research opportunities</li> <li>- effective working with other parts of the NIHR at local, regional and national level</li> </ul>	Claire Hall	<p>Increased use of digital tools, including monthly blogs, videos and social media to implement all Communication Strategies. Recruitment to studies directly influenced by use of social media Increased focus on marketing to Industry - opportunities identified to raise awareness of the Network to potential key commercial partners by working with Industry Operations Manager</p> <p>Run Network Awards for Partner Organisations (Oct) and VIP Awards for Staff (Dec) building on success of last year's events in strengthening internal and external stakeholder relationships</p> <p>Why We Do Research campaign - production of a suite of materials showcasing the changes in practice resulting from research in the WM, for use in raising patient, carer and public awareness</p> <p>Production of an online/hard copy resource created by the NIHR Regional Communications Group set up in 2017/18, showing how we work together. Identification of further opportunities to work together via an online forum.</p> <p>Work with Network's PPIE team to support their action plan where required.</p> <p>Recognise the contributions on those involved in research by 'thanking' patients, research teams, PIs and Support Departments for their input into the CRN WM's objective of increasing the number of patients accessing clinical trials</p>	<p>Ongoing</p> <p>Q2</p> <p>Q3</p> <p>Ongoing</p> <p>Q1</p> <p>Ongoing</p> <p>Ongoing</p>	Green	<p>A total of 17 Blogs now published and shared via social media.</p> <p>Both sets of Awards now implemented.</p> <p>One WWDR leaflet published and a second one planned.</p> <p>Comms Lead now appointed as NHR Regional Comms Manager, continuing work on this resource and other One NIHR initiatives, including events.</p> <p>PRA initiative supported with production of a PRA Forum video and social media activity. Comms Lead also had input to design of PRES.</p> <p>Thank You postcards and banners produced for use by research staff.</p>	Green	<p>A total of 17 Blogs now published (via WordPress) and shared via social media.</p> <p>Both sets of Awards now implemented.</p> <p>One WWDR leaflet published and a second one planned.</p> <p>Comms Lead now appointed as NHR Regional Comms Manager, continuing work on this resource and other One NIHR initiatives, including events. RCL sits on national Content Working Group</p> <p>PRA initiative supported with production of a PRA Forum video and social media activity. Comms Lead also had input to design of PRES.</p> <p>Thank You postcards and banners produced for use by research staff.</p>
7.1.6/7	Contribution to delivery of national NIHR campaigns to include NHS 70, I Am Research, JDR and UKCTG	<p>Production of press release, consistent social media activity, staff and patient stories (where applicable) per campaign. Link in with Host Organisation when required</p> <p>Produce four 'Our Stories' (three patients and one staff) within the financial year to be published on the NIHR website. Coverage in local media</p>	Claire Hall	<p>Writing and distribution of press releases, patient stories and supporting social media activity:</p> <p>I Am Research NHS 70 JDR &amp; UKCTG</p> <p>Identify, write and submit four 'Our Stories'. Sell in where possible to local/national media and Trust communication channels</p>	<p>Q1-4 (Ongoing)</p> <p>Q1 Q2 Ongoing</p> <p>Q1-4</p>	Green	<p>All of this activity has taken place throughout the year to date.</p>	Green	<p>All of this activity has taken place throughout the financial year. Staff story sold in to RCNi (Nursing Standard). Awaiting publication date.</p> <p>Coverage list here: <a href="http://bit.ly/2VQCuqY">http://bit.ly/2VQCuqY</a></p>
7.1.8	Ensure that the whole LCRN operates in line with brand guidelines, operational requirements and national messaging	<p>Encourage consistency and brand awareness, and promote a positive reputation by ensuring that all materials produced locally feature the most recent branding and that outdated materials are not in use. Ensure that Network staff are aware of nationally produced branded materials such as specialty leaflets by promoting their use through internal communications channels.</p>	Claire Hall	<p>Updates issued via internal communications channels where required</p> <p>Oversight of all materials produced to ensure adherence to guidelines/messaging</p>	<p>Ongoing</p> <p>Ongoing</p>	Green	<p>Updates issued via Network Google Community (Shout Out) as well as attendance at Administrators' and other relevant meetings.</p> <p>Poster process developed and shared to ensure consistent procedure.</p>	Green	<p>Updates issued via Network Google Community (Shout Out) as well as attendance at Administrators' and other relevant meetings. Branding folder created in CRN Intranet folder and templates created and shared.</p> <p>Poster process developed and shared to ensure consistent procedure.</p>
7.1.9	Ensure that all Partner Organisations or researchers in receipt of funds or support from the NIHR acknowledge this in publications	<p>Encourage acknowledgement by including periodic reminders in our Network Newsletter which is distributed to staff in all Partner Organisations.</p>	Claire Hall	<p>Include quarterly reminders in Newsletter</p>	<p>Ongoing</p>	Green	<p>Reminders not included quarterly to date (one scheduled for inclusion in Jan 2019), but a number of individuals have been supplied with the 'Funded By NIHR' 'Supported by NIHR' stamps for use on posters and leaflets. Will also be included in next R&amp;D Managers Comms Update (January 19)</p>	Green	<p>Reminders issued in Network Newsletter in Jan 2019 and a number of individuals have been supplied with the 'Funded By NIHR' 'Supported by NIHR' stamps for use on posters and leaflets. Reminder also included in R&amp;D Managers Comms Update</p>

<p>7.2.1 (and 7.3.1)</p>	<p>Raise awareness of research amongst patients, carers, the public and healthcare professionals.</p> <p>See also 7.2.4, 7.2.7 and 7.2.8.</p>	<p>Patients and the public from the West Midlands wide, diverse community are informed about research, International Clinical Trials Day and national/local initiatives using a range of methods and approaches.</p> <p>Via the CRN WM PPIE Google web page there is an established systematic process for patients and the public, CRN WM staff, NHS partner organisations and community health organisations to access CRN WM PPIE information and support e.g. PPIE advice, training, study support and collection of patient stories.</p> <p>CRN WM has a visible presence online utilising social media frameworks.</p>	<p>Mary-Anne Darby - Head of PPIE</p>	<p>Promote, implement and coordinate annual/ongoing NIHR campaigns, initiatives and projects within the CRN WM e.g. 'I Am Research' and Join Dementia Research (JDR). Work with and support Network Partners to host Research Awareness Events including the annual celebration of International Clinical Trials Day on 20th May 2018.</p> <p>Work with the Network's Communications Lead and Divisional Research Delivery Managers to organise and support activities to celebrate Health Awareness Weeks/Days throughout the year.</p> <p>Collaborate with Partner Organisations, NIHR partners and voluntary organisations to raise awareness of dementia research in the Care Home/ Retirement Village/ Live at Home Scheme settings using a play about dementia. Support staff working in Hospices in the West Midlands to raise awareness of research by appointing Research Champions/ PRAs and hosting research displays and engagement events.</p> <p>Promote the use of NIHR CRN / CRN WM PPIE resources such as: - Leaflets e.g. 'I Am Research' and 'Join Dementia Research' and Banners and Postcards e.g. Local Patient Stories.</p> <p>Promote the UK Clinical Trials Gateway (UKCTG).</p> <p>Launch and promote the use of the CRN WM PPIE Google webpage amongst patients, the public, CRN WM staff, NHS partner organisations and community health organisations.</p> <p>Communicate with patients, carers and the public via social and digital media e.g. Twitter and Facebook regarding CRN WM PPIE activities.</p>	<p>Q1 Q1-Q4 Q1-Q4 Q4 Q3-Q4 Q1-Q4 Q1-Q4 Q1 Q1-Q4</p>	<p>Green</p>	<p>The PPIE Team, working with the Network's Communications Lead, Divisional staff and Network Partners, continues to promote NIHR campaigns and NIHR CRN/CRN WM PPIE resources e.g. I Am Research, Join Dementia Research (JDR) and patient stories at events across the West Midlands e.g. at libraries in South Staffordshire.</p> <p>A research awareness event in February 2019 is being planned for the Pannel Croft Retirement Village, Birmingham. This will provide a model for future events at other villages and care homes.</p> <p>The Head of PPIE has met with staff from hospices to raise awareness of PPIE initiatives and in particular the role of PRAs.</p> <p>The CRN WM Google webpage has been developed and will be formally launched in January 2019.</p>	<p>Green</p>	<p>The PPIE Team, working with the Network's Communications Lead, Divisional staff and Network Partners, continues to promote NIHR campaigns and NIHR CRN/CRN WM PPIE resources e.g. I Am Research, Join Dementia Research (JDR) and patient stories at events across the West Midlands e.g. at libraries in South Staffordshire.</p> <p>In February 2019 a research awareness event, entitled I Am Research, was held at the Pannel Croft Retirement Village, Birmingham. This was the first time an event such as this had been held in a retirement village. The event was a big success, there was a lot of positive feedback and provides a model for future events at other villages and care homes.</p> <p>The Head of PPIE has met with staff from hospices to raise awareness of PPIE initiatives and in particular the role of PRAs.</p> <p>The CRN WM PPIE Google webpage has been developed and was formally launched in February 2019.</p>
<p>7.2.2</p>	<p>Development and Implementation of a PPIE Action Plan</p>	<p>A CRN WM PPIE Action Plan aligned and cross referenced to the CRNCC PPIE Strategy is produced.</p> <p>Choice, equality and diversity is evident in the PPIE Action Plan.</p>	<p>Mary-Anne Darby</p>	<p>Produce the PPIE Action Plan Implementation of the PPIE Action Plan</p>	<p>Q1 Q1-Q4</p>	<p>Green</p>	<p>PPIE Action Plan produced and the majority of the plan implemented.</p>	<p>Green</p>	<p>PPIE Action Plan produced and implemented.</p>

7.2.3	Development of meaningful patient and public representation and involvement at all levels and in all activities across the CRN WM. See also 7.2.4.	There will be evidence of increased and meaningful patient and public representation and involvement in CRN WM activities across Divisions and Specialities.	Mary-Anne Darby / Carly Greene	<p>Work with/support staff in the Divisions to develop PPIE plans and implement PPIE initiatives.</p> <p>Following the successful appointment of a new adult lay member on the Partnership Group, work with all the lay members and Patient Research Ambassadors (PRAs) to increase their involvement in helping to achieve the Network's objectives e.g. HL02.</p> <p>Following the successful appointment of seven Network Patient Research Ambassadors, ensure that they are involved in the activities of the Divisions/Specialities where they have a particular interest, expertise or experience.</p> <p>Continue to review the membership of the Young Person's Steering Group (YPSG) to ensure there is representation from different communities and across all the age groups i.e. 11 years plus.</p> <p>Facilitate and support the YPSG in their activities including:</p> <ul style="list-style-type: none"> <li>- further developing their working relationship with MidTECH and commercial organisations e.g. GSK</li> <li>- conducting a research study – Mental Health in Schools</li> <li>- challenging the language used in Palliative Care</li> <li>- planning an event to celebrate '10 Years of the YPSG and raise awareness of research'</li> <li>- developing further links with schools across the West Midlands.</li> </ul> <p>Continue to support and develop the role of the Network's Join Dementia Research (JDR) Champions.</p> <p>Establish lay members as part of the Hospices' Research Governance Groups.</p> <p>Inform Research Delivery Managers and CRSLs/CRLs of the PPIE support available from the CRN WM PPIE Team and Patient Research Ambassadors.</p> <p>Ensure Network Patient Research Ambassadors and Lay Members are informed of the opportunities for involvement in Network activities e.g. via the PPIE Google Community.</p>	Q1- Q4	Green	<p>The PPIE Team have supported staff in divisions to develop PPIE plans e.g. Division 1 - Cancer and Division 5 - Primary Care.</p> <p>Lay Members and PRAs are involved in Network Strategy Days and peer review meetings for studies that are not e.g. meeting time and target.</p> <p>The Network PRAs are involved in activities where they have a particular interest/expertise e.g. Primary Care, Improvement and Innovation, Industry, Equality and Diversity and Non NHS settings.</p> <p>Digital technology is being used to advertise the YPSG and its activities with a view to increasing the membership. Children and young people who are patients are being targeted with a view to increasing the membership numbers .</p> <p>The YPSG are currently working with GSK to develop a workshop aimed at national and international young persons' groups looking at formulation preferences. This will include designing and developing a research study.</p> <p>The Group, as part of its mental health in schools study, have produced a mental health questionnaire and this has been distributed in local schools.</p> <p>Planning is underway for the 10 year anniversary of the YPSG event in 2019.</p> <p>Network PRAs and Lay Members are informed of opportunities to get involved in Network activities e.g. Review of the Understanding Clinical Trials Booklet.</p>	Green	<p>The PPIE Team have supported staff in divisions to develop PPIE plans e.g. Division 1 - Cancer and Division 5 - Primary Care.</p> <p>Lay Members and PRAs are involved in Network Strategy Days and peer review meetings for studies that are not e.g. meeting time and target.</p> <p>The Network PRAs are involved in activities where they have a particular interest/expertise e.g. Primary Care, Improvement and Innovation, Industry, Equality and Diversity and Non NHS settings.</p> <p>Digital technology is being used to advertise the YPSG and its activities with a view to increasing the membership. Children and young people who are patients are being targeted with a view to increasing the membership numbers .</p> <p>The YPSG are currently working with GSK to develop a workshop aimed at national and international young persons' groups looking at formulation preferences. This will include designing and developing a research study.</p> <p>The Group, as part of its mental health in schools study, have produced a mental health questionnaire and this has been distributed in local schools.</p> <p>Planning is underway for the 10 year anniversary of the YPSG event in 2019.</p> <p>Network PRAs and Lay Members are informed of opportunities to get involved in Network activities e.g. Review of the Understanding Clinical Trials Booklet and the PPIE training.</p>
7.2.4	Implementation of the Patient Research Ambassador Initiative (PRAI) across the CRN West Midlands	<p>There is an increased number of Patient Research Ambassadors (PRAs) across partner organisations.</p> <p>Communities of best practice are cultivated, good practice is shared and PRA activities are celebrated.</p> <p>There is a process to systematically measure the impact of the local PRAI.</p>	Mohammed Shaikh - PPIE Cross Cutting Theme Lead	<p>Produce a local Patient Research Ambassador Initiative (PRAI) Delivery Plan 2018/19 with support from local PRAs and the West Midlands Patient Research Ambassadors' Regional Forum.</p> <p>Support all Trusts and NHS organisations, particularly in primary care, across the Network to establish and further develop the Patient Research Ambassador role.</p> <p>Share best practice of PRA activities and experiences across the region using the West Midlands Patient Research Ambassadors' Regional Forum e.g. Collation of PRA case studies and PRA tweet engagement.</p> <p>Develop a system to measure the impact of the PRA initiative in the region.</p> <p>Host a PRA Annual Networking and Celebration Event in the West Midlands.</p>	Q1 Q1-Q4 Q1-Q4 Q1-Q2 Q4	Green	<p>Local PRAI Delivery Plan produced with input from Patient Research Ambassadors. Ongoing engagement with all NHS Trusts regarding PRA role development and support. West Midlands PRA Regional Forum active and a key mechanism to share good practice amongst PRAs in the region. PRA quarterly monitoring undertaken to monitor PRA activity and plans in the region.</p>	Green	<p>Local PRAI Delivery Plan produced and implemented with input from Patient Research Ambassadors. Ongoing engagement with all NHS Trusts regarding PRA role development and support. West Midlands PRA Regional Forum active and a key mechanism to share good practice amongst PRAs in the region. Meetings are held four times a year. PRA quarterly monitoring undertaken to monitor PRA activity and plans in the region.</p>



7.2.5 (and 7.3.2)	Continued membership and participation in the West Midlands Public Involvement and Lay Accountability in Research (PILAR) Group	There is collaboration and sharing of best practice in PPIE amongst NIHR partners.  There is information about research and opportunities for involvement for patients and the public available from research organisations across the West Midlands.	Mary-Anne Darby	Attendance at bimonthly PILAR meetings. Participate in collaborative work streams. Sharing of good practice.	Ongoing	Green	There is ongoing representation of the CRN WM PPIE, both Lay and professional members, at the PILAR meeting.	Green	There is ongoing representation of the CRN WM PPIE, both Lay and professional members, at the PILAR meeting.
7.2.6/7	Collation of feedback from participants about their experience of being involved in research. See also 7.2.7.	Patients' stories about their experiences of being involved in research are accessible to and shared with patients, the public and staff.  An annual Patient Research Experience Survey will be undertaken.  A written report, showing analysis of results with a set of recommendations will be produced and fed into the CRN WM PPIE Annual Plan 2019/20.	Mohammed Shaikh / Carly Greene	Collate patient stories and ensure these stories are shared via the CRN WM website and other media. Using the 'lessons learnt'/recommendations from the 2017/18 Patient Research Experience Survey (PRES) review the survey methods (including questionnaire) to plan for the 2018/19 PRES. Undertake the PRES in the Mental Health setting and in Care Homes. Input and analyse the data. Produce PRES reports. Develop recommendations and an action plan following the 2018/19 PRES to improve delivery. Feedback findings to the CRN Coordinating Centre	Q1-Q4 Q1 Q2 – Q3 Q3 Q3- Q4 Q4	Green	Patient stories continue to be collated and shared.  Lessons learnt/recommendations from the 2017/18 survey were taken on board for the 2018/2019 PRES e.g. the adult questionnaires were reviewed/modified and are being distributed over a 3 month period (October - December 2018) rather than just 1 month.  Analysis and production of reports will commence in January 2019 and feedback of findings submitted to CRN Coordinating Centre in March.	Green	Patient stories continue to be collated and shared.  Lessons learnt/recommendations from the 2017/18 survey were taken on board for the 2018/2019 PRES e.g. the adult questionnaires were reviewed/modified and were distributed over a 3 month period (October - December 2018) rather than just 1 month.  Following analysis of the findings, reports have been produced and shared across the Network. Feedback of findings were submitted to CRN Coordinating Centre in March. The feedback will be reviewed for PRES 2019/2020.  The CRN West Midlands PPIE Team, CRN Eastern PPIE Team and CRN East Midlands are working with local ambulance services to organise and deliver a PRES for patients in ambulance service studies. This is a collaboration established from the Improvement and Innovation Showcase Event organised in October 2018. The PRES in the ambulance service will be piloted in the three regions in 2019/20 with a view to then sharing the learning from the pilot across all 15 LCRNs.
7.2.8	Development and provision of learning and development opportunities for patients, carers, the public, lay representatives and staff.	There is a comprehensive programme of PPIE training available for patients, the public and staff across the CRN WM.  Network PRAs are involved in the review, development, planning and delivery of PPIE training.  There is an increased awareness and knowledge of research, PPIE initiatives and PPIE training available (face to face and online) amongst patients, carers and staff.	Mary-Anne Darby / Mohammed Shaikh	Review the Building Research Partnerships Training programme and resources following feedback from programme participants. Develop the 'Research Familiarisation' workshop to use at NHS partner organisations and community health organisations in the West Midlands. Work with Network PRAs in the development and delivery of the 'Research Familiarisation' workshop and Building Research Partnerships Training Programme. Promote and encourage patients, the public, PRAs and staff to register and undertake the Massive Open Online Course (MOOC): Improving Healthcare through Clinical Research. In collaboration with members of the West Midlands Public Involvement and Lay Accountability in Research (PILAR) Group continue to deliver a range of PPIE in research training.	Q1 Q1 Q1-Q4 Q1-Q4 Q1-Q4	Green	BRP training has been reviewed with local PRAs. As a result, various online PPIE in research training is being offered to all PRA's via the West Midlands PRA Regional Forum and a new face to face PPIE in research training will be piloted in Feb/ March 2019. This will incorporate the new Public Involvement in Research online training provided by INVOLVE introduced in December 2018.	Green	BRP training has been reviewed with local PRAs. As a result, various online PPIE in research training is being offered to all PRAs via the West Midlands PRA Regional Forum e.g. the MOOC - Improving Healthcare through Clinical Research and the new Public Involvement in Research training provided by INVOLVE and introduced in December 2018. Face to face PPIE training is offered by West Midlands NIHR Partners via PILAR and this is available for PRAs to access. The need for any further face to face PPIE in research training will be reviewed during 2019.



7.2.9	Further development of the CRN WM PPIE Google Community.	A PPIE Google Community is created.  PRAs, Lay Members and PPIE staff from across the West Midlands are able to communicate, share best practice and opportunities for participation and involvement in research.	Mary-Anne Darby	Ensure all PRAs, Lay Members and PPIE staff in the CRN WM are invited to join the community. Provide guidelines, training and ongoing support in the use of the google community. Post information e.g. opportunities for participation and involvement in research. Monitor and evaluate the use of the community.	Q1 Q1-Q4 Q1-Q4 Q1-Q4	Green	The PPIE Google Community has been created and PRAs, Lay Members and PPIE staff are all invited to join. Membership is promoted and is increasing. Training and support in its use is ongoing and information posted on the community.	Green	The PPIE Google Community has been created and PRAs, Lay Members and PPIE staff are all invited to join. Membership is promoted and is increasing. Training and support in its use is ongoing and information posted on the community.
	Identify and implement a business process to review the missing and inaccurate data in the Study Start Up app and EDGE on a weekly basis and ensure it has kept below 5%. Update the current EDGE SOP regarding the EDGE data points to support PO's in completing EDGE data accuracy. Support PO's with direct training on the SOP. Review the current compliance of the unresolved errors with our PO with the App on weekly basis. Identify any key trends with the errors and introduce solutions. Randomly identify errors to ensure they have been included in the Trust Monthly Data Compliance Reports, if not investigate why not. Liaise with BI and DPM's to ensure missing sites are added to CPMS where CRNWM are lead and participating when other LCRNs have followed due process. Contact the National BI Team where unresolved errors are their responsibilities.	Missing and inaccurate data below 5% .	Karen Hampshire / Mobeena Naz	Business process implemented SOP updated Training delivered Compliance reviewed weekly	Q4	Amber	April 2018- ODP Study Start up app has been heavily promoted at various ROG meetings during 2017/18. In addition to a more succinct EDGE user guide, an ODP guide has also been compiled as a result of the EDGE working group input in order to support PO's. June 2018- Due to the limitations of the ODP study start up app we have found that a number of sites appearing as missing have actually already been added to CPMS and therefore there is no issue. In time for Q1 we have had to use the MOAS from the BI team to provide a more accurate picture on which sites still need to be added and have followed this up with PM's. August 2018- Reviewing new ODP App to ensure PO's needs for data discrepancies are considered at this meeting and ensure a more user friendly app can be created. October 2018- promoted a study start up tool at the September ROG meeting and hopefully give PO's better oversight of their projects until an app is ready.	Amber	CRN WM HLO04/ HLO05 and data completeness at the end of year did not hit the metric. During the year the national ODP Start Up was encouraged to PO's. The PO's expressed a need for a more user friendly platform consequently, the BI team developed an interim solution until a PO specific dashboard or app was developed. The ODP Start Up app was chosen as the best medium to display study data but it didn't support specific site data. HLO04 / HLO05 and data completeness became a standing item on the ROG meeting agenda but this didn't help. Since December 2018 the SSS Team has really pushed for improvement by providing weekly reports to the Head of Study Support Service, linking in with PO's when discrepancies are identified, ensuring the right PO's were utilising CRN WM Capacity and Capability Pilot staffing and engagement with Senior Link Managers if PO's who continuing to struggle. This will continue to be an objective for 19/20
7.2.10	Further development of the PPIE Database.	Up to date information about contact with patient/carer/public groups and organisations is held and can be made available in a timely manner.	Mohammed Shaikh	Record details of contact with patient/carer/public groups and organisations on the PPIE database. Provide information about this as requested.	Ongoing	Green	Completed and updated.	Complete	Completed and updated.
7.2.11	Identification of a Senior Leader with responsibility for PPIE.	There is participation in both national and local PPIE initiatives and an integrated approach to PPIE is delivered.	Mary-Anne Darby	Ongoing	Ongoing	Green	There is a Senior Leader for PPIE who is involved in both national and local PPIE initiatives.	Green	There is a Senior Leader for PPIE who is involved in both national and local PPIE initiatives.
7.3 (and 4.14.6)	Include PPIE representation in membership of Improvement and Innovation Steering Group	To have a lay member as a member of the Improvement and Innovation Steering Group	Carly Craddock / Julie Shenton	PPIE representative included in the Improvement and Innovation Steering Group Terms of Reference	Q1 - Q2	Green	A PRA is a member of the Steering Group and attends meetings/informs the work of the group.	Green	A PRA is a member of the Steering Group and attends meetings/informs the work of the group.

