

NIHR CRN West Midlands

4 June 2018



Agenda Item No: 9.3

Trust Board Report

Meeting Date:	4 June 2018
Title:	NIHR CRN West Midlands
Executive Summary:	<p>Under the contract with the DHSC, RWT as Host Organisation is required to submit an Annual Delivery Report (ADR) for the Local Clinical Research Network (LCRN). The ADR is based on the Performance and Operating Framework 2017-18 which is part of the DHSC/LCRN Host Organisation Agreement.</p> <p>This document has been submitted to the NIHR on 11 May 2018 and will be considered and agreed by the CRN West Midlands Partnership Group on 19 June 2018 the RWT Executive Group on 21 June 2018 and the Finance and Performance Committee on 20 June 2018 and it is therefore submitted for RWT Trust Board approval on 4 June 2018.</p>
Action Requested:	<p>Receive and note performance report</p> <p>Approve Annual Delivery Report</p>
For the attention of the Board	
Assure	<p>CRN West Midlands Annual Delivery Report 2017/18 details the performance against the objectives set in the 2017/18 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 2017/18.</p>
Author + Contact Details:	<p>Tel 01902 446815 Email Pauline.boyle@nihr.ac.uk</p> <p>Jeremy Kirk, Clinical Director & Pauline Boyle, Chief Operating Officer</p>
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services
Resource Implications:	None

CQC Domains	Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. Responsive: services are organised so that they meet people's needs. 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.
Risks: BAF/ TRR	n/a
Public or Private:	Public session
Other formal bodies involved:	RWT Finance and Performance Committee RWT Executive Group CRN West Midlands Partnership Group
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Annual Delivery Report 2017/18	
1	<p>The Annual Delivery Report (Appendix one) details the LCRN's performance against the following domains:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ➤ Business Development and Marketing ➤ Information and Knowledge ➤ Working with the Life Sciences Industry ➤ Patient and Public Involvement and Engagement ➤ NHS Engagement ➤ Communications ➤ Workforce Development <p>Highlights (Appendix two)</p> <ul style="list-style-type: none"> • 70,720 participants recruited, the most ever in a single year beating the target by 10,100 recruits • We were the top recruiting region for commercial clinical trials • Recruited to 1,400 studies taking place across 30 health specialities • Local Clinical Research Specialty Leads appointed for all 30 CRN specialties • One of the best performing LCRNs for Join Dementia Research • Delivered the highest number of training events • Expanded and delivered the already extensive communications plan • Increased the number of studies delivered in hospices • Successfully appointed to two apprentice posts • Delivered a comprehensive staff wellbeing programme designed to promote staff retention • Developed a Chief Investigator programme resulting in an increase in the number of Chief Investigators

Finance Update

2	<p>Q4 Reporting: The final submission for Quarter 4 2017/18 was submitted on 3 May 2018. The CRN WM reported a fully balanced allocation to spend return.</p> <p>Annual Financial Plan 2018/19: The Annual Financial Plan for 2018/19 was submitted to NIHR in mid-April 2018, with a funding allocation of £27.6m, this was confirmed by NIHR in early May. £27.4m has now been allocated within the network to Partner Organisations. Allocation letters are in the process of been sent out. The remaining £0.2m has been ring-fenced for emerging priorities.</p> <p>Monitoring Visits: At the end of 2017/18 financial year CRN WM had visited over 95% of organisations at least once for their monitoring visit with the remaining 5% planned for the early part of the 2018/19 financial year. The monitoring cycle will be repeated in the coming financial year.</p> <p>Withholding Payments: The CRN WM Senior Leadership have agreed to withhold payments to Partner Organisations, from 1 June 2018, who have below 80% compliance rate for data completion and accuracy onto the Local Portfolio Management System (LPMS). As of 15 May 2018, this affected 12 Partner Organisations.</p> <p>Data Protection Act To comply with the new Data Protection Act requirements, the NIHR asked all LCRNs to remove names from their financial returns from 1 April 2018. CRN WM have complied with this, by removing names from all partner organisations financial returns to NIHR starting with the annual financial plan returns for 2018/19.</p>
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Performance Update

3	Performance Overview Report to Trust Board:
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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 move the matter to "full assurance"

Key issue	Assurance level*	Committee update	Next action(s)	Timescale
HLO5: Objective: Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies		Our current performance is comparable with all CRNs. Currently 9th Missed target of	Working Group in place. Training for Partner Organisations	Ongoing

HLO7: Objective: Increase the number of participants recruited into Dementias and Neurodegeneration studies		1,250 with 753 patients	New Clinical Research Speciality Lead to be appointed.	Ongoing
HLO2: Objective: Increase the proportion of studies delivering to recruitment target and time		Forecast is low nationally & locally; reasons including low range targets /data accuracy. Improved on 16/17 data	Dedicated HLO2 action plan in place.	Ongoing
HLO4: Reduce the time taken for sites to be confirmed, post HRA Approval		363 out of 595 sites confirmed in 40 days	Formulation of an Edge Working Group as there are issues with data completion and new systems.	Ongoing
HLO6a: Percentage of Trusts that have reported recruitment to Portfolio studies to date in 2017-18		Ended the year with 96% of POs recruiting	There is one Partner Organisation which has not yet recruited a patient into a study; negotiations are taking place	May 2018
HLO1: Number of recruits to NIHR Portfolio Studies in 2017-18, as a percentage of agreed pro rata target		End of year data showed 70,720 patients recruited	Well ahead of target at 117%. Exceeded target by over 10,000 recruits and the first time we have ever exceeded 70,000 patients	
HLO1: Activity Based Funding as a % of target		Target 100% - we reached 106%	Second place nationally with 9.6% compared to 10.5% of the population	
HLO3: Increase the number of commercial contract studies delivered through the NIHR CRN		41 new commercial studies entered the portfolio	Exceeded target; 22 ahead of last year	
HLO6b: Percentage of Trusts that have reported recruitment to Commercial studies		24 Trusts recruited	Exceeded target with 86% of POs recruiting (target 70%).	
HLO6c: Percentage of GP Practices that have		280 practices		

reported recruitment		recruited patients	Exceeded target with 33% of GPs recruiting (target 25%)	
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2017/18 LCRN Annual Reporting Requirements

[Link to Requirements for LCRN Annual Delivery Reports 2017/18](#)





Clinical Research Network
Locality



Annual Report 2017/18

Date of submission: 11 May 2018

Submitted by: Pauline Boyle COO, Professor Jeremy Kirk Clinical Director & Dr Jonathan Odum Host Executive Lead

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Section 1. Compliance with the Performance and Operating Framework 2017/18

Please confirm that the Host Organisation and all LCRN Partner organisations operated in full compliance with the CRN Performance and Operating Framework 2017/18:
If you have answered no, provide a commentary that highlights the specific clauses of non- or partial compliance. Please explain the reasons for non- or partial compliance and the progress of actions taken to address this:

No

Part A: Performance Framework

1. LCRN Performance Indicators		
1.1 NIHR CRN High Level Objectives (HLOs)	No	HLO2a has improved to 64% and HLO2b to 77% and both are continuing to steadily increase with performance management responsibility being held by divisions.
1.2 Clinical Research Specialty Objectives	No	The majority of speciality objectives have been met, please see section 4
1.3 CRN Improvement Objectives	Yes	
1.4 LCRN Operating Framework Indicators	Yes	
1.5 Initiating and Delivering Clinical Research Indicators	Yes	
1.6 Satisfaction Survey Indicators	Yes	
1.7 LCRN Patient Experience Indicators	Yes	
2. Performance Management Processes		
	Yes	

Part B: Operating Framework

1. Principles		
	Yes	
2. Governance and Management (including Financial Management)		
	Yes	
2.1 Category B LCRN Partner flow down contracts	No	Discussions ongoing
3. CRN Specialties		
	Yes	
4. Research Delivery		
	Yes	
5. Information and Knowledge		
	Yes	
6. Stakeholder Engagement and Communications		
	Yes	
7. Organisational Development		
	Yes	
8. Business Development and Marketing		
	Yes	

Host Organisation Approval

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:	To be agreed on 19 June 2018
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:	To be agreed on 4 June 2018
If this Report has not been approved by the LCRN Host Organisation Board at the time of submission to the 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	

Section 2. Executive Summary

Please complete the Table below, entering key performance highlights and successes from 2017/18 from your report, against headings 1-9. Note: When printed this section should be no longer than 2 sides of A4.

1 Host Organisation	<ul style="list-style-type: none"> The Host Organisation has continued to fulfil its responsibilities as an LCRN Host in line with the DH/LCRN Host Organisation Agreement. All Trusts fully met all requirements in the Performance and Operating Framework in terms of LCRN structure, management roles, and governance arrangements. Executive Group meets quarterly and is Chaired by the Host Non-Executive Director and is attended by the Host CEO, Medical Director (CRN Executive Lead), Finance Director, LCRN CD and COO. Divisional and cross cutting leads are invited to present achievements and challenges to the group. 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. Strong relationship between CRN WM and the Host Organisation. Excellent support received for Human Resources, Finance, Estates, Governance/Legal and Information Technology. Regular meetings, the ability to escalate where needed, and Host support, has been key to successful performance.
2 Governance and LCRN Management Arrangements	<ul style="list-style-type: none"> The Senior Leadership Team including the CD and Divisional Leads ensures constructive challenge and effective decision making. At 2017/18 the CRN delivered a financial break-even position. Appointment of a new Chair and Deputy Chair of the Partnership Group has ensured constructive engagement continues. Internal audit in respect of LCRN funding managed by the LCRN Host Organisation completed by Host Organisation in May 2015 and report submitted to the CRNCC in June 2015.
3 Business Development and Marketing	<ul style="list-style-type: none"> The network has promoted the continued importance of the industry agenda to LCRN Partner organisations and investigators through attendance at regional Partner Organisation meetings and educational events to explain and ensure the industry agenda is understood and implemented. The Industry team attend local Specialty Group Meetings and events with Clinical Research Specialty Leads. An Industry Steering Group has been established, ensuring the national Industry agenda and strategic goals of our Partner Organisations are set up and aligned and delivered as a whole CRN. The network has supported the national Biosimilars campaign through explanation and understanding of Biosimilar studies at local specialty meetings, PO promotion events, and educational events. We have engaged with our Host leadership team and the Medical Director of NHS England West Midlands and CCG representative to ensure support and buy in from the CCGs to support GP's and PO's to deliver biosimilar studies and contribute to PO cost savings by doing so.
4 Information and Knowledge	<ul style="list-style-type: none"> LPMS operational and good engagement in all but one Partner organisations. All LPMS data points provided to the CRNCC's timelines. Data quality assurance and data validation systems in place. Proactive LPMS user group to support ongoing LPMS development functionality. Developed analysis and benchmarking of activities from ODP and financial data to improve operational delivery and Value for Money. 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.
5 Specialty highlights	<ul style="list-style-type: none"> During 2017/18 70,720 participants were recruited, the most ever in a single year beating the target by 10,100 recruits. We were the top recruiting region for commercial clinical trials. Recruited to 1,400 studies taking place across 30 health specialities. Local Clinical Research Specialty Leads appointed for all 30 CRN specialities. University Hospitals Birmingham NHS Foundation Trust is the 17th highest recruiting Trust in the country with 8,074 recruits. South Staffordshire and Shropshire Healthcare NHS Foundation Trust is the 7th highest recruiting Mental Health Trust in the country with 1,226 recruits. One of the best performing LCRNs for JDR.
6 Research delivery	<ul style="list-style-type: none"> Recruitment to Time and Target improved for both commercial and noncommercial activity (HLO 2).
7 Stakeholder Engagement and Communications	<ul style="list-style-type: none"> 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. WordPress, Business Quarter Magazine, Express and Star, Worcester News, Biomedical Scientist Magazine, Trust websites and Newsletters). 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 2018/19. Continued to deliver our strong programme of patient involvement and engagement through initiatives such as Patient Research Ambassadors, Patient Research Experience Survey, Join Dementia Research and our local Young Person's Steering Group. Patient Research Ambassadors by the end of 2017/18 across the West Midlands and this includes a pool of Patient Research Ambassadors for the Network across four Divisions.. Patient Research Ambassador activities have led to engaging with all NHS Trusts in the region, establishing the West Midlands Patient Research Ambassadors Regional Forum, lay members delivering the local Building Research Partnership Training, lay members planning and hosting the first West Midlands Patient Research Ambassadors Annual Network and Celebration event. The local PRAL is being developed and implemented within Primary Care. Action plan developed arising from responses to patient research experience survey for implementation in 2018/19. October 2017, NIHR Clinical Research Network West Midlands invited all trainee-led research collaborative groups from the West Midlands to participate in our networking and research pump-priming Sandpit".

8	Workforce Learning and Organisational Development	<ul style="list-style-type: none"> •Promoted culture of modern workplace learning, including awareness of NIHR National Learning Directory e-learning Programmes, Resources and Communities. •Over 2500 participants attended taught courses delivered in 37 workplace-based venues across the region (including Introduction to GCP, GCP Refresher, Valid Informed Consent, PI Masterclass and Fundamentals of Clinical Research). •Delivered two well attended Research Forum events to bring together and support non-medical research delivery staff across the region. •Adapted materials to support learners in primary care and paediatric settings and promote blended learning. •Promoted a culture of Improvement and innovation through the a number of projects and events including celebration events and supra network knowledge exchanges. •Delivered various projects on Accelerating Digital including three small grant scheme applications, one of which was successful. •Staff awards for Innovation and Digital Leader.
9	National Contributions	<ul style="list-style-type: none"> •The network has contributed to all national Communications campaigns. •Regular Research Delivery Manager contribution to Divisional meetings, and attendance at Specialty meetings on a rotational basis. •Local work on LPMS has been actively shared through the LPMS Lead, along with contributions to the Business Intelligence community. •The network Pathology Lead is a member of the national CM-Path group, NICE Diagnostic group and Stratified Medicine group. •IOM contributes to National Specialty and Cluster meetings. •IOM is lead on the National Industry Improvement Programme, and contributes CPMS/LPMS Commercial Recruitment Activity Group, Study Closure Group. •Head of Study Support Service member of the national Research Delivery Steering Group and Research Delivery Management Community for Study Support Operations. •Head of Study Support Service member of the Future of the PAF Working Group. •Research Operations Manager is a AcoRD Moderator for AcoRD Specialist Google Community group. •Study Support Manager supported the working group looking at developing e-learning Scenarios for Capacity and Capability Training and HL04/5 Data Quality discussions. •Research Delivery Managers dial in/attend monthly meetings to discuss portfolio, performance and new studies. •Contribution to and attendance at national JDR meetings to share best practice across LCRNs ENRICH and Supporting & Palliative care operational models and strategy shared with other LCRNs. •I&I Lead attendance at and contribution to national I&I Leads meetings •I&I Lead contributed to development of I&I national review. COO, I&I Lead and Acting I&I Lead actively took part in review. •WM, Eastern and EM were one of the first supranetworks to organise their first sharing event for I&I.

Section 3. Key Projects

Please provide an update on all projects outlined in the 2017/18 Annual Plan, inserting additional rows as needed. Please also include any other relevant new projects started, in development or set-up.

Please highlight achievements or contributions against CRN priorities and local targets for HLOs 1, 2 and 4-7.

For each project, commentary should focus on key achievements, impacts and key challenges and how the challenges have been mitigated. Please also comment on any activities that have not been delivered and why.

RAG Information:

The RAG ratings are automated. Please select Complete, Green, Amber or Red from the drop-down menu in column E and the colour will update automatically.

Complete (C)	Milestone complete				
Red (R)	The specified deliverable was not delivered by the Milestone Date				
Amber (A)	There is a risk that the specified deliverable will not be delivered by the Milestone Date				
Green (G)	On target to deliver the specified deliverable by the Milestone Date				
Ref	Key Project	Milestone	Milestone date	RAG	Commentary
3.1. Governance and Management					
3.1.1	Host to ensure effective governance and management of the network	Effective Partnership Group and Executive Group	March 2018	Complete	Partnership group is well attended and debate is encouraged by the newly appointed Chair. Quarterly executive group meetings ensure the Host applies the principles of good governance. Performance is monitored regularly by the Host Finance and Performance Committee. Annual plan and report is reviewed and approved by the Host Trust Board
3.1.2	LCRN Chief Operating Officer (COO) to be appointed	Appointment of substantive COO post	March 2018	Complete	All requirements regarding governance and management detailed in the Performance and Operating Framework 2017-18 have been met
3.2. Financial Management					
3.2.1	Deliver a breakeven year end balance	Finance return	March 2018	Complete	Year end finance return showed a £0 balance
3.2.2	Confirmation from partner organisations that NIHR funding has been utilised for eligible NIHR CRN activity and in accordance with HM Treasury rules	Disclosure statements returned to Host	March 2018	Complete	Disclosure statements received from all partners in receipt of NIHR CRN funding. All requirements regarding financial management detailed in the Performance and Operating Framework 2017-18 have been met
3.3. High Level Objectives					
3.3.1	HLO1 - Review Link RDM role	Bespoke communication plan developed with each PO	July 2017	Complete	Role reviewed and agenda standardised. Trust performance discussed at meetings. Now Link Senior Leader to involve other Senior Leaders as well as RDMs.
3.3.2	HLO1 - Portfolio Management Group	Streamlined portfolio management service.	July 2017	Complete	BI, SSS and SLT representatives all attend the portfolio management group meetings. A number of process mapping events have been held to ensure all parties know who is responsible for what. A tracker has been developed for approaching new studies to monitor uptake of studies. Early Contact have compiled guidance in using social media. This is promoted to researchers.
3.3.3	HLO1 - SSS	SSS ECER - Review and discuss various e-digital concepts with CIs as part of the ECER during 2017/18. Unable to add a measure as this is a new area to ECER.	March 2018	Amber	SSS ECER - The uptake from CIs and new studies was very low. The team spent a considerable amount of time supporting a local CI but nothing came to fruition. For the 2018/19 Annual Plan the ECER team will be reviewing this objective further.
3.3.4	HLO1 - SSS	SSS ECER - Ensure that 100% of the ECER conversations with the CI's discuss other recruitment pathways to increase recruitment during 2017/18 e.g. PIC, e-digital, other POs.	June 2018	Complete	SSS ECER - At ECER Meetings new recruitment pathways are identified and discussed. New pathways are identified at CRSL Speciality meetings. The ECER team have received presentations from ENRICH, JDR, Community Pharmacy, Portfolio Managers, Social Media/ E-Digital, Nursing Support to understand different clinical specialism to support CIs. ECER now capture where new recruitment pathways are discussed in the Crib Sheet with CI's. EC support is now being offered to CIs working in public health and to researchers delivering studies in other non-NHS settings. The primary care team are also supporting the AAC process for non-NHS organisations and providing infrastructure support for relevant eligible studies.
3.3.5	HLO1 - SSS	SSS - To ensure CRN WM has 100% uptake in the sites listed within CPMS for studies where CRN WM are the lead by the end of Q1 (Not including Amendment New Sites)	March 2018	Amber	SSS Core Support for Local Stakeholders - ODP Study Start Up App states CRNWM hit 92.3% for 'Data Completeness' and 1.14% outstanding date errors and 0% outstanding site errors. For the 18/19 Annual Plan the ECER team will be reviewing this objective further.

3.3.6	HLO1 - PC -Engagement with New HEIs	<p>1) Links made with Stafford University and the first study to receive our support at Staffs (RICO) is just being started. Joint presentation between study support services and delivery team given to Stafford University health research teams to present what the CRN can offer to support their studies. Further work required and planned to roll out this model of engagement to other WM HEIs</p> <p>2) Engagement and collaboration with Keele CTU underway to develop unified CRN / sponsor / HEI processes and making good progress with this stage of the milestone, particularly with the data processing and participation slips. Once complete will roll out to CTUs in other WM localities to streamline and standardise processes i.e. new business / operational meetings, data processing arrangements and participations slips.</p> <p>3) Primary Care Health Informatics. The way health informatics is delivered has been reviewed to provide a more equitable service across WMPC. Formation of WM wide ROST Group which will oversee and quality assure all searches and simple pop ups that are used in WMPC. Higher education and training will be provided to ROST members who will then cascade to rest of team so the WMPC team is upskilled and able to provide the service across the whole area.</p>	March 2018	Amber	<p>1) Engagement work and the roll-out of further training to other HEIs in the region was put on hold due to very limited staff capacity over the last 6-8 months. However, as a result of recent team developments, we anticipate that we will soon have the capacity to recommence with these activities.</p> <p>2) We have worked with Keele to agree and establish a greenlight process to ensure that studies are able to start at GP Practices in a timely manner and with fewer staff visits to practices. This has recently been trialled and incorporated into our working instructions flow chart. Discussions still taking place with Keele CTU around data processing. Service offering proposal has been submitted to the CTU outlining what the Network is able to do as part of service support. Once this has been agreed it will then be rolled out to the localities for discussion.</p> <p>3) Informatics. Staff have been informed of the new processes on how to access ROST. EMIS training has been booked for all members of the ROST group at a more advanced level and training for key RFs has also been booked to progress the upskilling of the workforce. Agreement has been reached with Keele CTU around the provision of pop ups with a research element and who will be responsible for the trouble shooting aspect on a national level.</p>
3.3.7	HLO1 - PC	PC - Extend Engagement and Structure of CCG Forum in the North locality to the Central and South localities	March 2018	Green	<p>Members of the PC team have designed a reporting system to work across the Central/South localities CCG's detailing CCG and practice level recruitment of studies, in/out RSI, CPRD, whether RCF threshold met. New inter-CCG research network formed subsequent to the new 'ETC collaborative pot' formation.</p> <p>A new reporting mechanism for North / Central / South CCG's has been created</p> <p>The structure of the Staffordshire CCGs has changed. New CEO across all 6 CCGs. The REDIE group continues but looking at developing a new CCG research structure across the region. This is currently in draft at present.</p>
3.3.8	HLO1 - PC	PC - Extend Community Pharmacy Engagement	March 2018	Complete	<p>This is complete as in the south locality we have three different models of pharmacy engagement - in GP practice, medium sized chain and independent. There are now examples of active and ongoing Community Pharmacy engagement in all three localities.</p> <p>Distinct lack of studies to offer pharmacies - all new studies are reviewed to see if they could recruit through pharmacy and we are linking with Aston Uni / CI in pharmacy to develop studies</p>
3.3.9	HLO1 - PC	Increase the Number of GP Practices involved in Commercial Research	March 2018	Complete	<p>Engagement of practices across the WM has been achieved;</p> <p>100% increase in the number of EOI's</p> <p>160% new practices submitting EOI's</p> <p>18 practices selected initially by commercial company for further feasibility</p> <p>1 new practice selected for commercial study so far - set up in January</p> <p>In addition to above, continued progress with EOI 's received. In total, 4 'new' practices set up on commercial studies</p> <p>Met with new models of care i.e. Modality, South Warwickshire Partnership Group and the Group Practice Schemes to introduce commercial research</p>
3.3.10	HLO1 - PC	PC -Establishing links with STPs	March 2018	Amber	<p>Mark Stone PC Clinical Research Lead (CRL) met with Dr John James (STP Staffordshire Medical Director) about establishing a research strategy involving local stakeholders and met with Marcus Warner the new accountable officer for the 6 Staffordshire CCGs. There has been some engagement with the Shropshire STP. RDM Div2 has attended a diabetes pathway meeting.</p> <p>Mark Porcheret (PC CRL) has taken on CRN Lead role for STP engagement. He is currently developing a plan of how this will be best approached using the GP champions. To date 24 New Care Models providing services in the West Midlands have been identified and information from their websites is being collated.</p>
3.3.11	HLO1 - PC	PC - Establishing links between PC and AHSN	March 2018	Complete	<p>Relationship established with AHSN; understanding the support each provides and signposting researchers and collaborators as appropriate. Potential to support SMEs with medical devices, particularly devices used for OSA diagnosis. PC CRL attends this meeting mainly within CCG role but also provides input within NIHR CRN role. At present, with the CCG, AHSN looking to provide ongoing support to S-Med</p>
3.3.12	HLO2 - SSS	SSS ECER - Attend over 20 events in 2017/18 to raise the profile of the Study Support Service	March 2018	Complete	SSS ECER - This objective was met with over 50 events recorded in the ECER Events file by 31/03/18.