7.3 (and 4.14.6)	Engage with local LCRN partners to explore opportunities to collaborate with regards to embedding a culture of continuous improvement	Identify potential opportunities for collaboration with local LCRN partners e.g. other parts of the NIHR based in the region, the local AHSN and other external organisations to embed a culture of continuous improvement	Carly Craddock / Julie Shenton	Engagement with other local LCRN partners and identification of initiatives to embed a culture of continuous improvement with these organisations; if these organisations are found to be looking to embed a culture of continuous improvement also, look for ways to work collaboratively with them to achieve this	Q3	Amber	Have 3 meetings arranged to discuss this with Trusts Jan 2019.	Green	AHSN working together being picked up by COO and CD. No other CI initiatives in other partners. Focussed on working as supra network with East Midlands and Eastern and shared learning across the 15 LCRNs. Making connections with organisations outside of the NIHR to learn (e.g. University of Warwick). Further work to continue in to 2019/20. Discussed Continuous Improvement with 5 NHS Trusts to-date. In the process of developing support materials for them.
7.3 (and 4.14.6)	Share impact of continuous improvement projects with other LCRNs in our regional LCRN-cluster collaboration i.e CRN EM and CRN Eastern	Share impact stories of continuous improvement projects delivered in CRN WM with CRN EM and CRN Eastern with the intention that all three LCRNs promote and showcase the impact stories simultaneously. Likewise to share impact stories in CRN WM that CRN EM and CRN East Midlands have identified.	Carly Craddock / Julie Shenton	Continuous improvement impact stories from CRN WM shared with CRN EM and CRN Eastern and the impact stories shared simultaneously with staff across all three LCRNs; likewise CRN WM to share impact stories from CRN EM and CRN Eastern simultaneously with the respective networks	Q2 and ongoing	Green	Impact stories been shared by EM and Eastern. Wm will be sent out Jan 2019. Mar 2019 we will share a more detailed impact story regarding the showcase event.	Complete	Four impact stories have been shared, one for each quarter.
7.3 (and 4.14.6)	Joint event with other LCRNs in our regional LCRN-cluster collaboration i.e CRN EM and CRN Eastern to showcase Improvement and Innovation projects	Hold a joint event with CRN EM and CRN Eastern to showcase Improvement and Innovation projects including projects delivered by those on the ALP programme	Carly Craddock / Julie Shenton	Joint event held for staff to share Improvement and Innovation projects across the three LCRNs in our regional LCRN-cluster collaborative	Q3 - Q4	Green	Took place October 2018.	Complete	Further event to take place in 2019. Attendees have been followed up in terms of improvement joint working. Key specific projects are detailed in 2019/20 annual plan.

7.3 (and 4.14.6)	Continue to deliver CRN WM Continuous Improvement Strategy 2016-19	CRN WM Improvement and Innovation steering group members to continue to lead and deliver ongoing strategic projects identified from CRN WM Continuous Improvement Strategy 2016-19	Carly Craddock / Julie Shenton	Completion of ongoing strategic projects	Q4	Green	5 projects with the aim to deliver the strategy and end vision, will all be delivered by March 2019.	Green	<p>Project 1: To identify all existing LCRN stakeholders and 1) identify what stakeholder feedback is being collected and how this feedback is used to influence service provision; 2) identify gaps and plan to fill gaps. COMPLETE.</p> <p>Project 2: To design and implement systems and processes that allow LCRN staff to put forward their project ideas and access the guidance / support they need to plan, initiate and report on the outcome/s of their project. COMPLETE.</p> <p>Project 3: Developing I&amp;I knowledge and skills in everyone and to embed the principles of I&amp;I within the culture of our workforce. Only outstanding action is educating all Line Managers of how to support their staff with improvement &amp; innovation - this will be included in mandatory line managers training currently being designed and taking place in 2019/20. ONGOING.</p> <p>Project 4: To facilitate the development of the I&amp;I steering groups knowledge and skill set in delivering and supporting others with their I&amp;I projects. All members of the I&amp;ISG have attended training and delivered a project. Mentor and Buddy assigning process in place, mentor and buddy role written, all projects registered had a mentor. Projects discussed at steering group meetings to aid knowledge/skills development. ONGOING.</p> <p>Project 5: Engagement of Partner Organisations in I&amp;I / promotion of I&amp;I. Template agenda designed for use with Partner Organisations and Link I&amp;I role developed. Testing if POs can get access to Projects site. Discussions with POs so far means further materials are in development. Other POs engaged with own Trusts I&amp;I training and methodology. Two PO I&amp;I projects registered and completed. ONGOING.</p>
7.3 (and 4.14.6)	Review of CRN WM Continuous Improvement Strategy 2016-19	Undertake a review of the CRN WM Continuous Improvement Strategy 2016-19 as midway through 3-year lifespan and update as necessary	Carly Craddock / Julie Shenton	CRN WM Improvement and Innovation Steering Group away day to review the strategy and update as necessary	Q2/Q3	Amber	Review took place 30 Nov 2018. Jan Hangout and Feb Steering Group meeting to finalise required changes to strategy and to update.	Complete	Review complete. Changes made so the steering group for improvement & innovation is now SLT. To measure impact of strategic projects and review again mid year 2019/20.

7.3 (and 4.14.6)	Work collaboratively with other LCRNs to implement the Improvement and Innovation Framework when available	When available, work collaboratively with other LCRNs in our regional LCRN-cluster collaboration i.e CRN EM and CRN Eastern as well as other LCRNs if appropriate to implement the Improvement and Innovation Framework	Carly Craddock / Julie Shenton	Local implementation of the Improvement and Innovation Framework	dependent upon availability of the framework	Red	Framework not available	N/A	Not available.
	Develop and implement an engagement plan to support engagement with all POs in relation to Early Contact. Specifically focus on strategies to improve engagement with POs unlikely to signpost to the Early Contact Service.	Increase the number of POs that would signpost to the Early Contact service from 80% to 90%.	Karen Hampshire / Kirsty Hunter / Mike Salmon	Engagement plan to be completed. Strategies to work with POs suited to support required. PO involvement in I&I projects to improve engagement. Revisit PO who will signpost to maintain positive engagement.	Q4	Green	SSS Row 38 - April 18 - Meeting arranged to discuss new angle for this year's round of meetings with POs to ensure continuous engagement. June 18 - second round of engagement meetings with POs to commence and the invite has been extended for Industry and Portfolio Managers to attend to improve engagement in that section. An extended ECER meeting was held in July with POs that deliver Early Contact directly. This was a successful meeting with positive feedback received. More meetings are arranged to address concerns around management of ETCs in addition to this (ROHNHSFT, UHCW and UHBNSFT). December 18 - engagement is improving with several meetings to support POs around the new process for the management of ETCs. All these meetings are finalise with PO Engagement letter. We are actively waiting to hear from 3 PO's an 1 PO still to engage with.	Complete	CRNWM PO ECER Engagement meetings will continue after a successful second round of annual meetings to ensure POs are engaged and informed of any national SSS initiatives as well as to confirm continuing arrangements for delivery of the national SSS SOPs, particularly ECER and ESSU. Additional meetings were also arranged to ensure POs were comfortable with the new SoECAT process and understood the new arrangements. These meeting are now ECER core business and no longer an objective
	Identify POs that deliver ECER themselves. Invite them to an event with CRNWM ECER Team (SSS and PC) to support best practices and ensure a consistent service is delivered to our Chief Investigators and Study Teams.	Increase the level of current knowledge and joint working around ECER with those delivering Early Contact. This will include SSS ECER, PC ECER and those POs who deliver this work.	Karen Hampshire / Kirsty Hunter	Joint meeting.	Q3	Green	SSS Row 39 - April 18 - a meeting has been arranged with PC team to discuss event. Date set for the extended ECER meeting to be 18 July An extended ECER meeting was held in July with POs that deliver Early Contact directly. This was a successful meeting with positive feedback received.	Complete	An extended ECER meeting was held in July 18 with POs that deliver Early Contact directly. This was a successful meeting with positive feedback received. More meetings are arranged to address concerns around management of ETCs in addition to this (ROHNHSFT, UHCW and UHBNSFT).
	Identify and link in with West Midlands NIHR Partners (RDS, AHSN, NIHR Trauma Centre, NIHR BRC Birmingham, NIHR Birmingham Liver Biomedical Research Unit, CLAHRC) to discuss and raise awareness of the Network in relation to added value of the Study Support Service for Commercial and Noncommercial Research. Identify where there is best practices or signposting can occur.	Increase links and referrals to the Network and especially the service from other NIHR Partners. Attending events and delivering presentations that compliment one another.	Karen Hampshire / Sinead Collinge	Meet and Greet Event with all key NIHR Partners.	Q4	Green	SSS Row 32 - June 18 - 25.10.18 The West Midlands is enriched with NIHR organisations supporting our local and wider community with research. The aim of this event is to bring together all our local NIHR organisations to showcase our service offerings and how we support researchers in the West Midlands to deliver research; ultimately allowing us to represent as One NIHR to provide a consistent and cohesive service across the West Midlands CANCELLED DUE TO POOR UPTAKE. Now targeting individual NIHR organisation. In November 2018 we had our regular meeting with RDS but also NIHR Trauma Management MedTech. NIHR CTU's are scheduled for the new year.	Green	See Row 73

	Develop a training session. Contact our local Academic and PO's Sponsors regarding the Training. Review feedback to see whether it was a successful and further training is required.	Support our local Academic and PO Sponsors with a new training session on UK Policy Framework for health and social care.	Karen Hampshire / Mobeena Naz	Develop and deliver training. Review and act upon feedback from the training.	Q2	Amber	SSS Row 41 April 2018- Developed training team. August 2018- A prezzi has been created and is out for consultation with the SSS Team. In the meantime, we have signed up to take part in the national training initiatives with a particular focus on sponsorship and this may support our work with our local academics. Furthermore, we have created a "news from the CRN" email which is sent whenever we have key updates. October 2018- The production of a prezzi was reviewed by the SSS team and feedback was that in its current format it's quite wordy-it is quite a fiddly programme to use and expertise does not exist within the team for this to be tweaked easily. If we do consider producing a webinar we need to identify some software which is both easier to use, less time consuming and more cost effective. ON HOLD	Complete	See Row 35
	Identify non eligible studies for 17/18 and see whether a trend exists eg students being signposted to the NIHR for research management and governance support. Identify a solution to decrease the number of studies utilizing the PAF process as well as ECER support inappropriately eg training with local Academic Sponsors.	Review 17/18 Non Eligibility studies to see whether local Academic Sponsors are signposting inappropriate researchers to the CRN. This will ensure that ECER Leads are supporting potential eligible studies only. If a trend is identified then implement a solution with the local Academic Sponsors.	Karen Hampshire / Mobeena Naz	Identify trends, develop action plan.	Q3	Green	SSS Row 42 - June 2018- Reviewed a list of studies which were ineligible for 2017/18 together with sponsor details so we can identify a trend and training needs. This data demonstrates a total of 17 studies with a variety of different sponsors to include charity and NHS trust. In terms of which Universities; would benefit from utilising ECER better it seems to be University of Birmingham, Coventry Uni and Birmingham City university. October 2018- The only way we can prevent the number of studies being ineligible is to work with the CTU's better this is part of the One NIHR initiative.	Complete	A review of all ineligible studies for 2017/18 was undertaken and the data demonstrated there were no key trends around Sponsors and ineligibility. However, with ECER PO Engagement and Academic Sponsor meetings the team utilised these events to engage with these organisations and demonstrate the added value of engaging with the ECER team.
	Liaise with the local NIHR accredited CTUs to discuss improvements to joint working relationships around ECER.	Follow on from the success of PO engagement with ECER activities during 17/18 this will be rolled out to CRNWM CTUs to improve joint working.	Karen Hampshire / Kirsty Hunter	QJoint meetings held.	Q2	Green	SSS Row 43 - April 18 - This will be addressed at One NIHR event 25 Oct (CANCELLED). Met with UoB Director of Research Support Services on 17 April to discuss engagement how we can work together better. July 18 - review ing the induction that Mobeena provided with other CTUs e.g. cancer (suggestion from ECER Extended meeting - July 18) December 18 - In process of contacting all CTUs to confirm a meeting to discuss new process for managing ETC and ECER.	Green	ECER Team linked in with BCTU, CRCTU, Keele CTU and Warwick CTU to discuss ECER developments and the new SoECAT process. to raise awareness of the Early Contact service and to offer training. This engagement will continue next year.

	Regional alignment with NIHR RDS West Midlands	Joint meeting to develop collaborative working	Dr Kirsty Hunter / Dr Owen Driskell	Joint Meeting	Q4	Green	SSS - Q1 Second meeting held on 23/04/18. Discussed current strategic and operational approaches of both RDS and LCRN. Discussed and approved the RDS & LCRN principles of Good Practice which is national document about establishment of a working relationship between the NIHR Research Design Service (RDS) and the NIHR Local Clinical Research Networks (CRN). The aim of the relationship in general terms is to promote 'free of charge, confidential' services to improve the design, support and delivery of health service research studies, by working as a strong and equal partnership, to maximise the benefits to the research community. Oct 2018 - Reviewed ETC processes, shared ECER Event Folder so each team can showcase their organisation at relevant events, reviewed that E Consent guidance and confirmed next year to link RDS to PO engagement meetings.	Complete	There were several meetings during 18/19 with CRN WM ECER Team and West Midlands RDS (covering 3 hubs) during the year. The meetings have resulted in a CRN and RDS West Midlands Principles of Good Practice document to ensure that there are no duplication in our services and sign post local researchers to both of our services. CRN WM ECER have shared their events file with RDS so both organisation can piggyback or share events to showcase their services. These meeting are now core business.
	Further develop links with the NIHR IVD Cooperatives	Working with the IVD cooperatives and Regional Laboratory Networks (eg WMLMRG) to promote regional laboratories as sites for IVD Cooperative pipeline studies (Important areas include genetics, microbiology and biochemistry).	Dr Owen Driskell	Site Identification Protocol	Q4	Amber	West Midlands Laboratory Medicine Research Group have not met recently. Lead for Laboratory Medicine has linked in with the Medtech and diagnostics project brief sponsored by the coordinating centre.	N/A	This group could not agree objectives and has not met in the last twelve months. The individuals in different Trusts associated with the group are pursuing their own research interests. The idea will be instead be taken forward through national contacts.
	Further development of the Primary Care Participate Newsletter	<p>- Aim is to improve the recently streamlined (West Midlands Wide) newsletter to acheive further joined up communication between CRN, universities, study teams and GP practices. This form of communication highlights new studies which GPs may participate in to enable them to offer their patients the opportunity to get involved in research.</p> <p>- Widen the scope of interest to on-line readership</p> <p>- Developing themed editions: Spring 2018 commercial edition with articles from Industry team.</p>	Jenny Oskiera	<p>E-Participate: We aim to add links to other publications, websites, podcasts etc The forthcoming edition will include a link to Keele CTU courses and we anticipate WMS CTU following suit in the summer.</p> <p>We are exploring the value of a link to WMS Academic Primary Care and equivalents at other universities</p> <p>Themed editions will raise awareness in selected key areas, increase activity in practices already engaged and encourage others</p>	<p>Q1/Q2 - Progress under way with link to Keele CTU re courses/ their newsletter; WMS CTU to follow later in the year.</p> <p>1st theme in Spring - Q1 2nd theme Q3/4 tbc</p>	Amber	In progress	Complete	Complete

	Cancer Patient Research Ambassador Role (Cancer PRA)	To pilot the use of NIHR Cancer PRA's to promote cancer research and trials within the CRN WM. Attendance at the NCRI Cancer Conference. To contribute to educational events such as Division 1 Annual general meeting (AGM).	Ivanna Baker/Ami Salter (Division 1)	Mystery Shopper exercise. Attendance at West Midlands Patient Research Ambassador regional forum (PRA). NIHR PPIE Cancer PRA Our Stories video. Providing cancer specific PRA support to Early Contact and Engagement team for cancer protocols.	Q4	Amber	We have successfully appointed two Cancer PRA's to promote cancer research. They regularly attend the NIHR CRN WM Patient Research Ambassador Regional Forum. They have contributed to portfolio review meetings and offered patient centred feedback on the cancer protocols. They both have attended the NIHR CRN WM PRA Celebration Event. We have completed one Cancer PRA Our Story profile and are due to record a video. One Cancer PRA gave a powerful presentation at the Annual Symposium which received a standing ovation.	Complete	The Mystery Shopper exercise has been completed by the Cancer PRA's. A Results & Recommendations report is being produced and will be shared with the Partner Organisations shortly.  The Cancer PRA's continue to regularly attend the WM Patient Research Ambassador Forum.  One of the Cancer PRA's has done a Story which has been published on the NIHR website.  Project Leads met with Early Contact and Engagement Team to discuss the involvement of the Cancer PRA's. The involvement of PRA's and the Early Contact service has been raised at a WM level.
<b>8. Organisational Development</b>									
8.1.3	Ongoing strategic leadership and operational management of the CRN WM Research Training Collaborative (WMRTC) - a region wide reciprocal initiative which aims to ensure that research staff and clinical teams supporting research can access high quality locally-provided training which is fit for purpose and consistent between host organisation/facilitator.  'Clinical Research is Everyone's Future' (CRIEF) promotion project (I&I project linked to 8.1.3, 7.2.2 and 7.1.6)	Locality based programme planning and delivery of training in GCP and other research-related topics which are aligned to the three NIHR CRN priority areas for organisational and workforce development.  Development of a WMRTC strategy for 2018-2022 aligned to and complementing the CRN WM comprehensive workforce plan (see 8.1.5)  Use of CRIEF materials in Trust-wide corporate induction programmes and research staff induction	Emily Linehan (WFD Training Manager)  Hannah Reay (WFD Lead)  Jane Willcocks (WFD Facilitator)	Maintain and build on the success of our newly established locality-based training collaboratives to encourage PO participation in research-related learning and development initiatives. Use established WFD trainer roles (3 x 0.2 WTE delivery staff released to support WFD activities) to continue to support the delivery of strategic programmes including PI Essentials workshops and 'Fundamentals..' across our POs and embed these within the WMRTC model / region-wide programme. Plan and deliver an annual stakeholder event for clinical research delivery professionals Provide regional facilitator development opportunities to retain experienced facilitators and maintain their competence and credibility.  Identify representative stakeholders to draft a WMRTC strategy document Consult with relevant PO and HEI representatives including Trust-based learning and development departments (not specifically research related) Finalise a Strategy document aligned to local, regional and national workforce planning initiatives  Plan project and engage POs via Partnership Board and R&D managers Identify pilot sites and process to gain approval to add materials to corporate Trust-wide induction programmes Embed CRIEF video 1 into Trust-based face-to-face Induction programmes and evaluate over a 3 month period Identify opportunities to embed CRIEF materials to support awareness initiatives within POs and other potential/research-active organisations in the West Midlands	Q1 - Q4	Green	Each of these areas of work are in progress and on target.  Locality based training collaboratives continue to successfully deliver relevant programmes of learning. WFD trainer roles continue to offer flexibility in facilitator availability, and professional development opportunities for the post holders. Successful annual stakeholder event delivered to 120 delegates (site: <a href="https://sites.google.com/nihr.ac.uk/crnwmannualsymposium2018/home">https://sites.google.com/nihr.ac.uk/crnwmannualsymposium2018/home</a> ) Regional facilitator meetings, facilitation update sessions and mentorship programme ongoing.  WMRTC strategy drafted - consultation planned with R&D Managers and PG in the New Year.  CRIEF project planned and registered with project team. Opportunities to embed CRIEF materials to support awareness initiatives within our POs ongoing - includes poster campaigns, video links within Trust intranet pages, screen savers and potential embedding within corporate induction programme within 3 pilot sites.	Green	Each of these areas of work are in progress and on target.  Locality based training collaboratives continue to successfully deliver relevant programmes of learning. WFD trainer roles continue to offer flexibility in facilitator availability, and professional development opportunities for the post holders. Successful annual stakeholder event delivered to 120 delegates (site: <a href="https://sites.google.com/nihr.ac.uk/crnwmannualsymposium2018/home">https://sites.google.com/nihr.ac.uk/crnwmannualsymposium2018/home</a> ) Regional facilitator meetings, facilitation update sessions and mentorship programme ongoing.  WMRTC strategy drafted - consultation undertaken with R&D Managers; for launch in line with WF Plan actions.  CRIEF project registered with project team. Opportunities to embed CRIEF materials to support awareness initiatives within our POs ongoing - includes poster campaigns, video links within Trust intranet pages, screen savers and potential embedding within corporate induction programme. Despite interest from R&D depts. only 1 Trust has embedded it within their corporate induction programme to date. To aim to embed within local LMS and target Trusts with scheduled CQC visits.

8.1.4	Workforce profile project	<p>Establish a profile of research staff in the West Midlands who are directly and indirectly funded by CRN WM</p> <p>Establish a regional community of non-registered patient facing delivery staff (Clinical Research Practitioners)</p>	<p>Hannah Reay (WFD Lead)</p> <p>Kerri Mason (CRP, North Staffs Combined Trust; NIHR CRN ALP Alumni)</p>	<p>Plan project in consultation with PO/WFD representatives and to reflect regional and national priority areas for workforce development initiatives (e.g. clinical research practitioners)</p> <p>Identify sources of existing information / gaps in regional intelligence</p> <p>Gather and collate workforce data</p> <p>Analyse data to understand local capacity and capability within priority groups (aligned to Specialty Objectives regarding numbers of trainees / 'new' PIs / early career CIs and ongoing regional I&amp;I projects e.g. non medical PIs and clinical research practitioners)</p> <p>Negotiate time/funding to release CRP within a PO to lead the regional CRP initiative</p> <p>Identify the regional clinical research practitioner workforce and gather profile data</p> <p>Plan and deliver a regional event for CRPs</p>	<p>Q1</p> <p>Q1 - Q2</p> <p>Q2 - Q4</p> <p>Q1</p> <p>Q1-2</p> <p>Q3-4</p>	<p>Green</p>	<p>Workforce profile project planned as part of WF Plan and currently ongoing.</p> <p>Funding secured to release an experienced CRP (Kerri Mason) 0.1 WTE. Regional CRP project planned and ongoing. Survey of CRPs complete and regional stakeholder event successfully delivered. Ongoing links and participation in national CRP project.</p>	<p>Green</p>	<p>Workforce profile project planned as part of WF Plan and currently ongoing as part of 19/20 plan.</p> <p>Funding secured to release an experienced CRP (Kerri Mason) 0.1 WTE/ 12 months. Regional CRP project completed. Survey of CRPs complete and regional stakeholder event successfully delivered. Ongoing links and participation in national CRP project (working group HR &amp; KM / project board - HR)</p>
8.1.5	Development of a comprehensive workforce plan	Engage all relevant stakeholders in formulating a workforce plan for 2018-20	Hannah Reay (WFD Lead)	<p>Establish a profile of CRN WM funded staff (see 8.1.5)</p> <p>Undertake a listening exercise with research workforce leads within POs (lead nurses / R&amp;D managers) to gather information about workforce availability, requirements, existing PO-based strategies for sustainability and local priority areas</p> <p>Collate information and draft workforce plan for PO consultation</p> <p>Finalise and submit workforce plan to NIHR CRN</p> <p>Implement the CRN WM workforce plan</p>	<p>Q1 - 2</p> <p>Q1 - 2</p> <p>Q2</p> <p>Q3</p> <p>Q3 onwards</p>	<p>Green</p>	<p>Detailed workforce plan formulated with regional consultation and successfully submitted on time. Ongoing implementation of planned activities.</p>	<p>Complete</p>	<p>Detailed workforce plan formulated with regional consultation and successfully submitted on time. Approved Jan 2019.</p> <p>Ongoing implementation of planned activities and modification of plan based on emerging priorities - working document: <a href="https://docs.google.com/spreadsheets/d/1IfFSkqNgjNCjblCQNj0Tcl.dvJiDTDZ5Uq42-dlAXTbA/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1IfFSkqNgjNCjblCQNj0Tcl.dvJiDTDZ5Uq42-dlAXTbA/edit?usp=sharing</a></p>
8.1.6	Supporting the delivery of an integrated approach to WFD across NIHR CRN	Leader identified to coordinate workforce planning, recruitment, development and retention	Hannah Reay (WFD Lead)	<p>Leader Identified</p> <p>Ongoing implementation of the CRN WM Vacancy process project (streamlining and improving consistency in internal CRN WM recruitment/induction processes)</p> <p>Actively contribute to WFD Leads community</p> <p>See also 8.1.3 and 8.1.5</p> <p>Ongoing implementation of a competency framework for research delivery staff in patient-facing and non-patient facing roles building on regional and national frameworks (existing and in development)</p>	<p>Q1 - Q4</p> <p>Q1 - Q4</p> <p>Q1 - Q4</p>	<p>Green</p>	<p>Each of these milestones are in progress and on target.</p> <p>Competency framework has been revised and a project is ongoing to link collation of evidence with NMC revalidation requirements to promote uptake within our nursing/midwifery community.</p>	<p>Complete</p>	<p>Each of these milestones are in progress and on target.</p> <p>Competency framework has been revised and a project is ongoing to link collation of evidence with NMC revalidation requirements to promote uptake within our nursing/midwifery community &amp; link to NIHR Integrated Workforce Framework (IWF) to support future CRP uptake.</p>
8.1.7	WMRTC learning resource development and review to increase blended learning opportunities	<p>Complete ongoing review of WMRTC learning programme to ensure it is responsive to current and anticipated learning needs</p> <p>Offer blended learning opportunities within our established programme</p>	<p>Emily Linehan (WFD Training Manager)</p> <p>Jane Willcocks (WFD Facilitator)</p> <p>Project Team</p>	<p>Milestones within ongoing initiatives include:</p> <ul style="list-style-type: none"> <li>- Piloting the 'bundling' of training sessions (offering multiple topics on the same day)</li> <li>- Introducing blended learning through the use of pre-course reading/resources/e-learning and pilot webinar of Governance topics</li> <li>- Existing sessions - topic specific content review (paediatric consent &amp; communication; intro to valid informed consent)</li> <li>- Create continued learning opportunities for Network staff in Google Hub platform, prioritising Kanbanchi and Hangouts, to promote effective ways of working</li> </ul>	<p>Q1 - Q2</p> <p>Q1 - Q4</p> <p>Q1 - Q4</p> <p>Q1</p>	<p>Green</p>	<p>Each of these milestones are in progress and on target.</p> <p>A greater emphasis on blended learning and promoting workplace based learning is incorporated in the WMRTC strategy (see 8.1.3)</p>	<p>Green</p>	<p>Each of these milestones are in progress and on target.</p> <p>A greater emphasis on blended learning and promoting workplace based learning is incorporated in the WMRTC strategy (see 8.1.3)</p> <p>Google Hub Champions identified in each office base to support staff use of the platform; training packages delivered by champions on 1-1 or small group basis for Kanbanchi/ Hangouts.</p>



8.1.8	Primary care context-specific training materials	Complete pilot of adapted national course materials and share with CRN by applying for adoption on the National Directory	Jane Willcocks (WFD Facilitator)	Building on the successful adaptation of materials to create the 'Fundamentals of Clinical Research Delivery in Primary Care' in 2017/18 the materials will be piloted in collaboration with primary care colleagues in CRN Yorkshire & Humber. Pilot data will be collated and a final version agreed Application for adoption onto the National Directory Similar adaptation & piloting of GCP materials for delivery in a primary care context will be complete by the start of this plan; application for adoption onto the National Directory for this course will be made	Q1  Q2 Q2  Q1	Amber	Primary care materials pilot continues - delay associated with unanticipated absence of lead facilitator Q2/3. Materials have been submitted for consideration to include on the NIHR CRN Directory.  Primary care GCP materials have been adapted for local use within primary care settings and application for adoption onto NIHR CRN Directory made - no feedback to date.	Green	Primary care materials pilot continues - delay associated with unanticipated absence of lead facilitator Q2/3/4. Materials to be submitted for consideration to include on the NIHR CRN Directory Q1 19/20.  Primary care GCP materials have been adapted for local use within primary care settings and application for adoption onto NIHR CRN Directory made.
8.1.9/10	Finalise a wellbeing strategy that enables the CRN to create the conditions that contribute towards a fulfilling employee experience resulting in high levels of productivity which in turn contributes to organisational success.	Extended roll out and evaluation of the 'Wellbeing Pick and Mix', a wellbeing programme designed to ensure that all of our staff benefit from a range of opportunities that suit their personal needs, learning styles and work life arrangements - helping them to self manage their own wellbeing. Offer to all LCRN funded staff	Julie Davis	Monthly workshops with a focus on healthy body, healthy mind and work life balance Monthly Blogs on wellbeing linked to the workshops, complete with signposting for further information Google site for staff so we have a single point of contact for all wellbeing initiatives Standing desks rolled out across the region with evaluations on impact Walking meetings or lunchtime strolls being encouraged. Regular 'step challenges' arranged to encourage increased activity and an in house fitness intervention trialled VIP Awards to reward and recognise staff contributions. Talent Management Strategy to make the most of the skills we have in the Network Fix It Friday - encouraging everyone to do one thing, of their choice, that makes a difference to the CRN Team lunches, meetings, notice boards and events Coaching and Mentoring Scheme to support development Staff suggestion box linking in with Innovation and Improvement initiatives Pay it Back - volunteer for one day with a health related organisation and raise the profile of research in the CRN Wellbeing Library - sharing books on personal development and wellbeing in the offices Relaxed Dress Code to encourage people to be more active and creative in the workplace Career Progression Pathway to demonstrate a commitment to personal development Access to Apps and surveys to self manage wellbeing Access to host organisation Wellbeing package to include staff benefits pages, counselling, bereavement support, smoking cessation, one-to-one health trainer, advice on alcohol and substance misuse and salary sacrifice schemes for health care. Launch Line Managers Away Day to ensure that all managers, regardless of level, are trained and developed appropriately and in turn offer the same level of performance reviews (100% compliance) and personal development opportunities to their teams Revisit the HLOs and You document to make it more personal and less about the HLOs, but instead highlights how all LCRN funded staff can engage with, and help achieve, the strategic initiatives of the CRN WM	Ongoing initiatives - to be trialled in Q1 with intended wider roll out in Q1/2	Green	Over 300 attendances at workshops by in excess of 100 unique members of staff. Survey due to be sent out in January to assess culture change and gain feedback from staff about the initiative. Will be writing up an annual report in Q4. There is a wellbeing initiative at least twice a month and feedback is extremely encouraging  Our strategy has been identified as an exemplar by other LCRN wellbeing leads and shared.	Green	Now reaching over 70% of our workforce with a face to face wellbeing initiative. Survey carried out - feedback really encouraging. 96% of staff feel proud to work for the CRN and feel part of the CRN. In addition, the sickness rates for the network have dropped. In 17/18 our sickness levels were 4.2%; following the introduction of the programme, the following year the levels were 2.48%. Action plan produced following survey and this will form part of the Annual Plan for 19/20.

	Fundamentals of Clinical Research Delivery (FoRD) for Laboratory Staff Webcaste	Online webcast provision of the FoRD for Lab Staff Training	Dr Owen Driskell	Online webcast of the FoRD Lab Staff Training	March 2019	Green	Training developed	Complete	Ready to be posted on a pathology website in development.
	Raise awareness of the PI role among pathology staff (including Histology, Microbiology, Biochemistry and Immunology).	Increased number of PIs from pathology staff	Dr Owen Driskell	PIs from Pathology	Q4	Green	Pathology PIs listed on EDGE	Complete	Pathology staff are listed as PIs on EDGE
	Design and development of a national register/directory for pathology staff operating in research delivery without a professional registration option	Supporting the CRN lead for Pharmacy and AHPs in engaging the AHCS in exploring the generation of a registry/directory for this laboratory workforce.	Dr Owen Driskell	Registry developed	Q4	Green	Directory for Clinical Research Practitioners established	Complete	Complete as per mid year review
	Primary Care Leadership work - Implementation of a work package to support the Primary Care Delivery Support Team to improve how they work in terms of consistency, flexibility and agility	Further progress of the work undertaken with Gillian Felton from the CC to get the WM Primary Care Team working better as one team to address the challenges that we face.  Team have identified challenges, set up five workstreams and started to work together on possible solutions  - A project lead role will be developed to oversee all projects  - A forum will continue to enable team members to identify and work together to resolve any future issues	Pam Devall / Jess Graysmark	All projects registered as I & I projects and progressed in this format  A process to enable this work to continue will be implemented  WM Primary Care Team will work seamlessly across the region and will identify themselves and be viewed as one team	Q4	Amber	Good progress made to date	Complete	All projects have been registered with I&I  A Primary Care Project Lead role has been developed and appointed to ensure oversight of projects  Primary Care Google Community has been developed to support team collaboration and provide a forum for team to share ideas  Flexible working principles have been approved and implemented.
	Primary Care Research Nurses	Primary Care Nurses will be given the opportunity to work in Secondary Care for 3-6 months. A pilot will run in the north locality where one nurse will work in secondary care for 3 days a week  This will help nurses gain experience of CTIMPs and learn the standards that are required to run a drug trial. It . all these standards are transferable into the Primary Care setting and should be used as the gold standard. Secondary to this is the opportunity to upskill the nursing workforce making it more flexible	Jenny Stevens	Nurses will gain experience of CTIMPs and learn the standards that are required to run a drug trial. It .  Upskilled nursing workforce making it more flexible	Q2	Amber	No progress has been made with nurses working in secondary care. Secondary care approached in Shropshire but they felt that due to their work capacity they were unable to accommodate a nurse from primary care working alongside them.	Amber	No progress has been made with nurses working in secondary care. Secondary care approached in Shropshire but they felt that due to their work capacity they were unable to accommodate a nurse from primary care working alongside them.  COO has been in touch with lead research nurse at UHCW and they have agreed to the shadowing but getting dates has proved difficult but we are pressing for this to happen
	Evaluate the ACROSS system	To have a six - twelve month review/audit of the ACROSS system for requesting nursing support within CRN Generic nursing team.	Karen Hylton / Kelly Hollier	To evaluate that various PO within CRN WM are utilising the new system. To ensure that the approval and turnaround time meets the 2 week deadline. To ensure that the capacity of the nurses are able to meet the demands of requests. We plan also to include Dementia and Mental Health requests onto the request system to include all six divisions.	Q4	Amber	Good progress has been made with the ACROSS system. We are meeting the two week deadline for informing PO of decisions about requests. We are currently out to advert to increase our nurse pool to support the capacity and the demands of requests. Dementia and mental have been added to the ACROSS system and therefore all six divisions are now catered for when requests are made.	Complete	The ACROSS audit has been completed and was presented at a recent R&D managers forum. We have met our 2 week turnaround time in the period looked at in the audit. We also continue to meet the demands of the requests coming in. At the time of the audit 129 applications had been made with 87 requests granted (67%). The reasons for not meeting the remaining 33% were due to various reasons that have been discussed in the report findings. The ACROSS now has also supported all six divisions and has worked on Dementia and mental Health studies.

	Clinical Research Project Assistants (CRPA)		Karen Hylton	Reduction in data collection burden via feedback from PO.	Q4	Amber	We have appointed four CRPAs and awaiting interview of a further two. They have completed induction and are currently working in our PO with excellent feedback.	Complete	We have appointed six CRPAs in the time allocated albeit we currently have vacancies. They all completed their induction and training. We continue to have positive feedback from our POs. The posts have proved to be fruitful allowing the freeing up of the nurses to concentrate on recruitment and nursing elements of a study and the CRPAs to support data collection.
	Training for pharmacy staff delivering clinical trials	Continue to promote and support the implementation of the 'Delegation and Training Decision Tool and associated training resources to pharmacy staff involved in IMP management	Julie Shenton / Jenny Warmington	Pharmacy departments in CRN WM POs involved in clinical trials delivery adopting and using the decision aid and associated training resources	ongoing	Green	Training materials disseminated	Complete	Training materials disseminated; support provided to staff re use of training materials
	Senior leadership culture re I&I	Work with the senior leadership team to ensure support for embedding a culture of improvement by allowing staff time to deliver projects including looking at ways to develop an agile approach to undertaking projects in a timely manner	Carly Craddock / Julie Shenton	Embedded culture in the senior leadership team re supporting staff to undertake projects encouraging an agile approach to project management where appropriate to ensure that projects are delivered in a timely manner.	Ongoing	Green	Discussion took place at SLT in July 2018. All committed to staff being supported to do this. Part of the I&I strategy projects are to develop tools to help line managers to support their staff with seeing I&I projects as part of everyday role. Also steering group have had training in managing upwards/across and challenging managers if people are not supported with this. Since this has been implemented there haven't been any projects expected to finish so unsure if had an impact. This will be assessed on an ongoing basis. This data and other metrics will be presented at steering group meetings.	Green	Ongoing. I&I a standing agenda where items for discussion/decision making have taken place.
<b>9. Business Development and Marketing</b>									
9.1.1	Engage with both local SMEs and the national team to market CRN WM to local and national companies	Build a small number of key collaborations to highlight the opportunities of working with industry	Sinead Collinge	Develop the Life Sciences Steering Group to include all local stakeholders and meet the needs of the companies, the CRN and our partners	Q1 and ongoing	Green	NIHR SME Roadshow event held in collaboration with AHSN and MediLink to showcase the support we have in the West Midlands for SME's to deliver research, from innovation to adoption.	Complete	AHSN Industry Gateway Representative on the Industry Steering Group, ensuring the voice of SME's is heard. A Joint AHSN/NIHR SME Roadshow successfully held in October 2018. NIHR/CRN WM representation at regional AHSN events to support the wider research community and showcase NIHR services. Targeted engagement planned for 2019/2020
9.1.2	Engage with commercial partners to ensure all patient populations have access to research	Scope untapped patient populations and specialties that are commercially under active and engage with commercial companies to assess pipelines, promote our capabilities and bring research into the West Midlands. Thus increasing the number of commercial studies and ensuring all specialties are active and offering research opportunities to all patients	Sinead Collinge	Assess needs of Partner Organisations, build Trust profiles and national pipeline assessments to identify appropriate commercial collaborators and build new relationships.	Q1 and ongoing	Amber	Trust profile documents in development - amended by Industry Steering Group and will be developed in early 2019 as a trial with two POs	Green	Through the Industry Steering Group and Individual PO requests we are linking on POs with capacity with commercial sponsors. A very successful Primary care Industry event held in September 2018, highlighting the capabilities and engagement in primary care to deliver commercial research. WM Primary care team have continued to engage practices and facilitate relationships with Sponsors.

9.1.3	Promote the importance of both the Industry agenda and the USPs of the Network to attract new business	Increase the number of commercial and non-commercial research teams wanting to work with the Network	Sinead Collinge / Julie Davis	Produce an action plan that links with the Business Development and Marketing Profile (in appendices)	Q1-2	Green	Profile regularly reviewed. Links in with Strategic Project around new providers. Plan to reach more partners in 2019 through improved business development opportunities	Green	Key activities have continued to focus on improving performance and our internal proactive monitoring. We have successfully linked in with regional NIHR infrastructure, and local AHSN as well as targeting relationship building with some key Sponsors. Business Development will become a key focus in 19/20
<b>10. Life Sciences</b>									
	Working in collaboration with East Midlands CRN and Midlands Health Innovation to promote our regional offerings to SME's to assist in research delivery	A clear service offering available for SME's and a support network to enable research delivery within the Midlands	Sinead Collinge	Collate regional capabilities across the NHS and Universities within the Midlands - Q1. Identify a service offering and collaboration pathway to ensure a streamlined and efficient cross-organisational service is provided to SME's	Q4	Amber	Bi-monthly calls held between IOMs to ensure cohesive working. SME Roadshows held in 2018 to promote NIHR Infrastructure support available to SME's. In December 2018 an initial meeting held meeting held to share working practices, identified areas of collaboration to take forward in Q4	Complete	Complete as per mid year review
	Build upon relationship with University of Birmingham Business Enterprise to ensure CRN offerings are known. Expand and engage with other University Business Enterprises - Keele, Warwick, Wolverhampton	Be a known organisation for SME's wanting to conduct research in the NHS	Sinead Collinge	Continue to work with University of Birmingham to promote CRN services - Q4. Identify other regional Business Enterprise Organisations and promote CRN offerings	Q2	Amber	CRN offerings known and presented to UoB Enterprises, Other Universities to confirm interest	Complete	Engaged with local University of Birmingham Enterprise organisations. Other HEI, either did not have interest or appropriate forums.
	Set up and deliver an educational and promotional event to our local SME community to showcase the support available within the West Midlands to enable research delivery	Build relationships regionally with other organisations and support bodies (AHSN, Medilink, NOCRI, Innovate UK etc). Establish a regional service offering for SME's	Sinead Collinge	Identify stakeholders to work and collaborate with Q1. Organise an event to ensure SME's are aware of the pathway from innovation, research to NHS adoption. Deliver Event in Q2	Q2	Green	Healthcare Innovation Roadshow event held in October 2018, in partnership with Medilink West Midlands and AHSN WM.	Green	Healthcare Innovation Roadshow event held in October 2018, in partnership with Medilink West Midlands and AHSN WM. IOM working in her national role, to ensure there is a streamlined support offering between NOCRI and CRNs; expected outcomes in 19/20 Q1.
	Establishment of the CRN Industry Steering Group	To promote the national Life Sciences agenda, identify PO's strategic Life Science Objectives and ensure they are met regionally. Utilise this group to drive the Life Sciences agenda locally	Sinead Collinge	Ensure representation of all Trust types across the region, Industry Community and SME community Q1 Identify the strategic aims and objectives for 18/19, and how they will be delivered to meet PO and NIHR objectives Q4	Q4	Green		Complete	Group set up and established. Clear outcomes and objectives set for 19/20.
	Research Engagement with IVD companies	West Midlands Laboratory Medicine Research Group meetings. Follow up Scientific Conference Meeting to showcase IVD diagnostics and further develop themes of IVD development.	Dr Owen Driskell	Scientific Meeting & Study Proposal	Q4	Red	WMLMRG have not met recently	Red	WMLMRG have not met recently

	To engage with three new models of care across the West Midlands to embed commercial research activity within these organisations	Meet with new models and leadership practices across WM and promote commercial research and better understand how the Network can support engagement Develop a working group within each practice to support commercial research activity Provide training on submitting feasibilities and study set up Identify 'new roles' which can support commercial research at the practice to reduce GP burden Look at wider portfolio - can organisation deliver 'secondary care studies' Measure: To increase number of EOIs from these new models/leadership practices	Raj Gill	Ability to offer commercial sponsors newer formations in which to deliver commercial studies set up fewer sites with competitive recruitment numbers. Number of portfolio commercial studies run in primary care increased New organisations remaining research active with CRN and also engaging with commercial research (HLO3)	Q4	Green	We have engaged with all 6 of the Group practices that have signed up to the Group Practice scheme to promote and train them on Commercial Research. We are in the process of securing attendance at the Group regular meetings and with one of the Groups in the South of the region we have been able to support them to create an EOI template to be used to submit to Commercial studies. In addition to this we have met able to engage with the Modality partnership in the Central region and are in the process of providing training to develop good quality Expressions of Interest for Commercial research.	Green	We have increased the engagement with the new models of care and Group Practice scheme members over the last 12 months. We have supported all Groups within the scheme (now numbering 10) through attendance at meetings and the provision of training. We have actively supported 3 of the groups to submit EOIs and we have had a total of 7 EOIs submitted. We are in the process of setting up a WM led Commercial study, run through Keele University, at the first of our Group Practices (South Warwickshire Research Partnership Group) in the next few months. We have another WM led study in the pipeline for another Group (Dr Joshi's Group of Practices) which should be set up this year. Modality are continuing to engage with us and have been selected for their first Commercial study which we are supporting them with.	
	To develop and maintain lines of communication between pharmaceutical and medical technology companies in the West Midlands to promote our CRN WM Primary Care Service, new models of care and drive in new business	We aim to host a networking event for pharmaceutical and medical technology companies to promote West Midlands and primary care as a setting to set up and conduct studies. Research Design Service/ AHSN PC SSS / ECER /Practices	Raj Gill	Improved relationships with Commercial sponsors  Awareness of WM Primary Care willingness, readiness and capability to deliver commercial research raised to companies  Awareness of WM Primary Care willingness, readiness and capability to input into the design of commercial research raised to companies	Q1	Green	The PC commercial event was held on 29th September 2018 and was a great success. We had 70 attendees from across pharmaceutical companies, GP practices and the CRN. It was a great networking opportunity and from the event we have been able to engage separately with some of the commercial companies and have been passed the details of studies to promote in Primary Care. The overall Feedback we had was excellent and many asked for a repeat event. We have already secured a date for next year - 27th September 2019 and have sent out save the date invitations to the attendees.	Green	The PC Commercial Event was a great success, as detailed in the mid year update. The event had a positive impact on relationships with the Commercial Sponsors that attended. We were able to engage directly with Janssen and GSK off the back of the event, regarding some of their current Secondary Care studies, and the potential of delivering them in Primary Care. We are working on delivering a follow up event on 27th September 2019, details of which have been sent to the previous attendees.	
	To streamline the PC SSS and PCIM service offered to commercial sponsors	Review and improvement of PC SSS process and PCIM service to ensure that the process for supporting practices to set up commercial studies is efficient, streamlined and demonstrates WM as an attractive region to conduct research especially within primary care. This will improve set up of commercial studies at sites (HLO4) and attract new and repeat business from commercial sponsors. (HLO1, HLO3)	Raj Gill	Improved study support service process for Primary Care industry studies  Increase in number of commercial sponsors approaching and returning to the WM to deliver Primary Care studies  GPs better supported to deliver commercial research	Q4	Green	The PC SSS process has now been streamlined into a new AAC checklist and we are using this for all research sites we support in setup. The PIC AAC checklist has also been agreed but is yet to be used as we have not had a PIC site yet to set up.	Green	The PC SSS streamlined checklist has been used for 3 studies over the last 12 months and is working well. There has still not been the opportunity to trial the PIC AAC checklist, as we have not set up any PIC sites in the last 12 months. However we don't anticipate any issues with this.	
<b>11. New Projects</b>										
11.1	Update current data processing system using Google BigQuery	Current practice for the BI Team when processing data is outdated and not fit for purpose. We have identified a new data processing platform (Google BigQuery) which will enable multiple users to run data queries at one time which was a limitation of the previous system. We will also have a standardised process for data processing and this will be reflected in a newly formed SOP. W	Jonathan Forsythe	Implementation of new mechanism for data processing	Q4	N/A		Green	We are working closely with the BI Team for CRN EM who have been using this software successfully for over a year.	