3.3.13	HLO2 - SSS	SSS ECER - Target of 60% of all non-commercial studies supported through Early Contact at the pre-PAF stage by the end of Q2 2017/18.	March 2018	Complete	SSS ECER - This target has been met with 67% of studies supported prior to IRAS Submission. It has been noted that a large percentage of the support provided by ECER Leads is at pre grant stage so it will be a while until CRNWM sees these studies at PAF/ Eligibility stage if the study ever gets funded. ECER completed an I&I project where ECER Leads contacted previous supported ECER studies asking them to evaluate our service the feedback was very positive.
3.3.14	HLO2 - SSS	SSS Core - Increase the availability of Training for 29 Partner Organisations (incl Primary Care) through the use of webinars. These webinars will focus on the importance of good negotiation between the Sponsor and PO about setting realistic time to target goals during 2017/18.	March 2018	Amber	SSS Core Support for Local Stakeholders - This objective was not met due to lack of technical software available and expertise within the CRNWM. The need for webinars on IRAS/HRA and Amendments became apparent during the sponsor engagement meetings with Universities across West Midlands, all 13 of whom stated they would like to make training more accessible for their staff.
3.3.15	HLO2 - SSS	SSS Core Team - CRN WM to identify good practice from within the region about how PO's are working collaboratively with local delivery teams and Sponsors to set realistic recruitment targets during 2017/18 via CRN WM Research Operational Group and Training.	March 2018	Complete	SSS Core Team for Local Stakeholders - During 17/18 EDGE Working Group was initiated which consisted membership of CRNWM and PO's to improve good practice relating to LPMS compliance. The group developed Network wide processes, agreed direction of travel and implemented and analysed a local survey around data compliance and local understanding. There were presentations from PO's at ROG relating to (RWT) C&C Processes, (DGNHSFT) EDGE and data attributes, (SLA Team) managing non ACC studies in a streamlined way, (HEFT) Tracker notifications.
3.3.16	HLO2 - BDS	Head of BDS and IOM working on a performance improvement plan along with BI input	March 2018	Green	Action plan to improve HLO2a and HLO2b in place - now widened to look at all performance metrics. PPIE representatives involved in raising this at Partnership Group and working out how PPIE can help improve our performance. HLO2a has improved to 64% and HLO2b to 77% and both are continuing to steadily increase with performance management responsibility being held by divisions. Identified an Industry CRL and Trust and Specialty groups with a low HLO2b will be identified to see how improvements can be made.
3.3.17	HLO2 - BDS	BI team to monitor improvements in EDGE data compliance	March 2018	Green	Current EDGE data completion rate stands at 80%. There are some technical reasons why the % is not always 100% and these are being addressed where possible, working with the POs through the EDGE Working Group. Data is discussed at every Partnership Group and SLT; strategic bids are only accepted if compliance is greater than 80%.
3.3.18	HLO2 - PICs	Joint working between primary care and neighbouring mental health/community Trusts recruiting to dementia studies so as to act as PICs and increase recruitment to-target	March 2018	Red	Work throughout 2017/18 has resulted in a model for working being developed and joint posts being secured between mental health trusts and Primary Care, but no joint delivery work took place in 2017/18. Work continues in to 2018/19.
3.3.19	HLO2 - BDS / WFD	Improve HLO2 rates through training opportunities	March 2018	Green	Several training initiatives as detailed elsewhere in the document
3.3.20	HLO2 - Industry	Increase delivery to HLO2a	March 2018	Complete	The Industry team have prioritised improving delivery to HLO2a; although our set target of 70% was not achieved we have seen an increase of 8.2% to 64.4% and a significant improvement in engagement with HLO2a and its importance across the CRN and PO's. In 17/18 we embedded proactive performance monitoring within divisions and divisions now hold responsibility for performance monitoring. We have identified an Industry CRL, set an Industry Steering Group and developed a performance improvement plan to ensure we continue to improve HLO2 delivery.

3.3.21	HLO 2 - PC	<p>1) Primary Care Specialty working with NO GAP (Collaboration between UHNM and North Staffs Combined) to develop a research delivery model which will enable dementia patients to be given the opportunity to take part in dementia studies at any point in their care pathway. Identifying how joint feasibilities can be submitted between NO GAP and primary care. One commercial dementia study being set up with primary care PICs currently. The intention is for this to be written up as an Improvement Project which can then be shared across the CRN</p> <p>2) Development of joint PC / MH research facilitator posts to optimise the opportunities of using Primary Care GPs as research sites and PICs to improve recruitment to Mental Health and Dementia Studies from the Primary Care setting which is where many patients present</p>	March 2018	Green	<p>1) This work is being embedded into the working group between primary care and specified Trusts to set up joint posts across primary care and community.</p> <p>This concept has been introduced to the Group Practice Research Delivery hub in North Staffordshire.</p> <p>2) Three posts have been developed that can support research studies across any speciality and any setting. One post in each locality, employed by a Trust, working across Primary Care with a Primary Care buddy. The aim is that we will develop the skills of 6 members of staff in line with the requirements of the emerging care models.</p>
3.3.22	HLO3 - Industry	Stronger links with commercial partners	March 2018	Complete	Both the CRN and Partner Organisations have been working to increase interactions and create relationships with Commercial sponsors. Success is reflected in HLO3 seeing a 216% rise from 16/17, and 120% on the number of commercial studies opened in the WM. The CRN have worked with POs to improve delivery to studies; through improving quality of submitted expressions of interest, setting realistic targets and proactive performance monitoring which have contributed in an increase in sites selected to deliver commercial research; currently at 20% selection rate. We had planned to have a secondment with a commercial Sponsor, however due to practicalities this was not possible. Introduction of the Primary Care Industry Manager role has increased submission of expressions of interest from primary care by 100%, and GP Practice engagement has increased by 167%.
3.3.23	HLO3 - Industry	Eligibility of commercial studies	March 2018	Complete	216% increase on WM led studies during 2017/18. Local procedure established to ensure any ICT validation requests that are not planning for portfolio adoption are followed up locally and nationally with the Business Development team. It is positive to see that we have only logged two instances of non-portfolio adoption; two of which were then adopted.
3.3.24	HLO4 - SSS	SSS ECER - Over 60% of Trusts signposting researchers to AcoRD Specialists/ Early Contact Leads	March 2018	Complete	SSS ECER - This objective has been met with 80% of our Trusts signposting researchers to the Early Contact team for support. This is based on discussions with our Partner Organisations to establish agreements to deliver the SSS SOPs and the confidence that they are happy to signpost to the team. We have evidence of signposting from the majority of these Trusts to the service where they have CIs. Ongoing engagement will continue with all Trusts and ongoing work will be done to encourage a change in mindsets with those Trusts unlikely to signpost to the team. The team is continuing this engagement. For instance an Early Contact Lead will be attending RJAH team meetings and highlighting the added value of the service where possible, and for BWC they will be invited to comment on the I&I work to improve the ESSU/ NSDA Combined Form. For the 18/19 Annual Plan the ECER team will be reviewing this objective further.
3.3.25	HLO4 - SSS	SSS Core Support - Ensure that data being inputted on EDGE is compliant in 95% of all instances (specifically date site initiated, date site selected, date site confirmed, First Patient First Visit) by the end of Q2 2017, and 100% thereafter, to ensure CRN WM can accurately identify HLO04 for its only Lead studies as well as ones we are participating	March 2018	Green	SSS Core Support for Local Stakeholders - ODP Study Start Up App states CRNWM hit 92.3% for 'Data Completeness' and 1.14% outstanding date errors and 0% outstanding site records under Audit Unresolved Errors. For the 18/19 Annual Plan the ECER team will be reviewing this objective further
3.3.26	HLO4 & 5 - SSS	SSS Core - Supporting 29 POs (including Primary Care) in the management of their HRA studies so they have better oversight and management of the time taken to set studies up by utilising existing or identifying new IT Systems during 2017.	March 2018	Green	SSS Core for Local Stakeholders - LINKED TO HLO05 - The SSS Core Support for Local Stakeholders managed a workshop event for our local PO's and Academia (Enhancing your KNOWL - EDGE, 2nd Aug 17). This event was well attended and received positive feedback. The EDGE Working Group issued an EDGE survey to fully understand PO's utilisation of EDGE in Q2. The findings have been presented at SLT with actions for Senior Leaders to encourage greater usage of EDGE for our PO's and move away from using other inhouse spreadsheets or databases. The ROG group has been presented ODP training on Study Start Up App over four meetings (March 2017, November 2017, January 2018 and March 2018) and been provided with further training materials to support oversight and management of their studies. C&C dates are presented in performance reports that PO's receive each month, ROG meetings, Trust specific meetings. PO's have been shown several times how ODP can support them in identify C&C data discrepancies. For the 18/19 Annual Plan the Core Team for Local Stakeholders will be reviewing this objective further
3.3.27	HLO5 - Industry	Target Green Shoot Organisations	March 2018	Green	Industry team provide support to all sites that request support. Training is provided to assist in an efficient set up of commercial studies and proactive screening for patients. Delays in first patient recruited still remain - engagement with Trusts continue.

3.3.28	HLO5 - Industry	New PC Industry Manager	March 2018	Complete	<p>This post has become a valuable post and has now been made a permanent position. PCIM provides valuable support to GP's from EOI to study close down and ensures support is available to meet HLO's. For example; set up and recruitment of first patient within 30 days for the Sayana Press study (CPMS ID 32103)</p> <p>PC Industry Manager and PC SSS have worked closely to define a process for supporting commercially active practices with AAC and advising on timings of study set up for to ensure HLO4. Our first practice to go through this process successfully achieved HLO4, HLO5a and HLO2a despite competitive recruitment and early recruitment closure. This streamlined process will bring improvements for commercial studies for both research and PIC sites. The SOP for this process is near completion.</p> <p>Practice scoping activity to assess capacity and facilities has proved useful in submitting targeted EOIs, supporting practices with equipment or training to aid study delivery.</p>
3.3.29	HLO5 - PC	Team training for Primary Care delivery staff	March 2018	Red	Primary Care Team training targeted at reducing the time to recruit the first patient to studies taking place in the Primary Care setting - not yet delivered. Training was delivered but it did not include this material as expected. Further training to be identified
3.3.30	HLO5 - PC	Team training for Primary Care delivery staff	March 2018	Complete	Bespoke training and tools provided to PC delivery staff to improve project Management, practical skills, mental skills, communication, stakeholder management, management of people around you (expectations from all parties), life cycle of a study, ACORD costing and attribution, HRA processes around AAC, study feasibility in detail, SOA/SOE. completed.
3.3.31	HLO6 - Industry	Maximising and increasing PO delivery of commercial studies	March 2018	Complete	86% of organisations are delivering commercial research; 4 organisations are not; WMAS as there are no commercial ambulance studies on the portfolio; SCHT do not deliver any research but is something the CRN are actively supporting; ROH and BCHC deliver commercial research (non portfolio) and are now submitting EOI for portfolio adopted studies as well as exploring permanent collaborations with commercial partners. GP Practice engagement has increased by 167% in 17/18 and we are currently reporting a 9% site selection rate (previously not reported). There has been a negligible increase in the number of EOI submitted by Partner Organisations in 17/18, however we are seeing an increase in Site Intelligence requests and a 20% site selection rate
3.3.32	HLO6 - Primary Care	Cross boundary working		Green	See 3.3.16 above re joint Primary Care / Mental Health / Diabetes posts
		Recruitment at GP practices		Complete	302 / 844 practices have recruited to date - 36% (target is 25%) Primary Care has also recruited to 5 'non-nhs' hospice sites
		PC - RSI Scheme	March 2018	Complete	Current RSI scheme has been evaluated and we have also looked at RSI schemes in other CRNs to ensure we have considered all possibilities for engaging GPs and providing value for money. One WM wide RSI scheme being rolled out from April 18 Meeting set for June 18 to look at how to incentivise the larger practice groups / federation Leadership sites scheme in progress across all three localities
		PC - RSI Scheme		Green	We are monitoring those GPs who are performing well in the delivery of NIHR PC studies who have not signed up to the RSI scheme to understand what are their drivers and explore any potential reasons / trends to resist commitment / engagement with the CRN. This work was done when reviewing the RSI scheme for 2018 - some of the reasons were that we had a financial limit on the number of practices we could include in the scheme - other practices are happy to do the research but did not want to do the RR and GCP accreditation
		PC - CPRD	March 2018	Green	The number of West Midlands GP practices signed up to CPRD is now 189 - still the highest LCRN in the country. The next highest is Kent, Surrey and Sussex with 93. We continue to build on this and are seeing increases all over the West Midlands from larger scale promotion at CCG, GP federation level and more recently, new emerging organisations.
		PC - Research Nurse Upskilling		Green	PC nurses have supported Care Homes in the South for the Princess study. Discussions are in place to identify further studies that PC can support in this way in the future
		PC Engagement Strategy		Green	Majority of nurses have been trained to do paediatric consent and have run a flu study across the WM for children with minimal involvement from the GP. Contract negotiations have proved vital with the study team to be able to offer a CRN Research Nurse model rather than the GP practice staff having to do the interventions themselves. This has proved to work well in studies such as Care 75 and Candid
3.3.33	HLO7 - Recruitment of people to DeNDRoN Studies	A list of dementia researchers and interested PIs at potential recruitment sites	March 2018	Green	Engagement with emerging configurations across the network. The strategy is to increasingly support the delivery of research in primary care at the level of the New Care Models which are emerging in the West Midlands - hence the mapping activity underway at present. The RSI Scheme will be adapted to support this beginning in 2019/20. At present there are a series of pilots underway to support practices coming together and working collaboratively to delivery research in their area and the learning from these will inform how we roll out this way of working across the West Midlands.
3.3.33	HLO7 - Recruitment of people to DeNDRoN Studies	A list of dementia researchers and interested PIs at potential recruitment sites	March 2018	Green	We have issued all CRN WM GP practices / community pharmacies who have demonstrated a commitment to delivering NIHR portfolio research with a plaque to display within the practice to raise the profile of the NIHR and patient awareness of the practice engagement in research. The aim being to maintain practice commitment.
3.4. Research Delivery					
3.4.1	Increasing research in Care homes	ENRICH	March 2018	Green	<p>The WM has very few dementia academics. More of a focus on Ageing studies. Dementia engaged and interested potential PIs but more studies required. Working with RDS to ensure they can advise researchers on recruiting via JDR. Regional Parkinson's research ideas event with the RDS. One dementia study secured via working with East Midlands. Training for all site staff on maximising use of JDR for recruitment held in Sept 2017. All activities ongoing and therefore not recorded as completed.</p> <p>There is good coverage to target specific geographies for care homes to engage with ENRICH with one care home facilitators in each of the North, Central and South localities. This year engagement with over 100 care homes has been maintained. There are 15 studies supported, 12 of which are NIHR adopted. 2/3rds of care homes registered to ENRICH have taken part in research. These are, either in set up, open to recruitment, recruiting or closed and in analysis. This year a video to raise awareness of ENRICH has been produced with PPIE involvement. Two posters have been produced. Membership of the steering group has expanded to include 2 patient carer representatives where it was previously one. There has been a joint ENRICH and ageing event held this year as described in the Ageing commentary. The Enrich Lead has presented at the portfolio managers group to raise awareness of care home research. Portfolio Managers review all studies that are open to new sites and check whether the study could be run in a care home.</p>

3.4.2	Non medic PIs	Non-medic PIs	March 2018	Green	Portfolio Management Team 'SLT Lead' highlighted need to identify studies suitable for non-medic PIs through the Portfolio Manager Team. Also, I&I Feasibility Tracking project underway which will ask the question on whether study suitable for non-medic PI in EDGE.
		Deliver training for non-medic PIs	March 2018	Green	Scoping project completed to gather information at an organisational and individual level about the activities of NMPis in the West Midlands. Identified an active groups of NMPis leading observational, interventional and CTIMP studies within our region; the majority lead non-commercial observational studies. Most NMPis are in senior clinical posts that are aligned to a specific clinical speciality area of care and have experience of supporting the delivery of clinical research studies (in a non PI role). Few specific learning opportunities to support NMPis currently exist; mentoring, workshops and opportunities for peer support would be useful. Almost all NMPis would recommend the role to others and staff in non-medical professions who are currently involved in research delivery are interested in the NMPI role. Recommendations to identify and raise the profile of the NMPI workforce in the West Midlands have informed the 2018/19 annual plan.
3.4.3	HRA pharmacy technical assurance	Support pharmacy staff involved in the delivery of clinical trials with the implementation of the HRA pharmacy technical assurance process	March 2018	Red	No progress as not yet launched by HRA
	Collaborative working between pharmacy clinical trials staff	Organising of region-wide pharmacy meetings and development of pharmacy website to facilitate face-to-face and online sharing and collaboration		Green	Region-wide meetings continuing to be held for pharmacy clinical trials staff working in secondary care to promote and support collaborative working; continued development of pharmacy website and promotion of site as an online platform for collaboration
	Non-medic Principal Investigators	Explore and understand better opportunities for pharmacy staff to become PIs		Amber	Initial work undertaken to promote PI role with group of clinical pharmacists working in secondary care; scoping of pharmacists involvement in research in roles such as PI being undertaken
	Pharmacy data collection	Collect region-wide data re pharmacy study approval and set-up times using EDGE		Green	Pilot completed regarding the use of EDGE to collect data
	Community pharmacy	Community pharmacies engaged with research delivery		Green	Community pharmacies undertaking PIC activities including promotion of JDR campaign; processes in place to identify primary care studies suitable for community pharmacy involvement
	Primary Care - Process Streamlining and Improved Team working	<ul style="list-style-type: none"> 1) Integration of roles 2) Structure review 3) Training 4) Review of meetings structure 5) Nurse employment 6) Primary Care supporting research delivery in non NHS settings 		Green	<p>1) Following the successful integration of the AAC process into the RF role, the role has been further reviewed. In order to offer a more streamlined and efficient service to researchers, it was felt that it might prove beneficial to also incorporate Early Contact activities in to the RF role. This would provide researchers with one single point of contact for the life of the study, from grant application through to close down; providing support with costings, completion of the AAC process as well as study set-up and delivery. This should also reduce duplication between the EC team and the delivery team processes and ensure greater consistency throughout. We have recently initiated a pilot with a small number of RFs to incorporate EC into their roles; training and support will be provided by the current primary care EC team. If the pilot is successful, the potential to integrate EC into the role of all RFs will be further explored. Research Nurses will also be involved in the pilot - not to carry out EC work, but to advise study teams at an early stage around feasibility, care pathways etc</p> <p>2) With each vacancy the current structure is reviewed to ensure equitable staff distribution and best use of resources.</p> <p>3) Staff training is ongoing and opportunities are offered to staff as appropriate. One of our RN is on the ALP course this year and several of the RF/RN team have completed facilitator training to enable them to deliver the new Fundamentals of GCP course and others similar such as Valid Informed Consent and site file management.</p> <p>4) The PC team meeting structure has been reviewed and standardised to ensure agendas reflect current discussions and link to other meetings - information flows up and down the chain and we have a set of standard items on each agenda and to assess if face to face or google hangout is best option including looking at financial implications. New Google + community for primary care to share relevant information.</p> <p>5) The majority of PC nurses are now NHS employed through the host (RWT) 8 nurses remain outside these arrangements.</p> <p>6) Primary Care Study Support and Delivery Team support the Hospices and Care Homes who have no existing supporting relationship with a WM NHS Trust with their research authorisations and delivery processes. PC Nurses have supported Care Homes in the South for the Princess study. Discussions are in place to identify further studies that PC can support in this way in the future.</p>
	PC - Increasing dedicated time of Academic Researchers	Liaison with academic researchers is via the HEIs and one of CRSLs is an Academic GP. Aim to explore further similar resource	March 2018	Green	Continuing discussion with first five GPs to consider improved research engagement with non-academic GPs particularly GPs in training and in early career for creating research ideas and discussion. Ongoing engagement with Primary care academics through Keele University, mainly at clinical lecturer level and below. Potential development of a virtual discussion group within the GP academics of how to undertake cost effective and rapid turnaround studies which will in particular lend themselves to the developing research groups and emerging new practice models. We hope to engage with young researchers funded by the school to highlight possibilities for research supported by the CRN
PC - GCP Fundamentals	Primary Care require a new Fundamentals course specifically for primary care.		Complete	The working group have developed the primary care specific Fundamentals course and this has been authorised for use by the workforce development team. All staff who have had the relevant training can deliver the course, although we are currently in the process of organising pilot sessions West Midlands wide. Once pilot sessions have been undertaken by members of the PC GCP working group, the sub team areas/zones will be organising and delivering the sessions in their local areas.	
PC - Excess Treatment Cost Arrangements	Primary Care WM requires functional ETC pooled funded covering primary care and non-PBR pathways.		Complete	All localities have a collaborative ETC pooled fund for primary care and non-PBR pathways	
3.5. Information and Knowledge					
3.5.1	SSS ECER - Full utilisation of EDGE to record ECER contacts and pipeline study information and for cross-team communication.		March 2018	Complete	SSS ECER - When the ECER Team is aware of a new study where CRNWM are the lead then this study gets entered onto EDGE and relevant CRNWM staff notified. This has really helped in managing SSS activities.