11.2	Google Data Studio for all internal reporting	We currently do not have a standardised approach for internal reporting. Using Data Studio, we aim to have one standardised data visualisation tool across the Network in the form of a data dashboard.	Jonathan Forsythe	Introduction of a new data visualisation platform (Google Data Studio) to be adopted as the standardised approach for all internal reports	Q4	N/A		Green	Training completed and system used to gather and display live intelligence for the ACROSS system
11.3	Continued development of CRN WM ODP App	To maintain and increase the current level of PO engagement through the continued development of the CRN WM ODP app. It is also envisaged the app will replace some (if not all) of our current reporting processes ie PDF reports.	Jonathan Forsythe	Meetings with all POs (so far 8/25)  Addition of Pharcay tab, HLO tab and Network Report tab	Q4	N/A		Green	Ongoing development of App based on customer and SLT feedback
11.4	Staff and stakeholder listening exercise.	As well as a staff satisfaction survey being developed, we carried out a series of focus groups across different offices to listen to staff ideas pertaining to the wider LCRN aims, objectives and work priorities. A survey was developed for those unable to attend, and also offered to regional stakeholders to complete.	Carly Craddock	Dates set and facilitators secured for the focus groups.  Information on LCRN aims, objectives and priorities distributed.	Q4	N/A	Positive feedback from staff and a lot of great ideas to take forward in 2019/20.	Green	Future dates being secured for 2019/20.

<b>Section 5. High Level Objectives Targets</b>			
<b>HLO</b>	<b>LCRN Target</b>	<b>Mid Year Commentary</b>	<b>Year End Commentary</b>
1	64,486		We ended the year with 73,920 participants recruited into studies in 18/19; an increase of almost 5% on 17/18 and 15% ahead of our target. In addition, our ABF calculations show that we recruit to complex studies and have a balanced portfolio.
7	1000		At year end we had recruited 1,408 participants; this puts us 40% ahead of target despite an initial lack of studies available to open in the West Midlands

Section 6. Specialty Objectives				
<b>RAG Information:</b>				
The RAG ratings are automated. Please select Complete, Green, Amber or Red from the drop-down menu in column D and the colour will update automatically.				
<b>Complete (C)</b>		Milestone(s) complete.		
<b>Red (R)</b>		One or more specified deliverable was not delivered by the Milestone Date.		
<b>Amber (A)</b>		There is a risk that one or more specified deliverable will not be delivered by the Milestone Date.		
<b>Green (G)</b>		On target to deliver all specified deliverables by the Milestone Date.		
				<b>Year End Report</b>
Ref	Specialty	Local activities to achieve the national objective	RAG	Commentary



Section 6. Specialty Objectives				
RAG Information:				
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<b>Complete (C)</b>		Milestone(s) complete.		
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<b>Amber (A)</b>		There is a risk that one or more specified deliverable will not be delivered by the Milestone Date.		
<b>Green (G)</b>		On target to deliver all specified deliverables by the Milestone Date.		
				Year End Report
Ref	Specialty	Local activities to achieve the national objective	RAG	Commentary
1	Ageing [2]	<p><b>Objective:</b> Increase early career researcher involvement in NIHR CRN Portfolio Research</p> <p><b>Measure:</b> Number of LCRNs that have evidenced increased early career researcher involvement in NIHR CRN Portfolio Research</p> <p><b>Opportunities/Challenges</b>                      A challenge for the Ageing specialty is that studies are adopted by condition specific specialties. Whilst there has been improvement with nine studies that have recruited participants in 17/18, there is a lack of homegrown Ageing adopted studies available for delivery. Within the region we have academic units including Keele, Birmingham and Aston that strongly promote Ageing research. Continued engagement with these and other units presents an opportunity to increase the number of Ageing related research to be adopted onto the portfolio as well as increase early career researcher involvement in NIHR CRN Portfolio Research.</p> <p><b>Plans</b>                      To increase awareness of the Ageing Specialty and network support there has been good engagement across the region with key regional hospital and University teams and their Patient Participation Groups. There have been a number of meetings with potential researchers across the region and networks have either been developed or further developed with DeNDRoN, ENRICH, Charities including Gas Safety Trust, Beat the Cold, AGE UK, APPROACH, SALTBOX; Health watch, Community Voices, Older people's Engagement Network (OPEN) and a large UK wide care home chain to promote research in these areas.                      To continue to increase awareness of the Ageing Specialty and network support engagement will be maintained this year. The 3rd Annual CRN West Midlands Ageing Specialty event will be held to invite existing links and develop new ones.                      Local Specialty meetings will also continue this year to support regional researchers.</p>	Green	<p>To identify Early Career Researchers, both individually and as an emerging cohort - We sent out a survey as part of the sign up to our March 2019 Aging event – whilst this was promoted in the run up and at the event the response was minimal. One ECR completed the survey but did not leave their contact details for further follow up. We also counted ECR attendees at the Ageing event PI masterclass. A total of 3 attended. We have links with Aston University who support PhD students with an interest in Ageing research; 2 ECR have been identified in this way. to reach and support Early Career Researchers, both individually and as an emerging cohort. To reach out and support Early Career Researchers, both individually and as an emerging cohort we held a CPD accredited on 5/3/19 - CRN WM Ageing and ENRICH Research Showcase. The highlight for ECRs would be the Early Career / PI Masterclass breakout session - this detailed general oversight of PI role, CRN training available, how to get involved in PI role (starting as sub/co-I for studies taking place in their place of work). We have engaged ECRs via the Ageing Specialty Group Meetings locally. We have had 2 PhD students dial in to our teleconference to tell us about their studies and ask for any feedback. Dr Arora has gone on to be the clinical mentor to the student for these studies. Unfortunately, due to the funding, the studies will not be eligible for portfolio adoption, but we have created the links for future collaboration. To disseminate information</p>

Section 6. Specialty Objectives				
RAG Information:				
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<b>Complete (C)</b>	Milestone(s) complete.			
<b>Red (R)</b>	One or more specified deliverable was not delivered by the Milestone Date.			
<b>Amber (A)</b>	There is a risk that one or more specified deliverable will not be delivered by the Milestone Date.			
<b>Green (G)</b>	On target to deliver all specified deliverables by the Milestone Date.			
			Year End Report	
Ref	Specialty	Local activities to achieve the national objective	RAG	Commentary
2	Anaesthesia, Perioperative Medicine and Pain Management [3]	<p><b>Objective:</b> Increase the number of NIHR CRN Portfolio studies led by trainees as Chief Investigator or co-Chief Investigator</p> <p><b>Measure:</b> Number of LCRNs with a study/studies led by a trainee (Chief Investigator or co-Chief Investigator)</p> <p>1) Build on the success over the coming year, reinforcing communications and established links, facilitating getting trainee led projects onto the portfolio and offering support, particularly for the short high intensity projects that are likely to be typical of the trainee network.</p> <p>2) To continue close working with West Midlands Trainee Research in Anaesthesia and Intensive Care Network (WMTRAIN)</p> <ul style="list-style-type: none"> <li>To identify potential PI/CI's e.g. research sandpit day, trainee research prize event.</li> <li>PATHOS is a WM_TRAIN based research project that both CRSLs are helping the trainees develop. It is looking at how perioperative hypotension is managed in obstetric surgery. It was also selected by the national trainee Network RAFT as the "sponsored" Research &amp; Audit Federation of Trainee (RAFT) project for the year 2018/19. This essentially means that we can aim to conduct this survey nationally after a regional pilot. We hope to get this adopted to the NIHR portfolio. The next stages would ideally develop Charlotte Small into a trainee CI for a more comprehensive study, looking at PROMS and a feasibility RCT study.</li> <li>Hold WM Post-Fellowship Trainee Research Day – Led by the CRSLs with a targeted GCP training included so that trainees can then activity participate in training once they have attended the research day.</li> </ul> <p>3) Set up region wide webinar and teleconference to support sites when new studies are identified, to provide feedback on how studies are progressing and share best practice.</p> <p>4) Organise Specialty and cross Specialty (e.g. with the Injuries and Emergencies (T&amp;O) Specialty) events to maintain engagement.</p> <p>5) The CRSLs will continue to work and meet quarterly with the RDM and team to review ongoing activity, engage the research community and find opportunities to contribute in Anaesthesia, Perioperative Medicine and Pain Management commercial and non commercial research.</p>	Red	<p>National objective not met locally:</p> <p>CRNWM was not one of the 6 CRNs to open a study led by a Trainee. Unfortunately the study that was expected to open this year led by a trainee Chief Investigator was delayed due to maternity leave. It is going through approvals at the moment (PAF not yet submitted) and it is expected that CRNWM will meet the specialty's objective during 2019/20. However, CRNWM has supported the national objective by being the highest recruiting region to a study led by a trainee from CRN Yorkshire &amp; Humber (CPMS 37360 Drug Allergy Labels)</p> <p>This year recruitment to Anaesthesia, Perioperative Medicine and Pain Management (APOMPM) studies has been very successful with the region recruiting over a third more participants compared with last year, and CRNWM was the highest recruiting region across England. Recruitment during 2018/19 was 80/100,000 population compared with 31/100,000 last year. This year 13 acute Trusts have participated in APOMPM managed studies, across 22 sites. In addition 2 Mental Health Trusts and 39 GP Practices (9 CCGs), have taken part in research supported by APOMPM, which is an increase on the previous year. The CRNWM supported the planned research focused Trainee event in January 2019, that was led by one of the CRSLs.</p> <p>The successful recruitment to studies has been due to the continued support of the WM-TRAIN. Their continued engagement and leadership</p>

Section 6. Speciality Objectives				
RAG Information:				
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<b>Complete (C)</b>		Milestone(s) complete.		
<b>Red (R)</b>		One or more specified deliverable was not delivered by the Milestone Date.		
<b>Amber (A)</b>		There is a risk that one or more specified deliverable will not be delivered by the Milestone Date.		
<b>Green (G)</b>		On target to deliver all specified deliverables by the Milestone Date.		
			Year End Report	
Ref	Speciality	Local activities to achieve the national objective	RAG	Commentary
3	Cancer [4]	<p><b>Objective:</b> Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties</p> <p><b>Measure:</b> Number of LCRNs achieving on-target recruitment into at least 8 of the 13 Cancer subspecialties, where "on-target" means either improving recruitment by 10% from 2017/18 or meeting the following recruitment targets per 100,000 population served: 11 Passed Disease Areas (17/18)</p> <p>a) Brain:0.2 - (17/18 - 0.2)                      b) Breast:10- (17/18 - 16.4)                      c) Colorectal: 3 - (17/18 - 5.5)                      d) Children and Young People: 3 - (17/18 1.4)                      e) Gynae: 3 - (17/18 - 0.9)                      f) Head &amp; Neck: 1.5 (17/18 - 5.6)                      g) Haematology: 7 - (17/18 - 16.4)                      h) Lung: 4 (17/18 - 8.4)                      i) Sarcoma:0.1 - (17/18 - 0.8)                      j) Skin: 0.5 - (17/18 - 2.1)                      k) Supportive &amp; Palliative Care and Psychosocial 4 - (17/18 - 7.1)                      l) Upper GI: 3 - (17/18 - 3.2)                      m) Urology:12 - (17/18 - 8)</p> <p><b>Objective:</b> Increase recruitment and access to studies opened in CYP/TYA.  <b>Measure:</b> Meet the speciality objective target recruitment in CYP/TYA. To continue with the success of achieving the targets stipulated by our speciality objectives. We have successfully delivered increased patient access in the following areas: Breast, Colorectal, Head and Neck, Brain,Sarcoma, UGI , Urology, Haematology, Lung, Skin and SPCPC. The areas of focus for the coming year will be Gynae and CYP/TYA.</p> <p><b>Challenges:</b> To achieve a more robust collaborative referral pathway between our Partner Organisation. Ability to capture recruitment ages and supporting data.  <b>Opportunities:</b> Active engagement of new SSL in TYA, to drive the strategy and agenda for more studies and recruitment in this specific speciality. To raise awareness of the unmet needs of the TYA population and to provide increased opportunities to access clinical trials within CRN WM.  <b>Plans:</b> Appoint a new SSL for TYA in CRN WM. To review the cancer portfolio for core TYA portfolio studies and champion PO (UHB) to maximise portfolio studies specific to TYA. Identify a dedicated Research Nurse and Portfolio Manager to support the strategy. Continue to support the Expert Advisory Group (EAG) meeting by updating the members on CYP/TYA trials and recruitment.</p> <p><b>Objective:</b> Increase recruitment and access into Gynae studies.  <b>Measure:</b> Meet the speciality objective target recruitment for Gynae studies.  <b>Challenges:</b> Oncology Gynae Service is undergoing revision within CRN WM. This may impact delivery of the Gynae portfolio research.  <b>Opportunities:</b> Planning for an evening event for Gynae clinicians to share best practice, monitor performance, discuss new studies. Develop more active collaborations with gynae clinical trials, and to encourage a robust referral pathway.</p> <p><b>Objective:</b> Increase recruitment into Urology clinical trials. <b>Measure :</b> To meet the new target of 12 as set by the CC and to sustain this new target. <b>Challenges:</b> Ensure that the trusts within CRN WM has a balanced portfolio of Urological studies to offer the patients thus increasing recruitment. <b>Opportunities:</b> To target clinicians and Expert Advisory Group (EAGs) about support Urological Cancer and clinical trials.</p>	Green	<p>We have achieved on target recruitment in at least 11 of the 13 Cancer subspecialties, where 'on-target' means either improving recruitment by 10% from 2017/18 or meeting the following recruitment targets per 100,000 population served.</p> <p>a) Brain 18/19 - 0.4                      b) Breast 18/19 - 12.5                      c) Colorectal 18/19 - 4.8                      d) Children and Young People 18/19 - 3.5                      e) Gynae 18/19 -1.8                      f) Haematology 18/19 - 15.2                      g) Head and Neck 18/19 - 1.9                      h) Lung 18/19 - 9.0                      i) Sarcoma 18/19 - 3.1                      j) Skin 18/19 - 1.8                      k) Supportive and Palliative Care and Psychosocial 18/19 - 3.9                      l) Upper GI 18/19 - 5.7                      m) Urology 18/19 - 9.6</p> <p>We have made encouraging progress with the Gynae and CYP/TYA portfolio. We have met both targets on this years speciality objectives with improvement on the previous years target. CRN WM still have to appoint a SSL for TYA and we are in the process of seeking a clinician to take up this post. In the meantime we have had local support from a nurse and Portfolio Manager who have been supporting the strategy. We now have had interest from a TYA nurse at a local hospital on the champion role. We continue to attend the EAG meetings and engage the members at that forum. CRN WM now records all TYA age ranges to support the national strategy.</p> <p>The lead Gynae service has gone through relocation to another trust. As a consequence the service has had to establish itself. We now have gynae studies open and supported through</p>

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4	Cardiovascular Disease [5]	<p><b>Objective:</b> Develop the research workforce in cardiovascular surgery.  <b>Measure:</b> LCRNs will identify the cohort of investigators who work on cardiovascular-led portfolio studies at cardiothoracic surgery centres. In consultation with this cohort the LCRN will make a written plan on how it will help those who are interested in becoming PIs.</p> <p>Our approach is to build on the success of research activity already occurring in 5 of the 6 West Midlands cardiothoracic centres by:</p> <ul style="list-style-type: none"> <li>• Visit research active cardiothoracic centres to identify current workforce skills and capacity along with gaps and barriers to incentivising and developing more PIs.</li> <li>• Scope the potential for Heart of England Trust cardiothoracic centre to expand its research into cardiothoracic surgery.</li> <li>• Build on the recent work that established increased engagement with East Midlands CRN resulting in the sharing of study details with a view to setting up new sites in the adjacent CRN. This is also aimed at make the 2 CRNs more able to attract and deliver large studies.</li> <li>• Continue to share case studies and best practice at CRN Specialty meetings across all cardiovascular sub-specialties.</li> <li>• Build on the work of 2017-18 to engage with DGHS that have no or few cardiovascular studies in their portfolio.</li> </ul>		Green	<p>We submitted the mid-year progress report on time and passed the necessary review. A broad cardiovascular staff survey was sent out, but had very low returns. This led to limited progress with engaging with DGHS.</p> <p>This was followed up with discussions on the difficulties faced in running cardiothoracic research and how to incentivise more PIs. This fits into the broader work being undertaken through our Workforce plan 2018/20 that includes boosting CI/PI development. We subsequently submitted the cardiothoracic workforce plan on time.</p> <p>Joint East Midlands / West Midlands cooperation has continued with an additional meeting and the sharing of research studies.</p>

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5	Children [6]	<p><b>Objective:</b> Increase NHS participation in Children’s studies on the NIHR CRN Portfolio  <b>Measure:</b> Proportion (target 90%) of NHS Trusts recruiting into Children’s studies on the NIHR CRN Portfolio.</p> <p>We have 17 of 18 (94%) Trusts with agreed targets in 2017/18 recruiting into Children’s main specialty studies, with 20 Trusts having recruited in-year.</p> <p>Taking the national measure on recruitment to studies where Children is included as a supporting Specialty - the ODP App shows recruitment at 89% Amber (25 of 28 WM Trusts).</p> <p>There are three non-recruiting Trusts (Shropshire Community Healthcare NHS Trust, North Staffs Combined Healthcare NHS Trust and West Midlands Ambulance Service). The former has not recruited to any portfolio study this year although the CRN is trying to support the Trust to do so; NSCHT is considering to open a Mental Health Specialty study on the Assessment of Concerning Behaviour in autism spectrum disorders in children &gt;7 years old; and there are no suitable children’s studies on the portfolio for the Ambulance Trust.</p> <p>However, gathering local intelligence to record where we are really recruiting children (i.e. participants &lt;16 years old), we have recruited in 20 WM Trusts to Children’s main specialty studies, plus four Trusts where children have been recruited to diabetes or mental health studies i.e. we have recruited children in 24 Trusts (Q3 datacut), this being three more than last year. This reinforces our inclusive approach, and will be continued through 2018/19.</p> <p>Our approach with co-supported studies will be maintained through 2018/19:</p> <ul style="list-style-type: none"> <li>In particular we will focus on helping the CRSL for Young People’s Mental Health to recruit to Portfolio studies, building on our links with the Mental Health and Community Trusts, and developing links with the Psychology departments of the Universities of Birmingham and Aston.</li> <li>Paediatric palliative care studies, for which we ran our first successful WM-led study in 2017/18 (CPMS ID 31659 The Journey through Care: palliative care for children &amp; young people), will be a continued focus with two new studies in set-up.</li> <li>We aim to strengthen links between Genetics and paediatric Specialties, with particular focus on rare diseases and processes established for recruiting to the 100,000 genomes project.</li> <li>A new approach for 2018/19 will be to engage with the NIHR MedTech Cooperatives, for which the CRN WM Children’s CRSL is the rare disease lead.</li> </ul>	Green	<p>The Specialty Objectives ODP App shows recruitment to Children’s supported studies in 25 of 27 (93%) Trusts, achieving the target of 90%.</p> <p>Shropshire Community is listed on the App as the only non-recruiting Trust. This year, for the first time, this Trust has recruited to a Portfolio study, and we are working with the Trust to try to open a Children’s study too (CPMS ID: 36317 Evaluating Advance Care Plans. Listening to families and professionals).</p> <p>Recruitment to Children’s managing Specialty studies has been achieved in 20 Trusts this year to date, an increase from 19 Trusts last year. This is due principally to three studies where the CRN WM is recruiting well: CPMS ID 36882 Focus on early eating, drinking and swallowing; ID 36317 Evaluating Advance Care Plans; and ID 39837 Pre-appointment written materials in children’s therapy services.</p> <p>Overall HLO1 is higher than last year and the Children’s Specialty has contributed a greater percentage of recruitment in CRN WM than last year, but the CRN WM national ranking is lower than previously (we have tried to take part in the two high recruiting Manchester ‘PAT-POPs’ and ‘Be on the TEAM: Teenagers Against Meningitis’ studies by contacting the CIs, but unfortunately these studies were not open to us). However, the CRN WM has the 3rd highest number of studies open and recruiting, reflecting our approach to support relevant studies to give equity of access to children cross a range of</p>

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6	Critical Care [7]	<p><b>Objective: Increase intensive care units' participation in NIHR CRN Portfolio studies</b>  <b>Measure: Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio (80%)</b></p> <p>1) Analyse site performance using bed capacity and annual patient admission data to highlight good practice and areas for improvement. Currently the local activity far exceeds the target recruitment, however, there is considerable variation between sites of recruitment. To better quantify the recruitment success of individual units, we will measure recruitment numbers in relation to bed capacity and number of admissions to units each year. This information will remain confidential to the CRSLs in the first instance but help identify high performing centres and those that could be a target for support. Produce an interactive map of studies available within CRN WM region to highlight research participation opportunities across the geography</p> <p>2) There are 3 ICUs with no portfolio activity whatsoever; we will make it a priority to approach these ICUs to establish the barriers to start recruitment.</p> <p>3) Identify and visit sites that have been successful in delivering trials in critical care over the past 2 years to identify best practice and share learning on how barriers can be overcome.</p> <p>4) Engage with potential Principal Investigators in the region who are willing to take leadership for local recruitment to Portfolio studies. The aim will be to start them with small and relatively easily achievable studies.</p> <p>5) The CRSLs will continue to work and meet quarterly with the RDM and team to review ongoing activity, engage the research community and find opportunities to contribute in commercial Critical Care research.</p>		Green	<p>National Specialty Objective Met ~ 91% intensive care units recruiting into studies on the NIHR CRN Portfolio. [As long as one ICU site within a Trust is recruiting, the Trust will count as having passed the objective.]                      Non-Recruiting ICU Sites (1) = Walsall Healthcare NHS Trust - Manor Hospital</p> <p>This year recruitment to Critical Care studies has again been very successful with the region recruiting more participants compared with last year, and CRNWM was the highest recruiting region across England. Recruitment during 2018/19 was 68/100,000 population compared with 62/100,000 last year. Nearly 4000 participants were recruited to Critical Care managed studies during 2018/19 from across the West Midlands. CRNWM has therefore improved on last year's performance and remained the lead network recruiting to Critical Care studies for 2018/19.</p> <p>CRNWMs success can be attributed to the number of Critical Care studies open and recruited to across the region and to exceptional recruitment achieved by two observational studies, CPMS 32999 PEARL Project and CPMS 33544 ReSPECT evaluation, which also recruited well last year. Recruitment via ICUs to CPMS 19664 High-Intensity Specialist-Led Acute Care (HiSLAC) and CPMS 32256 Perioperative Quality Improvement Programme helped ensure that all but 1 Trust ICUs participated in NIHR CRN Portfolio studies.</p> <p>Four CRNWM led studies passed HLO2b:                      32850 REVERE Breathe</p>

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7	<b>Dementias and Neurodegeneration [8]</b>	<p><b>Objective:</b> Increase early career researcher involvement in NIHR CRN Portfolio research  <b>Measure:</b> each LRCN to demonstrate and provide names of two new early career researchers that have become local PIs for NIHR DeNDRoN portfolio studies during 2018/19. With one of them being in dementia and the other in neurodegenerative diseases.</p> <p>Challenges/opportunities: DENDRON CRL will be retiring in April 2018. We will be losing academic links from current Clinical Lead. We are in the process of recruiting a new CRSL</p> <p>Plan:                      Acute and community trusts are encouraged to recruit to dementia studies. Currently 17 trusts are recruiting to DENDRON studies. We will be meeting with all R&amp;D managers and discuss ways of supporting, we hope this will increase the number of new PIs.                      We are also exploring the possibilities of having PIs in care homes.                      Dementia Platform UK has created a new website aimed to early career researchers. They can create a profile so LCRN can approach them with research opportunities they will also be able to show interest in taking part in research.</p>		Green	See DeNDRoN specialty objective year end report to cluster office <a href="https://drive.google.com/file/d/1NRQUfZFfxbDLmQUG6owHz17VtiqV_aN/view?usp=sharing">https://drive.google.com/file/d/1NRQUfZFfxbDLmQUG6owHz17VtiqV_aN/view?usp=sharing</a>
8	<b>Dermatology [9]</b>	<p><b>Objective:</b> Develop the Dermatology Principal Investigator (PI) workforce  <b>Measure:</b> Number of new Nurse PIs for managed or supported Dermatology studies entering the NIHR CRN Portfolio</p> <p>Opportunities/Challenges                      It continues to be a challenge for the West Midlands that good recruitment relies on delivery of studies developed by CIs located in other LCRNs.</p> <p>Plans                      Last year we have had good engagement with West Midlands based registrars giving us the opportunity to highlight portfolio research to these registrar's and encouragement of them as future CI/PIs for the region. Last year there was representation of this group at the sandpit day hosted by the CRN WM and subsequent submission of a research proposal for CRN support. We will continue to engage this group this year to support development of regionally led studies through joint specialty and registrar meetings.                      Continue to support a pipeline of studies developed through the UK Clinical Trials Network - our Dermatology CRSL continues to be a member of the steering committee of UK Clinical Trials Network which aims to conduct high quality independent multicentre trials for treatment and prevention of skin diseases. There is a pipeline of multicentre clinical Trials at different stages of development.                      Currently, there are no nurse PIs for dermatology managed studies. There are nurses in our partner organisations that are interested in becoming PIs for Dermatology studies but to date no new studies which would allow this have become available. We will continue to review new studies for suitability for nurse PIs.</p>		Green	Dermatology practical research skills event held in October 18 upskilling the workforce including nurses to deliver dermatology studies. We are continuing to review studies that can be led by Nurse PIs. A dermatology supported study (CPMS ID 37915) Parental mindfulness and wellbeing in childhood Psoriasis which opened June 2018 is being led by 4 nurse PIs in the region at Walsall, Wye Valley, SATH and UHNM allowing this years specialty objective to be met. PLUM study (CPMS ID 33029) is out for expression of interest with Trusts currently. RWT is reviewing the study with the intention to have a nurse PI for this. 2 joint dermatology specialty and registrar meetings have continued this year. There has been an increase in attendance of nurses at these meetings from both academic and Trust settings.

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9	Diabetes [10]	<p><b>Objective:</b> Improve primary-secondary care collaboration in the delivery of diabetes research.  <b>Measure:</b> Increase recruitment into studies that require collaboration between primary and secondary care.</p> <p>Whilst West Midlands has been successful in meeting both of the 2017-18 diabetes specialty objectives our diabetes portfolio in community and primary care remains modest, leaving scope for expansion.</p> <ul style="list-style-type: none"> <li>We have reconfigured our local CRSLs with one taking responsibility for secondary care and the other community / primary care. The CRN will work with the CRSL responsible for primary care to identify suitable studies to be supported by our highly engaged GP practices as well as opportunities in community Trusts.</li> <li>Work with the clinical leads of a recently delivered non-portfolio research project on integration of primary care and specialist diabetes services in Wolverhampton to identify ways of emulating the increase in levels of engagement and interest in research across the region. Use this as a bridge to identify clinicians willing to undertake Portfolio research studies across the primary-secondary care interface.</li> <li>Look at innovative ways of recruiting from the large local BME population.</li> <li>Examine how we can achieve peripatetic diabetes research nurses as one solution to skill shortages in certain locations.</li> </ul>		Red	<p>National objective not met locally:                      We have added new studies to our primary care / community diabetes portfolio but these have not been enough to see an increase in recruitment from the previous year. Despite this our recruitment is ranked 7th nationally. The planned local activities were completed except item 3 that is being carried over to next year.</p> <p>We have recently replaced our deputy CRSL for diabetes (community/primary care). This has led to a meeting with Royal Wolverhampton Vertically Integrated (VI) practices and the Modality GP practice group in Birmingham to discuss how to increase research activity, including diabetes research, in the region. Discussions are also progressing with community and mental health Trusts to scope opportunities to expand diabetes research. This has been made more poignant with the merger of SSSFT and SSoTP to Midlands Partnership FT where opportunities are present within the long-term conditions team, include for Type 2 diabetes research.</p> <p>The work to establish improved ways of recruiting from the local BAME community will be carried over to 2019-20.</p>



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10	Ear, Nose and Throat [11]	<p><b>Objective:</b> Increase trainee involvement in NIHR CRN Portfolio research  <b>Measure:</b> Establish links with the relevant professional organisations involved in research for patients with Ear, nose and throat, Hearing and Balance conditions to encourage and support trainee involvement in NIHR CRN Portfolio studies</p> <p>1) Build a research infrastructure that can be accessed by ENT trainees by linking and encourage working with the well-established West Midlands Research Collaborative, a surgical trainee-led research network to introduce trainee access to NIHR CRN support and studies. Establish links that will eventually facilitate getting trainee led projects onto the portfolio and offer support, particularly for the short high intensity projects, that are likely to be typical of the trainee network.</p> <p>2) We will encourage trainees and research naive clinicians to undertake GCP training and it is also envisaged that the Audiology Champion will encourage colleagues, assist in identifying appropriate potential PIs, and help expedite the set up of studies.</p> <p>3) The CRSL and Audiology Champion will continue to work, and meet quarterly, with the RDM and team to review ongoing activity, engage the research community and find opportunities to contribute in commercial ENT and Audiology research. The Division 6 team will continue to horizon scan and identify and communicate details of studies open to new sites to Trust R&amp;D for discussion and participation from both the ENT and Audiology community.</p>		Green	<p>Objective Met: Increased trainee involvement                      CRNWM has both an Audiology Champion and a Trainee Champion who actively support the Specialty. The CRNWM Portfolio Manager for ENT raised awareness of research within their specialty at a recent regional Audiology Managers. Over the past 4 years, recruitment to ENT studies has been poor, partly due to a lack of suitable studies,. However this year recruitment has significantly improved from 1/100,000 population to 3.1 /100,000 population and, in terms of HLO1, there has been over 155% increase in recruitment. Nationally this has meant CRNWM has moved up from 11th nationally last year to 5th highest recruiting CRN in 2018/19. The number of participating sites across the West Midlands has also increased, from 2 Trusts last year, to 5 Trusts this year.</p> <p>1 CRNWM Led study closed, but failed to meet target or time:                      14787 CEA of BAHA</p>

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11	Gastroenterology [12]	<p><b>Objective:</b> Improve recruitment to NIHR CRN Gastroenterology studies  <b>Measure:</b> Recruitment of 40 participants per 100,000 population to Gastroenterology studies on the NIHR CRN Portfolio</p> <p>1) Share the workload with the newly appointed CRSL deputies to allow concentration on supporting the research trainee networks to come to fruition. Delivery of a trainee research network led study – the Lead CRSL will act as mentor to support this.</p> <p>2) Obtain funding for a regional research collaborative to deliver a large volume project within the West Midlands. We hope to be successful with a joint bid to become a CRUK Grand Challenge winner, which would place us regionally into a group of 5 regions which will act as hubs to support very large volume recruitment. Our Lead CRSL intends to focus some of the first part of 2018 on delivering the application fully.</p> <p>3) Help local investigators develop ideas into big recruiting local NIHR grants. To develop local CI led NIHR grant applications we are setting up a meeting in March (2018) to invite ideas from potential future CIs. We propose to have 5 ideas pitched to the group and intend to evaluate these with a plan to take forward the best projects to the appropriate NIHR calls. We also intend to promote commissioned applications from the region into relevant NIHR calls which may have been informed by ongoing James Lind Priority Setting Partnerships.</p> <p>4) Expand Trust participation in commercial studies by developing our engagement further with commercial sponsors. This will not only result in commercial companies being more forthcoming within our region but also hopefully induce local PIs to participate in research.</p> <p>5) Hold an "East meets West Event" where CRN WM and CRN EM are facilitating a joint Specialty (Hepatology and Gastroenterology) joint LCRN meeting to establish and improve joint working with colleagues.</p> <p>6) The CRSLs will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to ensure target of 40 participants per 100,000 population to Gastroenterology studies.</p>	Red	<p>National Objective Not Met locally, but CRNWM has seen improved recruitment to NIHR CRN Gastroenterology studies</p> <p>CRNWM has supported the NSG Gastroenterology meet the national objective to recruit 40 participants per 100,000 population to Gastroenterology studies on the NIHR CRN Portfolio, but was not one of 9 the CRNs to recruit 40/100,000 population. However, CRNWM did achieve 30/100,000 population and increased HLO1 recruitment from 1,174 to 1,558 participants.</p> <p>Gastroenterology has a large commercial portfolio, which affects recruitment to non-commercial studies that usually have potential to recruit higher numbers, and a large proportion of interventional trials. This year participants have been recruited to 13 commercial trails and 20 non-commercial studies. Most recruitment activity this year has taken place at The Royal Wolverhampton NHS Trust, University Hospitals Coventry and Warwickshire NHS Trust and Shrewsbury and Telford Hospital NHS Trust. A new local investigator, supported by the CRNWM CI development scheme, opened a study CPMS 38146 Family planning in inflammatory bowel disease, and 7 commercial studies led by CRNWM also opened in 2018/19</p> <p>An "East meets West" Joint CRNEM/WM event was held earlier this year and a further gastro research network training event promoting research to new consultants and a successful trainee event led by the CRSLs took</p>

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12	Genetics [13]	<p><b>Objective:</b> Increase early career researcher involvement in NIHR CRN Portfolio research  <b>Measure:</b> Number of LCRNs that have evidenced increased early career researcher involvement in NIHR CRN Portfolio research</p> <p>The CRSL has added research as an agenda item to the Genetics Consultants meetings in the Regional Genetics Laboratory, where recruitment strategies and study delivery issues and activities are discussed. The MDT meetings include genetic counsellors and study coordinators, and are serving to raise the profile of Portfolio research among the early career professionals. Communication with a range of groups and individuals will aim to achieve engagement with genetics scientist trainees, academic researchers, genetic counsellors, genomics / rare disease nurses and allied professionals e.g. physiotherapists who support patients with rare genetic disorders. A rolling programme of meetings or roadshows will continue through 2018/19 with Trusts and PIs who support genetics studies not run through the Regional Genetics Laboratory, to widen participation of staff in co-supported Portfolio studies.</p> <p>To evidence early career research involvement in portfolio research, we will include genomic nurses and genetic counsellors on delegation logs of CRN portfolio studies. In 2018/19 this will now include staff recruiting to CPMS ID 37319 The 100,000 Genome Study. The aim is that these early career researchers will be encouraged to become local PIs of the future.</p> <p>To support an expanding cohort of research active professionals, we will provide access to GCP training and relevant courses e.g. Let's Talk Trials, with a targeted approach to increase the trained cohort of staff in the Genetics department able to participate in Portfolio research. We will also continue with the new initiative started January 2018 of providing PI masterclass sessions aimed specifically at approx. 40 genetics counsellors, 18 Consultants and 7 SpRs.</p> <p><b>METRICS</b>                      (baseline Sept 2017), 2017/18 year-end (March 2018), and 2018/19 mid-year (Sept 2018):                      Number of GCP-trained early career researchers (Baseline =18/30)</p> <ul style="list-style-type: none"> <li>• Number of early career researchers undertaking the PI masterclass course (Baseline =0)</li> <li>• Number of early career researchers accessing GCP fundamentals, Let's Talk Trials etc training (Baseline=0)</li> <li>• Number of early career researchers on delegation logs (Baseline=19/30)</li> <li>• Study specific procedures undertaken, obtained by survey after training</li> <li>• Number of early career researchers named as co-investigator on delegation logs (Baseline=1/30)</li> <li>• Number of early career researchers named as co-investigator on new funding applications</li> <li>• Number and names of new PIs with funding obtained or studies opened</li> </ul> <p>As the specialty is evolving significantly, we will take an opportunity in 2018/19 to work with CRN East Midlands to hold a Genetics event. The aim will be to hear what researchers in the regions (both early career and established), think the key questions for genetics research are, with a view to this engagement event shaping future research and delivery opportunities.</p>	Green	<p>Genetics early career researchers (ECRs) have been identified in the CRN WM, both individually and as an emerging cohort, as Consultants within 5 years of appointment, junior doctors and specialist registrars, Clinical Research Practitioners (i.e. the Genetics study coordination team), and genomics trainees in the WMRGL on the Scientific Training Programme (STP) leading to becoming a genetic counsellor or clinical scientist.</p> <p><b>METRICS</b>                      (Baseline Sept 2017), 2018/19 (April 2018), and 2018/19 year-end (February 2019):</p> <ul style="list-style-type: none"> <li>• Number of GCP-trained early career researchers (Baseline = 18/30, 60%; April 2018 = 16/26, 61%; Feb 2019 = 31/34, 91%)</li> <li>• Number of early career researchers undertaking the PI masterclass course (Baseline=0, April 2018 n=10, Feb 2019 n=13)</li> <li>• Number of early career researchers on delegation logs (Baseline=19/30, 63%; April 2018 = 15/26, 58%; Feb 2019 = 27/34, 79%)</li> </ul> <p>Longer term, as we support Genetics ECRs through a research career, we will aim to demonstrate that we have new named PIs or co-investigators on studies. There have been no funding applications submitted from the West Midlands year-to-date with ECRs as co-applicant but this remains a long-term aim for the region. To facilitate this, the WMRGS genetics R&amp;D team plans to set up a genetics ECR working group early in 2019/20 to support staff development and research</p>

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13	Haematology [14]	<p><b>Objective:</b> Establish links with the relevant professional organisations to encourage and support trainee involvement in NIHR CRN Portfolio studies  <b>Measure:</b> Number of LCRNs that have evidenced increased trainee involvement in NIHR CRN Portfolio research</p> <p>The CRN WM trainee lead for non-malignant haematology, Dr PLR Nicolson (Specialty Registrar in Clinical Haematology at UHB and BHF Clinical Research Training Fellow at the University of Birmingham), has established himself as a founding member of the HaemSTAR network. He will continue to engage with the national trainee group and input to their work streams throughout 2018/19.</p> <p>Dr PLR Nicolson will remain supported locally by the CRSLs, such that his personal involvement in Portfolio studies will be maintained – running research clinics and collecting samples for oncology trials as well as non-malignant haematology studies. Pip has helped coordinate the opening and delivery of the CPMS ID 32186 TRAIT Commercial study, with UHB being the highest recruiting Trust outside London. Pip will help coordinate the opening of CPMS ID 34919 FLIGHT Study at UHB, HEFT, Warwick, Worcester and Wye Valley in early 2018/19, albeit with only half the sites having trainee involvement at this stage.</p> <p>Dr PLR Nicolson attended the CRN WM cross-specialty trainee sandpit day, and has been successfully awarded support from the CRN and BCTU to develop a national audit that will be conducted by non-malignant haematology trainees. The HaemSTAR "National flash-mob audit on IVIg for ITP" has been granted data manager and REDCap (secure web application for building and managing online surveys and databases) support, with the BCTU hosting the online data collection tool. Pip will lead on the CRN WM set-up and delivery of this national audit in 2018/19.</p> <p>In addition, HaemSTAR won the Katie Bolam Research Award in Jan 2018; Pip will be involved with this national initiative too.</p>	Green	<p>The CRN WM trainee is Chair of HaemSTAR. He was active in recruiting to CPMS ID 32186 TRAIT where 9 of the 15 sites were supported by trainees providing 101 of 264 patients recruited, enabling the study to recruit to time and target and generating £25,000 Commercial income. Dr Nicolson also coordinated the recent 'Flash-Mob' audit which ran over three months Oct - Dec 2018, where trainees across England collected data entered onto a competitively-awarded database provided by Birmingham CTU. This has provided proof of concept for engaging registrars nationally, has already proven to be financially beneficial, and has established the premise for future national audits delivered by trainees. Next steps are being planned. Gill Lowe, Haematology CRSL, was one of two Consultant supervisors for this project.</p> <p>HaemSTAR also supported the opening of ID 34919 FLIGHT Study for newly diagnosed ITP, coordinating the opening of four sites locally; the CRN WM was the second highest recruiter to this interventional study nationally.</p> <p>Overall in 2018/19 CRN WM is 3rd/15 LCRNs for total recruitment to haematology studies and 5th for complexity-weighted recruitment (datacut 23 04 2019). For recruitment to Industry trials, CRN WM has provided 85 recruits to 7 studies across 5 Trusts, which is the 2nd highest Commercial recruitment nationally. Eight Commercial studies have closed in-year, all delivering to time and site target, achieving HLO2a of 100%.</p>

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14	Health Services Research [15]	<p>Objective 14a: Develop research infrastructure (including staff capacity) in the NHS to support clinical research in Health Services Research                      Measure 14a: Number of LCRNs with a lead for Health Services Research                      Objective: Increase Objective 14b: Increase the number of recruitment sites for NIHR CRN Portfolio studies funded by the Health Services and Delivery Research programme                      Measure 14b: Number of new sites for existing and new studies on the NIHR CRN Portfolio funded by the Health Services and Delivery Research programme (1 new site per LCRN)</p> <p>Opportunities/Challenges                      A challenge for the Health services research specialty continues to identifying the best stakeholders to engage that support growth of the portfolio. There has been engagement with key academic units including Keele, Warwick and Birmingham to raise awareness of the HSR portfolio. The West Midlands Specialty group has also been maintained with the members that have expertise in clinical delivery, pharmacy, laboratory, PPIE, public health, nursing and operational management. This continues to give the opportunity of further engagement with a broad range of stakeholders to raise the awareness of HSR.</p> <p>Plans                      We have engaged with local stakeholders including AHSN and CLARCH to support the HSR portfolio and will continue to do so where relevant.                      · Continue to hold joint HSR and Public Health Specialty Group meetings · Continue to expand the membership of HSR specialty group to reach a broader range of stakeholders and raise awareness of HSR.                      · Support the development of more HSR studies led in the West Midlands by engaging with researchers.</p>	Green	<p>CRSL for HSR in place · Continued to hold joint HSR and Public Health Specialty Group meetings · Continued to expand the membership of HSR specialty group to reach a broader range of stakeholders and raise awareness of HSR by bringing in Representatives from Health Service Units from Warwick and Birmingham. CRN staff (CRSL, RDM, ECER are now on circulation list to be invited to HSDR funding workshops at University of Birmingham which has led to engagement with 3 new academics applying to for HSDR grants. Supportive and Palliative Care CRSL directed to ECER who is applying for HSDR grant early in the New year (2019) New sites have been identified this year for HSR - CRN WM added new sites to 37250 (Access to medicines study) by approaching the study team to offer support with identifying new sites in the West Midlands. Recruitment came from 6 community pharmacies, however there was also involvement from Community Palliative Care Teams in the West Midlands which is not detailed in the accruals. Also, new site identified for 31336 (Equality for CYP with learning disabilities (LD) - Phases 2-4)</p>

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15	Hepatology [16]	<p><b>Objective:</b> Increase access for patients to Hepatology studies on the NIHR CRN Portfolio</p> <p><b>Measure:</b> Number of LCRNs recruiting to Hepatology studies on the NIHR CRN Portfolio in the disease areas of: cirrhosis and its complications; and/or non-alcoholic fatty liver disease (NAFLD) or non-alcoholic steatohepatitis (NASH)</p> <p>1) We need to be proactive in encouraging local Trusts to become more research savvy and explore identifying Trust research champions providing hepatology services. Local trusts are sometimes wary of recruiting patients to studies for other sites, but the role of a Participant Identification Centres (PIC's) should be reaffirmed this year to assuage this fear. We continue to expand the Portfolio of commercial and non-commercial studies in NAFLD (non-alcoholic fatty liver disease studies). We will seek out and attract new studies in the area of hepatitis B virus (HBV) infection.</p> <p>2) Our aim is to develop a larger hepatology research portfolio at other Trusts in the region, including UHCW. The Deputy CRSL will make the case for additional nursing support, provided by nurses within the hepatology department, and/or with an additional hepatology clinical role (at UHCW). Our local priorities include:                      - To improve our time to recruitment and to drive recruitment to existing studies.                      - Engage other hepatologists and encourage our junior doctors to participate in portfolio studies                      - Increase the number of commercial studies open at sites outside of UHB</p> <p>3) The CRSLs will continue to work, and meet quarterly with the RDM and team to review ongoing activity and monitor recruitment to ensure studies are available and open to sites in the disease areas of: cirrhosis and its complications; and/or non-alcoholic fatty liver disease (NAFLD) or non-alcoholic steatohepatitis (NASH) and will support the local Hepatology/ Gastroenterology trainee research network to initiate and deliver research across the region.</p> <p>4) The Division 6 team will continue to horizon scan NIHR Portfolio monthly to identify and communicate details of studies open to new sites.</p> <p>5) Hold an "East meets West Event" where CRN WM and CRN EM are facilitating a joint Specialty (Hepatology and Gastroenterology) joint LCRN meeting to establish and improve joint working with colleagues.</p>	Green	<p>National Objective Met:                      Recruited to studies on the NIHR CRN Portfolio in the disease areas of: NAFLD and NASH                      Alcohol related liver disease ~ 18450 ATTIRE                      Fatty Liver Disease ~ 18900 EPoS-UK                      ~ 20166 The REGENERATE Study                      ~ 30355 GenfitNash                      ~ 30428 Investigation of BI 1467335 versus placebo in patients with NASH.                      ~ 30725 Semaglutide in NASH                      ~ 33097 AURORA                      ~ 37682 The REVERSE study</p> <p>Hepatology has a large commercial portfolio, which affects recruitment to non-commercial studies that usually have potential to recruit higher numbers, and a large proportion of interventional trials. This year participants have been recruited to 9 commercial trials and 12 non-commercial studies. Most recruitment activity this year has taken place at University Hospitals Birmingham NHS Foundation Trust (Queen Elizabeth Hospital), University Hospitals Coventry and Warwickshire NHS Trust and Birmingham Women's and Children's NHS Foundation Trust (Children's Hospital). This year recruitment to Hepatology managed studies decreased from 3.7 /100,000 population to 1.7 /100,000 population and, in terms of HLO1, there has been a decrease in recruitment and fewer Trusts participating compared with last year. However 2 studies led by CRNWM opened during 2018/19:                      ~ 39255 CALIBRE Study                      ~ 33534 MERLIN</p>