3.5.2	Information and Knowledge Strategy	Produce, provide and improve reports	March 2018	Green	The BI team produces a suite of reports and other data extracts for the Senior Leadership Team, all Partner Organisations, CRSLs, Portfolio Managers, Industry Team, Study Support Services and clinical delivery teams, among others. We constantly seek feedback to improve these reports and they continue to evolve to better meet the needs of the audience. In particular, reports are frequently discussed in detail by our Research Operational Group (ROG), which is attended by representatives from all our Partner Organisations. We review and improve them for content and layout, but especially for business rules.
		EDGE for managing the full life cycle of studies	March 2018	Green	EDGE is currently used as the LPMS of choice at CRN West Midlands for Early Contact, Management of Feasibility for Commercial Studies and HLO Performance Management for both Primary and Secondary Care Portfolio Studies. For HLO Performance Management, a minimum data set has been established and its completion is monitored via monthly reports highlighting any gaps or data discrepancies. Recent developments include Partnership Organisations using the Finance module in EDGE in which they are setting up and applying costing templates for studies. All but two POs use EDGE as a primary system. Work is ongoing to encourage them to input data into EDGE directly or identify a suitable workaround.
		Monitor and address issues relating to incomplete and inaccurate data	March 2018	Green	EDGE data reviewed in every PG and SLT meeting; POs are not permitted to apply for Strategic funding if data is not meeting required quality levels All WM Primary Care localities are now using EDGE to manage project records. Incomplete records for existing studies are currently being updated. Data points for all newly opened studies are being added in real time by the Primary Care team.
		App on ODP that will include data from EDGE	March 2018	Red	There is a project currently led by Portfolio Managers from Division 1 and Division 5 Primary Care which is looking at developing Apps on ODP which capture and display data from EDGE. The project is at early stages at the moment and a list of requirements from ODP has been sent to NIHR CC BI Team by the project leads. The most recent ongoing projects in EDGE involve implementation of study Feasibility for non commercial studies to be rolled out to all Divisions (currently available for Division 3 only). Other ongoing EDGE projects involve rolling the system out to Partnership Organisation Pharmacy Staff so the Network can capture and monitor Pharmacy set up and approval data. EDGE will be used to allow for sharing of study documentation between pharmacists of the different Partnership Organisations. This will be prioritised in 2018/19 and we will look into alternatives used by other Networks e.g. PowerBI.
		Promote the specialist, experienced and dedicated BI function	March 2018	Green	The BI team work closely with our POs and delivery teams. They attend a number of meetings both internal and external where they highlight the added value that data and intelligence can offer.
		The BI team will work closely with the Portfolio Management Team	March 2018	Green	Locally, the BI team works closely with the Portfolio Managers on a daily basis, providing guidance as well as investigating and resolving specific discrepancies, down to individual study/site level. More formally, both senior BI managers attend a monthly meeting with Portfolio Managers and our Industry team. These meetings discuss various items relating to data and procedures, particularly with respect to EDGE and CPMS. We have recently achieved 100% for data uploads which is a regular occurrence due to efficient processes.
		The BI Team will actively compare information found in CPMS with our local LPMS	December 2017	Green	With collaboration with the EDGE working Group (which consists of R&D members of Partner Organisations, Network Industry Staff, Portfolio Managers, Study Support, Pharmacy Lead, the BI team have been in constant development of monthly Performance monitoring reports which use EDGE and CPMS as data sources. The comparison of data between the two system focuses on the following: Site on CPMS but no site in EDGE; Site on EDGE but no site on CPMS; Comparison of Study Wide planned end date between the two systems; Comparison of recruitment totals for sites between the two systems; Study status, should not be open in EDGE if closed on CPMS.
		Roll out of Portfolio Maps Hub Site	July 2017	Complete	The CRN WM Digital Portfolio Maps have now been rolled out and are available via the following link: https://sites.google.com/a/nihr.ac.uk/crn-wm-portfolio-map/ . The Digital Portfolio Maps detail the studies that are open and in set-up in the West Midlands and the studies that are available on the NIHR portfolio. The data behind the portfolio maps is updated every two weeks. In the future we plan to include commercial portfolio studies that are detailed on the UK Clinical Trials Gateway. We have received extremely positive feedback from both Network and partner organisation staff.
3.6. Stakeholder Engagement and Communications					
3.6.1	Ensure a defined approach to communications and action plan aligned with the national communications strategy	Adherence to branding and operational requirements and national messaging	March 2018	Green	Branding guidelines circulated and protocols created to ensure these are adhered to - e.g. Poster Process. Operational requirements and national messaging shared via Google Community and Network Newsletter where appropriate.
		Sufficient communications non-pay budget line identified	March 2018	Green	Identified and within budget; savings are made by creating a lot of the documents in house using existing skills.
		CRN WM will support national campaigns including the replacement campaign for OK To Ask (International Clinical Trials Day), League Tables, Join Dementia Research and other condition-related initiatives. We will work closely with 56 Partner Organisations to identify opportunities to promote the Network in a positive way, and to publicise these through local print and broadcast media, as well as social media. Coverage will be monitored and recorded and we aim to deliver: Six 'Our Stories' (three patients and three staff) per financial year, to be published on the NIHR website one set of 'Behind the Research' stories for the new section of the NIHR website, including a feature article and patient story based on an impact case study, two media stories / campaigns per year (in addition to national campaigns).	March 2018	Green	Press releases were issued to relevant local media for I Am Research, People Are Messy and the League Tables and these were shared on social media. A roundup of Partner Organisation (PO) activity was published in the Network Newsletter. Support for JDR is ongoing - e.g. we have featured the JDR kiosk at University Hospitals of North Midlands in our Network Newsletter. We have worked with Communications Teams of POs to publicise WM winners of national Awards, achieved two print media articles and one radio interview (FREE Radio) and five 'Our Stories' have been published on the NIHR website; more are in hand. An interview with our COO was published in B2Q Magazine, a WM Business publication. In addition, the Network has been featured in two PO Newsletters and an interview with our Lead for Laboratory Medicine was featured in The Biomedical Scientist magazine.

		The Communications Team will develop and deliver a high quality multi-channel communications programme to support NHS engagement in research. This will raise awareness among the public and wider NHS community about the benefits of research to meet the recommendations set out in the national strategy.	March 2018	Green	A WM NIHR Comms Group has been set up to share best practice, ensure that we are working together as One NIHR and develop resources to promote the benefits of research. In addition, the first of a series of publications highlighting successful studies in the region has been created. We are looking at alternative ways of holding these meetings to encourage greater attendance. Ten Network Blogs written by Network staff on a variety of topics, have been published and shared via social media. These have been viewed over 1,000 times in total.
		We will identify and exploit opportunities to market the Network and highlight our USPs to encourage greater collaborations and attract partners and Industry to the region.	March 2018	Green	A suite of brochures highlighting the services offered by the Network has been created and electronic versions made available via the website. A series of Visual Annual Reports has also been published, giving key facts and figures at a glance, and shared with our partners. A suite of materials called 'Fun with Reggie' has been produced for POs to use with young people taking part in research, including stickers, a word search, crossword, join the dots, maze and colouring sheet.
		We will expand our social media presence (including use of Instagram) and will develop the use of 'Twitter takeovers', allowing staff and partners to curate the Network Twitter account on key relevant occasions.	March 2018	Green	A Network Instagram account has been set up and pictures regularly posted. Our Industry Operations Manager took over the Network Twitter account for a week, Tweeting about commercial research. This Twitter 'takeover' was repeated on other topics, including Change Week March 2018. In addition our Young Persons' Steering Group mascot Reggie the Research Rabbit now has his own Twitter account @ReggieCRNWM created in August 2017, with over 150 followers to date and pull up banners featuring Reggie have been supplied to paediatric departments of POs. In October 2016 the CRN WM account had 606 Twitter followers and we now have 1,199. Also in October 2016, the largest reach of a Facebook post was 858, the latest was 1,800. One study-specific post reached 1,500 people and helped to rescue recruitment to a flagging study.
		For internal communications, we will create a new primary care newsletter to standardise existing publications, encourage use of our staff-only Google Community as an online space for staff to interact, and publish our monthly newsletter which has a region-wide distribution and includes contributions from our POs.	March 2018	Green	A new primary care newsletter has been completed and three issues published so far. The Community (called Shout Out) has 167 members and is now the main channel of engagement with Network staff. Our monthly newsletter has been published throughout the financial year and is well received by POs, with a high number of contributions from across the region
3.6.2	The LCRN has collaborative work PPIE plans across CRN and partners with measurable outcomes for delivery of learning resources	Continue to deliver, via the CRN WM Research Training Collaborative, the locally adopted Building Research Partnerships (BRP) programme to patients, carers, the public, lay representatives, PRAs and NHS staff through the Training Collaboratives to promote region-wide access.	March 2018	Green	Ten BRP training sessions were planned for 2017/18 across the CRN West Midlands. Unfortunately, five of these were cancelled due to insufficient delegates registering for the sessions. However, the PPIE Team have delivered a number of presentations about PPIE in the CRN WM throughout the year to staff groups e.g. Trust Lead Research Nurses, Network Portfolio Managers and Division 1 staff. The BRP sessions were organised via the West Midlands Research Training Collaborative and were aimed at patients, the public, carers and research professionals.
		Work with lay representatives, PRAs and JDR Champions in the further development and delivery of the BRP programme.	March 2018	Green	The local BRP training programme has been revised with input from a PRA/JDR Champion. The local BRP training programme will be further reviewed in April/May 2018.
		Promote and encourage the public, lay representatives and staff to register for the Massive Open Online Course (MOOC): Improving Healthcare through Clinical Research and other training opportunities available through the MOOC or the Training Collaboratives.	March 2018	Green	All NHS Trust organisations have been provided with information regarding the MOOC 'Improving Healthcare through Clinical Research' training and the BRP training opportunities for all PRAs in the region. Newly appointed Network PRAs have also been provided with this information.
		In collaboration with members of the West Midlands Public Involvement and Lay Accountability in Research (PILAR) group deliver a range of PPIE in research training according to the needs of the community.	March 2018	Green	PILAR meetings continue to be held every two months. All members of the PILAR Group (i.e. NIHR partners) deliver training for the research community e.g. CRN WM delivery of BRP training.
		Support the lay representatives in the production of an induction video for newly appointed lay representatives to complement the Induction Programme and Pack. This will be shared with POs.	March 2018	Green	The Induction Programme and Pack have been reviewed and further developed by the lay representatives, supported by members of the PPIE Team. Whilst planning/preparing for the induction video it became evident that there was a need for two videos. The lay representatives/PRAs have filmed a video about PRAs and have started preparing a second video purely for induction.
		Develop the knowledge of the Partnership Group lay members by on-going training and support; briefing them before and after each meeting.	March 2018	Green	Lay Members of the Partnership Group continue to participate in briefing sessions prior to the Partnership Group meetings and are offered telephone debriefing sessions. Since the appointment of the new lay member for the group the two more experienced lay members are now providing additional support and mentoring.
		Work with the WD team and their representative on the Steering Group to carry out a training needs analysis for lay representatives across the region and highlight opportunities for shared staff and patient/public learning and development initiatives.	March 2018	Green	A skills matrix on PPIE related experience and training amongst Patient Research Ambassadors in the region was completed during November 2017 - January 2018. This has determined the specific local training required for lay members and helped the CRN WM PPIE team deliver meaningful PPIE in research training to lay representatives.
		Host an annual networking event for Lay representatives and link this in with the PRA group.	March 2018	Green	A local PRA Annual Network and Celebration event took place in March 2018. This event provided the opportunity for PRAs in the region to identify the value of a PRA and determine what local PRAs consider priorities in relation to the local PRAI Delivery Plan 2018/19 for the West Midlands. This event was planned and delivered by local PRAs.
3.6.3	Each LCRN delivers the Patient Research Ambassadors (PRAs) project	Produce a Patient Research Ambassador Initiative Delivery Plan 2017/18, mapping current activity.	June 2017	Green	A PRAI Delivery Plan 2017/2018 has been produced with support from local JDR Champions and PRAs. This local PRAI Delivery Plan has been shared with the NIHR CRN CC and LCRNs across the country. All actions on the local PRAI Delivery Plan have been achieved. The PRA engagement update spreadsheet is regularly updated.
		Support NHS organisations across the CRN WM to promote and recruit Patient Research Ambassadors.	March 2018	Green	Regular support is offered and provided to all NHS Trust organisations in the region. National and local PRA updates are provided to all NHS Trust organisations and telephone meetings and visits to Trusts are provided if further support is required. The PRA Annual Network and Celebration Event held in March 2018 provided an opportunity for PRAs and staff from Partner organisations to network.

		Produce an information pack to support the development of the PRA role for 2017/2018 and share with POs.	June 2017	Green	Local PRA Induction document produced and shared with all NHS Trust organisations in the region. This document demonstrates the numerous activities local PRAs can support and how PRAs at NHS organisations link to the West Midlands PRA Regional Forum (WMPRARF) and the NIHR CRN CC National PRA Advisory Group.
		Establish a Network PRA Community Group to support and develop the PRAs in their role.	October 2017	Green	The West Midlands PRA Regional Forum (WMPRARF) established in October 2017. To date two meetings of this Forum have taken place with representation from PRAs and staff from across the Network. All members of the WM PRARF are being provided with NIHR email accounts and being invited to join the CRN WM PPIE Google Community.
		Share best practice in PRA activities across the Network via the PRA Community including role outlines, induction and training.	March 2018	Green	Best practice in PRA activities are shared via the WMPRARF and regular PRA updates to NHS organisations. This includes offering all PRAs the opportunity to take part in the MOOC 'Improving Healthcare through Clinical Research' training and the face to face Building Research Partnerships (BRP) training across the region.
		Develop processes to systematically measure the impact of the PRA initiative in the Network.	December 2017	Green	PRA monthly monitoring tool developed in conjunction with local POs. This tool has been shared with all LCRN PRA leads. The PRA monthly monitoring tool is being piloted for six months and will be reviewed by the WMPRARF in 2018.
		Maintain the PRA section of the CRN WM PPIE database to record numbers, locations and roles of PRAs within the NHS organisations.	June 2017	Green	CRN WM PPIE is up and running and includes a PRA section sharing PRA information, resources, numbers and NHS organisations taking part.
		Support and promote the National Annual Awards for PRA activity. Also link in with local initiatives to reward and recognise contributions from CRN WM PRAs.	March 2018	Amber	No information shared from NIHR CRN CC regarding the National Annual Awards for PRA as of March 2018. A local PRA was highly commended in our Staff Awards.
		Develop the role of the Join Dementia Research (JDR) Champions and provide support for them within the PRA initiative.	June 2017	Green	JDR Champions in the region are regularly provided with PRA updates and training opportunities.
3.6.4	Patient and Public Involvement and Engagement Strategy	Increase the lay representation and involvement in the activities of the CRN WM.	June 2017	Green	A member of the Young Persons' Steering Group is now a member of the CRN WM Partnership Group. Two of the adult lay members are continuing in the role for a further two years and a new member has recently been appointed to the third role. PPIE is a standing agenda item at the meeting. The lay members are providing a PPIE perspective to the achievement of HLO2 and leads on this at the Partnership Group. Two PRAs for Cancer/Division 1 and a further five Network PRAs have also been appointed. Two of these PRAs are working with primary care staff and will also help to develop the role of PRAs in primary care.
		Increase the opportunities for people to participate and get involved in research.	March 2018	Green	Local data shows there are 83 Patient Research Ambassadors in the region who help raise the profile of research in a variety of ways. A pilot to monitor this activity is currently taking place. The CRN WM Young Persons' Steering Group continuously review research studies to help increase participant recruitment. Two Cancer PRAs have recently been appointed and they will be working with Network staff to raise the profile of research. In addition to this five new PRAs have been appointed within the Network e.g Primary Care and Ophthalmology.
		To raise awareness of research amongst patients, carers, the public and healthcare professionals.	March 2018	Green	The PPIE Team and PRAs have continued to deliver the BRP training and a number of presentations to raise awareness of research. Examples include The 'People are Messy' film event, Healthwatch Staffordshire Advisory Board, Trust Lead Research Nurses' meetings, South Staffordshire and Shropshire Healthcare NHS Foundation Trust Service User and Carer Workshop and Pannel Croft Retirement Village Choir Concert.
		To collate feedback from participants and staff about their experience of being involved in research.	January 2018	Green	Following on from the Patient Research Experience Surveys (PRES) in Jan/ Feb 2017 (577 responses), a further PRES in Primary Care Sept/October 2017 (34 responses) and PRES Children & Young People October/ November 2017 (20 responses across three age categories) were rolled out. All PRES data analysed, reports produced and shared with partner organisations and Network staff. PRES Adults follow up survey, to determine the impact, undertaken in November 2017. An application to the 'Accelerating Digital and Innovations in PPIE Small Grants Scheme' was successful and the monies will be used to purchase laptops for use in the PRES 2018/19.
3.6.5	Each LCRN has an agreed programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all	Raise awareness of CRN WM and its vision and values, leadership and plans for development with internal and external audiences through improved communications, roadshows, webinars and meetings with senior/middle management. Promote the use of blogs and Twitter 'take overs' to give opinions and raise awareness of research.	December 2017	Green	Rather than focus on middle management through webinars, the COO and CD met with CEOs to improve engagement and we remain committed to our R&D Managers Group. The PO Awards were particularly well received with over 40 nominations, 120 attendees, and 13 awards celebrating success across the region. Network Staff Awards were held in November with 130 attendees and 14 awards, as well as acknowledgement for staff who have progressed. Both of these will be repeated in 2018/19.
		Utilise evidence to promote the benefits of research and the outputs of incorporating research into practice to improve healthcare delivery - from Trust Board to patients. Create a suite of profiling materials describing key study achievements in the region from study idea to impact on practice, incorporating the experiences of researchers and patients.	March 2018	Green	Patient Stories include researchers. First brochure printed highlighting the benefits of research. This is the first in a suite of brochures about why we do research.
		Map and acknowledge the contributions of all those involved in research within partner organisations through awards and a direct marketing initiative recognising input and encouraging further collaborations.	March 2018	Green	Awards held, a scheme thanking PIs for their contribution to our objectives has received favourable feedback and this has been widened. Christmas cards sent to all ENRICH Care Homes and research active hospices, as well as PPIE reps. Recognition scheme widened to include research teams and patients.
		Ensure that all existing local mechanisms for engagement and involvement are optimised to avoid duplication. Improve communications with regional partners, including the CLAHRC, RDS, CTUs and AHSN, with a view to maximising opportunities to work together to promote clinical research in the region.	March 2018	Green	As reported, Comms Leads meeting set up in the region to encompass One NIHR. Regular meetings take place between senior leaders and health research related organisations.

Further improve staff engagement using two-way communication channels including focus and google communities, supporting personal development and talent management, enabling involvement and promoting/recognising innovation and achievements. Improve staff wellbeing through a positive work environment and maximise opportunities for employees.	March 2018	Green	Covered elsewhere; comprehensive wellbeing programme already in place with expansion planned in 2018/19.
Ensure that all patient experience feedback is used to help shape the Network's plans and involve Patient Research Ambassadors in accessing and delivering training, webinars, induction videos and community events.	March 2018	Green	Covered under PRA initiative.
Develop excellent working relationships with the local, regional, national and specialist media and maximise coverage for the Network.	March 2018	Green	An updated list is held with all relevant contacts; meetings with key individuals have taken place and more are planned.
Promote and develop the external facing website to meet the needs of patients and stakeholders and explore and exploit the opportunities that social media and digital technology bring.	March 2018	Green	Content regularly updated on website, Twitter and Facebook. Now branching out into Instagram. Award for Social Media Leader included in VIP Awards to encourage staff to share CRN news on social media.
Promote research to all staff in NHS organisations through induction plans and educational opportunities.	March 2018	Green	Covered under WFD; comprehensive induction plan available, and a suite of courses available through the WMRTC. The Network is actively promoted in all educational slide sets.
Develop relationships further with other LCRNs, the Coordinating Centre, local R&D Teams and Communications Leads in Trusts and CCGs to share best practice and promote the benefits and accomplishments of the Network.	March 2018	Green	Comms Lead attends regular meetings with CRNCC Comms team and counterparts in East Midlands & East regions.
Roll-out of Proportionate GCP which will include use of materials to raise awareness about research particularly within Pharmacy Department and Laboratories.	March 2018	Green	Availability of training materials and GCP delegation and training decision aid promoted among pharmacy clinical trials staff based in POs via pharmacy website and staff meetings. Support re accessing and using training materials also provided to pharmacy staff. Activities undertaken to raise awareness among R&D staff based in POs re training materials available for pharmacy staff. Interim audit of uptake and impact showed these resources were currently in use within 6/27 organisations; audit to be repeated during 2018/19. Laboratory staff version on target to be available in year via online pre-recorded audio/video. Application of the Training and Decision Aid within R&D departments has led to novel applications of the materials in study specific and lay researcher contexts to date.
Support the expansion of primary / community care based research activity to non-NHS providers including care homes, community pharmacies and hospices including access to relevant training and WD advice in collaboration with the respective RDMS.	March 2018	Green	Increased recruitment in care homes, hospices and pharmacies. Bespoke training delivered.
Develop models for flexible and agile working, consider skill mixes and offer role specific initiatives as detailed in Workforce and Development Strategy below. Begin to gather meaningful workforce intelligence to inform and guide future plans.	March 2018	Green	Internal staff workforce intelligence data gathered as part of internal clinical workforce review to identify opportunities for enhancing agile / flexible working practices.

3.7. Workforce, Learning & Organisational Development

3.7.1	Workforce Development Strategy	Deliver a responsive and agile research delivery workforce.	March 2018	Green	The CRN WM Research Training Collaborative (WMRTC) supports the provision of training which meet the three NIHR CRN priority areas for organisational and workforce development. Our newly established locality-based training collaboratives are encouraging greater PO participation in the identification of learning needs and delivery of training across the region. The 'WFD Trainer' role has been established (3x0.2WTE) and is actively supporting the roll-out of existing and new programmes including the 'Fundamentals...' courses and new PI Essentials workshops. A review of the CRN WM hosted clinical delivery workforce has been undertaken and we are currently developing a Strategy and workforce plan for this task force.
		Provide clearly communicated career opportunities in clinical research.	March 2018	Green	We are supporting the growth and development of our regional PI community through targeted events for trainees, supporting the roll-out of PI masterclass workshops, developing and piloting the new 'PI Essentials' workshop. We have undertaken a scoping exercise to explore the development needs of non-medical PIs and identify opportunities to increase our regional non-medical PI workforce. This will form part of our workforce plan 2018-2020.
		A highly engaged CRN funded workforce.	March 2018	Green	An e-handbook to support induction to CRN WM and resources that can be transferred to existing induction frameworks within our POs has been launched. A 2nd Annual Symposium for clinical delivery staff attracted over 100 delegates and the 2018 programme is now in development. Existing delivery staff forums have been supported and a successful PO Lead NAHP away day identified common areas for development and collaboration within our clinical leadership community. We hosted the selection process for ALP candidates and are supporting 3 ALP participants as they progress through the programme. Our alumni have contributed to both national and local initiatives to date. A number of engagement projects are listed within the communications sections, along with talent management etc in the Wellbeing Initiatives.
		Embed learning and skills development in practice environments.	March 2018	Green	Facilitator development training has been attended by over 20 PO staff this year with two thirds now actively delivering WMRTC sessions within their locality. An event for experienced GCP and non-GCP facilitators is planned for May 2018 to promote retention. The implementation of the Training and Delegation decision aid is promoting a proportionate approach to study-specific training in clinical practice environments including acute, intrapartum and mental health studies to date. We are working closely with a CI and their team to embed this approach in a complex Stroke study (MAPS2) which is currently in setup. The WFD Strategy group has met quarterly and is currently developing a WMRTC learning strategy 2018-2020 which will establish greater use of digital technology and blended learning.

3.7.2	CRN Digital Programme	Embed the use of digital working in all staff.	March 2018	Green	Google Hub is now the system of choice for all Network staff. Google Hub Champions are in every office, and ad-hoc training is held when required. Use of Hangouts has increased resulting in a saving in terms of both staff time and expenses, and equipment has been provided for all offices. Kanbanchi champions are now in place and have been equipped with the knowledge to train colleagues; training can be delivered either face to face or via a Hangout. Digital filming of Chief Operating Officer and key messages following Senior Leadership Team meetings has been launched with positive feedback from staff. Introduction to the Network recording has been provided to all POs for their new staff and a link provided on our training site.
		Explore functionality of Google app Kanbanchi.	March 2018	Green	Many Network staff are using Kanbanchi in their daily work and we have rolled out a hangout and face to face approach to training. A number of Kanbanchi champions have been equipped with the knowledge they need to train those not familiar with it.
		Social Media Guide.	March 2018	Green	A local guide has been developed and implementation through Early Contact service so they can promote this to researchers. Little uptake to date so a review will take place. In 2017/18 we used social media for 2 studies mid-way through recruiting. Ongoing monitoring and adjustment took place. Disseminated to all LCRNs. Both studies achieved RTT study-wide.
		eConsent	March 2018	Green	This has been explored and potential for streamlining recruitment identified, but now requires involving others to lead on this as a project, including involving a CI and study team at grant application stage.
3.7.3	Apprenticeships	Level 2 Business Administration Apprentice.	May 2017	Green	Two Level 2 admin apprentices appointed; first apprentice recruited to subsequent Band 3 post.
		Level 3 Business Administration role.	March 2018	Red	On hold as Band 3 administrator (former level 2 apprentice) will be supported to undertake level 3 study aligned to the level 3 business administration apprentice pathway over the next 2 years.
		Level 3 Research Assistant.	March 2018	Red	On hold due to national discussions around levels of apprentices / trailblazing.
		Level 4 Research Officer role.	March 2018	Red	On hold due to national discussions around levels of apprentices / trailblazing.
3.7.4	SSS ECER - Develop, pilot and roll out of a new advanced Cost Attribution training session across CRN WM research community during 2017/18.	SSS ECER - Develop, pilot and roll out of a new advanced Cost Attribution training session across CRN WM research community during 2017/18.	March 2018	Complete	SSS ECER - Developed Advanced Cost Attribution Training for roll out via the Workforce Development Team. Built on the current cost attribution training approved DH for all Networks. CRNWM Research Support Manager (Kirsty Hunter) supports the national ACoRD Google Community Group. The team has held x2 ETC Training for PO's and other local stakeholders due to the ambiguity of these activities this coincidentally was developed before the national NHS England consultation was released. This training was to try and improve understanding locally. The uptake at all our training has been very good.
3.7.5	Wellbeing strategy and plan developed and launched which meets the need of the Network staff	Talent management - develop a rolling programme for Effective Office Professionals and Portfolio Manager Development to highlight commitment to development.	January 2018	Green	Rolling programme launched in January 2018 for administrative staff with the aim of promoting skills development and acknowledging/sharing current areas of expertise within the admin team spread across six office bases. Training & development needs analysis undertaken with Portfolio Managers - diversity within the group. Opportunities for shared learning/development identified and promoted combined with the launch of a career progression pathway reference guide which supports individual PD planning.
		Mentorship scheme to support personal development and career progression.	March 2018	Green	Outline plans for coaching and mentorship scheme produced, including reverse mentoring to highlight skills across the Network. Will be fully developed in 2018/19.
		Monthly workshops with a focus on healthy body, healthy mind and work life balance.	January 2018	Green	Four workshops held so far; 68 attendances registered, 51 different members of staff. Google site for staff so we have a single point of contact for all wellbeing initiatives. Monthly Blogs on wellbeing published and these are linked to the workshops, complete with signposting for further information. Further dates already booked for the remainder of 2018, and a mid year evaluation and staff survey will be carried out. Staff are consulted via Google community over what they would like to see in terms of wellbeing. Feedback is collated and disseminated after every session to encourage staff to take responsibility for their own wellbeing.
		Encouraging staff to be less sedentary and highlight the positive benefits of increased activity on physical and mental health.	March 2018	Green	Walking meetings, stand up desks, step challenges, lunchtime walks and fitness sessions offered; again feedback is particularly encouraging and staff have been sharing their experiences on the staff google site.
		Network awards to recognise and reward best practice.	December 2017	Green	VIP (Values in Practice) Awards held in November; very well received. 118 nominations received, 14 awards presented, 20 staff recognised for progression.
		Access to Apps to self manage wellbeing.	March 2018	Green	Access to Headspace offered as a trial - 30 members of staff have taken this up so far and feedback is encouraging.
		Wellbeing library.	January 2018	Green	A collection of five books which support personal development, time management and efficiency available to borrow from each office. These will be added to over time.
		Fix It Friday - encouraging everyone to do one thing, of their choice, to make a difference to the CRN.	March 2018	Green	22 projects were registered through this initiative, and all will be followed up via the Project Team and the results will be disseminated via close down reports.
3.8. Business Development and Marketing					
3.8.1	Business Development and Marketing strategy	Targeted campaign to promote the unique opportunities within the network.	October 2017	Green	There is a suite of brochures highlighting the unique opportunities that working with the Network can offer research teams; both commercial and noncommercial. These are available in hardcopy and electronically. We plan to roll this out further to POs to highlight the USPs of the region.
		Increase engagement with AHSN and SME's.	March 2018	Complete	Established relationship with AHSN to ensure service users are signposted and supported as appropriate. Relationships made with local SME organisation BizzInn and support and advice provided to local SME's on a referral basis.
		Increase the number of Trusts contributing to HLO1.	March 2018	Complete	86% PO's recruiting to commercial studies; further discussed under HLO6. 96% for non-commercial.
		Pilot of a CRN Industry team member of staff having a secondment with a commercial Sponsor.	March 2018	Red	A formal secondment was not an option due to practicalities however a brief secondment was had where lessons were learnt however due to company restructuring it did not continue. Valuable insight was learnt and this could be an option in the future with other companies; and the opportunities to invite Commercial Sponsors to talk at the Industry Steering Group.