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16	Infection [17]	<p><b>Objective:</b> Develop research infrastructure (including staff capacity) in the NHS to support clinical research  <b>Measure:</b> Named champion for sexually transmitted infection</p> <p>CRN WM has 3 Infection CRSLs, a Microbiology Lead, an Infection Diseases Lead and a Sexual Health Lead.</p> <ol style="list-style-type: none"> <li>1) Identify all studies where Infection is a supporting specialty as often this is unrecognised and identify Infection studies on the national portfolio that could be adopted in the region and continue to maintain high recruitment to portfolio studies.</li> <li>2) During 2018/19 the CRN will establish a research team within a Microbiology Laboratory to support a number of research studies across a variety of specialties (Cancer, Respiratory Medicine, Intensive Care and Sexual Health) that will support studies from assessing feasibility, implementing bespoke laboratory protocols and dedicated processing of research samples and liaison with other study staff. If successful this model may be implemented across the WM.</li> <li>3) Support and mentor new research active colleagues, progress links between infection and orthopaedics.</li> <li>4) Develop research capacity through engagement with local academic partners and work with newly appointed ID academics to improve early collaborations with portfolio studies and to use CRN to support investigators in their grant writing.</li> <li>5) As 'high consequence infectious diseases' clinical pathways are being developed across the UK in 2018-19, we will work to ensure that the WM has established links with Portfolio research that will run in parallel.</li> <li>6) We will continue to explore collaborations with national investigators to provide a wider range of infections for imported infections e.g. Malaria, TB and target priority areas including antimicrobial resistance, HIV &amp; TB resistance, emerging pathogens, antiviral treatments.</li> <li>7) With the Communications Lead's support we will reinstate the ID&amp;M Newsletter to publicise infection related research and success stories, for example recent important vaccine studies.</li> <li>8) We will collaborate with partners in CRN East Midlands to initiate an infection/microbiology specialty meeting.</li> <li>9) The CRSLs will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to Infection Specialty managed and supported commercial and non-commercial studies.</li> </ol>		Green	<p><b>National Objective Met with a named champion for sexually transmitted infection – Prof Jonathan Ross</b></p> <p>The Specialty has recruited into the following Subspecialties: Antimicrobial Research; Diagnostics; Genitourinary Medicine; HIV; Infection prevention; Nervous system infections; Pathogenesis (including Immunodeficiency); Tropical Medicine; Tuberculosis; Vaccines</p> <p>This year participants have been recruited to 2 commercial trials and 17 non-commercial studies. Most recruitment activity this year has taken place at University Hospitals Birmingham NHS Foundation Trust (Whitall Street Clinic, Heartlands Hospital and Queen Elizabeth Hospital), Coventry and Warwickshire Partnership NHS Trust and Midlands Partnership NHS Foundation Trust.</p> <p>Infection Specialty has and increase in recruitment from 25/100,000 population to 30/100,000 population and increased HLO1 from 1,1419 to 1,743 participants.</p> <p>Joint Infection/Microbiology meeting held in Birmingham with CRNEM</p>

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17	Injuries and Emergencies [18]	<p><b>Objective:</b> Increase participation in pre-hospital studies via Ambulance Trusts  <b>Measure:</b> Number of LCRNs that have recruited via Ambulance Trusts to two or more pre-hospital care managed or supported Injuries and Emergencies studies on the NIHR CRN Portfolio</p> <p>1) Increase involvement with Emergency Medicine trainees in the region to try and get participation in research going at an early stage in their career, which has been lacking in Emergency Medicine as there is no "requirement" to get involved in research in order to achieve Certificates of Completion of Training (CCT). There is only one region in the UK that has managed to get GCP training incorporated as a mandatory competency for progression at Annual Review of Competence Progression (ARCP) but we would like to introduce this across the WM region. The CRSL for Emergency Medicine will meet with the Head of School for Emergency Medicine and discuss making GCP training a mandatory competency for Higher Specialist Training in Emergency Medicine in the region.</p> <p>2) We aim to increase participation in pre-hospital studies via the West Midlands Ambulance Trusts through recruitment to pre-hospital care managed or supported Injuries and Emergencies studies on the NIHR CRN Portfolio. There are currently studies already open in this area that WMAS is taking part in, but whilst the 'RePHILL trial' will continue until 2020, there is a need to identify and open new studies in this area during 2018/19. In addition, the CRN WM will be encouraging colleagues across the region to volunteer as "In Hospital Lead Clinicians" at receiving sites where a new prehospital study is setting up.</p> <p>3) CRN WM will hold a joint Specialty Group Meeting between Injuries and Emergencies and Anaesthesia, Perioperative Medicine and Pain Management, Anaesthetics, where local CIs and PIs will be invited to develop links between Specialties to explore common ground and share best practice.</p> <p>4) Analyse site performance using annual patient admission data to highlight good practice and areas for improvement. Where there is little or no Portfolio activity we identify the barriers to opening Portfolio studies and put plans in place to overcome the barriers in order to increase recruitment. We will invite research interested consultants to regional and national meetings.</p> <p>5) The CRSLs will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to studies.</p>	Green	<p>National Objective Met: 7 studies have recruited via Ambulance Trusts to pre-hospital care managed or supported Injuries and Emergencies studies on the NIHR CRN Portfolio</p> <p>In 2017/18, 218 participants were recruited to pre-hospital studies via the West Midlands Ambulance Service. This year that number increased to 265 participants:                      ~ 32117 Ambulance CPAP                      ~ 31157 RePHILL                      ~ 16056 BBATS</p> <p>Recruitment to Injuries and Emergencies studies has again been very successful with the region recruiting more participants compared with last year, and CRNWM was the highest recruiting region across England. Across England national recruitment fell compared with the previous year. Recruitment during 2018/19 was 35/100,000 population compared with 41/100,000 last year. Over 2,000 participants were recruited to I&amp;E managed studies during 2018/19 from across the West Midlands, and whilst CRNWM has not improved on last year's performance it has remained the lead network recruiting to I&amp;E studies for 2018/19.</p> <p>CRNWMs success can be attributed to the number of I&amp;E studies that recruited to across the region and to exceptional recruitment achieved by two observational studies, CPMS 75971 WHiTE Study and CPMS 216703 RECOS, which also recruited well last year. The region also recruited well to a commercial study 173319 INJU 4610.</p> <p>Highest recruitment has</p>



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18	Mental Health [19]	<p><b>Objective:</b> Increase participation in Mental Health studies involving children and young people.  <b>Measure:</b> Increase the number of CRN Portfolio studies recruiting participants age 16 and under.</p> <p>Challenges/opportunities</p> <p>There is a lack of studies open to recruit children.                      Current EDGE system doesn't allow to identify those recruits under 16.                      Non-NHS settings, i.e. can now be accepted in the portfolio.                      Institute of Mental Health in Birmingham is specially interested in Early Psychosis</p> <p>Plan</p> <p>-We are organising an event to raise awareness of research in Young people. General pediatricians will be invited to attend and encouraged to refer to current trials.                      -Identify at least one general pediatrician to be involved in mental health research in children with health problems. We have identified this is an area with potential for development.                      -Map school nursing teams in the region.                      -We will identify research taking part in schools and support teams to ask for portfolio support.                      -Young People CRSL attends YP research group regularly.</p>		Green	Achieved - baseline was 18, we achieved 19.

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19	<b>Metabolic and Endocrine Disorders [20]</b>	<p>Objective: Understand and develop the Metabolic and Endocrine research workforce that work in metabolic and endocrine studies.                      Measure: Accurately record the PIs and recruitment staff (nurses and trial coordinators) working on M&amp;E-led studies open during 2017 calendar year.</p> <ul style="list-style-type: none"> <li>Request details of staff engaged in Metabolic and Endocrine studies from their respective R&amp;D offices in collaboration with the CRN Laboratory Lead. Map skills and capacity and identify gaps that may be barriers to delivering and expanding the local portfolio.</li> <li>Continue work with CRN Laboratory Lead to increase participation in Met &amp; Endo research by Partner Organisations, targeting those that are less research active.</li> <li>Engage with endocrine registrars/trainees to highlight the local Met &amp; Endo portfolio and encourage them to become PIs.</li> <li>Following on from the successful expansion in NeuroEndocrine Tumour. (NETS) research, scope the opportunities for research at UHCW as they invest in Peptide Receptor Radionuclide Therapy (PRRT) for treatment of neuroendocrine tumors.</li> </ul>		Green	<p>Objective Met. All required M&amp;E Specialty Objective spreadsheets submitted on time and passed Cluster office review.</p> <p>West Midlands is the highest recruiting LCRN in 2018/19.</p> <p>The local CRSL roles have been reconfigured and now include 2 deputy CRSLs providing a broader range of expertise. The Div2 CRL, M&amp;E CRSLs, and RDM met to discuss future priorities and strategies for replenishing the portfolio through internal growth (many studies are to close in the next 12 months).</p> <p>CRN WM is planning to link in with existing SpR training events as part of our work to encourage early career researchers / new PIs.</p> <p>PRRT and 68Ga scanning is now on site at UHCW and our Lead CRSL for this specialty is reviewing commercial research opportunities.</p>

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20	Musculoskeletal Disorders [21]	<p><b>Objective:</b> Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio  <b>Measure:</b> A) Named orthopaedic champion identified in each LCRN B) Increase the number of participants recruited into orthopaedic studies on the NIHR CRN Portfolio</p> <p>Opportunities/Challenges                      Whilst there are still a low number of available Orthopaedic studies that can be delivered the West Midlands are recruiting one of highest number of participants to elective Orthopaedic Surgery studies. Access to funding to develop studies has remained a challenge, however progress has been made with the feedback provided through the West Midlands Orthopaedic group has supported a successfully funded NIHR RfPB project and an EME grant. Having a Orthopaedic champion and specialty group forum already in place presents an opportunity to engage with the Orthopaedic community.</p> <p>Plans                      The Orthopaedic Specialty group meetings have been well attended this year with key stakeholders present. Whilst terms of reference are already in place we plan to produce a West Midlands Orthopaedic Strategy in collaboration with this group this year.                      As part of this strategy we plan to develop closer links with the Orthopaedic Registrars from across the region with the longer term plan of West Midlands Orthopaedic Registrar Group who develop research ideas.</p>		Amber	National objective not met locally: Led by an Orthopaedic champion, a West Midlands Orthopaedic Strategy has been agreed with the Orthopaedic group this year with links with the Orthopaedic Registrars from across the region being maintained. Whilst the number of participants has not increased, ABF has increased indicating the studies that are being recruited to are more complex. We are currently 1st Nationally to orthopaedic studies. RJAH is highest recruiting Trust this year across England to Orthopedic studies.
21	Neurological Disorders [22]	<p><b>Objective:</b> Increase the level of early career researcher involvement in NIHR CRN Portfolio research.  <b>Measure:</b> Number of LCRNs that have evidenced increased early career research involvement in NIHR CRN Portfolio research</p> <p>Challenges:                      There is higher number of studies that require high degree of specialism                      Our Neurologist CRL is retiring in April, we are in the process of recruiting.</p> <p>Plan                      Identify and attend specialist interest groups, mainly in epilepsy.                      Link with local charities.                      We have identified one new consultant interested in a research project, we are supporting her to access funding.</p>		Green	See Neurology Specialty Objective year end report to Cluster office <a href="https://drive.google.com/file/d/12kKN0ii2q58S3XPH-Jq5Kn2dXH6tavfT/view?usp=sharing">https://drive.google.com/file/d/12kKN0ii2q58S3XPH-Jq5Kn2dXH6tavfT/view?usp=sharing</a>

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<b>Green (G)</b>		On target to deliver all specified deliverables by the Milestone Date.			
				Year End Report	
Ref	Specialty	Local activities to achieve the national objective		RAG	Commentary
22	Ophthalmology [23]	<p><b>Objective:</b> Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio  <b>Measure:</b> Proportion of acute NHS Trusts that provide eye services recruiting into Ophthalmology studies on the NIHR CRN Portfolio (70%)</p> <ol style="list-style-type: none"> <li>1) Increase the number of active sites in West Midlands that are participating in ophthalmology studies on the NIHR CRN portfolio.</li> <li>2) Ensure all active sites have open studies in 2018/19 by reviewing studies open and in set up at each participating site to ensure continued involvement and growth throughout 2018/19.</li> <li>3) Closer liaison with Trust R&amp;D and local CIs and PIs to ensure activity continues.</li> <li>4) Support the WM ophthalmology trainee research network in the set up and delivery of research studies.</li> <li>4) The CRSL will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to studies.</li> </ol>		Green	<p>National Objective Met ~ 90% of West Midland acute NHS Trusts that provide eye services recruited into Ophthalmology studies on the NIHR CRN Portfolio</p> <p>The only Trust that did not recruit into Ophthalmology studies was The Dudley Group NHS Foundation Trust. Highest recruitment has occurred at Sandwell and West Birmingham Hospitals NHS Trust (Birmingham Midland Eye Centre) and University Hospitals Birmingham NHS Foundation Trust (Heartlands Hospital and Queen Elizabeth Hospital). However across England recruitment at the majority of CRNs is lower than last year, which includes the West Midlands. Recruitment during 2018/19 was 8/100,000 population compared with 19/100,000 last year.</p> <p>One CRNWM led study closed and passed RTT: 4654 Immune mechanisms in the ocular microenvironment</p>

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Ref	Specialty	Local activities to achieve the national objective	RAG	Commentary
23	Oral and dental health [24]	<p><b>Objective:</b> To develop the Oral and Dental research workforce in order to meet the demands of the expected growth in the portfolio following the JLA Priority Setting Partnership.</p> <p><b>Measure:</b> LCRNs to survey dentists and dental care professionals within their geographies to identify their research readiness and interests in order to gain an understanding of the local capacity and capability</p> <p>Opportunities/Challenges Last year gave an opportunity as we supported a West Midlands led study that could be delivered in the General Dental setting. This gave us an opportunity to engage with General Dental Practitioner community to showcase portfolio studies and raise awareness of research training opportunities available. The dental GCP e-learning module available on NIHR CRN learn which has been promoted through the dental School and Dental Hospital gave another opportunity to increase awareness of Network Support. Whilst progress has been made in raising awareness, NIHR adopted GDP research remains low.</p> <p>Plans To continue to increase awareness of the Oral and Dental Specialty and Network Support this year we plan to develop closer links with contacts made or identified through the two events held with GDP community last year. Our Oral and Dental CRSL is Head of a Department at the local Dental School with supervisory responsibilities so will continue to promote research awareness and training with the dental community.</p>	Green	In collaboration with the National O&D specialty group WM LCRN has sent out survey to dentists and dental care professionals within the geographies to identify their research readiness and interests in order to gain an understanding of the local capacity and capability. Survey results will be collated nationally (awaiting feedback). A CRN presentation (CRN support) was delivered at a LDN this year and Portfolio Facilitator is now part of their circulations. Thank you letters have been sent to all community dental practices who have participated in research this year to improve relationships with this community. All practices that participated in research have been invited to display CREIF poster/PPIE materials in their waiting rooms.

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24	Primary Care [25]	<p><b>Objective:</b> Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research</p> <p><b>Measure:</b> LCRNs to identify and fund a minimum of two named individuals in a GP registrar / First Five nurturing role to undertake Research Champion activities</p> <p>Progress with this objective in 17/18 provided the funding to secure the appointment of 3 individuals to the role of research champion with a focus on encouraging first five GPs to engage with research</p> <p>Plan:</p> <ol style="list-style-type: none"> <li>1) To develop the discussion from the induction day which took place on 25/1/18 where it was agreed to develop a plan of action with measurable targets and a timeline that covers the next 12 months</li> <li>2) To develop a questionnaire at start of year and at end of year (pre and post surveys) exploring existing knowledge and awareness, whether their practices are involved in research, have they been involved, would they like to have a further session on primary care research arranged.</li> <li>3) Develop a pack for practices to share with new GPs to use as part of induction process. This will be linked to the trainee induction programme and will target research naive trainees</li> <li>4) Engaging with those leaving the VTS scheme to encourage new GPs to get involved in research</li> <li>5) Encourage First 5 GPs to get involved with the development of secondary care studies to encourage the use of the Primary Care setting to enhance recruitment</li> </ol>	Green	<p>WM First 5 GP Champion Rachel Spencer won the RCGP First 5 Award</p> <p>Attendance at the 2nd National Primary Care First 5 meeting in Nov 2018</p> <p>Due to difficulties with payments, 2/3 of the GP champions ceased engagement and the third left to take up a new post in New Zealand. We held off recruiting back to the post until the new speciality objectives were confirmed. Rachel made fantastic progress during her time in the First5 role.</p> <p>Professor Jeremy Dale who leads on this work for the WM is working with Warwick Medical School and Health Education England to run a half day symposium on 'Primary Care Research and Audit in Coventry and Warwickshire' on the 11th July 2019. This will be an opportunity for research-active and research-interested GPs and their teams, GP registrars and medical students in the area to present primary care research and audits, and to hear about primary care research that has been undertaken within the area, how they might get involved - and most importantly, be inspired by each other. This event is aimed at undergraduate medical students with an interest in General Practice, GP trainees and GPs that are research active, including all practices supported by CRN research infrastructure scheme payments.</p> <p>Still to progress:</p> <p>3) Develop a pack for practices to share with new GPs to use as part of induction process. This will</p>

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Ref	Specialty	Local activities to achieve the national objective		RAG	Commentary
25	Public Health [26]	<p><b>Objective:</b> Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health  <b>Measure:</b> Number of LCRNs with a lead for Public Health B: Number of LCRNs recruiting to at least five studies on the NIHR CRN Portfolio managed by Public Health</p> <p>Opportunities/Challenges                      The recent change in policy to enable the NIHR CRN to extend support to public health and social care research in non-NHS settings presents an opportunity to increase number of studies adopted on to the portfolio.</p> <p>Plans                      Continue to hold joint HSR and Public Health Specialty Group meetings supporting cross specialty working.                      A local Public Health Specialty Group was developed last year to support Public Health research interested community. We will continue with these forums which are providing peer support to this community and also increasing awareness of Network Support.                      Continue to engage with the academic units, local authorities and NHS organisations and other stakeholders to support growth of the Public Health portfolio.</p>		Green	<p>CRSL in place; 5 Studies open with recruitment. We continue to hold joint HSR and Public Health Specialty Group meetings supporting cross specialty working.                      A local Public Health Specialty Group has continued to support Public Health research interested community. These forums are providing peer support to this community and also increasing awareness of Network Support.                      Continue to engage with the academic units, local authorities and NHS organisations and other stakeholders to support growth of the Public Health portfolio. Representation at PH England National Event Warwick 11 Sep 18. PH Co-CRSL appointed this year.</p>
26	Renal Disorders [27]	<p><b>Objective:</b> Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio.  <b>Measure:</b> Number of LCRNs with one or more 'new PIs' (defined as researchers who have not engaged as PI in any commercial study in the last 3 years).</p> <p>Whilst the West Midlands continues to develop studies in haemodialysis and peritoneal dialysis recruitment is dominated by one large registry study that is planned to end March 18.</p> <p>All main renal units are research active and 6 out of 7 are delivering commercial research. The main paediatric renal unit at BWCH is also research active.</p> <p>Challenges remain to improve our delivery to Target &amp; Time.</p> <p>It remains challenging to encourage urological surgeons to take on commercial trials without extensive support in this productivity-oriented service.</p> <ul style="list-style-type: none"> <li>• WM commercial renal portfolio is modest and commercial sites are often preselected and investigators preselected. Despite this several new clinicians have come forward to express an interest in being a PI on renal commercial studies. The CRN will continue to encourage and support new PIs.</li> <li>• The CRN will continue to support the Dudley Group to expand its renal portfolio to include commercial trials.</li> <li>• We will engage with urology registrars/trainees in order to inspire them to form a trainee group and for them to become PIs and ultimately develop their own studies.</li> <li>• Promotion of the urology subspecialty will continue along with efforts to build cohesion across all centres in benign urological clinical research.</li> </ul>		Green	<p>We have met this Specialty Objective with at least 1 new PI to a commercial Renal Disorders study.</p> <p>All main renal units have recruited to non-commercial studies and all except one have recruited to at least one commercial study.</p> <p>The deputy CRSL has worked with consultant colleagues to map out the best approach to engaging with SpR/new consultants towards setting up a urology trainees group. Progress has been made and presentations on the NIHR and its service offering along with a 'sandpit' day are planned for early 2019-20.</p>

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27	Reproductive Health and Childbirth [28]	<p><b>Objective:</b> Increase the proportion of NHS Trusts recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio</p> <p><b>Measure: A:</b> The proportion of acute NHS Trusts that provide maternity services (target 70%) recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio.</p> <p>There are 18 Acute Trusts in CRN WM, with 15 of these providing maternity services. In order to maximally support the Specialty objective, we aim to recruit to the RH&amp;C portfolio in all 15 Trusts. This will be achieved by:</p> <ul style="list-style-type: none"> <li>Ongoing support to the specialist maternity hospitals Support strategic initiatives with a focus on 24/7 GCP- and study-specific trained cover. Embedding this approach in 2017/18 ensured continued successful support to the WM-led studies and the national portfolio, and will be maintained through 2018/19. Embedding the culture for research is seen as key to successful delivery of Portfolio studies.</li> <li>Focus on hitherto non-recruiting DGHs. We identified three Trusts in 2017/18 with potential to recruit to the RH&amp;C portfolio, and worked with the R&amp;D managers to win strategic funding awards to appoint nursing/midwifery staff to support interested PIs. We also approached study teams to accept these novice sites for open studies, and have successfully supported two of the three sites to recruit to RH&amp;C studies. The 3rd site has studies in set-up and will be supported through 2018/19 as the newly appointed O&amp;G Consultants become research active.</li> <li>Additional help will be given to all sites from the CRN core delivery and support teams, to include tailored CRSL roadshows, attendance at research meetings with the PI, mentorship of new PIs, offering PI masterclass training and/or study-specific training and mentoring of the research nurses/midwives. Understanding the PI interests, site services and capability, will help to better support the feasibility assessments and aid targeted site selections. PI development, engagement with the nursing and midwifery workforce, and together with an appreciation of the strengths and limitations of sites, will be a focus for 2018/19 to grow the Specialty.</li> <li>Ever strengthening engagement with the WM Obs &amp; Gynae trainee collaborative will remain a focus of 2018/19, with the measure of success being the number of GCP-trained trainees and the number who recruit to or provide other research activities in RH&amp;C studies in the subsequent 12 months.</li> </ul> <p>Supported by the CRSL, the Obstetrics and Gynaecology (MROG) and Anaesthesia &amp; Intensive Care trainee groups attended the CRN WM cross-specialty trainee sandpit day in 2017/18. MROG proposed a study of antimicrobial-impregnated sutures on infection rates after caesarean section, and the anaesthetics trainees proposed PATHOS: Prevention And Treatment of Hypotension during Obstetric Surgery. The plan is to support the trainee networks to develop these proposals into regional or national audits in 2018/19, and ultimately for NIHR funding. This initiative is aimed at increasing involvement of trainees in research activities and developing the PIs of the future. The measure of success will be a successful grant submission by a trainee group.</p> <p>Measure B: Recruitment within the LCRN geography as a proportion of infant mortality data for that region. Establish baseline to determine appropriate level of growth for 2019/20</p> <p>Yet to be determined - local activities will depend on the baseline data to be collected in 2018/19. Use of regional perinatal and infant mortality data will identify geographic areas where research should benefit the local population.</p>	Green	<p>The Specialty Objectives ODP App shows recruitment to RH&amp;C Portfolio studies in 13 of 13 (100%) Trusts, achieving the target of 70%.</p> <p>We do have 14 Trusts in the CRN WM with maternity services. This year, to date, we have yet to recruit to RH&amp;C studies in Wye Valley NHS Trust but are working with them to identify suitable studies and with national study teams to accept Hereford County Hospital as a participating site. We have also supported the Trust R&amp;D department with a successful strategic funding award for a 0.2 wte research midwife in FY2019/20; this will support the clinical team to engage with suitable maternity Portfolio studies.</p> <p>CRN WM has retained its position as 3rd/15 LCRNs for total recruitment, and increased to 2nd place for complexity-based recruitment (datacut 26 04 2019). A total of 7,031 participants have been recruited to-date, which is 1,792 above last year despite a reduction in number of studies from 55 to 48. Twenty-four of these studies are WM-led, with another open yet to recruit.</p> <p>Three West Midlands-led non-commercial multi-site studies have closed in-year (CPMS ID 34335 COSMIST, ID 37426 Baby be Smokefree, ID 39050 APPEAL), and successfully delivered recruitment to time and target; HLO2b=100%.</p> <p>The RH&amp;C Specialty is 2nd highest recruiting in CRN WM, second only to primary care, and providing 9.5% of all recruitment in the region (datacut 26 04 2019). This highly successful recruitment in the CRN West Midlands</p>