3.8.2	The LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy	Continue to strengthen the working with our local AHSN and SME community - providing guidance, information and signposting to funding and collaborative opportunities. Publicise our WM Commercial Brochure detailing the strengths and capabilities we have to deliver commercial research successfully.	March 2018	Green	IOM has delivered presentations at local University Enterprise meetings whose focus is to bring together the local academic and SME's. This has led to points of contact with local Business Hubs who now signpost SME's to the CRN for support on research. This will be ongoing as part of our working role and details provided in Annual Plan 2018/19.
		Support and encourage Partner Organisations not yet recruiting commercial patients; address needs and engagement where needed; for example through use of the Green Shoot Funding and PI Mentoring Opportunities.	March 2018	Green	See HLO6 for further details. 23/28 86% Trusts recruiting commercial patients. Green Shoot funding was not an initiative in 2017/18. Support is offered to all Trusts and Industry Operational Meetings, along with Link Meetings to address concerns and queries. To further improve PO engagement and to ensure we meet the needs of our Stakeholders an Industry Steering Group was established in Q4.
		Embed the newly appointed Primary Care Industry Manager who has three key areas of focus: 1) Engaging new Practices with commercial research through training and education, events and support with set up and delivery 2) An aim to engage three new GP practices across our locations in delivering commercial research as either a PIC or research site 3) To increase the number of secondary care sites using primary care as an initial recruitment method rather than secondary/as a rescue strategy.	March 2018	Green	See Earlier comments re Primary Care Industry Manager section. Engaged with 50% of secondary care Trusts with success and will continue on embedding primary care as an initial PIC recruitment method. PIC support requests from secondary care has increased by 140%.
		Encourage collaborative initiatives such as secondary care PO's taking on primary care practices - a opportunity to maximise and explore new recruitment methods in 2017/18 Maximise PO capabilities by strengthening collaboratives of shared services across Organisations.	March 2018	Green	Working with RWT with regard to primary and secondary care integration. This is a new method of working and will further develop into 2018/19. It is planned that as a pilot that one nurse from the Primary Care North locality will work in the secondary care setting for a period of 3-6 months. This should be completed by December 2018.
3.8.3	Working with the Life Sciences Industry Strategy	Increasing engagement with AHSN and SME's.	March 2018	Green	As discussed under HLOs and 3.8.2
		Commercial Feasibility training.	March 2018	Green	Training developed and delivered through the WMRTC on a scheduled and ad hoc PO request basis.
		Develop a communication tool.	September 2017	Complete	An Industry newsletter was developed, however feedback was received that it was not reaching required audiences and other approaches would be preferred. Internally an Industry Google community is utilised and the Industry Team are looking at improved ways of communicating both internally and externally; as part of the Performance Improvement Plan.
		To increase the use of CPMS to share current study statuses - issues and good practice.	September 2017	Complete	CPMS used by Industry and Divisions as needed and using EDGE. Continued use will hopefully enable the WM to have a real-time performance monitoring tool. In March 2018 the IOM became co-lead on the National Improvement Project focussing on improving Performance Monitoring and Target Setting which will further improve LPMS/CPMS usage for performance monitoring.
3.9. Other local innovations and initiatives					
Please use this section to report on any local innovation and improvement projects supporting continuous improvement across the wider CRN (not already covered elsewhere in the report). Please include details of achievements, particular challenges, benefits/impact of these initiatives and any lessons learned.					
3.9.1	Support the continuation of 'Supportive and Palliative Care' Specialty Group with appointed leads.	The aims for this group are to: Increase awareness of palliative and supportive care research within West Midlands CRN; Support local hospices and care homes to become actively involved in research available via the National Institute for Health research portfolio; Encourage clinicians to identify important areas for research that could be considered for adoption onto the national portfolio; ensure that researchers in palliative and supportive care are able to offer access to studies for participants in all care settings so that recruitment in this speciality is recognised as one of the highest nationally. In the coming year we plan to hold a Supportive and Palliative Care Showcase event to raise awareness of Specialty. This will invite academics, clinical staff and other research interested staff. Additionally, in collaboration with colleagues across the Divisions the Supportive and Palliative Care Specialty group will produce a West Midlands Supportive and Palliative Care model to share best practice of how Supportive and Palliative Care studies can be delivered.			Locally the WM Supportive and Palliative Care Specialty Group has continued and expanded this year to include paediatrics and primary care expertise. The existing strategy document that was shared with Partner Organisations in 2016 has been reviewed and is currently being updated to reflect the evolution and future direction of the Group. Progress has been seen this year to include: • Contributing to the delivery of existing National Institute for Health Research portfolio studies by carrying out site initiation visits and assisting with study recruitment. • Generating new studies collaboratively in the West Midlands: West Midlands Collaborative Actioning Research in End Of Life and Supportive Care (WMCARES) have three studies up and running. • Hospices Advancing Research Priorities (HARP) have identified several priority topics to be investigated in future research studies. • Increasing our visibility across the West Midlands to promote and share our strategy. This has involved talks with local radio, WM Partner Organisations, other Clinical Research Networks and primary care organisations. • Bringing together an enthusiastic and committed core team of diverse healthcare professionals, including clinical research specialty and subspecialty leads, a general and psychiatric nursing team, locality manager, administrative staff, research delivery managers and portfolio managers. The 4th Annual Supportive and Palliative Care Research showcase was held this year. The event hosted by the Douglas MacMillan, Stoke on Trent brought together multiple professions in the field of Supportive and Palliative Care to catch up on what was happening in the Network and to steer the future direction through shared insights and ideas. The Keynote Speaker was Dr Sarah Russell, Head of Research and Clinical Innovation, Hospice UK who shared and discussed a recent Research Ready and Active Hospices Work Plan update and discussed current issues within the hospice community. She reflected on the event in a subsequent blog. Jo Armes, Senior Lecturer, King's College talked through challenges and achievements in Research Psychosocial Oncology. Hazel Coop gave an insight into the West Midlands Collaborative Actioning Research in End of Life and Supportive Care group and what they achieved over the last year. A number of high quality posters were displayed on the day. Feedback was very positive with 100% of respondents saying they would recommend the event to others.

3.9.2	Review of the existing portfolio manager group.	The aims were to identify areas that can be strengthened and supported to improve delivery of the commercial and non-commercial clinical research portfolio.			<p>A SLT member has been identified who leads the Portfolio Management Team. This year two away days have been conducted with the portfolio management team. The first away day focussed on 'Improved external communications to improve our High Level Objectives'. The developments further to the away day include:</p> <p>Collaborative working: G+ Community for Portfolio Team developed Hub site to host SOPs and general information in development EDGE report to be developed for performance review dates</p> <p>Sharing information/ideas/good practice: Template document to report on sites/studies identified and selected RDM Leaflet shared Process mapping day for performance management ODP apps feedback</p> <p>New Settings/Staff to deliver studies: Highlighting studies which would suit non-medic PIs Tracker for Supportive and Palliative Care Studies and ENRICH studies Improvement and Innovation project tracking of non-commercial feasibilities/site identification in EDGE</p> <p>Streamlining communications with Partner Organisation: 'HEFT query tracker' presented at R&D Forum and has been adopted by other Partner Organisations Importance of sharing EDGE access to be highlighted at R&D forum and EDGE working group</p> <p>Raising awareness of Portfolio Manager Support: Portfolio Manager Team Leaflet Signing up to deliver training e.g. Feasibility Workshop Presentation developed on Portfolio Manager offering Visiting/supporting sites with Clinical Research Specialty Leads</p> <p>Talent Management: Workforce development Lead invited to portfolio manager group to share training package for Portfolio Managers.</p> <p>The second away day which has been just run focussed on improving HLO2.</p>
3.9.3	2nd year of placement of a flexible workforce of Clinical Research Project Assistants out in Partner Organisations to support quicker setup and delivery portfolio studies. These Clinical Research Project Assistants will also undertake a Master's degree in a Clinical research related discipline with the aim of increasing availability of Clinical Research available trained staff.	Two Clinical Research Project Assistants were appointed in May 2016 for a 2 year fixed term period. They were appointed for two main needs: 1) A need for lower band staff to cover band 4 type duties freeing up higher graded staff in Partner Organisations to deliver portfolio studies. 2) A need to increase pool of research aware/active staff for future employment by Partner Organisations and/or Clinical Research Network. Before the end of the two year period both of the Project Assistants have already secured a higher graded clinical research position, one in a local academic unit and one in a charity organisation which has achieved the need of increasing pool of research aware/active staff.			Before the end of the two year period both of the Project Assistants have already secured a higher graded clinical research position, one in a local academic unit and one in a charity organisation which has achieved the need of increasing pool of research aware/active staff.
3.9.4	Review of nursing workforce.	Appointment of two Band 5 Research Nurses. Through development and training one of these nurses has gone on to secure a Band 6 post and continues to deliver on the role as a research nurse. The other nurse has nearly completed their development phase and will be ready to take on and deliver on portfolio studies under supervision. Both posts have been a success and invaluable to the network.	January 2017	Complete	The enrollment of two Band 5 Nurses has allowed us to train and have retention of staff to support the nurse pool. Through development and training one of these nurses has gone on to secure a Band 6 post and continues to deliver on the role as a research nurse. The other nurse has nearly completed their development phase and will be ready to take on and deliver on portfolio studies under supervision. Both posts have been a success and invaluable to the network.
3.9.5	Review of Nursing Workforce - ACROSS	System set up streamline requests for CRN Research Nurse, Paediatric and Midwifery support. This would make the system more transparent for our PO.	October 2017	Green	The ACROSS system has been implemented and allowed us to identify studies in POs that we can support. It has provided us with a better visual picture of where support has been offered/ rejected and where the support has been placed. It has also identified gaps where we can make a difference such as Mental Health support for some POs. We plan to audit the system once we have sufficient requests.
3.9.6	Study Start Up	SSS ECER - To review the national SSS ESSU SOP to ensure that it adds value by improving study start up times by supporting AAC review process for POs during 2017/18. This is to be reviewed by Lead CRN and Other LCRN perspective (where relevant).	March 2018	Red	SSS ECER - Discussed at several ROG meetings to ensure the ESSU Plans add value for our POs as they are relatively time consuming for ECER Leads. At these discussions it was felt that POs don't see the value as for a large majority of studies they don't receive one from other Networks or if so then the ESSU Plan arrives too late to add any value with set up. For the 2018/19 Annual Plan the ECER Team will be reviewing this objective further with an I&I project.
3.9.7	Develop tools and templates for reporting	Tools and templates developed.	March 2018	Complete	The BI team have developed a template in Excel which allows the Trust to run a report on EDGE and having pasted the data in the sheet, they are easily able to monitor what their status is for HLO 2.
3.9.8	Chief Investigator Development	Increased number of CIs	March 2018	Green	Primary Care have invested in Chief Investigator development and engagement within 3 of our academic teams in order to promote the development of new Chief Investigators and increase the number of grant applications and quality of their grant writing skills in order to generate successful grant applications that will bring forth new primary care research studies that are eligible for the NIHR portfolio. A number of grant applications have been submitted following this investment and we await the outcome.

Section 4. CRN Clinical Research Specialties

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

Please (a) enter the actions to achieve the objectives from your 2017/18 Annual Plan, adding any additional actions taken as appropriate [column C]. Please comment on your network's performance and impact against your planned contributions in 2017/18 [column D].

Where applicable, please include numerical data to illustrate performance against your local baseline and/or your network's contribution to the national CRN target. Please highlight approaches which have proven particularly successful, challenges encountered and how the challenges have been mitigated. Please also comment on any activities that have not been delivered and why.

Ref	Specialty Objective	LCRN actions to achieve objective	Performance against plan
1	Ageing [1]	1) Repeat Ageing Specialty group survey and compare results to those collected from survey which was open in 2016. The survey looked at awareness of the NIHR CRN Ageing Specialty in the West Midlands, the number of people currently involved or interested in ageing research, the awareness of guidance and protocols surrounding research, and looked towards the need for more ageing research in the community setting. 2) Hold a second Ageing Event including external, internal speakers, workshop and poster presentations to increase awareness of Ageing research. 3) Support Ageing research interested community through development of an Ageing Specialty Group	Ageing Lead continues to be in place 1) A survey was repeated this year. Awareness of the Ageing Specialty had gone up from 53% to 80%. In 2017 65% compared to 53% in 2016 wanted to become a member of the Ageing specialty group, so this figure has gone up this year. In 2016 7% were already a member of the Ageing specialty Group compared to over 20% in 2017 indicating an increase in membership. Just over 60% were either involved in research or had been in the last five years in the survey results from 2016 and 2017. For both years 42% were keen to be involved in research if there was relevant support, with 50% already involved in 2017 compared to 25% in 2016. In 2017 35% were involved in developing Ageing research protocols for delivery in the NHS compared to 18% in 2016. Over 80% were interested in supporting the delivery of Ageing research in the NHS compared to 74% in 2016. 95% of respondents in 2017 and 84% in 2016 thought research opportunities in care homes will benefit older people. The survey included respondents including doctors, nurses and AHPs. There was an increased response rate from nurses in 2017 with 30% of the respondents being nurses compared to 4% in 2016. AHPs made up 10% of the respondents in both years. Doctors made up 85% of the respondents in 2016 compared to 64% in 2017. 2) Over 60 delegates registered for the second CRN WM Ageing Specialty event which was combined with ENRICH (ENabling Research In Care Homes). The event hosted a number of esteemed speakers including Dr Eileen Burns (President of the British Geriatrics Society), Prof Martin Vernon (National Clinical Director for Older People, NHS England) and Dr Claire Garabedian (University of Worcester), who spoke about "Researching Creative Therapies for Care Home Residents with Dementia". We were pleased to welcome Sheena Davidson, our Patient Experience representative, as she spoke about her feelings towards being involved in research and knowing that she is contributing to helping others after suffering multiple strokes. There was a great selection of posters on display at the event. These were judged by two of our experienced delegates and the winner was the SPACE (Safer Provision and Caring Excellence) poster, submitted by Caroline Maries-Tillott and Tracie Wilson from the WM Patient Safety Collaborative. From the feedback we have received, the event was a great success, with all responses confirming that they would recommend the event to others. 3) An Ageing specialty group has been set up and has hosted meetings in the North and Central locations of the West Midlands region to raise awareness of CRN support available and provide peer support to the Ageing research interested community. Presentations have been provided on ECER support. It has also provided an opportunity to share solutions to common research barriers. Updates have been provided on developments from National Ageing Specialty Group as well as the current national and local portfolio. A presentation was delivered from Keele Centre for Ageing Research (KCAR) which has provided further links to a Network of Ageing researchers.
2A	Anaesthesia, Perioperative Medicine and Pain Management [2]	1) Double number of Trusts which participating in anaesthesia portfolio trials (current baseline is 5) 2) Increase activity and support for the WM Specialist Registrar Trainee network WM-TRAIN and engagement for recruiting to portfolio studies as they emerge 3) Develop more active collaborations with surgery aiming to host a joint speciality meeting attended by trainees and PIs from these specialities 4) Provide information as required about portfolio performance 5) Administrative support to organise the joint speciality meeting 6) Engage with individual departments and set up links with research interested individuals in these departments	Specialty Objective Met This year recruitment to Anaesthesia, Perioperative Medicine and Pain Management (APM & PM) studies has been very successful, and although the region did not recruit as many overall participants as last year, when EpiCS was open at 16 Trusts, the average recruitment per month was improved (excluding EpiCCS) and recruitment was 146% as a percentage of the agreed target. Recruitment by CRNWM was 26.3 per/100,000 population, about 2% of the HLO1 Goal (60,620). This year 12 acute Trusts have participated in Anaesthesia, Perioperative Medicine and Pain Management managing specialty studies, and 15 acute Trusts have participated in studies supported by this Specialty. In addition Care Trusts and Mental Health Trusts, as well as 29 GP Practices, have taken part in research supported by APM & PM, which is an increase on the previous year. A Joint APM & PM and Surgery Specialty Group Event, held in June 2017, was attended by anaesthetists and surgeons from across the region. At this meeting 33869 FLO-ELA was presented by the Chief Investigator via video-conference so that delivery issues could be discussed with potential PIs. Subsequently the study has been opened at 4 sites with a further site currently in set up and another still being reviewed for feasibility. New Specialty Leads, Joyce Yeung and Jaimin Patel, were appointed in January 2018 and they have received the CRNWM monthly performance reports, which are provided by the CRNWM BI team. Drs Yeung and Patel are keen to work with new PIs and at Trusts where research activity in this Specialty has historically been poor and meetings have been arranged to take place during 2018/19 with research interested individuals in these departments.

2B	Anaesthesia, Perioperative Medicine and Pain Management [3]	As Above	<p>Specialty Objective Met</p> <p>The West Midlands Trainee Research Anaesthetics Network (WM-TRAIN) has supported the recruitment of nearly 1400 participants across 11 acute Trusts across the region to 4 studies:</p> <ul style="list-style-type: none"> • 17123 BALANCED ~ Recruitment from 5 Trusts (RJAH = 29; DGH = 14; HEFT = 7; BHFT = 6; UHNM = 2) • 20252 PRISM ~ Recruitment from 3 Trusts (HEFT = 49; UHB = 30; SaTH = 12) • 32256 PQIP ~ Recruitment from 7 Trusts (HEFT = 486; UHCW = 269; SWBH = 175; BHFT = 97; SWFT = 88; DGH = 64; WVT = 2) • 33869 FLO-ELA ~ Recruitment from 2 Trusts (DGH = 40; HEFT = 13)
3	Cancer [4]	<p>All EAG meetings to have a member of the Division 1 core team present to ensure that Research is on the agenda and incorporated into any work e.g. guidelines. Annual General Meeting (AGM) showcasing studies and sharing best practice. Educational plan for each speciality and support an evening event for each SSRLs. These events will help develop the role of the SSRLs and to nurture our home grown PIs and CIs.</p> <p>Work alongside Palliative Care to support the studies that are conducted in Hospices and care homes.</p>	<p>We continue to support all the EAG meetings with our attendance and report against the clinical trials of the speciality. Good feedback from the group that presence of CRN staff have highlighted studies that are available on the portfolio, and any potential issues with studies already opened within CRN WM.</p> <p>Our AGM had presentations from our National team as well as showcasing the excellent work ongoing locally. We have had some successful evening events supported by our SSLs. Newly appointed Head and Neck SSL Anthony Kong wasted no time in planning an event. The evening was well attended with colleagues turning up who had not registered for the event. He plans for another event towards the end of the year.</p> <p>Haematology has held two events supported by Haematology SSL Supratik Basu and Haematologist Fred Chen. Supportive and Palliative Care studies in hospices and care homes goes from strength to strength. The PIPs 2 study recruited very well, finishing second highest recruiting network.</p>
4	Cardiovascular Disease [5]	<ol style="list-style-type: none"> 1. Regular quarterly performance meetings with CRL/CRSLs/RDM/PM and open biannual staff meetings to share best practice, monitor performance to time and target, discuss new studies, and find solutions for studies which are underperforming. 2. Conduct a survey of cardiology consultants/cardiac surgeons/peripheral vascular surgeons/chemical pathologists across region to evaluate interest (and barriers) in taking on CV studies. 3. Armed with survey information, aim to approach and switch on inactive centres with potential PIs. 4. Work with LCRN PPI Lead to further engage patients with LCRN roadshows, posters, media messages and involve R&D departments to contribute to these locally. The research engagement plan should stimulate investigators and patients at the same time and in the process increase the profile of the LCRN. 5. Continue to improve the tracking and completion of actions from CRSL / RDM / Portfolio Manager monthly meetings that are aimed at ensuring all opportunities for new studies are realised and all potential patients are identified by study teams to deliver improvements in RTT. 	<p>National specialty objective met with a 21% increase in the number of multi-site studies within WM. Local recruitment target was exceeded at 122%.</p> <p>Lead CRSL / RDM meetings have continued. This has included joint East and West Midlands LCRN specialty meetings held in Sep17 and Mar18. These have proven fruitful and has resulted in existing studies being extended into the adjacent LCRN [NOAH-AFNET6 and SCAD].</p> <p>Proposed questions for survey has been purposefully delayed and redrafted to take into account the 2018-19 specialty objective requirements, so that there were not 2 separate surveys in close succession. CRSLs already encouraging wider involvement in trials but more work remains to be done to turn around inactive centres.</p> <p>Discussion begun with PPIE Lead as to the best approach to getting active patient involvement in Cardiovascular specialty meetings and to help with the generation of new comms / promotional resources. This work will be built on in 2018-19 and beyond.</p> <p>Meetings between Lead CRSL / RDM / PM have not been monthly but have included a review of the portfolio with a focus on Recruitment to Time and Target (RTT). RTT was close to the local LCRN plan for commercial sites at 68%. RTT was poor for non-commercial studies at 33%. Post-mortem discussions with CRSLs / PIs / research teams has yielded useful insight into issues encountered and lessons to be shared in specialty meetings.</p>