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28	Respiratory Disorders [29]	<p><b>Objective:</b> Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio</p> <p><b>Measure:</b> Number of LCRNs recruiting participants into respiratory rare disease studies on the NIHR CRN Portfolio (e.g. pulmonary fibrosis, pulmonary hypertension, cystic fibrosis, lymphangioleiomyomatosis, pulmonary alveolar proteinosis).</p> <p>1) To recruit to studies in national Specialty targeted areas - airway disease, and orphan lung disease e.g.IPF. Based on the current Portfolio there should be no difficulty in achieving this objective in 2018/19</p> <p>2) To identify, develop and support additional PIs undertaking their first study - CRN WM target is 1-2 new PIs. The aim is to start them with small and more easily achievable studies.</p> <p>3) Increase the number of commercial studies by identifying industry Portfolio studies which are most easily deliverable across the region. This will allow less experienced PIs to start with relatively "easy win" studies.</p> <p>4) Investigate the feasibility of setting up a regional trainee respiratory research network.</p> <p>5) Identify capacity and capability of respiratory research in Trusts and explore opportunities and barriers for growth and participation. Disseminate knowledge about role of the CRN to the respiratory community.</p> <p>6) The CRSLs will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to studies.</p>		Green	<p><b>National Objective Met: Recruited participants into respiratory rare disease studies on the NIHR CRN Portfolio</b></p> <p>Recruitment into Cystic fibrosis, Pulmonary fibrosis / interstitial lung disease and Rare lung disease studies increased this year compared with 2017/18, and the West Midlands was the highest recruiting region for recruiting participants into respiratory rare disease studies commercial studies. CRNWM was the second highest recruiting region for Respiratory Diseases managed studies (CRN Wessex recruited over 6,000 participants to a single site observational study). Recruitment during 2018/19 was 40/100,000 population compared with 22/100,000 last year.</p> <p>Most recruitment activity this year has taken place at University Hospitals Birmingham NHS Foundation Trust (Heartlands Hospital and Queen Elizabeth Hospital) partly due to the regions rare diseases are mainly seen at this Trust.</p> <p>Three CRNWM led studies closed and passed RTT:                      ~ 19566 A Smart COPD-SPOC monitor for interactive management of COPD                      ~ 30345 CURVE                      ~ 32654 Elastin degradation in exacerbations of AATD</p> <p>Three of three CRNWM led commercial studies also closed and passed Study RTT:                      ~ 38656 CF Homozygous                      ~ 38655 CF Het-min                      ~ 19856 RESP 4602 COPD</p> <p>Unfortunately, despite CRNWM lead studies passing RTT, only 2 of the 4</p>

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Ref	Specialty	Local activities to achieve the national objective		RAG	Commentary
29	Stroke [30]	<p><b>Objective:</b> CRN recruitment to Stroke RCTs should be at least 8% of the 2016/17 SSNAP recorded hospital admissions.</p> <p><b>Measure:</b> % of Sentinel Stroke National Audit Programme (SSNAP) recorded admissions recruited into RCTs across the entire stroke pathway on the NIHR CRN Portfolio.</p> <ul style="list-style-type: none"> <li>Encourage research staff to continue to attend CRN specialty meetings and the successful evening events for clinicians.</li> <li>Scope the opportunities around growing the stroke rehabilitation sub-specialty that has recently been in decline in the West Midlands.</li> <li>RDM to work with local Trusts to minimise the risk of stroke nurses being moved into other specialties and not re-engaging as the size of the portfolio varies.</li> <li>CRN to continue to provide practical support to both HSRCs in Stoke and Birmingham, including looking at how to configure 24/7 coverage by research nurses.</li> </ul>		Red	<p>National objective not met locally: The target has not been met due to a lower number of recruiting studies. Recruitment numbers have also declined due in part to the dearth of rehab studies running in West Midlands. Despite this prospects have been improving with an increase in the number of feasibilities over recent months that have resulted in more studies in setup. This represents a good opportunity for improving recruitment going forward.</p> <p>The RDM and CRSLs have provided engagement opportunities through quarterly specialty meetings and site visits, the former continuing to attract good numbers of staff with different roles/seniorities including consultants and research nurses. The CRSLs have discussed maintenance of the research nurse workforce capacity with local Trusts. They have targeted certain Trusts where it is thought additional studies could be started.</p> <p>The network has continued to support both of our Hyperacute Stroke Research Centres.</p>

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Ref	Specialty	Local activities to achieve the national objective	RAG	Commentary
30	Surgery [31]	<p><b>Objective:</b> Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties</p> <p><b>Measure:</b> Number of LCRNs recruiting into at least 12 of the 14 surgical subspecialties (breast, cardiac, colorectal, general, head &amp; neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular) AND at least 2 patients/100,000 population into at least 6 of the 14 surgical subspecialties</p> <p>1) Cement our current performance by recruiting into at least 12 of the 14 surgical subspecialties (breast, cardiac, colorectal, general, head &amp; neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular) AND at least 2 patients/100,000 population into at least 6 of the 14 surgical subspecialties. Based on the current Portfolio there should no difficulty in achieving this objective in 2018/19.</p> <p>2) Across the region we have several WM led large RCTs about to open, which are designed to be trainee-centric in their delivery. Two of these (SUNRRISE and PPAC-2) are exclusively in the emergency/out-of-hours context. To support this increase in activity an emergency surgery trials (trainee-led) facilitation officer will develop and support the trainees who will deliver the trials. These studies are most appropriately delivered by trainee posts, but historically delivered by the PI.</p> <p>3) Continue to build on last years local objective to enhance our commercial trials activity.</p> <p>4) Collaborate with Trusts/POs to improve infrastructure, processes, and promote research to staff and its role in patient care and work with patient involvement groups to help empower patients to be involved in improving patient care through research.</p> <p>5) The CRSLs will continue to work, and meet quarterly, with the RDM and team to review ongoing activity and monitor recruitment to studies.</p>	Green	<p>National Objective Met: 7 studies have recruited via Ambulance Trusts to pre-hospital care managed or supported Injuries and Emergencies studies on the NIHR CRN Portfolio</p> <p>In 2017/18, 218 participants were recruited to pre-hospital studies via the West Midlands Ambulance Service. This year that number increased to 265 participants:                      ~ 32117 Ambulance CPAP                      ~ 31157 RePHILL                      ~ 16056 BBATS</p> <p>Recruitment to Injuries and Emergencies studies has again been very successful with the region recruiting more participants compared with last year, and CRNWM was the highest recruiting region across England. Across England national recruitment fell compared with the previous year. Recruitment during 2018/19 was 35/100,000 population compared with 41/100,000 last year. Over 2,000 participants were recruited to I&amp;E managed studies during 2018/19 from across the West Midlands, and whilst CRNWM has not improved on last year's performance it has remained the lead network recruiting to I&amp;E studies for 2018/19.</p> <p>CRNWMs success can be attributed to the number of I&amp;E studies that recruited to across the region and to exceptional recruitment achieved by two observational studies, CPMS 75971 WHiTE Study and CPMS 216703 RECOS, which also recruited well last year. The region also recruited well to a commercial study 173319 INJU 4610.</p> <p>Highest recruitment has</p>

Section 7. LCRN Operating Framework Indicators			
Section 7 of the template should be used to provide commentary on adherence to the LCRN Operating Framework Indicators.			
ID		Guidance	Year End Commentary
1.1	<p><b>Domain:</b> Governance and Management</p> <p><b>Indicator:</b> LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre</p> <p><b>Assessment Approach:</b> Monitoring of provision of key documents requested by the National CRN Coordinating Centre</p>	No further information required	
1.2	<p><b>Domain:</b> Governance and Management</p> <p><b>Indicator:</b> LCRN Clinical Director and/or LCRN Chief Operating Officer attend all National CRN Coordinating Centre/LCRN Liaison meetings</p> <p><b>Assessment Approach:</b> Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings</p>	Please comment on attendance at national meetings, if wished. The CRNCC maintain a central record	COO and CD (or nominated deputy) attend all national meetings as required.
1.3	<p><b>Domain:</b> Governance and Management</p> <p><b>Indicator:</b> LCRN Host Organisation and LCRN Category A Partners submit an NHS Information Governance Toolkit annual assessment to NHS Digital and attain Level 2 or Level 3</p> <p><b>Assessment Approach:</b> Analysis of information on the NHS Digital Information Governance Toolkit website which provides open access to attainment levels for all submitting organisations</p>	Please confirm that the Host Organisation have completed the NHS Digital Data Security and Protection Toolkit submission and that they have met all standards. If the Host Organisation completed the Information Governance Toolkit assessment prior to the launch of the NHS Digital Data Security and Protection Toolkit and within the financial year, please confirm the score and attainment level	<p>Host advised that it is not possible to look up PO compliance; this is the first submission of a new toolkit and there are still issues with what levels people are publishing at.</p> <p>There is no longer level 2/3 but 'standard met' or 'standards not met'. The Royal Wolverhampton NHS Trust (Host) RL4 - Standards Not Met (Plan Agreed) (96/100).</p>
1.4	<p><b>Domain:</b> Governance and Management</p> <p><b>Indicator:</b> Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners</p> <p><b>Assessment Approach:</b> LCRN Annual Report</p>	Please comment on Category A Partner organisation recorded in AR Appendix 3, if wished	Due to CRN staff being based within the Universities, the funding amount requires these organisations to sign a Category A contract.
1.5	<p><b>Domain:</b> Governance and Management</p> <p><b>Indicator:</b> Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners</p> <p><b>Assessment Approach:</b> LCRN Annual Report</p>	Please comment on Category B Partner organisation contracting as recorded in AR Appendix 1, if wished	No comments.
2.1	<p><b>Domain:</b> Financial Management</p> <p><b>Indicator:</b> Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the minimum scope requirements specified by the National CRN Coordinating Centre</p> <p><b>Assessment Approach:</b> Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre</p>	Please indicate any outstanding recommendations from the last internal audit performed that may not have been implemented fully by the Host Organisation. Please also provide the "opinion" provided by the auditor for the Host audit	All recommendations from previous audits have been completed. A further audit was undertaken in March 2019 and we are awaiting the report. Verbal feedback has been very positive.
2.2	<p><b>Domain:</b> Financial Management</p> <p><b>Indicator:</b> Deliver robust financial management using appropriate tools and guidance</p> <p><b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%)</li> <li>Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%)</li> <li>Monitoring of financial management via LCRN financial health check process</li> </ul>	No further information required	
2.3	<p><b>Domain:</b> Financial Management</p> <p><b>Indicator:</b> Distribute LCRN funding equitably on the basis of NHS support requirements</p> <p><b>Assessment Approach:</b> Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements</p>	Please comment on whether the LCRN adopted a bidding process for LCRN Partners to apply for additional LCRN funding to meet NHS support requirements. If applicable, please confirm the percentage of funding requests approved / rejected	WM adopt a bidding process in which the partners can bid for strategic funding which is roughly 4% of the total budget as advised in the financial management tab. Partner Organisations were limited to either 3 or 5 bids due to the organisations size. 56% of bids submitted have been funded.
3.1	<p><b>Domain:</b> CRN Specialties</p> <p><b>Indicator:</b> LCRN has an identified Lead for each NIHR CRN Specialty</p> <p><b>Assessment Approach:</b></p> <p>The LCRN Host Organisation shall:</p> <ul style="list-style-type: none"> <li>Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information</li> <li>Notify the National CRN Coordinating Centre if there are changes within the financial year</li> <li>Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies</li> </ul>	Please provide commentary on intentional vacancies or the expected timeframe to fill Local Specialty Lead vacancies as referenced in the LCRN Fact Sheet	No vacancies. See Fact Sheet for individual specialty details.

3.2	<p><b>Domain:</b> CRN Specialties  <b>Indicator:</b> Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings  <b>Assessment Approach:</b>  Attendance registers for National Specialty Group meetings</p>	<p>We are in the process of creating and sharing a central record. In the meantime, please provide locally held information in respect of this indicator</p>	<ul style="list-style-type: none"> <li>- Children: 3/3 National Specialty Group meetings attended by CRSL</li> <li>- Genetics: 3/3 National Specialty Group meetings attended by CRSL (1) or deputy (2)</li> <li>- Haematology: 3/3 National Specialty Group meetings attended by CRSL (1) or by contribution via prior discussion with National Lead and submission of CRN WM update report (2)</li> <li>- RH&amp;C: 3/3 National Specialty Group meetings attended by CRSL</li> </ul>
3.3	<p><b>Domain:</b> CRN Specialties  <b>Indicator:</b> Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nationwide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews  <b>Assessment Approach:</b>  Review by the National CRN Coordinating Centre of evidence of support provided in LCRN Annual Plan and Report</p>	<p>Please provide evidence of the impact and outcomes from activities delivered to enable your Local Specialty Leads to undertake national activities in respect of commercial early feedback and non-commercial adoption</p>	<ul style="list-style-type: none"> <li>- Follow National SOPs</li> <li>- Meet face-to-face with CRSLs at least every quarter</li> <li>- Where necessary CRSLs available for T/C to discuss issues/feasibility etc. as they arise</li> </ul>
4.1	<p><b>Domain:</b> Research Delivery  <b>Indicator:</b> Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN Coordinating Centre and available as part of the LCRN Contract Support Documents  <b>Assessment Approach:</b> Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead</p>	<p>Please ensure your commentary references and provides context for the Study Support Progress Tracker app information available on Open Data Platform for studies led by the LCRN in 2018/19 as this provides a mechanism for visualising the local CRN provided service outputs at a study level. For example the number of study delivery assessments completed and the number of study start up documents uploaded into CPMS as a percentage of the number of studies for which the LCRN is assigned as the Lead LCRN</p>	<ul style="list-style-type: none"> <li>- The delivery of the nation-wide Study Support Service within CRN WM is shared between the Study Support Service Team that manages research ideas to study set up stage and then the Divisions managing performance monitoring. The Head of Study Support Service oversees the implementation of any new or updated SOPs to the teams and the activity within the Study Support Progress Tracker.</li> <li>- Currently within the Tracker CRN WM overall performance for 18/19 is 99.12%. 73.45% Early Contact and Engagement with Researchers (rank 6/15 LCRNs), 99.12% Optimising Delivery (7/15 LCRNs), 36.28% ESSU (rank 8/15 LCRNs) and 52.21% Performance Monitoring (rank 3/15 LCRNs). For commercial study activity the LCRN was ranked 12/15 for Early Feedback and 7/15 for Site Intelligence.</li> <li>- Locally, CRN WM manages a large proportion of the Study Support Service activity within EDGE. By the end of Feb the Study Support Service Team had provided and completed 126 ECER events with researchers (with over 216 pending), 11 ESSUs were completed, 13 Non NHS supported, 47 Industry Commercial Templates validated, 50 NSDA's facilitated with Divisions. Since Oct 18 the team has also been delivering on validating the SoECATs. By the end of March 2019, the Early Contact and Engagement with Researchers team had worked on 54 SoECATs and validated 46 of these at Stage 1.</li> </ul>
4.2	<p><b>Domain:</b> Research Delivery  <b>Indicator:</b> Each LCRN provides near time Minimum Data Set data items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS  <b>Assessment Approach:</b>  <ul style="list-style-type: none"> <li>• Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework</li> <li>• Analysis of percentage of missing and inaccurate data points from each LCRN</li> </ul> </p>	<p>Please provide an analysis of percentage of missing and inaccurate data points</p>	<ul style="list-style-type: none"> <li>- Data completeness and accuracy is measured monthly and reported to Partner Organisation themselves and also to the Network's SLT.</li> <li>- Four POs have achieved 100% with a further five between 90% and 99%. Across all Partner Organisations, 86% of our LPMS records have complete and accurate data. Primary care is lower, at 76%. There is a coordinated effort to improve the data completeness for Primary Care, with dedicated staff working on this as a priority.</li> <li>- WM-led studies have the 4th lowest number of Priority 1 errors reported in the Data Quality dashboard in ODP. For site-level errors we are about average, given the size of our Network, i.e. we have &lt;11% of the total, but more than three quarters of these relate to primary care sites and we expect these errors to reduce during 2019-20 as LPMS becomes more embedded in this area</li> </ul>
5.1	<p><b>Domain:</b> Information and Knowledge  <b>Indicator:</b> LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system  <b>Assessment Approach:</b> Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system</p>	<p>No further information required</p>	
5.2	<p><b>Domain:</b> Information and Knowledge  <b>Indicator:</b> LCRN provides support for ongoing provision of an LPMS solution  <b>Assessment Approach:</b> Review of budget line for provision of an LPMS in LCRN Annual Financial Plan</p>	<p>No further information required</p>	
5.3	<p><b>Domain:</b> Information and Knowledge  <b>Indicator:</b> Each LCRN has a nominated representative in attendance at all national NIHR CRN Virtual Business Intelligence meetings  <b>Assessment Approach:</b>  Attendance registers for national NIHR CRN Virtual Business Intelligence meetings</p>	<p>Please comment on attendance at national meetings. The CRNCC maintain a central record</p>	<p>VBIU ODP Meetings - three attended by BI Team members</p>
5.4	<p><b>Domain:</b> Information and Knowledge  <b>Indicator:</b> Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required  <b>Assessment Approach:</b> Attendance registers for national CPMS-LPMS meetings</p>	<p>Please comment on attendance at national meetings. The CRNCC maintain a central record</p>	<p>CPMS/LPMS National Working Group Meetings - four attended by BI Team members</p>

6.1	<p><b>Domain:</b> Stakeholder Engagement and Communications  <b>Indicator:</b> LCRN has an experienced and dedicated communications function  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Individual's name and contact details provided to the National CRN Coordinating Centre</li> <li>Non-pay budget line for communications identified in LCRN Annual Plan</li> </ul>	<p>Please provide any additional commentary on vacancies and the expected timeframe to fill these. Please comment on non-pay communications spend. The CRNCC maintains a central contacts list</p>	<p>There are no vacancies in the Comms department; Lead is Claire Hall and we have recently appointed an apprentice. Non pay spend remains around £6,000 (includes the majority of the PPIE Comms spend). Costs are kept low as we utilise the skills we have in the Business Delivery Services Team and the host organisation</p>
6.2	<p><b>Domain:</b> Stakeholder Engagement and Communications  <b>Indicator:</b> Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Review and monitoring of LCRN Annual Plan</li> <li>Review of outcomes as reported within LCRN Annual Report</li> <li>Evidence of joint work with local NIHR infrastructure reviewed</li> </ul>	<p>Please cross-reference from Section 4.7 and add any additional commentary as required</p>	<p>All activity is detailed in section 4 (7.1.5/6/7)</p>
6.3	<p><b>Domain:</b> Stakeholder Engagement and Communications  <b>Indicator:</b> The LCRN has in place a senior leader with experience and identified responsibility for PPIE  <b>Assessment Approach:</b>                      Individual's name and contact details provided to the National CRN Coordinating Centre</p>	<p>Please provide any additional commentary on vacancies and the expected timeframe to fill these. The CRNCC maintains a central contacts list</p>	<p>Mary-Anne Darby is the PPIE Lead, with Julie Shenton the Senior Leader with oversight. There are no vacancies</p>
6.4	<p><b>Domain:</b> Stakeholder Engagement and Communications  <b>Indicator:</b> The LCRN records metrics of research opportunities offered to patients  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>The LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc)</li> <li>Evidence of local patient evaluation system</li> <li>Progress discussed at national PPIE meetings and reported in LCRN Annual Report</li> </ul>	<p>Please cross-reference from Section 4.7 and add any additional commentary as required</p>	<p>All activity is detailed in section 4 (7.2.1 and 7.2.10).</p>
6.5	<p><b>Domain:</b> Stakeholder Engagement and Communications  <b>Indicator:</b> The LCRN has collaborative PPIE workplans across CRN and partners with measurable outcomes for delivery of learning resources  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>LCRN Annual Plan includes PPIE work plan with clear outcomes, milestones and measurable targets</li> <li>Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan</li> <li>Progress reported in LCRN Annual Report</li> </ul>	<p>Please cross-reference from Section 4.7 and add any additional commentary as required</p>	<p>All progress is detailed in section 4.7, and the work plan is included in the Appendices. There is a separate non-pay element which covers costs such as Partnership Group attendance, the YPSG and travel for national meetings etc. WTE = 2.3</p>
6.6	<p><b>Domain:</b> Stakeholder Engagement and Communications  <b>Indicator:</b> Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and the UK Clinical Trials Gateway (UKCTG)  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Review of outcomes as reported within LCRN Annual Report</li> <li>Review of performance on JDR</li> </ul>	<p>Please comment on how the LCRN has supported the awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG)), cross-referencing from Section 4.7 as required</p>	<p>All activity is detailed in section 4.7.</p>
6.7	<p><b>Domain:</b> Stakeholder Engagement and Communications  <b>Indicator:</b> Each LCRN delivers the Patient Research Ambassadors (PRAs) project  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Review and monitoring of LCRN Annual Plan</li> <li>Review of outcomes as reported within LCRN Annual Report</li> </ul>	<p>Please cross-reference from Section 4.7 and add any additional commentary as required</p>	<p>All activity is detailed in section 4 (7.2.4). Good progress has been made in delivering the PRA project within primary care with an additional four PRAs being appointed by the Network during 2018/2019 to work specifically in primary care.</p>