5	Children [6]	<p>The measure is the proportion (target 90%) of NHS Trusts recruiting into Children's studies on the NIHR CRN Portfolio.</p> <p>We have 16 of 17 Trusts with agreed targets in 2016/17 recruiting into Children's main specialty studies, with 19 Trusts having recruited in-year. CRN WM Children's Specialty currently ranks 3rd/15 LCRNs, and we aim to remain in the top three in 2017/18 by maintaining and expanding our current strategies.</p> <p>We also recruit children to studies led by other specialties but recruiting in the paediatric age range. Our approach has always to support such studies, and we have been highly successful in recruiting particularly to dermatology, diabetes and rheumatology studies. Latterly we have engaged with CAHMS, the Mental Health Specialty and Mental Health Partnership and Community Trusts, as they realign under Forward Thinking Birmingham, and have supported recruitment to Milestone-Transitions successfully delivered in six WM sites and CATCH-uS where we are recruiting children with ADHD. We have established communications with the newly appointed Young Persons Mental Health CRSL based at Birmingham Children's Hospital. There are a number of co-supported studies in set-up e.g. ID 31998 N-CAT for which we will recruit children in local primary schools, and thereby continue to expand this portfolio.</p> <p>Birmingham Children's Hospital has identified four main priorities for development (developmental disorder and learning disabilities; paediatric cardiology; rheumatology; and palliative care), and the CRN will seek to support these. Plans for supporting palliative care are in progress, with the CRN developing a strategy for palliative care research to include children, and the CRN core research nurse team delivering research-readiness training to local Hospices. Nationally we have engaged with 'Together for Short Lives' and attended the Hospice UK stakeholder meeting and Tweetfest to highlight paediatric aspects. The West Midlands paediatric palliative care network (WMPPCN) has been set up. ID 31659 A Journey Through Care has just opened and there are further plans to expand this portfolio led from Warwick University.</p> <p>To facilitate recruitment across a range of paediatric clinical services, the CRN core children's nurse team has delivered the NIHR Paediatric Communication and Consent course on 8 occasions to 43 delegates, with attendance from eight of our WM Partner Organisations. The course was also delivered with a paediatric mental health focus to 8 CSOs. This rolling training programme will be continued.</p> <p>By engaging with the Deanery, we ran a GCP training day for 97 paediatric registrars as part of their induction. We aim to repeat this annually, with the aim of helping to get early involvement in research. We also support the PI masterclass training, delivering this to new PIs and also to investigators and nurses keen to have refresher training. Supporting workforce development underpins growth of the Specialty.</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). This is the highest number of Trusts from all LCRNs although 1% below the 90% target.</p> <p>There are three non-recruiting Trusts listed on the ODP App (Shropshire Community Healthcare NHS Trust, North Staffs Combined Healthcare NHS Trust and West Midlands Ambulance Service). The former did not recruit to any portfolio study this year; NSCHT is considering an open Mental Health Specialty study on the assessment of behaviour in autism spectrum disorders in children >7 years old; and there were no suitable children's studies on the portfolio for the Ambulance Trust. We have however opened a dialogue between the WMAS and the Emergency Department at Birmingham Children's Hospital, helping to foster good links with children's services in the two Trusts and a wider appreciation by the WMAS of relevant Children's Portfolio studies, and there are ongoing conversations between the West and East Midlands' ambulance services for upcoming studies.</p> <p>We have 17 of 18 (94%) Trusts with agreed targets recruiting into Children's main specialty studies; South Warwickshire NHS Trust wanted to open TrialNet, but changes in the CI's team meant that this has been delayed. Gathering local intelligence to record where we really recruited children (i.e. participants <16 years old), we recruited in 19 WM Trusts to Children's main specialty studies, plus 4 Trusts where children were recruited to diabetes or mental health studies i.e. we have genuinely recruited children in 23 Trusts, this being three more than last year.</p> <p>CRN WM recruited 2,774 children to main specialty studies, but although the national ranking was significantly lower than in previous years, recruitment exceeded target by 397 participants and was also above recruitment in 2016/17. We recruited to 103 studies, the second highest of all LCRNs, and also the second highest number of studies for the third consecutive year. This continues to reflect our commitment to opening studies relevant to our local population whenever and wherever possible. CRN WM recruited to 31 Commercial studies, the highest of all LCRNs, and provided the second highest Commercial recruitment with 127 children recruited in 7 Trusts, up from 5 the previous year.</p> <p>HLO2a was 66.7% with 8 of 12 sites achieving recruitment to time and target. However, only 2 sites closed red in year; one closed in 2012 at 0/1 recruits when the patient transitioned to adult services declined to participate, and the second closed in 2015 at 0/1 recruits meaning that the second arm of the RSV infection study could not be opened at site. Of the 8 studies that achieved RTT, two were WM-led studies and both successfully delivered to time and target nationally.</p> <p>HLO2b (study level) was 100%, with 4 of 4 WM-led non-commercial studies achieving RTT. During 2017/18 we supported 12 WM-led studies, recruiting 3,040 children nationally.</p> <p>Aligning with the four priorities identified by our Children's specialist hospital has the following outcomes:</p> <ul style="list-style-type: none"> • Development disorders & learning disabilities - Young people with ADHD and those in transition from child to adolescent Mental Health Services (CAMHS) is a priority area for Birmingham Children's Hospital and Forward Thinking Birmingham. ID 19173 MILESTONE-Transitions study recruited 297 participants from six Trusts in CRN WM, the highest recruiting network. • Cardiology - We have two WM-led paediatric cardiology studies on the Portfolio: CPMS ID 19590 Platelet function in paediatric cardiac patients on bypass and ECMO, and CPMS ID 32330 The BRICC trial, evaluating remote ischaemic conditioning in children undergoing heart surgery. • Rheumatology - CRN WM was the 2nd and 3rd highest recruiting LCRN to paediatric rheumatology studies over the previous two years. We continue to support this sub-specialty with the CRN core delivery team. • Pain and palliative care - ID 31659 A Journey Through Care, Chief Investigator at the University of Warwick, recruited 72 children and adolescents aged 5-18 years with life-limiting illness, achieving recruitment to time and target in December 2017. We have also opened two Commercial pain studies ID 33737 MAGPIE and ID 32944 DIAPASS treating children in acute pain presenting with minor trauma at the emergency department and recruiting children prescribed a nasal spray as treatment in the emergency department, respectively. <p>Continuing our commitment to workforce development as being fundamental to growing the Specialty, the CRN core children's nurse team delivered the NIHR Paediatric Communication and Consent course on 3 further occasions to 29 delegates, with attendance from six of our WM Partner Organisations and the Primary Care team. We also support the PI masterclass training, delivering this to new PIs and also to investigators and nurses keen for refresher training. Such sessions always prove popular at the annual Children's Specialty event hosted by the CRSL; 51 delegates attended the event in September 2017 which had a focus on neonatal studies, PICU research, the impact of pioneering treatments and early phase trials run from the Clinical Research Facilities in Birmingham and Alder Hey, and an introduction on how to integrate the 100,000 genome study with portfolio studies. Key messages from the evaluation forms included comments on the importance of team working, the passion behind the research, and research improving patient care.</p>
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6	Critical Care [7]	<p>1) Maintain position in top 3 national ranking for recruitment 2) Support WM participation in local CI led studies 3) Support the development of new CI's 4) Open at least one study in sites with track record of previous participation 5) Review studies open and in set up at each participating site to ensure continued involvement and growth throughout 2017/18. 6) Maintain the 80% threshold of unit involvement in Critical Care research studies</p>	<p>Specialty Objective Met</p> <p>This year recruitment to Critical Care studies has been very successful with more participants being recruited to studies than last year and recruitment was 335% as a percentage of the agreed local target. In total 3556 participants were recruited to Critical Care managed studies during 2017/18 from across the West Midlands. Recruitment by CRNWM was 61.8 per 100,000 population, about 6% of the HLO1 Goal. CRNWM has therefore improved on last year's performance and is the lead network recruiting to Critical Care studies for 2017/18.</p> <p>CRNWMs success can be attributed to the number of Critical Care studies open and recruited to across the region (25 compared with 19 during 2016/17) and to exceptional recruitment achieved by two observational studies, 32999 PEARL Project and 33544 ReSPECT evaluation (both open across other LCRNs). However, even without these studies CRNWM would still have increased its on year recruitment and maintained its top 3 CRN ranking.</p> <p>During 2017/18, across the West Midlands, 12 acute trusts recruited 2187 participants to 35 different studies via their ICUs. Only one acute trust, Walsall Healthcare NHS Trust, failed to recruit any participants via this department. As a result, CRNWM has maintained its own LCRN target threshold of at least 80% of West Midlands acute trusts with ICUs being involved in critical care managed or supported research.</p> <p>CRNWM has supported local Chief Investigators (CIs) deliver Critical Care managed studies resulting in all 4 studies that closed to recruitment in 2017/18 passing Recruitment to Time and Target:</p> <ul style="list-style-type: none"> • 17177 PARAMEDIC 2: The Adrenaline Trial; • 19012 Decision-making for intensive care unit admissions; • 33185 REVERE Move; • 33859 Metagenomic monitoring of the gut microbiome. <p>This LCRN has also supported the development of new CRNWM Chief Investigators, with 5 of the 10 Critical Care studies that opened during the year being led by new or less experienced CIs. These studies include:</p> <ul style="list-style-type: none"> • 33185 REVERE Move and 32850 REVERE Breathe • 35062 The DIRECT study • 35695 The ICU CHAT Feasibility Study • 36337 PRIORiTy <p>In January 2018 CRNWM appointed new joint Specialty Leads, Drs. Ben Atwood (SWFT) and Tony Whitehouse (UHBFT)</p>
7	Dementias and Neurodegeneration [8]	<p>1) Promotion of Join Dementia Research to the Research Design Service so this method of recruitment can be considered at grant design stage; 2) ECER team continue to promote to study teams they are in contact with; 3) Continue to promote Join Dementia Research to WM academic institutions so they are aware of this as a resource and way of recruiting participants; 4) Promoting via community pharmacy is currently being reviewed. In 2017/18 this approach will be further implemented; 5) Implementation and measurement of different ideas to increase the number people with dementia volunteering for Join Dementia Research and carers. Assessment of what has an impact. Share across WM and with other LCRNs; 6) Promoting Join Dementia Research through local opportunities such as dementia friendly schools, dementia action networks and other charities such as Age UK; 7) Application of the JDR champion role to Trust Patient Research Ambassador roles as well as professional roles within charities and clinical teams. Recruit more champions.</p>	<p>1) Presentation to RDS West Midlands Oct 2018 on JDR and ENRICH and ongoing communication; 2) ECER Representative on Portfolio Management Group where studies are discussed for recruitment via CRN initiatives and cross specialty working. At least one study used JDR to recruit due to LCRN promotion; 3) Presentation at GPs events and HEIs completed; 4) Targeted promotion in pharmacies piloted in 4 pharmacies for a fixed length of time. Great response. On average, of all the pharmacies registrations on JDR throughout the year, 50% of these took place in the three months pilot of targeted promotion. In one pharmacy, all of their registrations on JDR were in the pilot time frame. Plans to roll out further in 2018/19; 5) Joint working with Alzheimer's Society SURPS (Service User Research Partnership) groups to understand why within the West Midlands Region we were not successful in encouraging individuals with a diagnosis to sign up. The main findings were they wanted whoever promoted it to truly understand what JDR was. A straw poll of Alzheimer's Society staff and NHS staff showed that there was little or no knowledge of what it entailed. These findings were shared with the Coordinating Centre Help Desk, CRN East and CRN North London. Training for staff is to be designed for AS staff and will initially be piloted in Manchester and London. This will then be trialled within the West Midlands region from June 2018 onwards. Once this training has been completed, the impact to recruitment will be assessed and also feedback on how staff felt it helped them promote it. Working closely with one mental health trust and their Memory Assessment Service. They were given leaflets and also asked to sign a consent form to be contacted by CRN WM. Sixty nine contacts have been made by the CRN on the behalf of BSMHFT. During Jan 2017 – April 2018, 17 have signed up via a memory assessment service (compared to 22 between August 2014 – December 2016); 6) Partner organisations promoted JDR to schools in WM Northern area. Promoted to WM local charities including Age UK, Beth Johnstone Foundation, DISC, Alzheimer Society Cafe, DISC Sandwell. Arrangements are in hand to speak to the Dementia Research Clinical Network; 7) Currently have 6 JDR Champions and role applied to 1 clinician as a JDR champion. Professionals JDR Champion role to be rolled out within charities, pharmacies etc. In depth education is always requested and so face-to-face meetings required, taking longer than planned to engage people but we feel is a good investment of time. Agreement to include JDR promotion as part of PRAI role and training to be provided but within 2018/19. Huntington's Subspecialty Lead now securing all Huntington's trials including First in human. Facilitated collaboration between Trusts to delivery to-time and target.</p>

8	Dermatology [9]	<p>1) Support a pipeline of studies developed through the UK Clinical Trials Network - our Dermatology CRSL is 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. The West Midlands currently support the Alpha, BEEP, and HIGHLIGHT studies and there is a pipeline of multicentre clinical Trials at different stages of development. 2) Raise awareness of research with Dermatology registrars - Our Dermatology CRSL is research lead for West Midlands training committee which gives close engagement with registrars in the West Midlands</p>	<p>1) Dr Agustin Martin-Clavijo (Dermatology CRSL) has engaged with UK Dermatology Clinical Trials Network (UK DCTN) helping to increase awareness of Trial generation. There have been successful applications made to Themed call Skin Health for older people. Also a HTA call for Hidradenitis Suppurativa has five trials in development. From both these call we are hopeful that will generate new Trials for the region to recruit to. The British Association of Dermatologists will be holding a Trainee day for a 'Dermatological based surgical theme' on 11th September 2018. Dr Agustin Martin-Clavijo (Dermatology CRSL) has engaged with this initiative and will provide mentorship for trainees from this group. The Highlight study has closed this year but continue to support Apricot, Alpha, Beep and Treat studies from UKDCTN 2) This year CRN WM has held two Dermatology Specialty group meetings combined with the West Midlands Dermatology registrars. This has given an opportunity to engage with over 20 registrars from the region and raise awareness of current research and CRN support. As well as an opportunity to share solutions to common research barriers and learning lessons from closed studies, updates have been provided on the current portfolio. Presentations on accessing CRN WM portfolio maps and ECER support have been provided, in addition to a presentation on a Trust Dermatology Research Nurse perspective has been provided. Registrars from the region shared their research experience through presentations on the following topics: - "Research and why do it? My personal journey"; "Do I need ethics committee approval for my project?"; "The use of skin emanating gas phase biomarkers for melanoma detection"; "Research during my Out of Programme Experience in Epidermolysis Bullosa". We have promoted the survey from the National Specialty group ascertaining nursing roles in clinical leadership for dermatology to support people to move in to a PI role. Locally we have nurses interested in undertaking a PI role but studies that allow for nurse PIs have not been available this year.</p>
9A	Diabetes [10]	<p>Regular quarterly performance meetings with CRL/CRSLs/RDM/PM and open biannual staff meetings to share best practice, monitor performance to time and target, discuss new studies, and find solutions for studies which are underperforming.</p> <p>Work with CRN GP Research Champions to establish capacity in Primary Care for both PIC activity and research activity.</p>	<p>The Specialty objective 9a has been exceeded with a 533% increase in recruitment by community services.</p> <p>Reconfiguring the Diabetes CRSLs took some time. CRN WM now has a CRSL with responsibility for increasing the portfolio of community/primary care research. As a consequence the first biannual open specialty meeting was postponed and was held Jan18. Discussion included the use of work from local research initiatives as a blueprint for increasing diabetes research across primary/community settings.</p> <p>Meetings/telecons between Lead CRSL and RDM and/or PM have continued. PM has continued to advise POs on suitable diabetes studies that could be run at their Trusts. Overall recruitment was 110% of local specialty target whilst RTT was slightly below CRN plan at 60%.</p> <p>RDM / GP Research Champion / RDM for Primary Care have identified capacity and resource for PIC sites within primary care for suitable diabetes studies. Unfortunately few opportunities have materialised on the portfolio to utilise PICs. Despite this there is ongoing work to highlight the support primary care can provide.</p>
9B	Diabetes [11]	<p>Continue to work with local academic centres to look at the scope to generate and deliver diabetes studies across the whole care pathway.</p>	<p>The Specialty objective 9b has been exceeded with a 400% increase in the number of community sites.</p> <p>With a smaller diabetes portfolio the CRN has been encouraging local clinicians / clinical academics to consider opportunities to develop studies to provide greater opportunities for the local population, including prevention, commensurate with the high prevalence of diabetes within WM.</p> <p>Information has been shared on James Lind Alliance priorities along with relevant funding calls. ECER support has been highlighted through a presentation at the recent specialty meeting.</p> <p>CRSLs have strong academic links to Warwick and Birmingham universities and continue to build links such as with the East Midlands CLAHRC.</p> <p>There has been some early discussion between the diabetes CRSL and primary care to look at how we can develop better links between the two specialty groups to promote and improve delivery of diabetes studies. There has also been some initial engagement between the RDM for diabetes and the proposed community diabetic pathway changes in Shropshire via the STP. The key factor in delivering research across the whole diabetes care pathway is being able to wrap research service around the clinical pathway as it evolves.</p>

10	Ear, Nose and Throat [12]	<ol style="list-style-type: none"> 1) Increase West Midlands ranking in national league table to top third through review of portfolio and mapping studies to eligible WM sites 2) Increase the number of West Midlands CI led studies on the ENT portfolio through collaboration with regional CI's and trainees 3) Present succession plans by the end of May 2016 4) Send monthly speciality reports 5) Portfolio Facilitators to send out information on new ENT studies and response / uptake 	<p>Specialty Objective Met</p> <p>CRNWM has met the National Specialty Objective and has appointed an Audiology Champion, William Brassington, who has been actively supporting audiology research across the region by raising its profile with the Regional Audiology Management Group, as well as being named as PI for 36504 Feasibility of a trial of bilateral cochlear implantation in adults and 36746 Music and hearing aids online survey. Succession plans not required yet.</p> <p>The only ENT managed study led by CRNWM, which closed during 2017/18, passed recruitment to time and target. This study was also featured on the BBC documentary Surgeons: At The Edge of Life in January 2018 describing the clinical trial as an NIHR feasibility study, looking at the development of a human grade implantable middle ear microphone, as part of a solution towards the development of a totally implantable cochlear implant.</p> <p>Despite not all networks recruiting to ENT managed studies CRNWM has remained ranked 11th network for recruitment to both managed and supported studies. This year total recruitment to ENT managed studies was 13 participants, which is 0.2 per 100,000 population compared with 1.2 for 201/17. Studies supported by ENT Specialty in the West Midlands have been managed by APM & PM, Children and Cancer. Reduced activity across this Specialty is partly due to insufficient studies available to new sites registered on the portfolio, however, with 3 studies opening at the start of 2018/19 it is hopeful that ENT managed activity will be improved.</p> <p>CRN WM trainee research day held, but although initial response suggested otherwise, no ENT trainees attended. It is understood there was an active ENT training registrar group, which has since lapsed. The ENT Specialty Clinical Lead has therefore been in contact with the Dean and registrar trainees. Regular meetings with the ENT Specialty Clinical Lead and Audiology Champion have continued to take place during the year and they have received the CRNWM monthly performance reports, which are provided by the CRNWM BI team.</p>
11	Gastroenterology [13]	<ol style="list-style-type: none"> 1) Appoint the 2nd GI lead in the south of the region and trainee speciality lead. 2) Maintain position in top 3 national rankings for recruitment. 3) Increase the number of West Midlands chief investigators participating in portfolio research 4) Identify and work with new potential PIs / sites within Trusts providing GI services but not currently research active 5) Support 2 further sites to develop their commercial portfolio with an informal mentorship of the local PIs. 	<p>Specialty Objective Met</p> <p>Although CRNWM supported the Specialty to meet the national objective, due to unforeseen circumstances with the largest recruiting study, led by CRNWM, recruitment fell below targets for this year. An ambitious target was set for 2017/18, but CRNWM has fallen to 8th highest recruiter on the National Specialty Group, recruiting in total 1802 participants (managing and supporting specialty).</p> <p>Proportion of acute NHS Trusts recruiting into Gastroenterology managed studies on the NIHR CRN Portfolio was 57%, i.e. 8 of 14 Trusts compared with 10 Trusts last year. This year total recruitment to Gastroenterology managed studies was 1,129 and recruitment by CRNWM was 19.6 per 100,000 population compared with 26.6 in 2016/17.</p> <p>A major effect on the regions recruitment has been the increase in complex interventional studies (8 compared with 3 during 201/17) however, despite the fall in total number of recruits, the Gastroenterology Specialty has increased its activity-base score, which is above the target for the year. In addition, the West Midlands has a large commercial portfolio and was nationally the 3rd highest recruiter to industry studies. The only GI study led by CRNWM that closed during 2017/18 passed recruitment to time and target. A West Midlands led commercial study closed white, despite recruiting well until it's early closure.</p> <p>A very well attended joint Specialty meeting (with Hepatology) was held in October, and another Gastroenterology specific meeting was held in March 2018. This was again well attended and, following on from the October meeting where several clinicians expressed interest in becoming CIs & PIs in the future, discussions were held about successful RfPB grants and GI project ideas were presented. A new CI, Helen Steed, supported as part of the CI Development initiative, has opened a study this year and has set up another qualitative study. Another new CI to the West Midlands has also opened a multicentre endoscopy in Ulcerative Colitis study.</p> <p>The CRN WM has also been closely involved in developing and supporting a number of initiatives to promote trainee and patient engagement in research and regular meetings have been held between the RDM and with CRSLs to discuss performance of open studies and the potential of opening new studies to develop a balanced portfolio across the network.</p>

12	Genetics [14]	<p>Aiming to increase academic output, the plan is to match the Regional Genetics laboratory staff to clinicians across the West Midlands, with attendance of trainees at MDTs and involvement in research leading to publications. Additional support can be provided by the CRN WM Lead for Laboratory Medicine and engagement with relevant local initiatives.</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. The aim is that these early career researchers will be encouraged to become local PI's of the future.</p> <p>Providing access to GCP training and PI masterclass courses etc will also facilitate early career researcher involvement, with further evidence provided by follow up surveys on subsequent research activities undertaken.</p> <p>Recruitment into rare genetics studies via the Musketeers' Memorandum is important to us, and we will continue to aim to be one of the top recruiters to this portfolio (current position 2nd/15 LCRNs with 369 recruits in 12 studies) expanding the specialty as new rare disease studies are included in the portfolio. Having good engagement with the Birmingham paediatric rare disease centre in development will ensure this.</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. A rolling programme of outreach meetings or roadshows continued through 2017/18 to promote the Portfolio with Trusts and PI's who support genetics studies not run through the Regional Genetics Laboratory.</p> <p>The number of early career researchers in West Midlands Clinical Genetics Unit, as per the definition, reduced from 30 to 26 at year end. Of these, 16 (62%) have undertaken GCP training (an increase in percentage from 60% to 62% from mid-year baseline when there were 4 more staff in post who have since left or gone on maternity leave).</p> <p>At year-end, 15 of these 26 early career researchers (58%) are named on Portfolio study delegation logs.</p> <p>Four PI masterclass training sessions were held by the Trust for genetics staff, and were attended by 22 staff members, of which 10 were early career researchers.</p> <p>A change in practice has been to start routinely asking genetics counsellors (GCs) to volunteer to be PI's, particularly for Musketeer's Memorandum studies. A new initiative of having named GC 'research champions' should help increase involvement and engagement of genetics staff in research, and to embed research activities across a wider early career workforce through 2018/19.</p> <p>Recruitment into rare genetics studies via the Musketeers' Memorandum has continued to be a focus, with 245 participants recruited to 12 studies.</p> <p>The paediatric Rare Disease Centre will open at Birmingham Women's and Children's Hospital in June 2018, and the following clinics will run in the centre all of which are recruiting to NIHR portfolio studies: IMD clinics for lysosomal disorders and Alstrom & Wolfram syndromes, dermatology clinics for epidermolysis bullosa, endocrinology clinics for osteogenesis imperfecta, PKU or Gaucher's disease etc</p>
13	Haematology [15]	<p>We have appointed a named trainee: Dr PLR Nicolson (Specialty Registrar in Clinical Haematology at UHB and Clinical PhD student at the University of Birmingham). He is supported by the regional CRSLs and has attended the national SGL meetings to make contact with the appointed/nominated national trainees. Plans to grow the specialty include:</p> <ul style="list-style-type: none"> • Liaison with successful national trainee networks e.g. SWARM, and with similar local trainee initiatives e.g. PERUKI (paediatric emergency research), PRAM network (paediatrics) and WMOG (Obs&Gynae), to benefit from guidance on set-up and establishment of a trainee network • identifying a short-list of potential portfolio studies suitable for national involvement by the trainees for a coordinated recruitment strategy • identifying current 'hot topics' of relevance to trainees in CRN WM, with a view to undertaking some local or nationally coordinated audits to underpin future funding applications and portfolio studies • maintaining recruitment across all four subspecialties (bleeding disorders, haemoglobinopathy, thrombosis, transfusion) • to support access to delivery of relevant training including GCP and PI masterclass. 	<p>CRN WM was the second highest recruiting LCRN to the haematology Portfolio, with 348 recruits in 13 studies from 10 Trusts. This includes recruitment to 7 Commercial studies, a significant increase from 1 study last year. CRN WM also provided the highest recruitment to Commercial studies, with 179 participants recruited from 5 Trusts. Furthermore, 5 of 5 sites closed green, successfully achieving 100% delivery to time and target for commercial studies.</p> <p>The CRN WM trainee lead for non-malignant haematology, Dr 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 and Co-Lead of the HaemSTAR network of clinical haematology registrars. He invited his colleagues from other LCRNs to attend the CRN WM trainee 'sandpit day' in October 2017, where they developed a research idea for a study on morbidity of anticoagulant related bleeding. Discussions with the cross-specialty trainees and support from the CRSLs at the sandpit day was felt to be extremely beneficial for honing of research ideas into a workable study outline. The HaemSTAR "National flash-mob audit on IVIg for ITP" has been granted data manager and REDCap support, with the BCTU hosting the online data collection tool. Dr Nicolson will lead on the CRN WM set-up and delivery of this national audit in 2018/19, which will be conducted by the non-malignant haematology trainees. In addition, HaemSTAR won the Katie Bolam Research Award in Jan 2018; Dr Nicolson will also be involved with this national initiative through 2018/19. Furthermore Dr Gillian Lowe, Consultant Haematologist at University Hospitals Birmingham NHS Foundation Trust and CRSL for Haematology CRN WM, has been awarded the British Society for Haematology (BSH) and NIHR Researcher of the Year Award in the Consultant category; Gill was recognised for her engagement with HaemSTAR and for creating a supportive research environment for her colleagues and the wider NHS.</p> <p>The haematology trainees have also worked collaboratively across England to support the set-up and delivery of suitable portfolio studies, sharing best practice throughout the trainee group. Dr Nicolson helped coordinate the opening and delivery of the CPMS ID 32186 TRAIT Commercial study, with UHB being the joint highest recruiting Trust nationally and successfully recruiting 24 patients to time and target. HaemSTAR also coordinated the opening of CPMS ID 34919 FLIGHT across the CRN, with Bristol taking the national role and about half the sites being supported by trainees. In CRN WM, HEFT, Warwick, Worcester and UHB have expressed an interest in the study with at least half of the sites to be supported by registrars. Recruitment has started at Worcester Acute NHS Trust and UHB had the SIV in February. Dr Nicolson will continue to coordinate the opening of FLIGHT across the LCRN.</p>

14A	Health Services Research [16]	<p>1) Continue to engage with local stakeholders including AHSN and CLARCH to support the HSR portfolio.</p> <p>2) Continue to hold joint HSR and Public Health Specialty Group meetings</p> <p>3) Expand the membership of HSR specialty group to reach a broader range of stakeholders and raise awareness of HSR.</p> <p>4) Support the development of more HSR studies led in the West Midlands by engaging with researchers.</p>	<p>We continue to have a HSR lead in place. 1) There has been continued engagement with CLAHRC and AHSN. A presentation has been provided to the HSR/PH specialty group from Head of Programme Delivery CLAHRC WM on CLARCH WM workstreams and subsequently there has been collaboration to share information on current HSR portfolio studies and CLAHRC studies potentially eligible for portfolio adoption. A presentation has also been provided to the HSR/PH specialty group from AHSN Innovation and Adoption Programme Manager on Meridian (an interactive platform for anyone – from NHS and social care employees to companies, academics to members of the public – to share their innovations and ideas, build groups and networks and make contact with people whose innovations could change healthcare in the West Midlands. This platform has potential for the HSR specialty to build a community of HSR researchers. This year two joint HSR/PH meetings have been held with updates from National Specialty Groups shared. 2) This year we have continued HSR meetings with the PH specialty lead 3) The core HSR/PH specialty group has been expanded to include the CRN WM Cancer Research Locality Manager and Lead Nurse broadening reach of HSR awareness. We have also had engagement from a Trust Principal Pharmacist interested in HSR research.</p> <p>4) This year we have engaged and presented to the HSR Academic Research Units at Keele, Warwick and Birmingham to raise awareness of CRN support for researchers and highlighted eligibility criteria for adoption.</p>
14B	Health Services Research [17]	<p>Endeavour to identify Health Service Research studies on the NIHR CRN Portfolio where the research has had an impact on clinical service delivery (impact case studies)</p>	<p>A review of all closed studies since 2014/15 was completed. For studies with West Midlands participating sites there are no NIHR portfolio adopted studies where the research has been shown to have an impact on clinical service delivery as yet. As this review has been conducted for HSR studies that have closed since 2014 then it may be too soon to show an impact. There is one study led from the West Midlands (ID 14247) which produced a report to NHS Halton CCG in 2014 which recommended a need for more in depth exploration of how information is transformed in to service delivery within urgent care centres.</p>
15	Hepatology [18]	<p>1. Maintain recruitment to clinical trials spanning core areas of Hepatology most notably non-alcoholic fatty liver disease, autoimmune liver disease and transplantation</p> <p>2. Build West Midlands networks in Liver disease through ongoing engagement and meeting of HepNet with view to initiating industry studies in two new centres across the network</p> <p>3. Facilitate academic sponsored, West Midlands lead clinical trials in liver disease</p> <p>4. Support smaller units to participate in studies relevant to their patient population</p>	<p>Specialty Objective Met</p> <p>Across the West Midlands participants were successfully recruited into NIHR CRN Portfolio studies in all five main subspecialty areas: viral hepatitis, immune-mediated liver disease, transplant, non-alcoholic fatty liver disease, alcohol. However, this year's total recruitment was lower than last with 197 participants recruited, which is 3.4 per 100,000 population compared with 8.4 in 2016/17. However, this year 73% of studies were complex interventional compared with 57% last year, which may account for the reduction in the number of participants recruited.</p> <p>The Specialty recruited across 11 Trusts again this year, although the number of recruiting studies it managed and/or supported reduced from 30 studies in 2016/17 (16 non-commercial and 14 commercial) to 22 studies this year (9 non-commercial and 13 commercial). Two West Midlands led commercial studies failed HLO2a but 2 non-commercial studies passed HLO2b.</p> <p>In May a CRNWM 'Hepnet' Specialty meeting was held, when Dr Loredana Pellegrino, UK Medical Scientific Liaison from Norgine gave a presentation on "Site participation into commercial clinical studies". In October another very well attended joint Specialty meeting (with GI) was held, where several clinicians expressed interest in becoming PIs in the future, and when suitable studies are opened they will be "buddied" with more experienced PI. To date no new centres have opened commercial studies.</p> <p>Although CPMS ID: 33534 Selected Mesenchymal Stromal Cells to reduce liver inflammation, sponsored by University of Birmingham, remains in setup, a continued lack of suitable studies opening has affected sites opening although interest has been raised.</p> <p>Regular meetings have been held between the RDM and with CRSLs to discuss performance of open studies and the potential of opening new studies to develop a balanced portfolio across the network.</p>
16	Infection [19]	<p>1. Meet with Infection Co-Leads to agree optimal ways of working.</p> <p>2. Maintain position in top 3 national rankings.</p> <p>3. Provide support to increase the number of West Midlands chief investigators participating in portfolio research.</p> <p>4. Increase the number of WM Trusts participating in ID&M</p> <p>5. Undertake a mapping exercise reviewing national portfolio and potential to recruit at WM Trusts</p> <p>6. Identify barriers and facilitators for expanding Infection activity</p> <p>7. Send monthly speciality reports to CRSLs</p> <p>8. Set up a meeting with Portfolio Manager and RDM to discuss information that is available and how best it can be used.</p>	<p>Specialty Objective Met</p> <p>CRNWM met the national objective by increasing its participant recruitment to Infection managed and supported studies during 2017/18. Total recruitment to Infection managed and supported studies was 3304 compared with 2016 last year, which is 57.5 per 100,000 population compared with 35.3 in 2016/17.</p> <p>The Specialty managed recruitment across 12 Trusts this year, compared with 11 Trusts last year, although the number of studies it managed and/or supported reduced from 29 in 2016/17 to 28 this year. However, CRNWM has improved its mid-year national ranking from 8th to 7th, however when recruitment for managed and supported studies is taken into consideration, the national ranking increases to 4th.</p> <p>Meetings with the CRSLs take place quarterly, with regular communication in-between and monthly BI reports are provided. A West Midlands microbiologist, Dr. Miruna Savid, was selected as UK CI for an EU Commissioned study and additional CRN support has been provided to this study.</p> <p>As a result of the mapping exercise (update in progress) studies are identified and EOLs sent to relevant organisations, whilst the CRSLs identify suitable potential PIs.</p>

17	Injuries and Emergencies [20]	<p>1. Increase the number of accruals in Injuries and Emergencies portfolio studies 2. Increase the number of Portfolio studies 3. Open new sites within the West Midlands 4. Hold regional I&E Specialty event with awards 5. Regular local meetings to review portfolio studies and highlight studies that may be underperforming regarding recruitment</p>	<p>Specialty Objective Met</p> <p>CRNWM had the most (12) pre-hospital care studies where recruitment was via an Ambulance Trust, led by Injuries and Emergencies:</p> <ul style="list-style-type: none"> • 16056 BBATS • 17177 PARAMEDIC 2 • 17761 AIRWAYS-2 • 18362 RIGHT-2 • 30568 EDARA • 31157 RePHILL • 31703 Prehospital critical care for out-of-hospital cardiac arrest • 32117 Ambulance CPAP: • 32157 AQUEDUCT • 32617 Investigation of wellbeing interventions in NHS staff • 34166 ERA Electronic Records in Ambulances • 35408 DEUCE <p>This year CRNWM recruited the most participants, 2348, to studies managed by Injuries and Emergencies Specialty, an increase on 1,056 last year and recruitment by CRNWM was 40.8 per 100,000 population compared with 18.5 in 2016/17. Across all Specialties this year the Injuries and Emergencies Specialty supported recruitment across 21 Trusts, compared with 15 Trusts last year, and increased the number of studies the Specialty managed or supported from 42 in 2016/17 to 56 this year.</p> <p>The number of accruals in Injuries and Emergencies portfolio studies has steadily increased: FY1718 = 3,584 FY1617 = 2,661 FY1516 = 1,930"</p> <p>The number of Portfolio studies open and lead by CRN WM has steadily increased FY1718 = 19 FY1617 = 13 FY1516 = 13</p> <p>The number of open Participating sites within the West Midlands has steadily increased FY1718 = 21 FY1617 = 15 FY1516 = 12"</p>
18	Mental Health [21]	<p>1) Young Persons Mental Health Lead started Q3 in 2016/17. Engaging with the national theme office and with other LCRNs Leads (Meeting Mar 2017). 2017/18 will be a focus on developing a network of clinicians and academics across WM for young people mental health studies and grant applications/links with others in this specialty area. 2) Young People Mental Health Lead to engage with and develop partnerships with similar leads outside of WM to secure WM as recruiting sites in future grants and share best practice. 3) Engage WM Young Persons Steering Group with study teams and for advice on delivery. MH service users are represented on this group.</p>	<p>1) Links made with the new Institute of Mental Health at University of Birmingham, with a focus on youth mental health. CYP Subspecialty Lead engaged new services for 0-25 and held research strategy event, linked in with community services and cross divisional CRSLs to identify new recruitment pathways. An event planned for 2018/19 to include community paediatrics; 2) Rather than with LCRN Leads, this has been achieved through making contacts with own networks and promoting the WM for research delivery and co-applications. This has resulted in 3 studies coming into the WM. One commercial study being explored with using the CRF. Attended and contributed to national Subspecialty meeting in early 2017. 3) Young Person Lead engaged with Young Persons Steering Group and involved them in youth mental health research ideas; signposted researchers to the group.</p>

19A	Metabolic and Endocrine Disorders [22]	Regular quarterly performance meetings with CRL/CRSLs/RDM/PM and open bi-annual staff meetings to share best practice, monitor performance to time and target, discuss new studies, and find solutions for studies which are underperforming Continue to work with CRN Pathology Lead to encourage wider participation at M&E Specialty meetings. RDM and/or CRSL to visit main WM endocrine centres to discuss potential to run new studies, including scope/ability to generate own studies.	Specialty objective 19a has been met with a 23% increase in recruitment to rare disease M&E studies. The Lead CRSL stepped down as a consequence of the imminent Trust merger at Burton (with Derby). The deputy CRSL has taken over as Lead and the network has appointment 2 new deputy CRSLs with a wider knowledge and skills base (1 consultant in chemical pathology and 1 consultant in clinical biochemistry). This has taken some time and led to the cancellation of open staff meetings as well as impacting on visits to endocrine centres. CRSL/RDM/PM discussions have continued to ensure the management of the portfolio. Recruitment has shown a small increase on 2016-17 and RTT performance for commercial studies has a pass rate of 80%. There has been continuing growth in research activity related to M&E at the Arden NeuroEndocrine Tumour centre, including strong recruitment to the DIB-NET study. The CRN Pathology Lead has spoken to individual Consultant Chemical Pathologists at Dudley Group Hospitals, University Hospitals of North Midlands, University Hospitals of Coventry and Warwickshire and Worcester Acute Hospitals about their potential contribution to Metabolic and Endocrine Specialty meetings and their involvement in studies. He has also spoken to the President of the Royal College of Pathologists and the Chair of the RCPATH Research and Development Committee about the role of Consultant Pathologists in research including M&E.
19B	Metabolic and Endocrine Disorders [23]	As above	Specialty objective 19b has not been met with a 26% reduction, although this still ranks 5th nationally.
20A	Musculoskeletal Disorders [24]	Continue to hold quarterly Orthopaedic Specialty meetings to: support the development of more Orthopaedic research studies led in the West Midlands; showcase research support available to researchers; further development of an orthopaedic research community.	Chaired by an Orthopaedic CRSL (champion), Orthopaedic Specialty meetings have continued this year with representation from the Orthopaedic Centres across the West Midlands region. Representation has included R&D management staff, academia, Trials Units, Orthopaedic Consultants and Physiotherapists. The Division 5 RDM attended the National MSK Specialty Group meeting this year and provided relevant feedback to the group. Study updates have been provided and discussions have taken place to provide 'lessons learnt' from closed studies. The CRN WM portfolio maps have been presented and ECER support has been highlighted to the group. Collaborations through the group have led to open studies being highlighted to other Orthopaedic Centres. This forum has provided peer support to allow feedback on trials in design stage and strengthen research applications. There has been a presentation from Keele CTU on how they can support and collaborate. Feedback provided through this group has supported a NIHR RfPB project and an EME grant being successfully funded. An Orthopaedic Online forum has been developed for the group.
20B	Musculoskeletal Disorders [25]	As 20A	Recruitment to Orthopaedic studies has nearly doubled this year. There are 1174 recruits across 24 studies in 14 Trusts (badged as 'Elective Orthopaedic Surgery' (under MSK) or Orthopaedic Surgery (under Surgery)). This is compared to 619 recruits across 20 studies in 10 Trusts for FY 16/17.
21	Neurological Disorders [26]	1) ND specialty lead and ND sub-specialty leads to approach and involve all new consultants in ND disciplines in the LCRN by making them aware of portfolio studies available to become PIs and training required including GCP. Mentorship will be provided where required; 2) To involve trainees in ND disciplines in the LCRN region via the consultant body, to offer opportunities for our trainees to become involved CRN research. Also, to provide information about funding opportunities (including NIHR fellowships etc.) to encourage early career researchers at trainee or new consultant level to assist writing grants or setting up research groups with a view to increasing the number of homegrown CIs and PIs for portfolio studies in the West Midlands.	Specialty Objective Met Unable to use GCP figures as a measure due to lack of specialty/training level information held both in the past for face-to-face training but specifically for online GCP training via CRN Learn. At the beginning of 2017/18 we had one neurology study that opened. At the end of 2017/18 we had 4 Trusts and 6 studies involving early career researchers. One subspecialty lead has worked hard to create a Research Fellowship post. Will be in post during 2018/19.
22A	Ophthalmology [27]	1. Ensure all active sites have open studies in 2017/18 by reviewing studies open and in set up at each participating site to ensure continued involvement and growth throughout 2017/18. 2. Close liaison with Trust R&D and local CIs and PIs to ensure activity continues 3. Identify and work with new potential PIs / sites within Trusts providing Ophthalmology but not currently research active	Specialty Objective Met Across the West Midlands all 11 acute NHS Trusts, that provide eye services, recruited into Ophthalmology Specialty managed and/or supported studies across all Specialties. This compares with 75% of acute Trusts last year. However, this year recruitment to Ophthalmology Specialty managed studies decreased to 1067 with recruitment by CRN WM at 18.6 per 100,000 population. The CRNWMs national ranking was 5th. Liaison with Trust R&D and local CIs and PIs to ensure activity has continued, and with a new CRSL in post it is expected this will continue.
22B	Ophthalmology [28]	As above	This measure was to establish baseline data and CRNWM was one of 3 LCRNs where community based sites recruited to Ophthalmology studies on the NIHR CRN Portfolio. In the West Midland 6 CCG recruited participants: • NHS Stoke On Trent CCG • NHS Coventry and Rugby CCG • NHS North Staffordshire CCG
23A	Oral and dental health [29]	Engage with Birmingham Dental Deanery to promote research awareness and training	Engaged with Birmingham Dental Deanery to promote research awareness and training. The online Dental GCP training will continue to be promoted to future cohorts of postgraduate students coming through. Also promoted through community Trust that supports Dental research.
23B	Oral and dental health [30]	Hold a further Oral and Dental Event to raise awareness of Oral and Dental research opportunities to Dental General Practitioners.	Supported by the FDGP a further Oral and Dental Event was run this year for Community Dentists. Updates were provided on current research and support available from the CRN. Subsequently to the event links have been developed with the Local Dental Networks. It is not possible to determine the number of participants accessing online GCP training as this measure is not collected through the National CC database.

24	Primary Care [31]	<p>1) Each of the 3 localities will recruit a GP research champion to undertake the role of promoting research engagement and development with early career GPs. We will seek to involve HEWM, local postgraduate tutors and course organisers in the recruitment process.</p> <p>2) Each champion will be within 5 years of having completed vocational training, will be employed for 2 to 4 sessions per month, and will have the remit of engaging with course organisers, GP trainers, GP registrars, trainees, First Five learning groups supported by RCGP Midlands, GP peers and other early career fora through attending meetings, social media, newsletters, blogs etc.</p> <p>3) We will clarify what we expect from the role and develop a job plan with input from HEE and RCGP) to include remit, number of sessions, and remuneration. Then advertise/ interview for the roles, maximising recruitment potential through existing links with HEWM and VTS programme leads</p> <p>4) Training and ongoing learning support could involve linking with a research project that is starting when they first start, following this through to completion to gain understanding of the work and processes involved. Annual or 6 month updates throughout their training to demonstrate the outcomes, publishing, translation into clinical practice highlighting evidence gained from primary care research that has now changed practice The impact of this investment will be measured in terms of:</p> <ul style="list-style-type: none"> ● Activity – meetings attended, individuals spoken to, newsletters etc. ● Participation in research by registrars and First Five GPs ● Applications for ACFs and IPFs 	<p>Speciality Objective Met. Progress has been made across the Region with the appointment of First 5 GP Research Champions. They are promoting interest in research with the RCGP, GP vocational training schemes, and early career GP groups. The champions are working together in order that their activity is coordinated across the Region. Induction meeting took place as planned</p> <p>2. As above - progressing well</p> <p>3) As above - All are working to a clear job plan, and reporting on their activity</p> <p>4) Induction meeting took place and an action plan was developed and agreed including how to monitor activity and engagement outcomes . First 5 GPRC are in regular contact with CSRL and RM to update on activity and link in with the delivery teams. They are receiving ongoing support</p>
25A	Public Health [32]	<p>Continue to hold joint HSR and Public Health Specialty Group meetings supporting cross specialty working. Support Public Health research interested community through development of a Public Health Specialty Group. Continue to engage with the academic units, local authorities and NHS organisations and other stakeholders to support growth of the Public Health portfolio.</p>	<p>We continue to have a PH Lead in place. 1.This year two joint HSR/PH meetings have been held with updates from National Specialty Groups shared. 2. As well as joint HSR/PH meetings a PH specialty group has been developed this year led by the PH CRSL. 3. Engagement has continued with the academic units, local authorities and NHS organisations and other stakeholders this year. This has been supported by the development of a Specialty Group. This year a joint CRN/PHE event was also held which attracted 75 delegates. Formal feedback from the delegates on the event was positive and comments included an excellent informative day, the CRN session provided useful information about support available for research; they would link in earlier with the CRN.</p>
25B	Public Health [33]	As 25B	This year WM has recruited to 4 Public Health studies, 2 of which are WM led. currently for the coming year there is one study open pending recruitment and 2 in set up.
26	Renal Disorders [34]	<p>Regular quarterly performance meetings with CRL/CRSLs/RDM/PM and open bi-annual staff meetings to share best practice, monitor performance to time and target, discuss new studies, and find solutions for studies which are underperforming. Identify new urology studies that can be delivered locally.</p> <p>Re-establish contact with attendees from recent local Urology PI Masterclass and establish current training and support requirements. Provide refresher training where appropriate. Establish best method to promote Urology subspecialty in local region.</p>	<p>Speciality objective 26 has been met with 2 PIs new to commercial research.</p> <p>Performance meetings have taken place with both the Renal Lead CRSL and with the Urology CRSL.</p> <p>Biannual meetings have continued in Oct17 and Apr18 (postponed from Mar18) with good attendance and a willingness to discuss challenges and share best practice.</p> <p>Additionally, where investigators or staff were not able to attend the RDM has met specific groups separately eg, Shrewsbury renal forum.</p> <p>All 7 main renal centres remain research active with 11 Trusts recruiting in year. Only 1 of the main renal centres did not recruit to at least 1 commercial study.</p> <p>RDM met with Urology CRSL to review current portfolio and discuss current capacity and interest to get involved in urology studies. The Urology PI Masterclass was some time ago and needs to be repeated.</p> <p>Urologists are being encouraged to attend the renal specialty meetings to deliver presentations. and they are being encouraged to look at and assess suitability for involvement in newly adopted portfolio studies.</p>

27	Reproductive Health and Childbirth [35]	<p>The measure is proportion of Acute Trusts, that provide maternity services (target 70%), recruiting into RH&C studies on the NIHR portfolio. There are 18 Acute Trusts in CRN WM, with 14 of these providing maternity services. In order to maximally support the Specialty we planned to recruit to the RH&C portfolio in all 14 Trusts. We aimed to achieve this by:</p> <ul style="list-style-type: none"> • ongoing support to the specialist maternity hospitals, with funding provided to the delivery suites and ACUs via the ABF model and through strategic initiatives with a focus on 24/7 GCP- and study-specific trained cover. Initiating this model in 2016/17 proved successful with the RH&C specialty providing 21% of the ABF units from a single specialty in the West Midlands. Embedding this approach was a focus in 2017/18 to ensure continued successful support to the WM-led studies and the national portfolio • focus on hitherto non-recruiting DGHs. We identified 3 Trusts with potential to recruit to the RH&C portfolio. We worked with the R&D managers to be successfully awarded strategic funding for infrastructure, and approached study teams to accept the sites for open studies. Additional support was to be given to these 'green shoots' sites from the CRN core team, to include tailored CRSL roadshows, attendance at research meetings with the PI, offering PI masterclass training and/or study-specific training and mentoring of the research nurses/midwives. • Strengthening engagement with the WM Obs&Gynae trainee collaborative, 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&C studies in the subsequent 12 months. <p>We also aimed to continue the specialty objective of 2016/17, building on the establishment of a reproductive medicine network, and to further grow the specialty by mapping and engaging with the private providers of IVF services in the region.</p> <p>We agreed to retain a focus on each of the RH&C subspecialties, ensuring that we maintain our West Midlands success in delivering early pregnancy, intrapartum and neonatal studies, prioritise support to the Tommy's early miscarriage studies, and also gather intelligence on expertise in the region to consider how we can better support the gynaecology studies.</p>	<p>The ODP App shows recruitment to Reproductive Health Portfolio studies at 100% Green, with CRN WM recruiting in 14 Trusts, the highest of all LCRNs.</p> <p>This includes two of the three Trusts that had not recruited to the Reproductive Health portfolio last year, that we worked with to successfully bid for strategic funding in order to appoint nursing/midwifery staff to support interested PIs, and we worked with the national teams to accept these as recruiting sites supported by the LCRN. George Eliot Hospital funded a midwife and recruited 371 participants from 3 studies. Wye Valley Trust was supported by the midwife champion and CRN core midwifery/paediatric nurse team and recruited 99 participants for the first time and has now appointed a 0.5 wte nurse to open women's and children's studies. The third Trust, Russells Hall Hospital, following engagement between the Clinical Lead for Obstetrics, the newly appointed R&D manager, the RDM and CRSL, employed a nurse with the strategic funding who set up suitable studies in readiness for the appointment of new O&G Consultants; 3 studies are now open and ready to recruit.</p> <p>CRN WM recruitment successes:</p> <ul style="list-style-type: none"> • Nationally the CRN WM provided the 3rd highest recruitment to the Reproductive Health Portfolio, with 5,302 participants recruited to 54 studies • The CRN WM was 2nd highest LCRN for recruitment weighted by complexity • The Reproductive Health Specialty was the highest recruiting Specialty in CRN WM, second only to Primary Care • Commercial recruitment increased from 1 recruit in 1 study in 2016/17 to 13 participants in 2 studies and 2 Trusts • 8 new WM-led studies funded and opened • Supported 26 WM-led non-commercial studies • HLO2b = 100%, with 6 of 6 WM-led Reproductive Health studies closing green. <p>We have continued to have a focus on the Reproductive Health subspecialties, ensuring that we maintain our West Midlands success in delivering early pregnancy, intrapartum and neonatal studies, and giving support to the Tommy's early miscarriage studies. This includes: General gynaecology (1 study 45 recruits); Menstrual disorders (1 study 9 recruits); General Obstetrics/ midwifery (4 studies 900 recruits); Intrapartum care (1 study 11 recruits); Maternal / fetal medicine (5 studies 381 recruits); Other (8 studies 681 recruits); and Reproductive and sexual medicine (34 studies 3,275 recruits (15 of these being WM-led studies)). We also worked with the NPEU to help set up IVI Midland, our first non-NHS provider of IVF services, with recruitment to E Freeze expected in Q1 2018/19.</p> <p>Engagement with the Midwives Forum and CLAHRC maternity theme has continued to provide a successful setting for reviewing, discussing, and trouble-shooting the ongoing Reproductive Health studies, and an excellent opportunity for inviting the CTUs and study teams to present the upcoming pipeline to help prepare for study opening and delivery. Similarly the well-attended annual CRN Specialty event provided a platform for a local inspirational keynote speaker, had a focus on new studies, a parallel breakout session for either obstetric or gynaecology studies, with facilitated discussions on maximising the potential in the West Midlands, and training sessions proving GCP update or PI Masterclass. Engagement with the Midlands Research Collaborative in Obstetrics and Gynaecology (MROG) has also continued and strengthened. Trainees from the WMROG attended the CRN WM cross-specialty 'sandpit day' where they generated research ideas within their own team for evaluating antimicrobial impregnated sutures for preventing infection at caesarean section, and also with the O&G trainees for prevention and treatment of hypotension during obstetric surgery. The aim is to take these ideas forward with the support of the CRSLs to obtain funding and to engage trainees regionally and nationally in research of direct importance to the trainee groups. In addition, the West Midlands Obs & Gynae Trainee (WMOGT) committee initiated an innovative approach for offering a prize of the registration fee for the RCOG National Trainees Conference in Birmingham, to the trainee submitting the best poster and 500-word essay on "How attending the trainees conference will help develop me as a clinical researcher". The CRN WM CRSL has also been invited to give a lecture on research and collaboration at this conference in December 2018 in recognition of our local successes.</p>
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28	Respiratory Disorders [36]	<p>1. Increase number of recruits to respiratory portfolio studies in WM (excluding lung tissue collaboration).</p> <p>2. Increase diversity in the commercial portfolio.</p> <p>3. Provide support to increase the number of West Midlands chief investigators participating in portfolio research.</p> <p>4. Improve respiratory contribution to national targets for time and target.</p>	<p>Specialty Objective Met</p> <p>CRNWM recruited participants into NIHR CRN Portfolio studies in at least three of the four main respiratory disease areas.</p> <p>This year total recruitment to the Respiratory Diseases Specialty studies decreased to 1,344 with recruitment by CRN WM decreasing to 23.4 per 100,000 population compared with 32.2 in 2016/17. Across all Specialties this year the Respiratory Specialty supported recruitment from 17 Trusts, compared with 18 Trusts last year, and the number of studies it managed and/or supported decreased from 53 in 2016/17 to 45 this year (32 non-commercial and 13 commercial). During this year 15 new commercial contract studies were opened at 4 NHS Trusts, compared with 13 commercial contract studies opened at 3 Trusts last year. 46.2% of sites passed HLO2a whilst 2 studies passed HLO2b.</p> <p>Regular meetings are held between the RDM and with CRSLs to discuss performance of open studies and the potential of opening new studies to develop a balanced portfolio across the network. One of the CRSLs has taken on the role of Industry Lead and supports the EOI process and performance management of commercial contract studies.</p> <p>A new CI, Dhruv Parekh, supported as part of the CI Development initiative, will apply for an RfPB grant (submission date March 2018) as chief investigator with the support from a well-established team and mentorship from Prof David Thickett and Prof Fang Gao to undertake a phase II open label clinical trial of oral versus IM cholecalciferol 600,000 IU plus a regular oral supplementation in ventilated patients with sepsis during their critical care stay to answer the following question: "What is the optimal vitamin D dosing strategy in patients with sepsis on the intensive care unit?". This should lead to a large clinical trial application of vitamin D therapy in sepsis patients – potentially both ward based acute care and critical care patients (NIHR priority research theme).</p>
29	Stroke [37]	<p>Close liaison between RDM, Specialty lead and deputy lead with local investigators and research staff. Regular quarterly performance meetings with CRL/CRSLs/RDM/PM and open quarterly staff meetings to share best practice, monitor performance to time and target, discuss new studies, and find solutions for studies which are underperforming. Provide support for UHB start-up as a HSRC.</p> <p>Encourage local investigators to take on a wide portfolio of stroke studies. There are many new and upcoming studies for 2017/18. These include: Upcoming studies : ASSENT Daiichi, SITS Open, MAPS-2, MEDIS Pulse Therapy, TWIST, HARM, TEMPO-2, ATTEST-2, PRISMS, DNA Lacunar-2, PRECIOUS, CAARBS, CONVINCe, PROPS, LACI-2, XILOFIST, SoSTART, and 005578 Pharm Olam ph 2a RCT. Possible future studies (pre funding EOIs) include: DASH, PISTE AI, AGiC, ELAN, OPTIMAS, TIMING, and Mindmaid.</p>	<p>RDM and PM continue to work closely with CRSLs to try and expand the local stroke portfolio which is reduced from previous year.</p> <p>Regular quarterly staff meetings have continued with good engagement and commitment to delivering against RTT and continuing enthusiasm to take on new studies. This has included 2 evening meetings that were each attended by some 45 stroke staff, with nationally recognised guest speakers.</p> <p>The CRN supported the 3rd annual regional Stroke Research Awareness Day held at Walsall Hospital, that was well attended.</p> <p>Some central and southern sites have been encouraged to rebuild their stroke research portfolio, with some success.</p> <p>The pilot HSRC at UHB has been confirmed as a full HSRC following the Oct17 review.</p> <p>Substantial CRN assistance has been given to the MAPS-2 study team and the local sponsor Trust to increase the likelihood that the large multi-centre study will launch (new start date of July18).</p> <p>The CRN has promoted upcoming studies at all specialty meetings including evening meetings arranged to maximise participations from local clinical staff, for example, sponsored meeting June17 in central Birmingham. From the upcoming studies listed in the annual plan, West Midlands Trusts have been successful in getting involved in ASSENT Daiichi, SITS OPEN, MEDIS, TEMPO-2, ATTEST-2, DNA Lacunar-2, CONVINCe, XILOFIST and SoSTART.</p>

30A	Surgery [38]	<p>1. Improve the recognition and acknowledgment of surgeons who recruit to portfolio trials, with initiatives such as official CRN certificates sent out (rather than relying on trials units for this).</p> <p>2. Cement our current performance in recruiting to at least 11 of the 15 sub specialties within surgery.</p> <p>3. Target a wider range of portfolio study types to recruit to, from Band 1 to Band 3</p> <p>4. Work to enhance our commercial trials activity</p> <p>5. Improve our interaction and engagement with trainee-level research collaboratives/groups to help overall trials activity and recruitment in the region</p> <p>6. Work to ensure that trials involving surgery but listed primarily under a different main speciality (often oncology or anaesthetics) are appropriately co adopted onto the surgery portfolio to allow us to benefit from these recruits.</p> <p>7. Increase collaboration between surgery, cancer and anaesthesia</p>	<p>Specialty Objective Met</p> <p>CRN WM recruited into 13 of the 14 surgical subspecialties (breast, cardiac, colorectal, general, head & neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular)</p> <p>This year of all LCRNs, CRNWM recruited most participants to 124 surgery speciality managed or supported studies with a total of 6774 with 117.8 per 100,000 population recruited to studies. 50% of studies passed HLO2b and CRNWM recruited the most participants to industry studies. Surgery Specialty supported recruitment from 17 acute Trusts, 20 CCGs and a care Trust.</p> <p>During this year 1 new commercial contract study opened at 2 NHS Trusts, compared with none last year. There are 3 commercial studies in setup where CRN WM is the Lead network.</p> <p>A successful "Trainee-level research collaboratives/group Sandpit day" was held in October, allowing an intensive discussion forum to take place. The day brought together trainees, who may not normally interact and inspired creative thinking to solve existing problems. As a result, there was a variety of outcomes ranging from single research projects, to several smaller projects and feasibility studies, as well as the networking activities.</p> <p>Collaboration between surgery, cancer and anaesthesia remains as ongoing work across the whole CRN. A joint Anaesthesia, perioperative medicine and pain management and Surgery Specialty Group Event held in June 2017 attended by anaesthetists and surgeons from across the region.</p>
30B	Surgery [39]	As above	<p>Specialty Objective Met</p> <p>CRNWM recruited at least 1 patient/100,000 population into 10 of the 14 surgical subspecialties</p>
4.2 (Optional)	Please provide a brief summary of overall performance against the Clinical Research Specialty Objectives. Commentary should focus on key achievements, impacts and key challenges and how the challenges have been mitigated/progress against mitigation activities.	<p>The vast majority of Clinical Research Speciality Objectives have been met. We have developed new CIs and PIs, several Trusts have expanded their portfolio, commercial feasibility has improved by involving CRSLs early, many specialty events have been held, engagement with trainee groups has increased. The impact of this has been increased overall recruitment, improvement in recruiting to time and target, greater awareness of the network as well as new studies developed/in development locally.</p> <p>We have experienced challenges with fewer newly adopted commercial studies opened during 2017/18. Engagement with the General Dental Community whilst improved remains a challenge</p>	

Section 5. Development and Improvement Objectives 2017/18		
5.1.	Please describe your activities and impact against the following objective: a) promote equality of access ensuring, wherever possible, that patients have parity of opportunity to participate in research	In 2017/18 we worked with a Trust that spans two LCRNs to ensure their patients and staff could access research opportunities. 2Gether Trust has mental health/dementia services in Herefordshire that is not easily supported by delivery staff in West of England. Therefore we worked with them to train staff members and appoint to a delivery post in this area. See Key Project 3.6 Patient and Public Involvement & Engagement Strategy
5.2.	Please describe your activities and impact against the following objective: b) demonstrate a "one Network" approach to delivery	During 2017/18 we started building relationships with our local RDS to work as one NIHR for the benefit of our customers. RDS staff have been educated on CRN initiatives and ways to improve recruitment such as social media use, JDR, ENRICH and Hospices. This relationship will continue in 2018/19
5.2.	Please describe your activities and impact against the following objective: b) demonstrate a "one Network" approach to delivery	During 2017/18 the Study Support Service has had 2 visits from other Networks (LCRN Eastern and Yorkshire and Humberside) reviewing what we would do. It was a great opportunity to identify how other LCRNs are implementing SSS processes. The ECER team has sent 14 completed ESSU Plans during 2017/18 which supported all Networks across most of the clinical areas and 86 Trusts across the England. In response to this the Network has received 18 across the other 14 Networks for the last 12 months.

Section 6. Operating Framework Compliance Indicators		
Please provide the information requested in column C.		Commentary
1.1	<p>Domain: Governance and Management</p> <p>Indicator: 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>Assessment Approach: Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre</p>	<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.</p> <p>Previous audit feedback has been provided for the audit which was carried out in 14/15, there has been no new audits since . Although there was no specific internal CRN audit in 17/18 there was however an external audit by KPMG which looked at CRN income both in their interim audit and in their final yearend audit. Finance will request an internal audit be carried out for 18/19 and notify of date once agreed/established.</p>
1.2	<p>Domain: Governance and Management</p> <p>Indicator: Internal audit in respect of LCRN funding managed by each Category A Partner Organisation, undertaken at least once every five years and which meets the minimum scope requirements specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Monitoring of audit reports provided by the LCRN Category A Partners to the National CRN Coordinating Centre</p>	<p>Please indicate any outstanding recommendations from the last internal audit performed that may not have been implemented fully by the Partner organisation. Please also provide the "opinion" provided by the auditor for the Partner audit.</p> <p>Please see appendix 2 detailing information received from partner organisations.</p>
1.3	<p>Domain: Governance and Management</p> <p>Indicator: Deliver robust financial management using appropriate tools and guidance</p> <p>Assessment Approach: Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%); Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%); Monitoring of financial management via LCRN financial health check</p>	<p>No further LCRN information required.</p>
1.4	<p>Domain: Governance and Management</p> <p>Indicator: Distribute LCRN funding equitably on the basis of NHS support requirements</p> <p>Assessment Approach: Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements</p>	<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 % of funding requests approved/rejected.</p> <p>Local funding Model -The funding model begins with the previous year's allocations as a start point. A second calculation is then undertaken to work out the 3 year Median ABF Units % for each organisation and allocate on this basis in relation to the total funds available. The third step is to compare the ABF 3 year Median potential allocation with previous year's funds and then cap any potential change of moving to the ABF by -5%/+10% i.e. capped against the start point; the funds are then allocated on this basis initially. Finally a 5% Top Slice is applied which is used towards strategic funding as well as any surplus funding resulting from the ABF Model. The financial figures are then reviewed for any additional factors that need to be taken account with individual organisation discussions taking place and then a final sum to be allocated is derived, to ensure equity and fairness.</p> <p>Additional Strategic Bids – Additional funding is allocated on the basis of bids that meet core objectives/criteria and are judged to provide value for money. During 17/18 , the amount awarded as strategic/special projects was £2.4m (8.7%).</p>
1.5	<p>Domain: Governance and Management</p> <p>Indicator: 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>Assessment Approach: Analysis of information on the NHS Digital Information Governance Toolkit website which provides open access to attainment levels for all submitting organisations</p>	<p>Please confirm the Host Organisation's NHS Information Governance Toolkit score and attainment level.</p> <p>Following the changes to the assessment, the Host is rated as Satisfactory with a score of 77%</p>

1.6	<p>Domain: Governance and Management</p> <p>Indicator: LCRN provides reports and other documents as requested by the National CRN Coordinating Centre</p> <p>Assessment Approach: Monitoring of provision of documents requested by the National CRN Coordinating Centre</p>	No further LCRN information required.	
1.7	<p>Domain: Governance and Management</p> <p>Indicator: LCRN CD and/or COO attend all CC/LCRN Liaison meetings</p> <p>Assessment Approach: Attendance registers for CC/LCRN Liaison meetings</p>	Please comment on attendance of LCRN CD/COO at CRNCC/LCRN Liaison meetings. (CRNCC will also review its central register).	The CD and/or COO attend every CC/LCRN liaison meetings.
2.1	<p>Domain: CRN Specialties</p> <p>Indicator: LCRN has an identified Lead for each CRN Specialty</p> <p>Assessment Approach: The LCRN Host Organisation shall: (1) Provide the National CRN Coordinating Centre with access to a list of Local CRN Specialty Leads, which includes each individual's start/end dates and contact information (2) Notify the National CRN Coordinating Centre if there are changes within the financial year (3) Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies</p>	Please provide commentary on intentional vacancies or the expected timeframe to fill Local Specialty Lead vacancies as referenced in the LCRN Fact Sheet.	All compliance indicators met. No vacancies
2.2	<p>Domain: CRN Specialties</p> <p>Indicator: Each LCRN Local Specialty Lead attends at least 2/3 of National Specialty Group meetings</p> <p>Assessment Approach: Attendance registers for National Specialty Group meetings</p>	No further LCRN information required.	
2.3	<p>Domain: CRN Specialties</p> <p>Indicator: Each LCRN provides evidence of support provided to their Local Specialty Leads (LSLs) to enable them to undertake national activities in respect of commercial early feedback and non-commercial adoption</p> <p>Assessment Approach: Evidence of support provided in LCRN Annual Plan and Report</p>	Please provide evidence of the impact and outcomes from activities delivered to enable your Local Speciality Leads to undertake national activities in respect of commercial early feedback and non-commercial adoption.	<p>In terms of adoption this usually comes to the RDM but we do review pipeline, current and closed studies at our specialty meetings with CRSL and specialty group members. Updates on National specialty meetings/actions needed are provided at these specialty groups.</p> <p>Email or teleconferencing is used between specialty meetings to keep communication channels open. CRSLs have annual reviews with CRL/RDM to support them in their role.</p> <p>All Primary Care CRSLs have agreed to undertake national Portfolio adoption reviews and undertake them when asked. One CRSL, Mark Stone who leads on supporting commercial research in general practice, also undertakes early feedback on commercial studies when asked to by the national team.</p>

3.1	<p>Domain: Research Delivery</p> <p>Indicator: Each LCRN delivers local elements of the Study Support Service as specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Monitor completion rates for study delivery assessment for each study where the LCRN is assigned as the Lead LCRN / Monitor effective set-up through the upload of the study start-up document into CPMS study records for each study where the LCRN is assigned as the Lead LCRN</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 2017/18 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>	<p>The CRNWM produced and completed 14 Effective Study Start-Up Plans and 31 NSDA's during 2017/18. This data is captured and monitored on EDGE by the ECER Team and reported to CRNWM monthly Senior Leadership Team meetings. Unfortunately the CRN is unable to match like for like with the 98 Eligible studies (confirmed through Studies Log v200418) the Network was Lead during 2017/18 as the ECER Team starts the ESSU Plan and NSDA process as soon as the Network is aware of a study and where it will add value to the Sponsor and Participating Organisations to support effective delivery. For this reason not every study receives an Effective Study Start Up Plan. However, all studies that are eligible will receive NSDA and this is managed by the SSS SPOC. A report on the management of data between CRNWM EDGE and Study Progress Tracker was produced and sent to the Coordinating Centre in April 2018 which highlighted the challenges of using the Study Progress Tracker to monitor the completion of Study Support Service activities eg. if either a Study Milestone Schedule or an Effective Study Start-Up Plan has been completed then this is picked up in the Study Progress Tracker that this has been completed. Therefore, without going into the study record in CPMS it is not evident which one or whether both have been completed there are other areas of the tracker where this occurs. Due to these nuances the Study Support Progress Tracker provides a framework but it is the EDGE data that supports performance monitoring for the CRNWM. By 31 March 2018 the Network had 169 potential Eligible studies that they are supporting at Pre and Post Grant, 120 Studies supported through the Early Contact Service (support recorded as completed from research idea to study set-up), 14 Effective Study Start-Up Plans Completed, 46 Industry Costing Template Validations Completed, 31 NSDAs Completed as an example</p>
3.2	<p>Domain: Research Delivery</p> <p>Indicator: LCRN provides site level set-up data as specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Analysis of percentage of LCRN sites taking longer than 40 days from "date site selected" to "date site confirmed" from LPMS/CPMS held data. (HLO 4)</p>	<p>Please ensure your commentary references and provides context for the percentage of LCRN sites taking longer than 40 days from "date site selected" to "date site confirmed" from CPMS/LPMS data as displayed in the Study Start Up app on Open Data Platform.</p>	<p>64% of CRN WM studies (including Primary Care sites) were set up in less than 40 days in 2017/18 as per the ODP Study Start up app for 2017/18. 166 studies total took longer than 40 days to set up while 300 were set up in less than 40 days. The Network encourages its PO's to use the app so they can see their own set up time frames and implement appropriate measures to support Date Site Confirmed time frames. In 2017/18, 11 PO's managed to meet the 80% or above target of setting up studies in less than 40 days and the remaining 15 PO's ranged from 0-71%, these 11 PO's have been the focus of 1:1 meetings to discuss study start up timeframes as well as other data quality issues which may have an impact on the information within the ODP Study Start up app. The SSS Core team will therefore continue to work with these PO's to monitor timeframes and reasons for breaches to 40 days over the course of 2018/19 and where applicable offer bespoke training on how to conduct an effective AAC</p>
4.1	<p>Domain: Information and Knowledge</p> <p>Indicator: LCRN provides LPMS data points, to timelines, as specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Analysis of percentage of missing data points from each region at the point of annual reporting data cut from CPMS/LPMS held data</p>	<p>No further LCRN information required.</p>	

4.2	<p>Domain: Information and Knowledge</p> <p>Indicator: LCRN provides support for ongoing provision of an LPMS solution</p> <p>Assessment Approach: Review of budget line for provision of an LPMS in LCRN annual financial plan</p>	No further LCRN information required.	
4.3	<p>Domain: Information and Knowledge</p> <p>Indicator: Each LCRN has a nominated representative in attendance at all national CRN Virtual Business Intelligence meetings</p> <p>Assessment Approach: Attendance registers for national CRN Virtual Business Intelligence meetings</p>	Please comment on attendance at national meetings (CRNCC hold a central register).	Pat Ryan and Hamid Hussain from the BI team attend the national VBIU meetings and are regularly involved in national working groups
5.1	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: LCRN has an experienced and dedicated communications function</p> <p>Assessment Approach: Individual's name and contact details provided to National CRN Coordinating Centre / Non-pay budget line for communications identified in LCRN Annual Plan</p>	CRNCC maintains the central contacts list but please provide any additional commentary on vacancies and the expected timeframe to fill these. Please comment on non-pay communications spend.	No vacancies; Comms Lead is Claire Hall. Non-pay spend is around £6,000 pa, including PPIE Comms activity. Costs are kept low due to utilising existing skills in house
5.2	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN has a defined approach to communications and action plan aligned with the national communications strategy</p> <p>Assessment Approach: Review and monitoring of LCRN Annual Plan / Review of outcomes as reported within LCRN Annual Report</p>	Please cross-reference from Section 3.6 and add any additional commentary as needed.	Full details in 3.6
5.3	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: The LCRN has in place a senior leader with experience and identified responsibility for PPIE</p> <p>Assessment Approach: Individual's name and contact details provided to National CRN Coordinating Centre</p>	CRNCC maintains the central contacts list but please provide any additional commentary on vacancies and the expected timeframe to fill these.	No vacancies; PPIE Lead is Mary-Anne Darby
5.4	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: The LCRN records metrics of research opportunities offered to patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc) / Evidence of local patient evaluation system / Progress discussed at national PPIE meetings and reported in LCRN Annual Report</p>	Please cross-reference from Section 3.6 and add any additional commentary as needed.	PPIE and Communications are part of the same Business Delivery Services Team and work closely on patient engagement projects. Details of reach of social media posts included in section 3.6
5.5	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: The LCRN has collaborative PPIE workplans across CRN and partners with measurable outcomes for delivery of learning resources</p> <p>Assessment Approach: LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets / Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan / Progress reported in LCRN Annual Report</p>	Please cross-reference from Section 3.6 and add any additional commentary as needed.	PPIE Workplans detailed in full in Annual Plan; WTE = 2.3. Non pa budget line is clearly defined and progress is detailed in section 3.6
5.6	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN delivers the Patient Research Ambassadors (PRAs) project</p> <p>Assessment Approach: Review and monitoring of LCRN Annual Plan / Review of outcomes as reported within LCRN Annual Report</p>	Please cross-reference from Section 3.6 and add any additional commentary as needed.	PRA Initiative is well embedded within the Network and our POs. Full details in 3.6
6.1	<p>Domain: Workforce, Learning and Organisational Development</p> <p>Indicator: The LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff</p> <p>Assessment Approach: Individual's name and contact details provided to National CRN Coordinating Centre / Development of an approach to workplace wellbeing aligned with CRNCC, to include a wellbeing framework and action plan</p>	CRNCC maintains the central contacts list but 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.	Wellbeing Lead is Julie Davis. Full wellbeing plan already in place for 17/18 - details in 3.7
6.2	<p>Domain: Workforce, Learning and Organisational Development</p> <p>Indicator: Each LCRN has an agreed programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all</p> <p>Assessment Approach: Evidence of programme of activities provided in LCRN Annual Plan and Report / Monitoring effective approaches shared by Workforce Development Leads at national meetings</p>	Please cross-reference from Section 3.7 and add any additional commentary as needed.	Full details of strategy described in section 3.7; clinical research is promoted as an integral part of healthcare in the region. WFD Lead is Hannah Reay.

6.3	<p>Domain: Workforce, Learning and Organisational Development</p> <p>Indicator: The LCRN has a defined approach to developing a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics</p> <p>Assessment Approach: Evidence of programme of activities provided in LCRN Annual Plan and Report / Monitoring effective approaches shared by Continuous Improvement Leads at national meetings</p>	<p>Please cross-reference from across the Annual report and add any additional commentary as needed. This should include include details of impacts, benefits, lessons learned, and how these have been shared with the wider CRN.</p>	<p>Implementation of 3 year strategy action plans during 2017/18. A CRN site created and process for submitting ideas and accessing support for projects. In 2017/18 101 ideas/projects registered. 37 of these specifically projects for improvement (the remaining being more strategic projects or 'just go and do' projects). Of these, 20 projects closed and complete; 9 projects in progress; 5 projects still in development; 1 in evaluation; 2 on hold. Implemented process for certification for completion of study and I&I Mugs - communicated across CRN. New training model implemented in 2017/18 with excellent feedback. I&I Lead cover during maternity leave and contributed to/attended national CI Leads meetings. Steering Group expanded to include new members and lay member. Group meet every 3 months. 3 Trust based projects. Work planned to increase engagement of Partner Organisations. Survey sent out and 8 Partner Organisations expressed interest in CRN I&I support. Joint work with East Midlands and Google Community to share across LCRNs. Showcased LCRN projects at CRN Accelerating Digital event.</p>
7.1	<p>Domain: Business Development and Marketing</p> <p>Indicator: Each LCRN has a completed business development and marketing Profile using the template provided by the National CRN Coordinating Centre</p> <p>Assessment Approach: Profile template submitted as part of LCRN Annual Plan / Contact details provided for assigned LCRN Profile lead in LCRN Annual Plan</p>	<p>No further LCRN information required.</p>	
7.2	<p>Domain: Business Development and Marketing</p> <p>Indicator: The LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy</p> <p>Assessment Approach: Review and monitoring of LCRN Annual Plan / Review of outcomes as reported within LCRN Annual Report</p>	<p>Please cross-reference from Section 3.8 and add any additional commentary as needed.</p>	

Section 7. Non-Supported Non-Commercial Studies

7.1. Please provide a list of any studies that your LCRN has decided not to support, or has been unable to support, in the 2017/18 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	Reason(s) for non-support
32779	Voices Impact Scale (VIS)	High priority study	North Staffordshire Combined Healthcare NHS Trust	Technological problems accessing patients notes
33002	everyBody Plus: Web-based self-help programme for BN, BED and OSFED	Medium priority study	South Staffordshire and Shropshire Healthcare NHS Foundation Trust	Clinical teams still don't wish to pursue this study, even as a PIC (they have 3 other studies currently recruiting, so are a bit stretched at the moment)
31981	Journeying through Dementia	High priority study	Coventry and Warwickshire Partnership NHS Trust	Services are so understaffed and stretched for an intervention-related trial to be provided by CWPT staff at the moment.
31981	Journeying through Dementia	High priority study	Black Country Partnership NHS Trust	Occupational Therapists do not have capacity
31981	Journeying through Dementia	High priority study	Worcestershire Health and Care NHS Trust	Already have similar studies and that they would not prioritise this one given the potential resource investment for little return.
33311	life review to improve autobiographical memory in aMCI-VT	High priority study	Aston University	Several sites could have taken part but the Aston Uni Governance did not agree with the PIC sites.
18361	NERVES	High priority study	Worcestershire Health and Care NHS Trust	Currently he has no clinical lead to agree to him doing the study and in addition the service is undergoing a major restructuring.
20869	PD COMM	High priority study	Burton Hospitals NHS Foundation Trust	Speech and Language Therapists do not have capacity
20869	PD COMM	High priority study	Shrewsbury And Telford Hospital NHS Trust	Speech and Language Therapists do not have capacity
20869	PD COMM	High priority study	South Warwickshire NHS Foundation Trust	Speech and Language Therapists do not have capacity
20869	PD COMM	High priority study	Staffordshire & Stoke on Trent Partnership NHS Trust	Speech and Language Therapists do not have capacity
20869	PD COMM	High priority study	The Dudley Group NHS Foundation Trust	Speech and Language Therapists do not have capacity
20869	PD COMM	High priority study	The Royal Wolverhampton NHS Trust	Speech and Language Therapists do not have capacity
20869	PD COMM	High priority study	University Hospitals Birmingham NHS Foundation Trust	Speech and Language Therapists do not have capacity
20869	PD COMM	High priority study	University Hospitals Coventry & Warwickshire NHS Trust	Speech and Language Therapists do not have capacity
20869	PD COMM	High priority study	Worcester Acute Hospitals NHS Trust	Speech and Language therapist disapproved of control arm

8. Glossary	
AAC	Assess Arrange and Confirm
ABF	Activity Based Funding
ACF	Academic Clinical Fellows
AcoRD	Attributing the costs of health and social care Research and Development
ACROSS	AppliCation to Request netwOrk Service Support
ACU	Assisted Conception Unit
AGM	Annual General Meeting
AHSN	Academic Health Sciences Network
ALP	Advanced Leadership Programme
APM&PM	Anaesthesia, Perioperative Medicine and Pain Management
AS	Alzheimer's Society
BDS	Business Delivery Service
BI	Business Intelligence
BRP	Building Research Partnerships
C&C	Capacity and Capability
CAMHS	Child to Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CD	Clinical Director
CEO	Chief Executive Officer
CI	Continuous Improvement
CIs	Clinical Investigators
CLAHRC	Collaboration for Leadership in Applied Health Research and Care
CM-Path	Cellular Molecular Pathology
COO	Chief Operating Officer
CPRD	Clinical Practice Research Datalink
CPMS	Central Portfolio Management System
CRF	Clinical Research Facility
CRNCC	Clinical Research Network Coordinating Centre
CRSL	Clinical Research Specialty Lead
CTIMP	Clinical Trial of an Investigational Medicinal Product
CTU	Clinical Trials Unit
CV	Cardio Vascular
CYP	Children and Young People
DHSC	Department of Health and Social Care
EAG	Expert Advisory Group
ECER	Early Contact and Engagement with Researchers
EDGE	Local Portfolio Management System
EME	Efficacy and Mechanism Evaluation
EMIS	Educational Management Information System
ENRICH	Enabling Research in Care Homes
ENT	Ear Nose Throat
EOI	Expression of Interest
ESSU/ NSDA	Effective Study Start up / National Study Delivery Assessment
ETC	Excess Treatment Cost
EU	European Union

FDGP	Faculty of General Dental Practice
GI	Gastrointestinal
GCs	Genetics Counsellors
GCP	Good Clinical Practice
GP	General Practitioner
HARP	Hospices Advancing Research Priorities
HEE	Health Education England
HEI	Higher Education Institution
HepNet	Heptology Network
HEWM	Health Education West Midlands
HLO	High Level Objective
HRA	Health Research Authority
HSR/PH	Health Services Research Public Health
HSR	Health Services Research
HSRC	Hyper Acute Stroke Research Unit
HTA	Health Technology Assessment
I&E	Injuries and Emergencies
I&I	Improvement and Innovation
ICUs.	Intensive Care Unit
ICT	Information and Communications Technology
ID&M	Infectious Diseases and Microbiology
IM	Intramuscular Injection
IOM	Industry Operations Manager
IPF	In-Practice Fellows
IRAS	Integrated Research Applications System
IT	Information Technology
JDR	Join Dementia Research
KCAR	Keele Centre for Ageing Research
LCRN	Local Clinical Research Network
LPMS	Local Portfolio Management System
M&E	Metabolic & Endocrine
MDT	Multi Disiplinary Team
MH	Mental Health
MHRA CTA	Medicines and Healthcare products Regulatory Agency Clinical Trial Authorisation
MOOC	Massive Open Online Course
MSK	Musculoskeletal
NAHP	Nurses & Allied Health Professionals
ND	Neurological Disorders
NIHR	National Institute of Health Research
NMPis	Non-Medic Principle Investigators
O&G	Obstetrics and Gynaecology
ODP	Open Data Platform
OSA	<u>Obstructive sleep apnea</u>
PAF	Proposal Approval Form
PBR	Payment By Results
PCIM	Primary Care Industry manager
PI	Principle Investigator

PIC	Patient Identification Centre
PICU	Paediatric Intensive Care Units
PG	Partnership Group
PH	Public Health
PILAR	Public Involvement and Lay Accountability in Research
PM	Portfolio Manager
PO	Partner Organisation
PPIE	Patient and Public Involvement and Engagement
PRAI	Patient Research Ambassador Initiative
PRES	Patient Research Experience Surveys
R&D	Research and Development
RCF	Research Capability Funding
RCGP	Royal College of General Practitioners
RDM	Research Delivery Manager
RDS	Research Design Service
RF	Research Facilitator
RfPB	Research for Patient Benefit
RH&C	Reproductive Health & Childbirth
RN	Research Nurse
ROG	Research Operational Group
ROST	Research Optimisation Support Team
RSI	Research Site Incentive
RTT	Recruitment to Time and Target
SGL	Speciality Group Leads
SLT	Senior Leadership Team
SME	Small and Medium Enterprises
S-Med	Innovative Solutions for the Medical Market
SOA/SOE	Schedule of Activities / Schedule of Events
SOP	Standard Operating Procedure
SPACE	Safer Provision and Caring Excellence
SSNAP	Sentinel Stroke National Audit Programme
SSRLs	Sub Specialty Research Leads
SSS	Study Support Services
STP	Sustainability and Transformation Plans
SURPS	Service User Research Partnership
UK DCTN	UK Dermatology Clinical Trials Network
USP	Unique Selling Proposition
VIP	Values in Practice
VTE	Vocational Training Scheme
WFD	Workforce Development Team
WMAS	West Midlands Ambulance Trust
WMCARES	West Midlands: West Midlands Collaborative Actioning Research in End Of Life and Supportive Care
WMPC	West Midland Primary Care
WMPRARF	West Midlands PRA Regional Forum
WM-TRAIN	West Midlands Trainee Research Anaesthetics Network
All Trusts	

BSMHFT	Birmingham and Solihull Mental Health NHS Foundation Trus
BWC	Birmingham Women's & Children's Hospital NHS Foundation Trust
BCHC	Birmingham Community Healthcare NHS Trust
BCPFT	Black Country Partnership NHS Foundation Trust
BHFT	Burton Hospitals NHS Foundation Trust
CWPT	Coventry and Warwickshire Partnership NHS Trust
DWMHPT	Dudley and Walsall Mental Health Partnership NHS Trust
GEH	George Eliot Hospital NHS Trust
HEFT	Heart Of England NHS Foundation Trust
NSCHT	North Staffordshire Combined Healthcare NHS Trust
SWBH	Sandwell and West Birmingham Hospitals NHS Trust
SATH	Shrewsbury and Telford Hospital NHS Trust
SCHT	Shropshire Community Health NHS Trust
SSSFT	South Staffordshire and Shropshire Healthcare NHS Foundation SSSFT Trust
SWFT	South Warwickshire NHS Foundation Trust
SSOTP	Staffordshire and Stoke On Trent Partnership NHS Trust
DGFT	The Dudley Group NHS Foundation Trust
RJAH	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS RJA Foundation Trust
ROHNHSFT	The Royal Orthopaedic Hospital NHS Foundation Trust
RWT	The Royal Wolverhampton NHS Trust
UHNM	University Hospitals of North Midlands NHS Trust
UHBNSFT	University Hospitals Birmingham NHS Foundation Trust
UHCW	University Hospitals Coventry and Warwickshire NHS Trust
WHT	Walsall Healthcare NHS Trust
WMAS	West Midlands Ambulance Service NHS Foundation Trust
WAHT	Worcestershire Acute Hospitals NHS Trust
WHCT	Worcestershire Health and Care NHS Trust
WVT	Wye Valley NHS Trust

[1] Objective: Each LCRN to have an Ageing Local Specialty Lead who demonstrates leadership in their region and can provide examples of leadership of initiatives aimed at increasing recruitment and research capacity in their regions

Measure: Named Local Specialty Lead in Ageing

Target: 15 LCRNs

[2] Objective: Establish links with the Royal College of Anaesthetists' Specialist Registrar networks to encourage and support their involvement in recruitment into NIHR CRN Portfolio studies

Measure: Identification of Specialist Registrar Networks in the LCRN

Target: 15 LCRNs

[3] Objective: Establish links with the Royal College of Anaesthetists' Specialist Registrar networks to encourage and support their involvement in recruitment into NIHR CRN Portfolio studies

Measure: Number of LCRNs where Specialist Registrar Networks are recruiting into NIHR CRN Portfolio studies

Target: 15 LCRNs

[4] Objective: Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties

Measure: 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 2016/17 or meeting the following recruitment targets per 100,000 population served:

a) Brain: 0.2

b) Breast: 8

c) Colorectal: 3

d) Children & Young People: 3

e) Gynae: 3

f) Head & Neck: 1

g) Haematology: 7

h) Lung: 4

i) Sarcoma: 0.1

j) Skin: 0.2

k) Supportive & Palliative Care & Psychosocial Oncology: 3

l) Upper GI: 3

m) Urology: 8

Target: 15 LCRNs

[5] Objective: Improve patient access to Cardiovascular Disease studies on the NIHR CRN Portfolio

Measure: Number of Cardiovascular studies on the NIHR CRN Portfolio recruiting from >1 site within that LCRN

Target: 10% increase on national average

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

Measure: Proportion of NHS Trusts recruiting into Children's studies on the NIHR CRN Portfolio

Target: 90%

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

Measure: Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio

Target: 80%

[8] Objective: Optimise the use of “Join Dementia Research” to support recruitment into Dementia studies on the NIHR CRN Portfolio

Measure: The proportion of people recruited to Dementia studies on the NIHR CRN Portfolio who were identified via “Join Dementia Research”

Target: 10%

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

Measure: Number of Nurse PIs for new Dermatology studies entering the NIHR CRN Portfolio

Target: 1 new Nurse PI per LCRN

[10] Objective: Increase primary care recruitment into Diabetes led and supported studies on the NIHR CRN Portfolio

Measure A: Increase the number of patients recruited by community services into Diabetes led and supported studies on the NIHR CRN Portfolio

Target: 10% increase from 2016/17

[11] Objective: Increase primary care recruitment into Diabetes led and supported studies on the NIHR CRN Portfolio

Measure B: Increase the number of community sites participating in studies relating to the prevention of diabetes and its complications

Target: 5% increase from 2016/17

Target: 15 LCRNs

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

Measure: Named audiology champion in each LCRN

Target: 15 LCRNs

[13] Objective: Increase the number of patients recruited into Gastroenterology studies on the NIHR CRN Portfolio

Measure: Number of participants recruited into Gastroenterology studies on the NIHR CRN Portfolio

Target: 21,500

[14] Objective: Increase early career researcher involvement in NIHR CRN Portfolio research

Measure: Number of LCRNs that have evidenced increased early career research involvement in NIHR CRN Portfolio research

Target: 14 LCRNs

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

Measure: Number of LCRNs that have evidenced increased trainee involvement in NIHR CRN Portfolio research

Target: 15 LCRNs

[16] Objective: Develop research infrastructure (including staff capacity) in the NHS to support clinical research in Health Services Research

Measure A: Number of LCRNs with a lead for Health Services

Research

Target: 15 LCRNs

[17] Objective: Develop research infrastructure (including staff capacity) in the NHS to support clinical research in Health Services Research

Measure B: Identification of Health Service Research studies on the NIHR CRN Portfolio where the research has had an impact on clinical service delivery (impact case studies)

Target: 15 LCRNs

[18] Objective: Increase access for patients to Hepatology studies on the NIHR CRN Portfolio

Measure: Number of LCRNs recruiting participants into NIHR CRN Portfolio studies in at least three of the five main subspecialty areas (viral hepatitis, immune-mediated liver disease, transplant, non-alcoholic fatty liver disease, alcohol)

Target: 15 LCRNs

[19] Objective: Increase participation in Infection studies on the NIHR CRN Portfolio

Measure: Number of participants recruited into Infection studies on the NIHR CRN Portfolio

Target: 21,500

[20] Objective: Increase participation in pre-hospital studies via Ambulance Trusts

Measure: Recruitment via Ambulance Trusts to two or more prehospital care studies on the NIHR CRN Portfolio, led by Injuries and Emergencies, in each LCRN

Target: 15 LCRNs

[21] Objective: Increase participation in Mental Health studies involving children and young people

Measure: Increase the number of studies recruiting participants aged 16 years or under

Target: 5% increase from 2016/17

[22] Objective: Increase participation in studies on the NIHR CRN Portfolio relating to areas defined to be of national priority

Measure: A: Increase the number of participants recruited into studies of rare metabolic/endocrine disease on the NIHR CRN Portfolio

Target: 10% increase from 2016/17

[23] Objective: Increase participation in studies on the NIHR CRN Portfolio relating to areas defined to be of national priority

Measure: B: Increase the number of participants recruited into studies of obesity on the NIHR CRN Portfolio metabolic/endocrine disease on the NIHR CRN Portfolio

Target: 10% increase from 2016/17

[24] Objective: Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio
Measure A: Named orthopaedic champion identified in each LCRN
Target: 15 LCRNs

[25] Objective: Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio
Measure B: Increase the number of participants recruited into orthopaedic studies on the NIHR CRN Portfolio
Target: 10% increase from 2016/17

[26] Objective: Increase the level of early career researcher involvement in NIHR CRN Portfolio research
Measure: Number of LCRNs that have evidenced increased early career research involvement in NIHR CRN Portfolio research
Target: 15 LCRNs

[27] Objective: Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio
Measure A: Proportion of acute NHS Trusts that provide eye services recruiting into Ophthalmology studies on the NIHR CRN Portfolio
Target: 70%

[28] Objective: Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio
Measure B: The number of community based sites recruiting to Ophthalmology studies on the NIHR CRN Portfolio
Target: Establish baseline data (to inform 2018/19 objective)

[29] Objective: To increase research awareness in the dental community and increase the research-trained workforce
Measure A: LCRNs to work with their Local Postgraduate Dental Deaneries to promote research awareness and training in their postgraduate dental communities
Target: 15 LCRNs

[30] Objective: To increase research awareness in the dental community and increase the research-trained workforce
Measure: B: Increase the uptake of dental practitioners completing the NIHR online Dental GCP training course
Target: 10 dental practitioners per LCRN

[31] Objective: Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research
Measure: LCRNs to identify and fund a minimum of two named individuals in a GP registrar/First Five nurturing role to undertake Research Champion activities
Target: 15 LCRNs

[32] Objective: Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health
Measure A: Number of LCRNs with a lead for Public Health
Target: 15 LCRNs

[33] Objective: Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health
Measure: B: Number of LCRNs recruiting to at least one study on the NIHR CRN Portfolio led by Public Health
Target: 15 LCRNs

[34] Objective: Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio
Measure: Number of LCRNs with at least 2 'New' PIs (defined as researchers who have not engaged as PI in any commercial study in the last 3 years)
Target: 15 LCRNs

[35] Objective: Increase the proportion of NHS Trusts recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio
Measure: Proportion of acute NHS Trusts, which provide maternity services, recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio
Target: 70%

[36] Objective: Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio
Measure: Number of LCRNs recruiting participants into NIHR CRN Portfolio studies in at least three of the four main respiratory disease areas (asthma, COPD, bronchiectasis, rare diseases (e.g. pulmonary hypertension, cystic fibrosis, lymphangioleiomyomatosis, pulmonary alveolar proteinosis))
Target: 15 LCRNs

[37] Objective: CRN recruitment to Stroke RCTs should be at least 8% of the 2016/17 Sentinel Stroke National Audit Programme (SSNAP)-recorded hospital admissions
Measure: CRN recruitment as a % of SSNAP-recorded admissions
Target: 8%

[38] Objective: Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties
Measure A: Number of LCRNs recruiting into at least 12 of the 14 surgical subspecialties (breast, cardiac, colorectal, general, head & neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular)
Target: 15 LCRNs

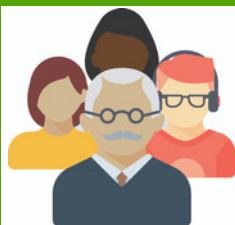
[39] Objective: Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties
Measure: B: Number of LCRNs recruiting at least 1 patient/100,000 population into at least 6 of the 14 surgical subspecialties (see above)
Target: 15 LCRNs

ANNUAL REPORT SUMMARY 2017/18

NHS

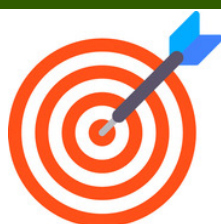
National Institute for
Health Research

Clinical Research Network West Midlands



Recruit more patients into high quality clinical trials

- 70,720 patients accessed our studies - highest amount we've ever recruited
- Finished in second place nationally, with all divisions exceeding their targets
- Exceeded our overall target by 10,000 and the 16/17 figure by 12,000



Promote efficiency and recruit to time and target

- 64% of commercial studies recruited to time and target - up from 56%
- 77% of non-commercial studies hit the mark
- Both of these will be a priority in 18/19 as we aim to improve delivery



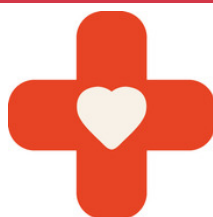
Increase the number of commercial studies

- 41 new studies on the Portfolio - more than double the previous year
- 20% increase in the number of commercial studies opened with 183 sites
- Ranked top Network for recruitment into commercial studies



Reduce the time to open studies

- 61% of studies were confirmed with 40 days of being selected; this is lower than the 80% target, but higher than 16/17
- Out of 595 studies, 363 met the target. This will remain a priority



Get the first patients recruited quickly

- 30% of commercial studies recruited their first patient within 30 days of site confirmed; this increased to 56% for non-commercial studies
- Plans are already in place to improve this for 18/19



Increase engagement with our stakeholders

- 27 out of 28 of our Partner Organisations are recruiting to Portfolio studies
- 86% of these recruited patients into one of our commercial studies
- 33% of GP practices are on board with Portfolio research - 280 practices



Open more studies in high priority specialities

- We missed the target in terms of recruiting patients into dementia studies
- 753 patients took part in a dementia or neurodegenerative study; target was 1,250 but fewer studies were opened than planned