6.8	<p><b>Domain:</b> Stakeholder Engagement and Communications  <b>Indicator:</b> Each LCRN delivers the patient experience survey, as specified by the National CRN Coordinating Centre  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Review and monitoring of LCRN Annual Plan</li> <li>Review of outcomes as reported within LCRN Annual Report</li> </ul>	Please comment on the Patient Research Experience Survey findings, impacts, and plans for continuous improvement	All activity is detailed in section 4 (7.2.6/7).
6.9	<p><b>Domain:</b> Stakeholder Engagement and Communications  <b>Indicator:</b> Each LCRN develops and implements a plan to deliver the CRN NHS Engagement Strategy  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Review and monitoring of LCRN Annual Plan</li> <li>Review of outcomes as reported within LCRN Annual Report</li> </ul>	Please comment on the plan, outcomes and impacts resulting from delivery to date of the CRN NHS Engagement Strategy	All activity is detailed in section 4 (7.1.5/6/7)
7.1	<p><b>Domain:</b> Workforce, Learning and Organisational Development  <b>Indicator:</b> The LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Individual's name and contact details provided to the National CRN Coordinating Centre</li> <li>Implementation of the local action plan to support the wellbeing framework and action plan</li> </ul>	Please advise if there has been any change in the name or contact details of the senior leader with identified responsibility for the wellbeing of all LCRN-funded staff. The CRNCC maintains the central contacts list.	Julie Davis remains the Senior Leader for Wellbeing. There is a full programme of wellbeing activities in place; this is measured and outcomes assessed
7.2	<p><b>Domain:</b> Workforce, Learning and Organisational Development  <b>Indicator:</b> Each LCRN has an active programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Evidence of programme of learning opportunities provided in LCRN Annual Plan and Report</li> <li>Increased engagement of local partners in promoting the work of the NIHR</li> </ul>	Please cross-reference from Section 4.8 and add any additional commentary as required	Full details of strategy described in section 4.8 and the plan is included in the Appendices; clinical research is promoted as an integral part of healthcare in the region. WFD Lead is Hannah Reay.
7.3	<p><b>Domain:</b> Workforce, Learning and Organisational Development  <b>Indicator:</b> The LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Evidence of programme of activities provided in LCRN Annual Plan and Report</li> <li>Effective approaches shared by Continuous Improvement Leads at national meetings</li> </ul>	Please cross-reference from across the Annual Report and add any additional commentary as required, including details of impacts, benefits, lessons learned, and how these have been shared with the wider CRN.	Carly Craddock is the I&I Lead. Senior Leadership Team became the I&I steering group to drive forward projects relating to performance. In 2018/19 69% of attendees of the I&I training have then lead on or been involved in delivery of I&I projects. New role of Assistant Project Manager for I&I in post Feb 2019. Joint working with projects team to monitor progress of I&I projects. Action plan for end of Mar 2019 was to complete delivery of the I&I strategy projects as detailed in section 7.3 (Key Projects). WM representation at all national CI Leads meetings. Regular Hangouts with Eastern and East Midlands to share best practice and learning.
8.1	<p><b>Domain:</b> Business Development and Marketing  <b>Indicator:</b> Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Profile template submitted as part of LCRN Annual Plan</li> <li>Contact details provided for assigned LCRN Profile lead in LCRN Annual Plan</li> </ul>	No further LCRN information required	
8.2	<p><b>Domain:</b> Business Development and Marketing  <b>Indicator:</b> The LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy  <b>Assessment Approach:</b></p> <ul style="list-style-type: none"> <li>Review and monitoring of LCRN Annual Plan</li> <li>Review of outcomes as reported within LCRN Annual Report</li> </ul>	Please cross-reference from Section 4.9 and add any additional commentary as required	CRN West Midlands has successfully set up the Industry Steering Group to ensure Partner Organisations are actively contributing to the implementation of the national Life Sciences agenda, and ensuring their PO strategic aims are met. The Industry team have proactively engaged with local SMEs through events hosted with AHSN and Medilink.
8.3	<p><b>Domain:</b> Business Development and Marketing  <b>Indicator:</b> The LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers using the template provided by the National CRN Coordinating Centre  <b>Assessment Approach:</b> LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings</p>	Please report on interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings	Full details in sheet 4 sections 9 and 10. In this financial year, we have focused on engaging with three key sponsors to improve relationships and service received in the West Midlands.

Section 8. Financial Management (for information only at Annual Report)			
8.1	Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2018/19. (For example particular studies that require large investment, concentration on a particular specialty)		
8.2	In respect of the LCRN 2018/19 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this.		
Funding Element	Examples	Description of model	
Host Top sliced element	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team	Pay £5,051,163 (18%), non pay £1,110,395 (4%) & Clinical Specialty leads £605,996 (2%). These figures include the costs for the flexible workforce employed by the host organisation.	24%
Block Allocations	Primary care, Clinical support services (i.e. pharmacy)	A separate agreement for Primary Care has been agreed, due to these certain PO's (universities) having staff on fixed term contracts thereby providing stable funding for them. Their allocation is £3,058,720 (11%). There is also some funding for GP practices involved in research across the network of £575,310 (2%)	13%
Activity Based	Recruitment HLO 1, number of studies	PO funding is based on the median of the last 3 years ABF of the partner organisation. The funding model is started with the previous year's funding for the PO. The expected funding for the year is then applied based on their 3 years' median weighted recruitment as a percentage of the total. These two figures are then compared and a cap and collar is applied, where the Partner funding can not increase by more than 10% or decrease by more than 5% of their previous years' core funding. This is to make sure the partner organisation have some stability of funding.	55%
Historic allocations	PO funding previously agreed	Contingency Funding £641,633. This is funding agreed between the LCRN and partner organisations to help the partner organisations in transition from the old funding model or for other extenuating circumstances which would mean the partner organisation would become unstable.	2%
Performance Based	HLO performance, Green Shoots funding	none	0%
Population Based	Adjustments for NHS population needs	none	0%
Project Based	Study start up	none	0%
Contingency / Strategic funds	Funds held centrally to meet emerging priorities during the year	LCRN WM has a 5% top slice element in their funding model for 'Strategic Funding, however as any slippage occurs due to vacancies then these funds are redirected to strategic funding. Currently we have allocated £1,203,789 (4%) to fund strategic initiatives (strategic funding), we also have £466,826 (2%) held centrally for emerging priorities and Chief Investigator development.	6%
Cap and Collar	Please provide your upper and lower limits if applicable	Upper limit is 10% and lower limit is 5%	10% CAP -5% COLLAR
Other funding allocations			
Comments			
*Notes	1. It is assumed that the Local Funding Model is net of any National Top Slice as these are pass through costs 2. If the funding element category is not applicable to your Local Funding Model, please enter 0% 3. The percentages (%) entered in the table should equate to 100%		
8.3	If the 2018/19 local funding model methodology has changed since 2017/18 please give a brief description of the changes	no change	
8.4	Please confirm whether monitoring visits will be taking place over the course of 2018/19. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion of your Partner organisations are being monitored (Category A Partners).	Two organisations, Wye Valley & Dudley & Walsall Mental Health Trust, will be monitored for the first time during 2018/19. The following five organisations, Royal Wolverhampton NHS, University Hospitals North Midlands, University Hospitals Coventry and Warwickshire, West Midlands Ambulance and The Dudley Group of Hospitals will be monitored for the second time in our three year cycle of monitoring visits. We will have monitored 94% of our partners by 31st March 2018 at least once.	



8.5	What are the key financial risks and mitigations for 2018/19?	Risk: being in an underspend position at year end Mitigations: Strategic funding bids RAG rated, if funding become available in year due to slippage, further strategic funding bids are awarded.
8.6	Please provide details of any planned audit of the LCRN Host Organisation in 2018/19	CRN accounts are subject to the Trusts external auditing programme conducted by KPMG and as such will be audited during 2018/19

**Section 9. Non-Supported Non-Commercial Studies**

Please provide a list of any studies that your LCRN has decided not to support, or has been unable to support, in the 2018/19 financial year, where the study had no feasibility concerns but the study was not supported for other reasons, e.g. funding constraints or study not meeting value for money metric. See Eligibility Criteria for NIHR Clinical Research Network Support; <https://www.nihr.ac.uk/funding-and-support/documents/study-support-service/Eligibility/Eligibility-Criteria-for-NIHR-Clinical-Research-Network-Support.pdf>

CPMS Study ID	Study Title	Priority Category	Name of the LCRN Partner(s) that did not support the study	Primary reason for non-support	Comments

<b>Section 10. Appendices</b>		
<b>Ref no</b>	<b>Title</b>	<b>Link</b>
<b>Provided by CRNCC (please update and return as part of the 2018/19 Annual Report)</b>		
10.AR Appendix 1	Category B Partner organisations	<a href="https://docs.google.com/spreadsheets/d/1ldbLnQydWg_46JUEP7Rx0YvJEXTCNcuTvTY3ykYiSlc/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1ldbLnQydWg_46JUEP7Rx0YvJEXTCNcuTvTY3ykYiSlc/edit?usp=sharing</a>
10.AR Appendix 2	Category C Partner organisations	<a href="https://docs.google.com/spreadsheets/d/1wjS3FJDaYBAvXBTHQ8a2IBXIHUS1IS9tkNi5xQZsWRQ/edit?usp=sharing">https://docs.google.com/spreadsheets/d/1wjS3FJDaYBAvXBTHQ8a2IBXIHUS1IS9tkNi5xQZsWRQ/edit?usp=sharing</a>
10.AR Appendix 3	LCRN Fact Sheet	<a href="https://docs.google.com/document/d/17ZxJqKyZUiG808-Ss13ydJQUH5zTj5hJ--kidM2g5LY/edit?usp=sharing">https://docs.google.com/document/d/17ZxJqKyZUiG808-Ss13ydJQUH5zTj5hJ--kidM2g5LY/edit?usp=sharing</a>
10.AR Appendix 4	Finance Section for the LCRN Fact Sheet	<a href="https://drive.google.com/file/d/1mN0emZTsyTLhmouA2ECy0QnjP4yx5Fm3/view?usp=sharing">https://drive.google.com/file/d/1mN0emZTsyTLhmouA2ECy0QnjP4yx5Fm3/view?usp=sharing</a>
<b>Provided by LCRN as part of Annual Plan and/or Mid-Year Performance Report (please amend or remove as appropriate for the 2018/19 Annual Report)</b>		
10.1	Business Development and Marketing Profile	<a href="https://docs.google.com/document/d/1C61T3AKTvZhZjpHbnLhVprCMnBI6tYDI8slsKIMJpfY/edit?usp=sharing">https://docs.google.com/document/d/1C61T3AKTvZhZjpHbnLhVprCMnBI6tYDI8slsKIMJpfY/edit?usp=sharing</a>
10.2	Risk and Issues Log - Operational	<a href="https://docs.google.com/spreadsheets/d/1MZxxdGpq0cXvk-f4vMwF4mBRqVmG3GKH2rTyQMq9bY4/edit#gid=0">https://docs.google.com/spreadsheets/d/1MZxxdGpq0cXvk-f4vMwF4mBRqVmG3GKH2rTyQMq9bY4/edit#gid=0</a>
10.3	HLO2 action plan	<a href="https://drive.google.com/open?id=1nK7jwvFP_fvx94hIACHp961o3ffM-IGpDTGHdmnJUDA">https://drive.google.com/open?id=1nK7jwvFP_fvx94hIACHp961o3ffM-IGpDTGHdmnJUDA</a> In use for part of the year - replaced by this Kanbanchi: <a href="https://drive.google.com/file/d/13jU0rOP6hiDhA6CemiVGVMbtg5hTFHd5/view?usp=sharing">https://drive.google.com/file/d/13jU0rOP6hiDhA6CemiVGVMbtg5hTFHd5/view?usp=sharing</a>
10.4	Workforce Plan	

<b>Section 11. Glossary</b>	
<b>Abbreviation</b>	<b>Definition</b>
AAC	Assess Arrange and Confirm
AcoRD	Attributing the costs of health and social care Research and
ACROSS	AppliCation to Request netwOrk Service Support
AGM	Annual General Meeting
AHCS	Academy of Healthcare Science
AHSN	Academic Health Sciences Network
ALP	Advanced Leadership Programme
BAME	Black, Asian and Minority Ethnic
BI	Business Intelligence
BME population	Black and Minority Ethnicity
C&C	Capacity and Capability
CNS	Clinical Nurse Specialist
CPMS	Central Portfolio Management System
CPRD	Clinical Practice Research Datalink
CPRD	Clinical Practice Research Datalink
CRIEF	Clinical Research is Everyone's Future
CROs	Clinical Research Organisation
CRP	Clinical Research Practitioners
CRPA	Clinical Research Project Assistants
CRSLs	Clinical Research Specialty Leads
CTIMP	Clinical Trial of an Investigational Medicinal Product
CYP / TYA	Children and Young People / Teenagers and Young People
DPMs	Divisional Portfolio Managers
DSC	Date Site Confirmed
DSS	Date Site Selected
EAG	Expert Advisory Group
EC	Early Contact
EDGE	Local Portfolio Management System

FoRD	Fundamentals of Clinical Research Delivery
FPFV	First Patient First Visit
GCP	Good Clinical Practice
GCP	Good Clinical Practice
GEP-NET	gastroenterohepatic neuroendocrine tumors (GEP-NET)
GPRF	General Practitioner Research Facilitator
HEI	Higher Education Institution
HSR	Health Services Research
I&I	Improvement and Innovation
ICT	Information and Communications Technology
ICU	Intensive Care Units
IRAS / HRA	Integrated Research Applications System/Health Research
IVD	In Vitro Diagnostics
JDR	Join Dementia Research
LNMG	Locality North Management Group
LPMS	Local Portfolio Management System
MDT	Multidisciplinary Team
MIC	MedTech and In Vitro diagnostics Co-operatives
MOOC	Massive Open Online Course
NCM	New Care Models
NCRI	National Cancer Research Institute
NET	NeuroEndocrine Tumour.
PAF	Proposal Approval Form
PILAR	Public Involvement and Lay Accountability in Research
PO	Partner Organisation
POF	Performance Operating Framework
PPIE	Public and Patient Involvement and Experience
PRA	Patient Research Ambassador Initiative
PRAI	Patient Research Ambassador Initiative
PRES	Patient Research Experience Survey

PROMs	Patient Reported Outcome Measures
PRRT	Peptide Receptor Radionuclide Therapy
RAFT	Research & Audit Federation of Trainee
RAFT	Research and Audit Federation of Trainees
RCT	Randomised Controlled Trials
RDM	Research Delivery Manager
RDS	Research Design Service
ROG	Research Operational Group
ROST	Research Optimisation Support Team
RSI	Research Site Initiative
RTT	Recruitment to Time and Target
S&PC	Supportive & Palliative Care
SLT	Senior Leadership Team
SMEs	Small and Medium Enterprises
SOP	Standard Operating Procedure
SQL	Structured Query Language
SSL	Subspeciality Leads
SSS	Study Support Services
SSSNAP	Sentinel Stroke National Audit Programme
TYA	Teenage and Young Adults
UKCTG	UK Clinical Trials Gateway
USPs	Unique Selling Points
VBIU	Virtual Business Intelligence Unit
WFD	Workforce Development
WMLMRG	West Midlands Laboratory Medicine Research Group
WMRTC	WM Research Training Collaborative
YPSG	Young Persons Steering Group

<b>(For reference only) Section 12. Example CRN XXXX Annual Report Executive Summary</b>	
Please complete the Table below, entering key performance highlights, successes and challenges from 2018/19	
Please specify up to five areas where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.	1
	2
	3
	4
	5
High Level Objectives	
Specialty Objectives	
LCRN Operating Framework Indicators	
LCRN Partner Satisfaction Survey Indicators	
LCRN Customer Satisfaction Indicators	
LCRN Patient Experience Indicators	
Host Organisation	<ul style="list-style-type: none"> <li>• The Host Organisation has continued to fulfil its responsibilities as an LCRN Host in line with the DHSC/LCRN Host Organisation Agreement. XXXX Trust fully met all requirements in the Performance and Operating Framework in terms of LCRN structure, management roles, and governance arrangements.</li> <li>• Executive Group refreshed to quarterly meetings with support from Host Organisation Medical Director (CRN XXXX's Executive Lead), and attendance from Senior Human Resources Lead, XXXX.</li> <li>• Quarterly Board report reviewed at Host Organisation Executive Performance Board Meeting, and then considered at full public Host Board meeting with Clinical Director (CD) and Chief Operating Officer (COO) in attendance.</li> <li>• Strong relationship between CRN XXXX and the Host Organisation. Regular meetings, the ability to escalate where needed, and Host support, has been key to successful performance.</li> <li>• Stable management infrastructure enabling constructive challenge and effective decision- making.</li> </ul>
Governance and Management	<ul style="list-style-type: none"> <li>• Improved Partnership Group engagement and senior attendance.</li> </ul>
Financial Management	<ul style="list-style-type: none"> <li>• Delivered financial break-even for 2018/19.</li> <li>• Internal audit in respect of LCRN funding managed by the LCRN Host Organisation completed by Host Organisation in MMM YYYY and report submitted to the CRNCC on MMM YYYY.</li> </ul>
CRN Specialties	<ul style="list-style-type: none"> <li>• Recruited to all 30 CRN specialties.</li> <li>• Local Clinical Research Specialty Leads appointed for X/30 CRN specialties</li> <li>• nn% of specialty objectives met.</li> <li>• In the top 5 LCRNs for mental health recruitment.</li> <li>• XXXX achieved a first global patient in an XXXX study (Study ID: XXXX) in the Respiratory Disorders Specialty.</li> </ul>
Research Delivery	<ul style="list-style-type: none"> <li>• Recruitment to Time and Target performance (&gt;80%) sustained for both commercial and non-commercial activity (HLO 2).</li> <li>• XXXX Trust is the X highest recruiting Trust in the country with nn,nnn recruits.</li> <li>• XXXX Trust is the highest recruiting Mental Health Trust in the country with n,nnn recruits.</li> <li>• Delivered the NIHR CRN Study Support Service in accordance with NIHR CRNCC SOPs and guidance documents. Research and Development community actively engaged in the development of local Standard Operating Procedures to support Study Support Service. nn SOPs now live.</li> <li>• Met the target of recruiting 10% of participants to Dementia studies on the NIHR CRN Portfolio from "Join Dementia Research".</li> </ul>
Information and Knowledge	<ul style="list-style-type: none"> <li>• LPMS operational and good engagement in all Partner organisations.</li> <li>• All LPMS data points provided to the CRNCC's timelines. Data quality assurance and data validation systems in place.</li> <li>• Pro-active LPMS user group to support ongoing LPMS development and functionality.</li> <li>• Developed analysis and benchmarking of activities from ODP and financial data to improve operational delivery and Value for Money.</li> <li>• Responsive 'Helpdesk' service provided by BI Team to support all users in relation to systems provided for NIHR CRN (Hub/ODP/LPMS), supported by face to face and webinar training as appropriate.</li> </ul>

<p>Stakeholder Engagement and Communications</p>	<ul style="list-style-type: none"> <li>• Increased visibility of the LCRN within the local research community and wider audiences using a range of on-line and off-line communications channels (including local and national print, TV, radio and websites (e.g. XXXX)).</li> <li>• Developed a 'real time' news room to collate and disseminate timely, appropriate news and significantly increased 'users' numbers and time spent reading news, the impact of which will become apparent in 2019/20.</li> <li>• Continued to deliver our strong programme of patient involvement and engagement through initiatives such as XXXX.</li> <li>• nn Patient Research Ambassadors by the end of 2018/19. Patient Research Ambassador activities have led to XXXX, YYYY, ZZZZ.</li> <li>• Action plan developed arising from responses to patient research experience survey for implementation in 2019/20.</li> </ul>
<p>Workforce Learning and Organisational Development</p>	<ul style="list-style-type: none"> <li>• Promoted culture of modern workplace learning, including awareness of NIHR National Learning Directory e-learning Programmes, Resources and Communities.</li> <li>• Trained nnn people on courses (including Introduction to GCP, GCP Refresher, Valid Informed Consent, Fundamentals of Clinical Research).</li> <li>• Delivered two well attended Research Forum events to bring together and support non-medical research delivery staff across the region.</li> <li>• Promoted a culture of Improvement and innovation through x activity or n events including celebration events and supra network knowledge exchanges.</li> <li>• Delivered various projects on Accelerating Digital including n small grant scheme applications.</li> </ul>
<p>Business Development and Marketing</p>	<ul style="list-style-type: none"> <li>• LCRN Business Development Profile refreshed as part of 2019/20 Annual Plan for marketing purposes by the national Business Development team.</li> <li>• Worked with Contract Research Organisations (CROs) and Life Sciences Industry to support partnership working with the LCRN and Partner organisations.</li> <li>• Developed 'Collaborative' framework within the XXXX region and into other LCRN regions to enable greater engagement with companies and development of potential new ways of working.</li> <li>• The network has promoted the continued importance of the industry agenda to LCRN Partner organisations and investigators through XXX, YYY, ZZZ.</li> <li>• The network has supported the national Biosimilars campaign through XXX, YYY, ZZZ which has resulted in AAA, BBB, CCC.</li> </ul>
<p>National Contributions</p>	<ul style="list-style-type: none"> <li>• The network has contributed to all national Communications campaigns.</li> <li>• Regular Research Delivery Manager contribution to Divisional meetings, and attendance at Specialty meetings on a rotational basis.</li> <li>• Clinical Director member of XXXX Board and contributed to XXXX Working Group.</li> <li>• Continuous Improvement Lead working with national team on Accelerating Digital.</li> <li>• Local work on LPMS has been actively shared through the LPMS Lead, along with contributions to the Business Intelligence community.</li> </ul>



[1] Read guidance  
-Pauline Boyle

[2] Increase early career researcher involvement in NIHR CRN Portfolio research

[3] Increase the number of NIHR CRN Portfolio studies led by trainees as Chief Investigator or co-Chief Investigator

[4] Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties (Brain, Breast, Colorectal, Children and Young People, Gynae, Head & Neck, Haematology, Lung, Sarcoma, Skin, Supportive & Palliative Care and Psychosocial Oncology, Upper GI, and Urology)

[5] Develop the research workforce in cardiovascular surgery

[6] Increase NHS participation in Children's studies on the NIHR CRN Portfolio

[7] Increase intensive care units' participation in NIHR CRN Portfolio studies

[8] Increase early career researcher involvement in NIHR CRN Portfolio research

[9] Develop the Dermatology Principal Investigator (PI) workforce

[10] Improve primary-secondary care collaboration in the delivery of Diabetes research

[11] Increase trainee involvement in NIHR CRN Portfolio research

[12] Improve recruitment to NIHR CRN Gastroenterology studies

[13] Increase early career researcher involvement in NIHR CRN Portfolio research

[14] Establish links with the relevant professional organisations to encourage and support trainee involvement in NIHR CRN Portfolio studies

[15] Increase the number of recruitment sites for NIHR CRN Portfolio studies funded by the Health Services and Delivery Research programme

[16] Increase access for patients to Hepatology studies on the NIHR CRN Portfolio

[17] Develop research infrastructure (including staff capacity) in the NHS to support clinical research

[18] Increase participation in pre-hospital studies via Ambulance Trusts

[19] Increase participation in Mental Health studies involving children and young people

[20] Understand and develop the research workforce that work in Metabolic and Endocrine-led studies

- [21] Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio
- [22] Increase early career researcher involvement in NIHR CRN Portfolio research
- [23] Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio
- [24] To develop the Oral and Dental research workforce in order to meet the demands of the expected growth in the portfolio following the JLA Priority Setting Partnership
- [25] Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research
- [26] Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health
- [27] Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio
- [28] Increase the proportion of NHS Trusts recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio
- [29] Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio
- [30] CRN recruitment to Stroke RCTs should be at least 8% of the 2017/18 Sentinel Stroke National Audit Programme (SSNAP)-recorded hospital admissions
- [31] Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties