



*National Institute for
Health Research*

Clinical Research Network West Midlands

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Delivering research to
make patients, and the NHS, better

Contents

Glossary		2-4
Section 1.	Compliance with the Department of Health / LCRN Host Organisation Agreement	5
Section 2.	Executive Summary	6-7
Section 3.	CRN High Level Objectives	8-27
Section 4.	CRN Clinical Research Specialty Objectives	28-76
Section 5.	LCRN Development and Improvement Objectives 2016/17	76-80
Section 6.	Operating Framework Compliance Indicators	81-90
Section 7.	Host Organisation report on performance against the LCRN Host Performance Indicators	91-95
Section 8.	NIHR CRN Priorities 2016/17	96-100
Section 9.	Other local innovation and initiatives	100-104
Section 10.	LCRN Host Organisation Approval	105
Appendices		
Appendix 1.	LCRN Fact Sheet 2016/17	
Appendix 2:	Report against the Network's Patient and Public Involvement and Engagement in Research (PPIE) Plan 2016-2017	
Appendix 3:	Report against the Network's Workforce Development Plan 2016-2017	

Glossary

AAC	Assess Arrange and Confirm
ABF	Activity Based Funding
AcoRD	Attributing the costs of health and social care research
ACU	Antenatal Care Units
ADHD	Attention deficit hyperactivity disorder
AGM	Annual General Meeting
AHSN	Academic Health Science Network
AMRC	Association of Medical Research Charities
BBC	British Broadcasting Corporation
BGS	British Geriatrics Society
BI	Business Intelligence
CCG	Clinical Commissioning Group
CI	Continuous Improvement
CIP	Continuous Improvement Project
CLARC	Collaboration for Leadership in Applied Health Research and Care
CPD	Continuing Professional Development
CPMS	Central Portfolio Management System
CRL	Clinical Research Lead
CRNCC	Clinical Research Network Coordinating Centre
CRN WM	Clinical Research Network West Midlands
CRSL	Clinical Research Speciality Lead
CSP	Co-ordinated System for gaining NHS Permission
CTU	Clinical Trials Unit
DeNDRON	Dementias and Neurodegeneration
DH	Department of Health
EAG	Expert Advisory Group
EC	Early Contact
ECER	Early Contact and Engagement with Researchers
ENRICH	Enabling Research In Care Homes
EOI	Expressions Of Interest
ESSU	Effective Study Start Up
ETC	Excess Treatment Costs
GCP	Good Clinical Practice
GP	General Practitioner
HEI	Higher Education Institution
HLO	High Level Objective

HSR	Health Services Research
HTA	Human Tissue Authority
ICC	International Conference Centre
ICT	Industry Costing Template
I&I	Improvement and Innovation
IOM	Industry Operations Manager
IRAS	Integrated Research Application System
IVF	In Vitro Fertilisation
JDR	Join Dementia Research
LCRN	Local Clinical Research Network
LPMS	Local Portfolio Management System
MDT	Multi-Disciplinary Team
MHRA CTA	Medicines and Healthcare products Regulatory Agency Clinical Trial Authorisation
MM	Musketeers Memorandum
MSc	Masters of Science
NDSA	National Delivery Study Assessment
NHS	National Health Service
NIHR	National Institute of Health Research
NIHR CC	National Institute for Health Research Co-ordinating Centre
NIPD	Non-invasive Parental Diagnosis
ODP	Open Data Platform
PC	Primary Care
PI	Principle Investigator
PIC	Participation Identification Centre
PMT	Project Management Tool
PO	Provider Organisation
PPIE	Patient and Public Involvement and Engagement
R&D	Research and Development
RCF	Research Capability Funding
RDM	Research Delivery Manager
RDS	Research Design Service
ROG	Research Operational Group
RSI	Research Site Initiative

RTT	Recruitment to Time and Target
SLT	Senior Leadership Team
SMA	Spinal Muscular Atrophy
SME	Small and Medium Enterprise
SOP	Standard Operating Procedure
SPOC	Single Point of Contact
SSL	Sub Speciality Lead
SSNAP	Sentinel Stroke National Audit Programme
SSS	Study Support Service
UK	United Kingdom
USP	Unique Selling Point
WFD	Work Force Development

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

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

Yes

No

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

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

Yes

No

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

Section 2. Executive Summary

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

Table 2.1. Executive Summary

1. Host Organisation	The Host continues to provide excellent support to the network and fulfils all of its obligations set out in the performance and operating framework 2015-16
2. Governance and LCRN Management Arrangements	The Host has appointed a non-executive director responsible for the network, who works with the executive director to ensure effective and supportive hosting arrangement and ensure robust governance arrangements are in place. The CD and COO provide a quarterly report for the Host Trust Board meeting. The Partnership Group is well attended as is the Executive Group and the senior leadership team and CRL's which all meet regularly.
3. Business Development and Marketing	Business Development and Marketing has been a key area for 16/17; the Network has developed the LCRN profile which is shared nationally and internationally. In order to attract more studies, research teams and companies to the region we have also launched two 'Why Work With Us' brochures to demonstrate the USPs and expertise available within the region - one for commercial studies and one for non-commercial.
4. Information and Knowledge	The Network has adopted national systems (CPMS, ODP) and EDGE as the LPMS as part of their operational processes, and has provided training for Network staff and Partner Organisations. The WM BI Team have managed a project addressing data quality for performance management and EDGE engagement, and the percentage of studies with complete minimum data set increased from 20% in December 2016 to 91% by end of March 2017.
5. Medical	Ranked 1 of 15 for recruitment into commercial studies and anaesthetic studies. Highest recruiting network for the following studies: 31913 EpiCCS, 31771 iHYPE, 20252 PRISM, 32256 PQIP, 17123 BALANCED
6. Research delivery	<p>Partner organisations have increased from 20% to 91% data completeness in EDGE in 3 months due to the production of monthly and then weekly reports.</p> <p>PC has implemented a new centralised GP payment process which has brought cost improvements.</p> <p>The functions performed by the PC SSS and PC delivery teams have been completely integrated.</p> <p>Developed the Cost Attribution training which has now been approved by the DH.</p> <p>Developed many of the documents rolled out for national SSS use that are available on the SSS Hub site</p> <p>Presented at national events</p> <p>Since the creation of the Effective Study Start Up Process we have provided 40 Effective Study Start Up Plans to Participating Sites and other Networks, the largest recorded number in England.</p>

	<p>Identified an additional 13,567 recruits via ECER meeting within 24 hours of ABF deadline.</p> <p>Developed and supported Trusts and Local Academic Sponsors with embedding HRA approval processes by providing tailored training.</p> <p>Improved HLO02a for commercial research by increasing time to target by 21% in 6 months.</p> <p>Improved the returns of EOI from PO's by training and hands on support, this process has also supported more realistic target setting from PO's</p>
7. Stakeholder Engagement and Communications	<p>The Network has prioritised engagement and communications in 16/17 as identified in one of our Strategic Projects. Internal and external communications have been improved - a new newsletter with input from POs and stakeholders and 'Shout Out' a Google Community for Network Staff has been launched.</p> <p>We focussed on increasing media coverage to highlight the successes of the Network and raise awareness of research - we have been featured in all five BBC radio stations, Midlands Today, local press and national specialist press.</p> <p>A local stakeholder event was held in September featuring all of our POs and collaborators to support the One NIHR campaign. This was attended by 250 people and featured an Awards Ceremony for which 80 nominations were received.</p> <p>The PPIE team have carried out a Patient Research Experience Survey which was developed locally based on the national campaign. We received 576 responses and 116 patients expressed a wish to share their story.</p> <p>Link Senior Management roles have been working well to address Trust level performance review, obtain feedback and enhance communication.</p> <p>PO engagement with the Industry Team has improved significantly with PO's actively contacting the team. Seen some of smaller PO's actively involved in commercial research e.g. CWPT have taken on 3 new commercial studies whereas the previous 2 years they took part in none.</p> <p>Established relationships with the AHSN and local SME's through networking events and close working with the AHSN to ensure we can provide a cohesive service for the region.</p> <p>Working relationships and regular meetings held with two Contract Research organisations and three commercial sponsors to enhance the services we provide.</p>
8. Workforce Learning and Organisational Development	<p>Through the Regional Training Collaborative we have supported/delivered a range of training sessions attended by over 2,560 participants.</p> <p>Successful recruitment of an Apprentice within the CRN Business Delivery Services team.</p> <p>Band 4/MSc posts.</p> <p>Advanced Leadership Programme.</p> <p>Development and implementation of a regional strategy to embed a culture for improvement and innovation. Band 5 nurses to support the pool of Generic Nurses.</p>
9. National Contributions	<p>Engagement with and active contribution to all National groups and meetings including SSS, WFD, I&I, PC and Palliative Care.</p>

Section 3. CRN High Level Objectives

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

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

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

Table 3.1. HLO performance

HLOs		
1.	Increase the number of participants recruited into NIHR CRN Portfolio studies Measure: Number of participants recruited in a reporting year into NIHR CRN Portfolio studies. CRN National Target: 650,000	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
LCRN to insert from 2016/17 Annual Plan	Build upon existing Primary Care Patient identification centres (PIC) activity initiative by strengthening the delivery processes to identify PIC sites earlier, ensuring patient recruitment pathways are discussed at EC function and to facilitate and support secondary care recruitment.	<p>The PC SSS process has been strengthened to ensure that Primary Care PIC site support is considered as a method of recruitment by the CI at the earliest possible stage. This has been simply added as a specific discussion point on the 'crib sheet' used when delivering ECER.</p> <p>The PC PIC service offering has been presented at the LCRN R&D Forum to emphasise this service to Secondary Care Partner organisations and encourage early conversations to</p>

		utilise primary care as both PIC and research sites for secondary care studies.
	To strengthen the work of our Primary Care Champion to ensure all commercial studies are reviewed and the relevant studies go to relevant interested sites to ensure greater uptake.	Undertaken review and revision of role of PC GP champion who has an interest in and is involved in the delivery of our PC commercial portfolio to specifically include responsibility for review of commercial studies. This work is undertaken in collaboration with the newly appointed PC Industry Manager secondment post.
	To continue to address potential recruitment challenges identified through the Early Contact and Engagement with Researchers (ECER) service during discussions with the research team and identify further means of increasing recruitment by suggesting potential different clinical pathways e.g. PICs, Primary Care and Community sector involvement.	The Early Contact Team has developed a crib sheet used for Early Contact meetings with the research team which specifically covers recruitment pathways. The Team has developed many of the documents rolled out for national SSS use that are available on the SSS Hub site. Early Contact Leads have attended meetings on e-digital to understand how social media can be used to increase recruitment. Colleagues from the Network have been invited to speak at Early Contact meetings to cover areas such as Promoting Community Pharmacy Involvement in Research (17 November 2016) and increasing research in Care Homes (ENRICH) (15 September 2016) to ensure other recruitment pathways are considered to increase recruitment. The PC element of the SSS discussions provide specific advice on the potential for increasing recruitment through the use of PC PICs and on changing clinical pathways in PC related to the new models of working.
2A.	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time Measure: Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites. CRN National Target: 80%	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan

<p>LCRN to insert from 2016/17 Annual Plan</p>	<p>Embed the newly developed joint commercial and non-commercial performance management processes across divisions in 16/17.</p>	<p>A combined Portfolio Management and Industry meeting was set up in January 16 to ensure commercial and non-commercial processes are aligned. This group worked effectively, however in January 2017 it was decided Industry will hold monthly Divisional Performance Monitoring meetings to ensure in depth discussions at a site level with Divisions to assist successful delivery.</p> <p>A Continuous Improvement project (Improvement and Innovation - I&I) was initiated to improve High Level Objective 2 (HLO2). A stakeholder survey was conducted to understand the main barriers to delivering HLO2. A working group was convened with representatives of our POs where survey outcomes were reviewed. It was identified commercial and non-commercial barriers are largely the same. The working group reviewed and prioritised main barriers having a negative impact on HLO2.</p> <p>Feasibility and lack of information was highlighted as a priority to take forward. In the process of conducting this Continuous Improvement project it was acknowledged that Expressions of Interest (EOI), Site Feasibility and performance management were other priority areas that should be looked at to improve HLO2. An additional workshop was held at the CRN West Midlands Network Event (07 Sep16) that explored these areas. Actions to address the barriers and outcomes identified at this workshop have also been taken forward as part of the Continuous Improvement project. Progress updates from the working group on HLO2 have been shared widely.</p> <p>Some of the recommendations that can be implemented by POs include raising awareness of PI master class; GCP training and 'Making Studies Successful' training. To factor in global start time and site start time when setting targets. Utilising the Expression of Interest form to raise any points of concern or issues that need to be addressed to deliver the</p>
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		<p>study. Consider use of Primary and Secondary Care as Patient Identification Centres as an initial recruitment strategy rather than a rescue strategy. The project is in the stage of dissemination and audit of adoption.</p> <p>For the last two Quarters of 2016/17 Partner Organisations have been working on ensuring EDGE data has a complete data set. As at end of March POs averaged 91% of study information as being complete compared to 20% 3 months earlier. Throughout this improvement phase, the data has allowed for more accurate performance management data for managing HLO2.</p>
LCRN to insert from 2016/17 Annual Plan	To look at recognising PI's achievements when Targets have been achieved	All commercial good news stories are circulated in the Network Newsletter. This will be further developed in 17/18 as the Industry team will be re-launching and improving communications with Investigators and PO's. This will include acknowledging those that achieve HLO2a.
LCRN to insert from 2016/17 Annual Plan	The new local portfolio management system (LPMS) will support real time recruitment uploads to supply accurate data to performance manage partner organisations (PO's).	The Industry team were the first CRN team to utilise EDGE to record all Expressions of Interest in a reportable format. This has been successfully implemented and allows for monthly reporting for CRN and PO use. This allows the activity and returns from sites to be proactively managed and provides intelligent data on engagement of PO's with commercial studies.
LCRN to insert from 2016/17 Annual Plan	Implement performance management escalation process for all studies regardless of commercial or non-commercial where the CRN: WM lead studies.	The Portfolio Management and Industry group worked in 16/17 to ensure consistent processes existed across the portfolio. As part of this all commercial queries are initially sent to Portfolio Managers for prompt action and escalated to IOM/RDM as required. The process is in accordance with the national Performance Monitoring Plan. CRSLs play a key part in this and are involved as part of the escalation. New Performance Management SOP being implemented.

		The SPOC email / phone contact details are used throughout the SSS processes so they would identify the nature of the issue and escalate it to either; EC Lead if it's about a specific study, ICT or cost attribution or Study Support Manager if it's about PO's or Academic Sponsor query relating to study set up, EDGE and data points, HRA and regulatory approval. If this issue cannot be managed at this level then it would be escalated to Research Support Operations Manager or Head of Study Support Service.
	To develop a PI Mentoring Tool Kit where for new PI's conducting commercial research will be supported by the Network and attached to a more experienced PI 'buddy'. This will support cross PO's relationships and identify and share good practice.	Due to competing priorities and capacity within the Industry team; it has not been possible to fully implement the PI Mentoring Toolkit; this will be an objective for 17/18. Support has been provided by the Industry team and linking in new PI's with CRSL's as needed.
	Full roll out of 'Making Studies a Success: A Feasibility Workshop'. This workshop is a joint initiative between the RDMS, portfolio managers, Industry and SSS team. The training has been revisited for 16/17 to focus on completing successful feasibilities for both commercial and non-commercial studies along with HRA assess, arrange and capability review. This will ensure internal CRN staff and PO's are working to same standard; accurate feasibility and successful delivery which will support time to target.	The training has been redesigned and successfully implemented by the Industry team; 13 Trusts and four Universities have attended training and the Industry team have provided training at seven Trusts directly.
2B.	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time Measure: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period. CRN National Target: 80%	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
LCRN to insert from 2016/17 Annual Plan	To fully embed the national Study Support Service (SSS), Effective Study Start up and the National Study Delivery	A streamlined process is currently in place for the completion of ESSU's. This is routinely completed for studies where the

	Assessments that will support with identifying challenges to the delivery of non-commercial studies.	EC lead identifies the plan as adding value for PO's. Since the creation of the Effective Study Start Up Process the Team have provided 40 Effective Study Start Up Plans to Participating Sites and other Networks, the largest recorded number in England. The PC element of the Study Support Services Team are tailoring the assessment processes to ensure fit with the WM PC delivery team and therefore identify those challenges related to the delivery of PC non-commercial studies.
3A.	Increase the number of commercial contract studies delivered through the NIHR CRN Measure: Number of new commercial contract studies entering the NIHR CRN Portfolio. CRN National Target: 650	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	CRN WM set an internal target to achieve 21; however the year closes on 19. The Industry Team promote the benefits of adoption to commercial Sponsors, PO's, and Investigators, as well as providing necessary support to get adopted. The Industry Costing Template Validation process has allowed for easy identification of studies not planning for adoption and conversations to be held locally and nationally.
N/A	Developing partnerships between acute and secondary/tertiary care PO's so they submit joint site identifications to increase likelihood of being selected e.g. North Staffordshire Combined Healthcare Trust and University Hospitals North Midlands Trust; and Coventry and Warwickshire Partnership Trust and University Hospitals Coventry and Warwickshire.	The Industry Team have worked closely with NSCHT and CWPT to encourage them to get involved in commercial research and utilise the larger secondary Trusts to support research. NSCHT & UHNM have a formal working relationship which will progress in 17/18 and CWPT and UHCW are working together to share services to allow for commercial research delivery.
N/A	POs to report commercial studies not on the portfolio to the Industry Operations Manager/RDM to engage with the company to market the CRN.	The CRN have requested all PO's highlight commercial studies that are not portfolio adopted to the Industry Team. The ICT validation process also highlights those Sponsors not seeking adoption. Along with the SSS Team and with the

		national BD Team we will liaise and sell the benefits of adoption to the Sponsor. This was not measured in 16/17 but will be in 17/18.
3B.	Increase the number of commercial contract studies delivered through the NIHR CRN Measure: Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies. CRN National Target: 75%	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
N/A	Refer to 3a Industry and 5a Study Support Service	
4.	Reduce the time taken for eligible studies to achieve set up in the NHS Measure: Proportion of eligible studies achieving NHS set up at all sites within 40 calendar days (from "Date Site Selected" to "Date Site Confirmed"). CRN National Target: 80%	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Progress against plan
LCRN to insert from 2016/17 Annual Plan	Continue to develop the Early Contact and Engagement Service but focussing on communicating the service to our CRN:WM CI, PO's, Local Sponsors and CTU's to support setup of studies in a timely manner. The CRN Study Support Service (SSS) will provide the new national Industry Costing Template Validation process to identify discrepancies to support PO's with timely set up of studies because all activities are listed.	The Early Contact Team attended 28 meetings and events to raise awareness of the Early Contact service (through presentations, having a stand, distributing local/ national material, and networking) and as a result of this many leads (researchers) have been identified requesting further support. A member of the ECER Team facilitated at the National R&D Forum Conference 2016. This was well received and the NIHR CC valued this support. Presented a "Whistle Stop Tour of the HRA Process" but also discussed ECER at the British Society of Gastroenterology event for trainees and received excellent feedback. In addition to this, invitations to further events have continued creating a snowball effect. This has stood the team in good stead for 2017/18 with 15 meetings / events already identified for the first quarter of the

		<p>year. The National CRN CC have provided excellent feedback regarding how the Team have reviewed, supported and implemented the ever changing national Study Support Service SOPs.</p> <p>The Early Contact Leads completed 34 industry costing template validations for the year all within three working days of receipt, with 100% positive feedback received from use of a locally developed survey using Google Forms.</p> <p>A continuous improvement project (I&I) focussing on academic sponsors and CTUs was also set-up and started but capacity issues within the team meant that progress on this has been slower than anticipated. This will be completed for 2017/18.</p> <p>The process of Industry Costing template validation is well established and supports the timely negotiation of costs by PO's by allowing them to focus on the financial negotiations rather than checking whether all the activities are listed or not. During 16/17 34 costing template validations have been completed and all within 3 working days. An example of added value of this process includes 1. IRAS: 218604-CLIK066B2204 - Several procedures were missing from the template, unclear from the Events Schedule and accompanying protocol who would be performing these tasks and at what point. After informing the Sponsor of the omissions, they replied with justifications. The sponsor made changes to the template which enabled the completion of the validation process. 2, IRAS: 220323 - PSR-NV - CRN WM were notified of this study at PAF stage but was unable to retrieve the documents from the sponsor. Eventually the documents did arrive but through the HRA. CRN WM was able to review the template but identified there were several missing procedures. The Network communicated this back to the HRA assessor (as per the National SOP) who forwarded</p>
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		<p>this back to the CI. Eventually CRN WM validated the template and since received a subsequent costing template from the same person from the company for a different study which was much improved.</p>
<p>LCRN to insert from 2016/17 Annual Plan</p>	<p>The local LPMS - EDGE, has been customised so that the data collection points defined in the HRA approval process can be reported and performance managed.</p>	<p>The SSS team have worked closely with PO's during 16/17 supporting the collection of study start up data points through training at each of the six ROG meetings. This training looked at NIHR Metrics definition, inputting into EDGE and utilising the different ODP apps. The SSS Team has also delivered 11 training sessions on "Effective AAC for PO's" where data collection points are discussed and held one to one meetings with PO's where there was a need for additional support. For one PO it led to a Board level recommendations paper which provided the PO with some useful suggestions on managing study start up and compilation of SOPs. Furthermore, the SSS team has also supported the manual entry of data points for the national 16/17 Q1-Q4 data collection exercises by working closely with PO's to ensure missing data fields are completed. This exercise highlighted some areas of improvement for PO's in how they are entering data and flagged how the Network could be better supporting its PO's. During 17/18 BI and SSS team are to set up an EDGE working group with representation from PO's to maintain data quality in EDGE.</p> <p>The SSS and BI Team have collaboratively worked to ensure missing data fields are highlighted in Q4 weekly Missing Data Trust reports which are accessible by PO's directly from the Hub. This saves on email traffic from the Network regarding data entry. Also, for consistency in local reporting for HL04/05 CRN WM have created a "HL04_ BI and SSS" report in EDGE so PO's can produce their own reports if required. For some time the major challenge is comparing the list of attributes and filters CRN WM use with what the CRN CC use for national reporting; the reason why CRN WM are keen to</p>

		<p>understand this is so the Network can flag to our PO's how they are contributing to the national medians for HL04/5 in an accurate and proactive manner. In the meantime, the SSS Team intend to utilise this report frequently to report data at the ROG meetings to highlight any data quality and study set up concerns in a proactive manner to our PO's. During 16/17 the Head of Study Support Service agreed that performance management of HL0 04/05 with the PO's would be handled softly due to the dramatic changes in setting up studies - new CSP, new HRA Approval process, newly defined data points and the introduction of EDGE. In 17/18 the approach will be focussed, proactive and on-going performance managed.</p>
5A.	<p>Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies Measure: Proportion of commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited") CRN National Target: 80%</p>	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Progress against plan
LCRN to insert from 2016/17 Annual Plan	<p>Implementation of LPMS to support accurate and timely data collection; enabling access to inform and real time data. Support proactive performance management of CRN: WM commercial studies.</p>	<p>LPMS (Edge) is now up and running in 28 out of our 29 Partner Organisations; we have moved into an engagement phase to ensure that the system is used to its full capability and that POs are fully trained to maximise the impact of LPMS and support accurate and timely data collection for proactive performance management.</p> <p>All commercial EOI and performance monitoring notes are documented using Edge, enabling real time reports and data at a Trust/Specialty level to be provided.</p> <p>PC Industry Manager post will proactively performance manage the recruitment of the first participant into new PC commercial studies or other speciality studies that are recruited in PC.</p>

LCRN to insert from 2016/17 Annual Plan	The Industry Costing's and Contracts Sense Check process with ODP will enable the Industry Team to identify and support PO's to achieve this target by contacting them and identify any potential blocks that might exceed over 30 days after 'Date Site Confirmed.	EC leads routinely validate costing templates for commercial studies and copy the industry generic mailbox into the validation email, this allows the industry team to support any blockages in setup or recruitment by making them aware of the study as early as possible since this process should ideally be completed prior to HRA submission. On occasions where the sponsors have failed to send the industry costing template for validation to the EC leads, the HRA assessors will send this to the team for validation. Issues with recruitment or submission onto the Portfolio are referred to the Industry Operations Manager who will actively support the commercial company.
LCRN to insert from 2016/17 Annual Plan	With the implementation and focus of HRA and feasibility and active Industry team management of Lead CRN studies it will be possible to provide close support to PO's to support HLO5a delivery. Performance will be monitored for the first 6 months of the year, systems developed to ensure LPMS is utilised to capture Lead CRN commercial studies at the earliest opportunities. If the data reflects a requirement; which is expected, a Continuous Improvement workshop and working group will be set up to focus upon increasing delivery.	Divisional Portfolio Management meetings were introduced in Q4 where all Lead and participating studies are reviewed on a monthly basis; this ensures continued performance monitoring to try to ensure delivery to HLO2a and HLO5a.
LCRN to insert from 2016/17 Annual Plan	Support researchers and sites on importance of accurate feasibilities to enable delivery to this HLO by promoting the 'Making Studies a Success: A Feasibility Workshop'.	A comparison exercise was conducted between the "Making Studies a Success: A Feasibility Workshop" and the "Effective AAC for Partner Organisations" to ensure there was no overlap in the training content and it was agreed that the Effective AAC for Partner Organisations session would be an effective follow on session for PO's. Also, the latter training encouraged PO's to share good practice tips for the AAC process with each other and with a total of 11 sessions held across the region in 2016/17 were successfully delivered covering demand. In total the SSS Team delivered the session to 146 participants; 6 in the Central area, 1 in South and 4 in the North of the West Midlands region. All 11 sessions received excellent feedback and the demand is still

		there for 2017/18 with 6 training sessions already planned. Additionally see section 6B.
LCRN to insert from 2016/17 Annual Plan	Facilitating discussions between CRSLs and individual POs where expertise and independent advice is required on feasibilities.	See Section 5.2
LCRN to insert from 2016/17 Annual Plan	Include research teams - CI's/PI's in the review of studies which failed to achieve HLOs and in the various continuous improvement projects being undertaken to help achieve HLO's.	A Clinical Research Specialty Lead (CRSL) Closed Study proforma has been trialled in 16/17. This short form is for the review of all closed studies, it is provided to the appropriate CRSL to be completed with the PI/CI. The form will identify why a study passed/failed locally and offer an opportunity to learn from the study and share good practice. This will be fully implemented in Q1 of 17/18
LCRN to insert from 2016/17 Annual Plan	In 2017/18 there will be a focus on sharing the good practice of those organisations that have delivered to HLO5a and providing close support to those PO's that are underperforming, and are new to delivering commercial research. The Industry team will close monitor performance and take preventative steps where possible to ensure HLO5a delivery. For studies that fail, they will be investigated and lessons learned for going forward.	See section 5 above and HLO2a.
5B.	Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies Measure: Proportion of non-commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited"). CRN National Target: 80%	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Progress against plan
LCRN to insert from 2016/17 Annual Plan	The Performance Management Tool (PMT) which was developed in 2015/16 to support the 15 day CSP target will be used to identify POs that need further support on feasibility.	Due to the demise of CSP the Performance Management Tool (PMT) was unable to be utilised and therefore compliance to HLO04 and HLO05 was based on the manual entry of data points into EDGE by PO's. The compliance by PO's has been noteworthy. CRN WM has undertaken a

		<p>constructive exercise in improving data compliance which included the study start up data points. Although the SSS Team are able to pull off reports on how long it takes for sites to reach date site confirmed this is not a direct measure of HLO4 which is a national study level median. CRN WN awaits clarity on the final list of attributes which the NIHR CC is utilising by the EDGE team. CRN WM did not purposely actively performance manage HLO04 and HLO05 during 2016/17 because of the many factors that have been out of Networks POs control; the end of CSP, the fragmented introduction of HRA Approval, and the introduction of the LPMS (EDGE). However, the PO's did receive monthly activity reports that included the data at a Network level to give PO's an indication on their performance.</p> <p>The PC SSS actively manage the 30 day period and at day 20 contact the study team to confirm that first patient has been identified and ready to recruit. If not, support is offered regarding how we can help them to achieve this.</p>
6A.	<p>Increase NHS participation in NIHR CRN Portfolio studies Measure: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies CRN National Target: 99%</p>	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
LCRN to insert from 2016/17 Annual Plan	Link Research Delivery Managers (RDMs) were identified for all POs and the buddying up of POs and cross region working has occurred due to targeted strategies. This arrangement will continue.	RDMs have continued to regularly engage with POs which they have been buddied up with. These visits have been shared on the CRN West Midlands calendar which has enabled co-visits (finance, other SMT members, Industry Operations Manager) to be conducted where relevant. Development and revision/improvement of a standardised agenda to maintain consistency but tailored to what the PO needs from the Link Manager. For example that has now

		<p>enabled a Trust to recruit to Division 4 studies where they had not previously.</p> <p>Locality Managers working closely with all the trusts to ensure that a balanced portfolio in Division 1 is achieved through the network.</p>
6B.	<p>Increase NHS participation in NIHR CRN Portfolio studies Measure: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies CRN National Target: 70%</p>	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
LCRN to insert from 2016/17 Annual Plan	Industry Operations Manager (IOM) to focus on those PO's not currently delivering commercial research e.g. to encourage PIC sites until more confident in supporting their own commercial research.	<p>IOM has engaged with all organisations not delivering commercial research or with low commercial activity (DWMH, BCPT, BCHCT, BWH, SWFT, NSCHT, WHT & WHCT) engagement has been successful and all organisations have submitted EOI in 16/17, and all bar one organisation have opened commercial studies in 16/17. It is anticipated the BWH will have two commercial studies opening in 2017/18. Due to changing management structure at ROH, engagement was limited; this will be an objective of 17/18.</p> <p>A PC Industry Manager was appointed in Q3 of 16/17, in Q4 they have met with R&D Managers forum to encourage the utilisation of PC PICs in commercial research and has also met with three secondary care Trusts. The PC IM are also engaging with GP Practices across the network to support with EOI submissions, in 16/17 PC have submitted 35 Site Identifications and one Site intelligence. This will be used as a baseline to compare for 17/18.</p>
LCRN to insert from 2016/17 Annual Plan	To develop and build a local CRN: WM commercial portfolio. This will coincide with greater Sponsor engagement to promote individual PO's.	The Industry Team have spent a lot of time engaging with PO's and educating on the benefits of commercial research and offering support and training to build the WM Commercial Portfolio. The 'Making Studies Successful' Training has been

		<p>attended by 13 PO's and four Higher Education Institutes, as well as training delivered directly at seven PO's. The Industry Team have held workshops at the CRN Building on Our Success: The Next 10 years event, presented at Specialty Group Meetings (four divisions), R&D Managers Forum, Clinical Research Specialty Leads, Research Operational Group and on a monthly basis at Senior Management Team. Presentations and workshops have focussed on the importance and benefits of commercial research and also the necessity to HLO2a (see HLO2a for further details).</p> <p>A regional capacity and capabilities exercise was conducted and information gained to create the 'Commercial Research: Why the West Midlands Brochure' which is provided to investigators and commercial companies.</p> <p>The IOM has met with three large pharmaceutical companies to discuss working relationships, where we can improve and how we can support each other. It is anticipated these will become annual meetings.</p> <p>Throughout 16/17 the IOM and Division 4 RDM have worked hard to establish a working relationship with MAC; we now have bi-monthly telecoms to discuss regional engagement and study pipelines. PO's act as PIC sites for those studies they have been unable to secure at site, and will refer patients to allow patients the opportunity to access research, build Trust relationships with MAC and provide a source of income.</p> <p>The IOM now has an established relationship with Synexus; clear communication and a willingness to work together are positive.</p> <p>The IOM has established a working relationship with the AHSN. Throughout 16/17 we have worked to ensure both parties understand the remit of work and support we provide</p>
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		so we can ensure we appropriately support SME's and investigators within the region.
6C.	Increase NHS participation in NIHR CRN Portfolio studies Measure: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies CRN National Target: 35%	
LCRN's planned contribution in 2016/17	Specific activities/initiatives in 2016/17	Performance against plan
LCRN to insert from 2016/17 Annual Plan	Key focus is to have flexible recruitment mechanisms for commercial research developed for the changing healthcare landscape.	<p>A PC Industry Manager was appointed in Q3 of 16/17 with the dedicated focus on educating secondary care PO's on the support primary care can provide with recruitment as a recruitment strategy, and engaging with new GP practices to become commercially active. The Industry team are also promoting primary care as research sites to the National CRN and also commercial sponsors when we meet them.</p> <p>We continue to promote the benefits of using GPs as patient identification centres to support the delivery of both academic and commercial studies and recruitment to research sites in secondary care. Although this type of activity is unable to demonstrate direct recruitment, we plan to undertake a continuous improvement project to evidence the benefits to secondary care that this work contributes and the increased recruitment that PICs bring.</p> <p>We have continued to engage with the 22 CCGs to increase the number of GPs participating in research and have worked with them to:</p> <ol style="list-style-type: none"> 1) Develop arrangements to meet the ETCs associated with primary care studies in the South and Central areas in line with the scheme in the North locality. 2) Pool RCF allocations to supporting the development of GP leadership practices and to develop grant writing skills and encourage grant writing activity.

		<p>We have supported and trained a number of staff to deliver GCP training in the Primary Care setting, using the material which we have adapted specifically for primary care. Also plan to use the existing GCP trainers to deliver the 'lighter touch' fundamentals training where this is appropriate.</p> <p>We had initially delivered PI oversight training in the Primary Care setting and received GP feedback on the usefulness of this. This has been reported back to the Workforce Development Team to consider improvements. Once updated, it is planned to deliver the improved material at further sessions.</p> <p>We continue to review our RSI scheme and have linked in with the recent National work to review national provision of the scheme and to re-align our scheme where required. As part of this work we have been able to share other LCRNs RSI schemes to learn from and replicate best practice. Locally we continue to review our scheme to ensure that it remains both attractive to GPs and provides value for money. We have undertaken financial modelling, standardised documentation and continue to work towards a single scheme across the West Midlands. Although currently still in pilot stage, we have already recognised the need to further review the scheme to ensure that it fits with the emerging models of care. This will hopefully enable us to incentivise those practices that we need to deliver the current available portfolio of studies through, who have not worked with us before or have worked with us but not recently. We are aware of the need to carefully balance the scheme with the number of studies available for practices to participate in.</p> <p>We continue to offer research facilitator and nurse infrastructure to those practices who even with service support funding, would not have the capacity to undertake</p>
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		<p>searches for patient identification.</p> <p>We have reviewed the role of the Primary Care Portfolio Manager and revised this to ensure oversight of performance management data for Primary Care, leading on EDGE implementation and to have oversight of all portfolio studies, approaching study teams to explore WM primary care participation as a research site or PIC.</p> <p>We have exceeded both the national target of 35% and our local planned target of 40% as 387 sites out of a potential 913 have recruited in 16/17 = 42%. This is slightly less than the 46% achieved in 15/16 however this figure does not include the increasing amount of PIC activity which is undertaken in practices as PIC activity as this type of activity is increasing in PC, however unfortunately does not generate recruitment.</p>
7.	<p>Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio Measure: Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio CRN National Target: 20,000</p>	
<p>LCRN's planned contribution in 2016/17</p>	<p>Specific activities/initiatives in 2016/17</p>	<p>Performance against plan</p>
<p>LCRN to insert from 2016/17 Annual Plan</p>	<p>On-going identification of potential DeNDRoN researchers and promotion of the CRN, utilising 'exceptional circumstances' route where applicable.</p>	<p>Partnership of clinician, academics and CTU academics to work together to develop portfolio research.</p> <p>Signposting of Gas Safety Trust to coordinating centre business development and introductions to AMRC to become portfolio standard funders in the future.</p> <p>Identification of 1 local authority study suitable for portfolio - will be ageing or primary care as managing specialty.</p> <p>Care Home researcher now has research on the portfolio</p>

		<p>where did not previously.</p> <p>Facilitation of HEI and NHS working dementia HTA grant funding.</p> <p>Promotion of CRN to 3 key universities with academics with interest in dementias.</p> <p>Representation at Birmingham Clinical Trials and RDS joint event on Future of Parkinson's Research.</p> <p>Introductory meeting for joint working between West Midlands and East Midlands dementia academics. One study then opened in WM (Aquaduct).</p>
<p>LCRN to insert from 2016/17 Annual Plan</p>	<p>Join Dementia Research (JDR) promoted in primary care and through community pharmacies, this will continue.</p>	<p>Led by the three locality primary care managers, their teams help promote JDR across GP practices in the region.</p> <p>JDR promoted at Protected Learning Time sessions for GPs. JDR promoted at Practice Public Groups.</p> <p>Primary Care and Community Pharmacy representatives on JDR steering group.</p> <p>Primary Care Facilitators promote JDR at community pharmacies signed up to RSI scheme.</p> <p>WM Pharmacy Lead and Primary Care RDM and CRSL engagement and support for this initiative.</p> <p>Continual review and improvement of promoting JDR through primary care and community pharmacies. More initiatives planned for 2017/18.</p>

<p>LCRN to insert from 2016/17 Annual Plan</p>	<p>Working with Division 4 RDM to support commercial Care Homes research by liaising and engage with the CRO's/ Sponsors in order to bring research within this specialist area.</p>	<p>All studies are now reviewed by Portfolio Managers to see if suitable for Care Homes; and flagged up to Division 4. The IOM is updating commercial Sponsors on the research ability of care homes at any meetings. One study is currently being reviewed for feasibility.</p>
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Section 4. CRN Clinical Research Specialty Objectives

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

Please (a) enter the actions to achieve the objectives from your 2016/17 Annual Plan, adding any additional actions taken as appropriate; (b) In the right hand column, please comment on your network's performance and impact against your planned contributions in 2016/17. Where applicable, please include numerical data to illustrate performance against your local baseline and/or your network's contribution to the national CRN target. Please highlight approaches which have proven particularly successful, challenges encountered/and any areas of non-delivery, and provide reasons or explanations for these, highlighting mitigation activities and/or follow-up activities.

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

#	Specialty	Objective	Measure	Target	LCRN actions to achieve objective	Performance against plan
1	Ageing	Proportion of Ageing-led studies on the NIHR CRN Portfolio which are multicentre studies is maintained at 50% or above	Proportion of Ageing-led studies which are multicentre studies	50%	<p>We met last year's aim to identify an Ageing CRSL for the Ageing Specialty. With Dr Amit Arora appointed as CRSL we are keen for additional possibilities to identify pipeline studies through the National Ageing Specialty Group that could be then delivered in West Midlands. This will support meeting this year's objective of increasing number of multicentre Ageing studies.</p> <p>We will look to identify new local links that could lead to the formation of an Ageing specialty group. The following groups/contacts are to be engaged initially: Specialist Registrars Care Home Managers part of CCG Care Home Researchers Community Care Researchers Public Health Researcher</p>	<p>There are 4 studies open (Portfolio ID 19665, 14878, 31449, 85544) The three latter studies are multi-centre. 14878 and 31449 are awaiting first patient.</p> <p>Dr Amit Arora CRSL is engaging with the National Specialty Group. The National Specialty Group Lead was invited and presented at our Ageing Specialty event this year.</p> <p>There has been good engagement across the LCRN to develop new local links which helps the formation of an Ageing specialty group. Specialist registrars have been encouraged to attend GCP training. There has also been engagement with colleagues from British Geriatric Society, Geriatricians and academic units</p>

				<p>Physiotherapists Housing Groups</p> <p>We aim to further develop collaborations with Division 4 colleagues and the West Midlands Dementia Lead. We plan to do this by sharing results of a survey that will be sent out to Ageing contacts. The survey will include questions about awareness of Ageing research as well as Dementia research We also plan to hold an Ageing conference with speaker and poster presentations. We will invite Division 4 colleagues and West Midlands Dementia Lead to have input at this stage.</p> <p>Explore opportunities for joint working with relevant specialties including Palliative Care, Primary Care to support</p>	<p>from the region, local charities ('Beat the cold'; 'Beth Johnson Foundation charity' and 'Gas Safety Trust').</p> <p>We have further developed collaborations with Division 4 colleagues and the West Midlands Dementia Lead. We held a CPD accredited Ageing Specialty Event endorsed by British Geriatrics Society. Delegates were keen to see another event like this in 17/18 and development of a West Midlands Specialty group. The West Midlands Dementia Lead facilitated a workshop at the event and cross Divisional colleagues attended including Division 4. Additional to this there has been engagement with the WM Dementia Quality review Service. We received 55 respondents to a survey monkey looking at the awareness of the NIHR CRN Ageing Specialty, the number of people currently involved or interested in ageing research, the awareness of protocols surrounding research, and looked towards the need for ageing research in the community setting.</p> <p>There has been engagement with Divisional and Cross divisional colleagues which has allowed the</p>
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					<p>delivery of Ageing research.</p> <p>Continue to engage with the ENRICH (Enabling Research in Care Homes) steering group to identify Ageing related care home studies that then can be discussed with Ageing interested clinicians in the region.</p> <p>To promote the Specialty we will make contact with Ageing interested Clinicians and also look for opportunities to attend and or present at upcoming Ageing related meetings such as the West Midlands British Geriatrics Society (BGS) meeting in Autumn 16.</p> <p>Using promotional materials increase awareness of Units active in Ageing research</p>	<p>opportunity to share best practice and discuss opportunities for joint working.</p> <p>Dr Amit Arora opened and chaired Enabling Research in Care Homes (Enrich) event this year. This event was to celebrate Care homes contribution to enabling research in Care Homes. Division 5 RDM continues to be part of the ENRICH steering group.</p> <p>The specialty has been promoted through a presentation at the Autumn BGS meeting,</p> <p>Promotional 'Active Unit' poster was developed and shared Nationally. Framed 'Active Unit' posters were given to Ageing Research Active Units in the region.</p>
2	Anaesthesia, Perioperative Medicine and Pain Management	Establish links with the Royal College of Anaesthetists' Specialist Registrar networks to support	Number of LCRNs where Specialist Registrar networks are recruited into NIHR CRN Portfolio studies	8 (of 15)	<p>The CRN WM has continued to work closely with WM-TRAIN throughout the year to identify and increase the proportion of appropriate studies trainees can recruit into. In November 2016 at a joint Specialty Group Meeting Specialist Registrar trainees from the WM Train</p>	<p>Specialist Registrar network ~ WM-TRAIN have continued to recruit into NIHR CRN Portfolio studies across Specialties</p> <p>This year total recruitment to Anaesthesia, Perioperative Medicine and Pain Management</p>

		recruitment into NIHR CRN Portfolio studies		<p>described their role participating in different active studies, including Perioperative Quality Improvement Project, 'iHype', 'BALANCED' study and 'PRISM'.</p> <p>In addition, the Trainee Registrar's were instrumental in supporting the EpiCCS (SNAP 2) study at 16 NHS Trusts across the West Midland. To prepare for opening EpiCCs the RDM and CRSLs arranged a teleconference with the study CI and Co-ordinator with representatives from WM-TRAIN, Trust PIs, research nurses and R&D Managers joining the call. Regular communication and sharing information with sites had a positive result. The excellent recruitment to this study meant that this Specialty well exceeded the expected target for the region, and resulted the West Midlands being the highest ranking CRN for recruitment to studies in this Specialty. However, had this study not opened, the Specialty would still have exceeded its recruitment target for 2016/17.</p> <p>WM Train Event (Anaesthesia and Critical Care): In March Worcester Royal Hospital hosted an event that brought together trainee researchers from around the region; consisting of junior doctors, junior registrars and research clinicians.</p>	<p>Specialty managed studies was 4,021 which is 70.4 per 100,000 population compared with 2.4 in 2015/16.</p> <p>The Specialty recruited across 19 Trusts this year, compared with 6 Trusts last year, and also increased the number of studies it managed and/or supported from 13 in 2015/16 (11 non-commercial and 2 commercial) to 19 this year (17 non-commercial and 2 commercial).</p> <p>During this year 1 commercial contract studies was opened at 1 NHS Trusts, which is the same as last year.</p>
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					<p>The overall aim of the day was to mentor research aware clinical staff, divided into 4 groups, each with different approaches to a real life research question and to produce a poster presentation to show how each would tackle the research. The day was a great success and the research questions, being real life issues - on trauma, mental health, kidney, and doctor anxiety and performance – they could be all converted into actual studies run by the contributors should they wish to pursue them beyond the group.</p>	
3	Cancer	Deliver a portfolio of studies including challenging trials in support of national priorities	<p>Number of LCRNs achieving recruitment to NIHR CRN Portfolio studies in 4 challenging areas which is either improved from 2015/16 or exceeds the following national targets:</p> <ul style="list-style-type: none"> a) Cancer Surgery: 4 recruits per 100,000 population served b) Radiotherapy: 6 recruits per 100,000 population served c) Rare Cancers (ASR <6): 12 recruits per 100,000 population served d) CYP: 3 children per 100,000 population served,* and all 	<p>15 (of 15)</p> <ul style="list-style-type: none"> a) Cancer Surgery - Baseline 2015/16 17 - 2016/17 25 b) Radiotherapy Baseline 2015/16 9 - 2016/17 11 	<p>Continue to hold weekly teleconferences with CRL, deputy CRL's, RDM, Locality Managers, Portfolio managers and lead cancer research nurse to ensure communication is optimised, performance is managed, opportunities are maximised and issues are identified and resolved in a timely manner.</p> <p>Continue to hold annual meeting to review annual performance, celebrate successes and discuss challenges and opportunities for the year ahead.</p>	<p>We continue to have regular weekly teleconferences which enable us to troubleshoot any problems, raise awareness and communicate how cancer clinical trials are being recruited, managed in the West Midlands.</p> <p>The annual AGM meeting has good turnouts that promotes the success in the West Midlands, showcasing a range of studies either being conducted or presenting the results. Special attention is paid to the audience attending, with specific break out group and sessions for medics and non-</p>

			<p>LCRNs to record the number of 16-25 year olds participating in cancer studies</p> <p>*LCRNs which do not include a PTC to provide evidence of referral pathways to access research</p>	<p>c) Rare Cancers Baseline 2015/16 18 -2016/17 13</p> <p>d) CYP Baseline 2015/16 5 - 2016/17 5</p> <p>All 4 areas closing green in national targets.</p>	<p>Ensure each subspecialty lead (SSL) is the research lead for the Strategic Clinical Network Expert Advisory Group (EAG) and for them to develop an annual research plan to meet the speciality objectives. Each SSL to hold an annual educational event to promote the portfolio.</p> <p>Launch an Industry collaboration to improve EOI submissions, promote referral pathways and ensure the population across the West Midlands have access to industry studies. Develop distributions lists for each SSL to include Chair and/or research lead for each MDT.</p> <p>Work with colleagues in Primary care to increase collaboration.</p> <p>Each SSL to meet with Div 1 teams annually to review performance against</p>	<p>medics. Meeting is support with speakers from the national and local teams.</p> <p>Annual plans are being devised to ensure that each SSL has a planned date and venue to hold a speciality meeting.</p> <p>Bi-monthly meetings held with industry team, portfolio manager and RDM to assess the industry EOIs and to manage referral pathways for patients entering these studies from neighbouring hospitals.</p> <p>Attended the Primary care away day to promote collaborative working, and set goals and objectives for a closer working relationship between primary and secondary care.</p> <p>Evening meeting planned with SSL's and core Div 1 team to</p>
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				<p>annual plan.</p> <p>Nationally work with other Div 1 RDMs to develop the role of 'link CSG RDM' in order to lead the coordination of the sub-speciality leads and the national CSGs.</p> <p>Continue to develop the role of the cancer locality managers. Bi-monthly locality managers' meetings to share best practice, develop patient pathways, review commercial performance, and explore the portfolio, monthly site visits to gather local intelligence.</p> <p>Appoint a portfolio manager to identify studies which meet the speciality objectives, horizon scanning and liaising with Sponsors and the national portfolio</p>	<p>determine needs and goal planning for performance of speciality against plan. Continued work with SSL's to ensure referral pathways are established for patients entering studies around the region. Radiotherapy SSL appointed to promote and support Radiotherapy studies in CRN WM.</p> <p>RDM continues to join in monthly Div1 teleconference and attendance at the bi-yearly face to face meeting. Link CSG RDM role continues with support and collaboration at National Lymphoma CSG meeting.</p> <p>Locality manager's role expanding to supporting specific topics such as Palliative Care and malignant Haematology forum for nurses. Meetings vital to roll to share best practice and understand issues arising.</p> <p>Portfolio manager continues to horizon scan and identifying suitable suites for all sites. Promotion of the role and liaison</p>
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				<p>team to speed up the time to set up studies.</p> <p>Develop portfolio maps the local portfolio of open studies which will be distributed monthly to all cancer teams.</p> <p>Identify populations for each Provider Organisation providing cancer care, in order to provide intelligence around expected recruitment to achieve specialty objectives.</p> <p>Follow up on the Macmillan cancer research information project to ensure Macmillan information centres across the West Midlands have access to up to date relevant information regarding clinical trials available to patients.</p> <p>Continue to Host the Macmillan Acute Oncology Nurse and collaborate on new developments around standard care for acute Oncology.</p> <p>Continue to contribute to the national</p>	<p>with sponsors enable better understanding of the studies available for our trusts to participate in.</p> <p>Portfolio maps have been developed further and presented at Digital Showcase Event. Google interested in developing further.</p> <p>Core team constantly identifying studies for our organisations and promotion to the sites to participate to meet objectives.</p> <p>Continuous Improvement project initiated for all Macmillan centres to have lists and Patient Information Sheets on clinical trials in West Midlands.</p> <p>Appointment of Deputy Macmillan Acute Oncology Nurse Advisor (Feb 2017) to support Macmillan nurse and promote better standards of care in West Midlands.</p> <p>RDM attended national meeting to</p>
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					<p>Geriatric Oncology group.</p> <p>Continue to deliver an annual programme of educational events for cancer research staff.</p>	<p>promote better awareness of elderly persons living with cancer.</p> <p>Post Ash (Haematology Meeting) and Malignant Haematology Nurse Forum to offer support to research nurses. CRIC course continues.</p>
4	Cardiovascular Disease	Increase NHS participation in Cardiovascular Disease studies on the NIHR CRN Portfolio in challenging and priority areas	Number of sites recruiting to Congenital & PAH, Surgery and CV Prevention studies	5% increase	<p>Continue with CRSLs able to cover all 6 cardiovascular subspecialties.</p> <p>In order to meet this year's objectives of growing the number of sites for congenital heart disease and PAH, CV Surgery and CV Prevention we will look to preventative services in Primary Care and Public Health.</p>	<p>Whilst the number of CRSLs has been reduced from 4 to 3, those retained have been able to cover all subspecialties including supporting the RDM with National Study Delivery Assessments, Specialty meetings and completion of EOIs. Paul Clift has continued as a national lead. CRSLs rotate attendance at national meetings and feedback.</p> <p>We have not been successful in growing the number of sites delivering CV Prevention studies. Only 6 studies recruited.</p> <p>CRN Cardiovascular open specialty meetings have continued aimed at building the research community, sharing best practice and proactively reviewing RTT performance.</p>
5	Children	Increase NHS	Proportion of NHS	90%	CRN WM has 28 NHS Trusts of which 18	17 of 18 (94.4%) NHS Trusts with

	participation in Children's studies on the NIHR CRN Portfolio	Trusts recruiting into Children's studies on the NIHR CRN portfolio	<p>(64.3%) have agreed targets for recruiting into children's main specialty studies.</p> <p>Building on the expanded number of Trusts recruiting children from our successful 2015/16 operational strategies, we have ensured that CRN core research delivery teams continue to support studies led by other specialties but recruiting in the paediatric age range to maintain recruitment across this wider site base. However, recognising that a high proportion of children's studies will always be delivered in the Birmingham Women's and Children's Hospital as the specialist centre in our region with the added benefit of the paediatric clinical research facility (CRF), we do not expect to recruit to children's main specialty studies in 26 of our 28 (>90%) Trusts. We do however strive to recruit children to portfolio studies in 90% of relevant sites providing children's services, which include the Mental Health and Community Trusts; we have established communications with the newly appointed Young Persons Mental Health CRSL and have actively supported the setup of a number of co-supported studies e.g. ID 31998 N-CAT where recruitment of children will be from</p>	<p>agreed targets recruited children to main specialty studies. In total 18 of 28 NHS Trusts (64.3%) recruited to Children's main specialty studies. We also have 25 of 28 (89%) of Trusts recruiting into studies co-supported by the Children's Specialty.</p> <p>Of the ten "non-recruiting" Trusts listed on the ODP specialty objectives App, two have recruited children (4 children were recruited at George Eliot Hospital to the DRN 552 Address-2 diabetes study; and 15 children to Milestones-Transition and 3 children with ADHD to CATCH-uS mental health studies at Coventry & Warwickshire Partnership Trust). In total therefore 20 of 28 (71.4%) NHS Trusts have recruited children in CRN WM.</p> <p>Continuing to deliver the paediatric communications and consent course (3 occasions, 16 delegates and 7 Trusts represented this finance year) has facilitated recruitment of children into research studies across the CRN in non-specialist</p>
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				<p>primary care schools.</p> <p>To facilitate recruitment across a wide range of paediatric clinical services, helping to expand the workforce able to recruit to children’s studies, the CRN core children’s nurse team has continued to run the NIHR paediatric communication and consent course; this has been delivered on 8 occasions to 43 delegates with attendance from 8 of our Partner Organisations. The course was also delivered with a paediatric mental health focus to 8 CSOs. 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. Supporting workforce development underpins growth of the specialty and will remain a focus for 2017/18.</p> <p>A paediatric trainee’s research network (PRAMnetwork http://www.pramnetwork.com/) has been established in the Midlands, founded by the CRN Clinical Director. Peer support is also provided by a region-wide trainee group organised by the CRM WM CD with the remit of PI / CI succession</p>	<p>areas.</p> <p>Running a GCP training day during the induction session of paediatric registrars elicited comments to suggest that they would see research as an important part of their role on becoming a Consultant: In the 5-month survey, 10 registrar's reported that they had talked about research to a patient since their GCP training, 3 had become sub-investigators, 5 had taken consent and 2 had carried out study procedures e.g. randomisation and prescribing of IMPs.</p> <p>The PRAMnetwork trainees have to date completed 3 multi-centre audits on obesity recognition, neonatal sepsis, and Vitamin D supplementation, and are currently investigating neonatal intubation practices. This is allowing paediatric trainees to continue their</p>
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				<p>planning.</p> <p>Birmingham Children’s Hospital has identified four main priorities (developmental disorders and learning disabilities, paediatric cardiology, rheumatology and palliative care) which the CRN has sought to support. Engagement with Children’s and Young Person’s Mental Health services has facilitated the opening of relevant studies across the region, with a multi-team approach developing stronger partnerships between Forward Thinking Birmingham and the CRN. Paediatric cardiology has been expanded with three open studies (ID 19590 Platelet functions in paediatric bypass and ECMO; ID 15843 Morbidity after cardiac arrest; and ID 32330 Birmingham ischaemic conditioning in children), two of which are WM CI-led. In rheumatology we have ten open studies with 1,500 children recruited, and have six sites open or in set-up to recruit children to ID 7881 National Repository.</p> <p>We are proactively supporting the initiative to engage with children’s hospices, ensuring that staff are GCP-trained and research ready. We are</p>	<p>involvement in research and audit projects as they migrate around the West Midlands’ deanery.</p> <p>In line with our approach of trying to recruit children wherever there are children’s services, albeit the portfolio maps to other specialties, we have built on our previous successes and continued to recruit children to diabetes, dermatology, musculoskeletal and mental health studies. In rheumatology, the CRN WM is ranked 1st of all LCRNs in three studies (ID 11784 GWAS in children with DDH; ID 13553 BSPAR ECS; and ID16435 PedVas), and the 2nd ranked LCRN in three studies (ID 20624 BOSS; ID 3227 CHARMS; and ID 19872 Website for children with JIA): In total we have recruited 391 children in 2016/17 to rheumatology studies.</p> <p>We have also worked with the palliative care team to incorporate paediatrics into the CRN WM palliative care strategy document, have undertaken GCP-readiness training of some of the children’s hospices in the region, and have</p>
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					building relationships with Hope House and Acorns Hospices in our region, and attending Hospice UK and Together for Short Lives national meetings as well as participating in Tweet-fests to highlight palliative care in children.	supported a GP researcher to open CPMS ID 31659 The Journey through Care: palliative care for children & young people, with 24 participants already recruited by year end. The CI and CRN WM Young Person's' steering group designed a survey for young people and families and for healthcare professionals about the term palliative care, and they have had abstracts and posters accepted for two Education events at the University of Warwick, at Cardiff University international children's palliative care network (ICPCN) event, and the RCPCH conference at the ICC Birmingham on 26 May 2017.
6	Critical Care	Increase intensive care units' participation in NIHR CRN Portfolio studies	Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio	80%	By their nature some studies are not suitable for smaller Intensive Care Units, but CRN WM has continued to ensure all Acute Trusts' ICUs have the opportunity to express interest in relevant studies and has worked with POs to ensure capacity and resource to support. However, CRN WM is the Lead network for 8 Critical Care managed studies, which have recruited participants from 9 Acute Trusts and an Ambulance Trust. A Joint Anaesthesia, Perioperative	This year 3 additional Acute Trusts' intensive care units participated in research compared with last year. Across 14 Acute Trusts 69% ICUs (i.e. 11 of 16) participated in studies and recruited participants to Critical Care Specialty managed or supported studies. However, this increases to 88% of ICUs when relevant EpiCCS (SNAP 2) recruitment from ICUs is included. This year total recruitment to

				<p>Medicine and Pain Management, Critical Care and Injuries & Emergencies Specialty Group Meeting was held in November 2016. The meeting was Chaired by the CRSL for Critical Care and attended by 26 clinicians working within Critical Care from across 8 CRN WM Partnership Organisations. At this meeting Dr Paul Dark, National Critical Care Specialty Lead, presented the Adapt-Sepsis research project, with historical background for the study and discussed the challenges faced such as 'performance bias', equipoise and current inclusion and exclusion criteria.</p> <p>A database matching research active clinicians to suitable studies is being created to increase site selection. In addition, the CRN WM continues to work with Trusts by obtaining detailed information on individual ICUs research interests, infectious disease and microbiology capabilities and other supporting resources available or required for opening studies.</p> <p>In line with the NIHR Developing the Reward and Recognition Policy, CRN WM awarded a Clinical Fellowship to a clinician who supported recruitment for NIHR Portfolio studies.</p> <p>19092 A feasibility study of early and</p>	<p>Critical Care Specialty managed studies was 1,398 which is 24.5 per 100,000 population compared with 12.4 in 2015/16.</p> <p>The Specialty recruited across 19 Trusts this year, compared with 14 Trusts last year, and also increased the number of studies it managed and/or supported from 25 in 2015/16 (22 non-commercial and 3 commercial) to 35 this year (33 non-commercial and 2 commercial).</p> <p>During this year 1 new commercial contract studies was opened at 2 NHS Trusts, compared with none last year.</p>
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					<p>enhanced rehabilitation in ICU, which recruited a total of 103 patients, closing to recruitment in September 2016. The protocol has recently been published and the initial results are to be presented at the forthcoming American Thoracic Society (ATS) Congress in Washington DC, May 2017.</p> <p>15111 BREATHE, which having not recruited for 5 months prior to the additional funding received from the CRN, QEHB recruited a further 5 patients to the study, which became the 2nd highest recruiting site.</p>	
7	Dementias and neurodegeneration	Optimise the use of "Join Dementia Research" to support recruitment into Dementia studies on the NIHR CRN Portfolio	The proportion of people recruited to Dementia studies on the NIHR CRN Portfolio who were identified via "Join Dementia Research"	6%	<p>In order for researchers to use JDR effectively more volunteers need to be signed up who have a diagnosis of dementia. Currently delivery staff are using multiple systems to recruit as JDR alone is not sufficient. A JDR steering group, involving JDR champions, delivery staff and representatives from primary care will steer in-year action plans to achieve this.</p> <p>A specialty group will be started in Q1 bringing together clinicians and researchers in the area of ageing and dementia.</p>	<p>Registered volunteers in February 2015 were 854; 939 in February 2016; and by 1st March 2017 was 1624. We have moved from having 84% of volunteers signed up to JDR as healthy volunteers to now 72%. The remaining 27% are either people with a diagnosis of dementia or are carers of people with dementia therefore 27% of people on JDR in the WM are potential research participants.</p> <p>Steering Group formed and has met 4 times in 2016/17. This group involves representatives from primary care and also a housing group commissioned to provide dementia care. A representative from community pharmacy has</p>

					<p>been added. Three further meetings took place to specifically discuss improved ways of promoting JDR within primary care.</p> <p>The first specialty group meeting was held October 2016 but was relatively poorly attended. Instead the CRSL has met with individuals with an interest in dementia research. It was decided that in 2017 a joint event with ageing will take place until more contacts are made with clinicians and academics for a dementia specific meeting.</p>
				<p>In 2015/16 Divisional portfolio team members and workforce development lead delivered face-to-face training to improve the use of JDR by researchers (CRN delivery staff). This will be improved further in 2016/17. We will also be contributing to the coordinating centre review of training and contribute to this. We will continue to liaise with JDR researcher administrators at each site to discuss audits of effective use, in line with the service promise to volunteers.</p> <p>When marketing the CRN to Higher Educational Institutions JDR will also be promoted as a tool to use for recruitment with the aim that we increase the number of dementia studies registered</p>	<p>All sites using JDR have now had face-to-face JDR training. Sites are not opened on JDR unless it is viewed that staff understand the importance of a high quality service.</p> <p>There has not been a national review of training to contribute to. New coordinating centre team deliver training to study teams and it is for the LCRN to deliver local training.</p> <p>JDR is included in all presentations to HEIs and other events including primary care professionals. Made contact with the RDS to also educate them on JDR so they can</p>

					<p>on JDR.</p> <p>We have two flexible members of the delivery workforce managed directly by Division 4 Portfolio Manager. 2015/16 has required them to support partner organisations where staff have left and where recruitment to these posts was limited due to in-year funding. Now POs have been informed of indicative funding, it is envisaged that these members of staff will be able to support more the promotion of JDR across the region and support POs in using JDR as a recruitment tool.</p>	<p>help promote to researchers. JDR information presented to other groups who can help promote it (Age UK, ACCORD Housing Group) as well as those who can use it to recruit (MAC Plc, academic researchers). At end of 2015/16 we had 15 studies recruiting via JDR in the region. At the end of 2016/17 we have 33 where 7 of these are non-portfolio. This shows that more people are hearing about it and therefore more people registered as a volunteer are able to access research opportunities.</p> <p>This has not happened to-date as instead they have been again filling resource gaps in Trusts and setting up some of the dementia studies in care homes to recruit there and help promote JDR. We have recently identified two Trusts we will pilot promotional work in to see if it results in an increased sign up of volunteers with dementia or who care for people with dementia. Otherwise this is a lot of resource for little gain.</p>
8	Dermatology	Increase NHS participation in Dermatology studies on the NIHR CRN	Number of sites recruiting into Dermatology studies	160	As a Specialty we continue to have CRSLs that cover sites in the North, Central and South localities. We will continue to support the delivery of	This year we have continued to have CRSL coverage in the North, Central and south localities. The CRSLs have continued to engage

		Portfolio		<p>studies at sites located in these areas by building upon the current engagement with clinicians. This will support the objective of increasing number of sites recruiting in to Dermatology studies.</p> <p>Over the last year to increase the visibility of the Dermatology Specialty a series of articles have been sent out to Trust Staff with an interest in Dermatology Research. We will continue to look for opportunities where articles and good news stories can be circulated to promote the Specialty.</p> <p>The network have facilitated Dermatology Specialty Meeting Events over the last year that have brought together representatives from Dermatology Study teams, Trust R&D staff, PCPIE, Primary Care, LCRN (Research Delivery, Portfolio Management, Industry Management and Communications). Using this forum we have facilitated engagement of researchers with NIHR RDS. To build upon the successful engagement that has been established over the past year we will hold further Dermatology events</p>	<p>with POs across the region through face to face meetings and other communication channels.</p> <p>This year an article about Hi-Vitiligo study was published in Insight. An 'active unit poster' was produced and shared with Dermatology research active Units to raise awareness of Units conducting dermatology research. A Dermatology research awareness survey was produced and distributed.</p> <p>Dr Seautak Cheung was appointed as PPIE representative for the National CRN Dermatology Specialty Group. This has supported engagement with the local PPIE teams initiatives.</p> <p>Dr Agustin Martin-Clavijo was appointed as West Midlands Dermatology Training lead which has supported the implementation of Combined registrar training & Dermatology Specialty group meetings. This has broadened the</p>
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					<p>this year. Through this forum we will continue to support the delivery of the portfolio and look for opportunities for pipeline studies that can be adopted on to the portfolio.</p> <p>We will continue to highlight studies to Primary Care and other relevant Specialties to support patient recruitment.</p>	<p>reach of the forum. We have highlighted CRN support available through this forum including ECER support and use the forum to identify problem studies that benefit from wider discussion to identify support.</p> <p>This year there has been collaboration with Division 3 colleagues and Trust staff to support the development of Walsall's first dermatology paediatric commercial study.</p>
9	Diabetes	Increase participation in studies relating to areas defined to be of national priority for Government agencies and Research Funders	<p>A: Number of LCRNs recruiting and/or referring into immuno-therapy studies for recent onset T1 diabetes.</p> <p>B: Number of sites participating in studies relating to the prevention of diabetes and its complications.</p>	<p>A. 15 (of 15)</p> <p>B. 5%</p>	<p>Attract immuno-therapy studies for recent onset of type 1 diabetes (main focus through University Hospital Birmingham).</p> <p>Continue research activity in early onset and gestational diabetes.</p> <p>Build on recent successes in this area and primary care to increase research activity in prevention of diabetes</p>	<p>The CRN has been successful in recruiting into 3 immuno-therapy diabetes trials (CPMS ID 16903, 17938 and 18571). Three Trusts have been involved.</p> <p>The CRN WM-led PRIDE gestational diabetes study is on track to recruit the planned 4500 participants and meet RTT. The same research team has secured funding for a further study, PEAPOD which has begun recruitment.</p> <p>Recruitment has begun to the EXTOD Education study (CPMS ID</p>

						<p>30478) that was upheld at the recent Diabetes UK National Conference as a good example of how to get patients to enhance their understand of their diabetes, thus empowering them to better control their condition with a resultant decrease in healthcare demand.</p> <p>The CRN has continued with 4 CRSLs (but with a reduction in funding) with the Lead CRSL also focusing on commercial studies. Open specialty meetings aimed at building the research community and sharing best practice have continued. CRSLs have attended national specialty group meetings on rotation and the RDM has attended the December 2016 national meeting.</p> <p>14 of the 15 Trusts that set recruitment targets for diabetes did go on to recruit, as did primary care. The proportion of recruits from commercial studies increased slightly to 55%.</p>
10	Ear, nose and throat	Increase NHS participation in Ear, Nose and	Proportion of acute NHS Trusts recruiting into ENT studies on the	40%	ENT Specialty has had a difficult year opening new sites and recruiting to ENT managed studies during 2016/17. A	Proportion of acute NHS Trusts recruiting into ENT managed studies on the NIHR CRN Portfolio

		Throat studies on the NIHR CRN Portfolio	NIHR CRN Portfolio		<p>Specialty Group Meeting was arranged to raise awareness and encourage more research activity. Unfortunately, the meeting had to be cancelled due to poor expressions of interest in attending. 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 balanced portfolio across network.</p> <p>The CRSL and RDM have engaged with Trusts across the region to explore potential for developing ENT research in new sites and growing commercial portfolio. Work has also continued to establish and maintain an up-to-date list of acute NHS Trusts who could potentially recruit to ENT studies and identify suitable PIs.</p> <p>In the West Midlands, ENT Specialty had success recruiting to studies the Specialty supports, notably within the Children's Specialty.</p>	<p>was 28%. However, this rises to 39% when studies ENT supported across all Specialities are included. This year total recruitment to ENT managed studies was 70 which is 1.2 per 100,000 population compared with 2.9 in 2015/16. The Specialty managed or supported recruitment to studies across 7 Trusts this year, compared with 10 Trusts last year, but increased the number of studies it supported from 14 in 2015/16 (9 non-commercial and 5 commercial) to 15 this year (10 non-commercial and 5 commercial).</p> <p>During this year 2 new commercial contract studies were opened at 2 NHS Trusts, compared with 2 commercial contract studies opened at 3 Trusts last year.</p>
11	Gastroenterology	Increase NHS participation in Gastroenterology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting into Gastroenterology studies on the NIHR CRN Portfolio	90%	<p>Engagement across the region has been really good this year, with the Speciality seeing a number of new investigators in both commercial and non-commercial areas. This year has also seen the West Midlands Gastroenterology network become the second highest recruiter</p>	<p>Proportion of acute NHS Trusts recruiting into Gastroenterology managed studies on the NIHR CRN Portfolio was 67%.</p> <p>This year total recruitment to Gastroenterology managed studies was 1,467 and recruitment by CRN</p>

					<p>nationally.</p> <p>The Gastroenterology Specialty has held a number of successful investigator meetings this year, which included hosting the national IBD investigators meeting in Birmingham with 100 attendees. It also supported the 100th Midlands Gastroenterology meeting held in Birmingham this year, which saw investigators and researchers from both the East and West Midlands come together with a number of national research charities and a number of local patients and public representatives.</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 has appointed its first Registrar Trainee CRSL. In March the Gastroenterology Specialty supported the British Society of Gastroenterology host a meeting to promote the development of national trainee research networks. This event saw national Gastroenterology trainees come together with strong representation from the West Midlands and we hope to see that this will go onto to develop a national research active trainee network in Gastroenterology.</p>	<p>WM was 25.7 per 100,000 population compared with 31.9 in 2015/16.</p> <p>The Specialty managed or supported recruitment across 10 Acute Trusts as well as Primary Care this year, compared with 13 Acute Trusts and Primary Care last year, but increased the number of studies it supported from 31 in 2015/16 (22 non-commercial and 9 commercial) to 36 this year (20 non-commercial and 16 commercial).</p> <p>During this year 7 new commercial contract studies were opened at 8 NHS Trusts, compared with 11 commercial contract studies opened at 5 Trusts last year.</p>
1	Genetics	Full geographic	Number of LCRNs	14 (of 15)	The CRN WM is recruiting through the	The CRN WM has recruited to

2		<p>access for patients with rare diseases to participate in Genetics studies is maintained on the NIHR CRN Portfolio</p>	<p>recruiting into multi-centre Genetics studies through the NIHR UK Rare Genetic Disease Research Consortium</p>		<p>UK Rare Genetic Disease Research Consortium; the Birmingham Women’s Hospital, host of the Regional Genetics Service has implemented the Musketeer’s Memorandum (MM) allowing an expedited review and sign-off of the studies within 3 days and the recruitment of potential participants with rare diseases regardless of their West Midlands geographical location. The Network has also funded additional posts to ensure that activity continues to grow.</p> <p>The region hosts a number of grants which operate under the MM which have been opened nationally, and staff has supported national and regional rare genetic diseases training days to promote the network and support available. This was expanded under the umbrella of 60 years of genetics research since Watson & Crick published their genetic studies on the double helix and structure of DNA, and promoted via a number of road shows around the region to highlight current open studies.</p> <p>Ensuring that the regional genetics unit was sufficiently resourced to support the changing healthcare delivery as</p>	<p>thirteen open studies approved under the Musketeer’s Memorandum, up from eight studies in 2015/16 where we were the highest recruiting LCRN. A total of 450 participants have been recruited in 2016/17 with CRN WM being the second highest recruiting LCRN.</p> <p>In addition to recruiting to MM studies at Birmingham Women’s and Children’s Hospitals, MM studies have recruited at The ROH (cancer patients) and at UHCW and HEFT (dermatology studies).</p> <p>Three of the MM studies are WM-led, with CPMS ID 7418 HumGenDis achieving the target of 2500 recruits this year, CPMS 19361 POD Study recruiting patients with rare genetic overgrowth disorders, and CPMS ID15351 NIPSIGEN successfully recruited in nine regional genetics units to develop non-invasive</p>
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					<p>personalised and stratified medicines become more prevalent has been, and will continue to be, key to initiatives pertinent to the Musketeer's Memorandum.</p> <p>We continued to support the WM Chief Investigators, local NIHR Research Fellows and genetic counsellors to ensure that rare disease studies were supported under the MM. In addition Dr Larissa Kerecuk, the Rare Disease Lead at Birmingham Women's and Children's Hospital, is establishing the Rare Disease Centre which will better support the delivery of suitable portfolio studies.</p>	<p>prenatal diagnostic tests for Single Gene Disorders. An accurate and affordable test for the non-invasive prenatal diagnosis (NIPD) of Duchenne and Becker muscular dystrophies (DMD/BMD) was shown to be reliable and feasible for implementation into antenatal clinical practice <i>Prenat Diagn.</i> 2016 Apr; 36(4): 312–332. Likewise NIPD of spinal muscular atrophy (SMA) by relative haplotype dosage was also shown to be affordable and viable for implementation into clinical service as a result of this study, <i>European Journal of Human Genetics</i> (2017) 25, 416–422.</p>
13	Haematology	Increase trainee involvement in supporting recruitment to Haematology studies on the NIHR CRN Portfolio	Number of LCRNs with a named Haematology Trainee	15 (of 15)	<p>The CRN WM CRSL worked closely with the national group to create the trainee job role and criteria for determining success of the position.</p> <p>Local agreement was obtained from the host Trust, University Hospitals Birmingham, with a suitable candidate submitting an expression of interest and being appointed mid-year in October 2016.</p> <p>Support to portfolio studies has been</p>	<p>We appointed a named trainee: Dr Nicolson (Specialty Registrar in Clinical Haematology at UHB and Clinical PhD student at the University of Birmingham).</p> <p>Dr Nicolson is supported by the CRSLs with mentorship arrangements and key working relationships set up locally.</p> <p>He has attended the national SGL meetings to make contact with</p>

					<p>directly provided by the trainee via research clinics; this includes both haematology main specialty studies and malignant haematology studies, helping to create improved cross-support from the suitable workforce while raising the profile of the non-malignant studies.</p> <p>The trainee has also helped to raise the profile of portfolio research among region-wide trainees by presenting at educational meetings, local and national, and by promoting GCP and study-specific training to registrars in the region.</p>	<p>other appointed/nominated national trainees. This has created the Haematology Specialty Trainee Audit and Research (HaemSTAR) network. The trainees have identified a shortlist of portfolio studies suitable for national involvement by the trainees for a coordinated recruitment strategy through 2017/18. A key deliverable for this role will also be involvement with relevant regional audits for future funding applications and development into portfolio studies.</p>
14	Health Services Research	Develop research infrastructure (including staff capacity) in the NHS to support clinical research	Number of LCRNs with a lead for HSDR	15 (of 15)	<p>To meet this year's objective we will continue to have our Health Services and Delivery Research (HSDR) Lead in place.</p> <p>Further to this a CRN: West Midlands HSDR Specialty Group was established in 2015 which is meeting quarterly. It has been identified there is an overlap in the stakeholders that the HSDR and Public Health Specialties need to engage with to support delivery of portfolio studies. Combined HSDR and PH Specialty group meetings have been agreed for 2016/17 with the aim of maximising engagement with stakeholders to support both Specialties.</p>	<p>have continued to have a HSR Lead in place this year. Our HSR Lead is also Head of PPIE which fits the portfolio well. There has been good engagement with the National Specialty group and attendance. We have rotated attendance of different members of the Specialty Group at National meetings and priorities have been fed back locally for implementation. We have implemented joint Public Health and HSR meetings this year which is supporting cross specialty working and stakeholders that as a group we have engaged with.</p>

					<p>The HSDR Specialty group currently has representation from the following specialisms, Nursing, Radiology, Laboratory Medicine, Pharmacy, PPIE and Public Health. As part of the wider West Midlands network engagement strategy progress is being made to engage professionals from or interested in these specialisms to portfolio research. Through the representatives of the group we will continue to look for collaborations and opportunities where studies in these specialisms can be adopted on to the HSDR Portfolio.</p>	<p>raise awareness of this specialty area there has been engagement with the AHSN and CLARCHs which are priority stakeholders that the Nationally HSR specialty group have suggested to engage with. The HSLAC study has boosted recruited to the HSDR portfolio significantly this year and we have shared this recruitment strategy with other Division 5 CRSLs to share best practice.</p>
15	Hepatology	Increase access for patients to Hepatology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into a multi-centre study in all of the major Hepatology disease areas: Viral Hepatitis, NAFLD and alcohol, Autoimmune Liver Diseases including (AIH, PBC and PSC)	15 (of 15)	<p>Although recruitment fell this year compared with last year, CRN WM did recruit into multi-centre studies of all the major Hepatology disease areas. The first joint CRN WM Hepatology and Gastroenterology Specialty Research Event was held in October, and attended by 23 clinicians, including registrar trainees, from Partnership Organisations from across the region.</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 balanced portfolio across network.</p>	<p>Across the West Midlands participants were recruited into multi-centre studies of all the major Hepatology disease areas, including, Viral Hepatitis, Auto-immune liver disease and NAFLD. This year total recruitment was 481 and recruitment by CRN WM was 8.4 per 100,000 population compared with 11.4 in 2015/16. The Specialty recruited across 11 Trusts this year, compared with 9 Trusts last year, and although the number of studies it managed and/or supported reduced from 29 studies in 2015/16 (14 non-</p>

					The CRSL and RDM have engaged with Trusts across the region to explore potential for developing Hepatology research in new sites and growing commercial portfolio.	commercial and 15 commercial) to 28 studies this year (15 non-commercial and 13 commercial). During this year 3 commercial contract studies were opened at 1 NHS Trust, compared with 9 commercial contract studies opened at 1 Trust last year.
16	Infection	Increase access for patients to Infection studies on NIHR CRN Portfolio	Increase the number of Infection commercial studies on the NIHR CRN Portfolio	10% increase	To improve on the regions recruitment to Infection Specialty studies and research activity a decision was made to appoint 3 CRSLs, to support the Infection sub-specialties Sexual Health, Infectious Diseases and Microbiology. Prior to this the CRN WM had been supported by 2 CRSLs who were both research active Consultants in Sexual Health. Recruitment to Infection managed studies has improved this year, mainly due to a single study, Understanding risk and risk reduction for STIs and BBVs. However, even without this study the Specialty's recruitment would still have been higher than last year. In November 2016 CRN WM collaborated with the University of Warwick and held an Antimicrobial Resistance (AMR) Sandpit where experts from a variety of research expertise across disciplines to establish a collaborative working environment to	In the West Midlands 1 commercial study, entering the Portfolio during 2016/17, opened at 2 participating sites. However, 4 other commercial studies, that had entered the Portfolio previously, opened at 2 sites in this region. Last year 7 studies newly entering the Portfolio were opened at 2 sites across the region. This year total recruitment was 1784 and recruitment by CRN WM was 31.2 per 100,000 population compared with 10.1 in 2015/16. The Specialty recruited across 16 Trusts this year, compared with 13 Trusts last year, although the number of studies it managed and/or supported reduced from 33 in 2015/16 (28 non-commercial and 5 commercial) to 29 this year (20 non-commercial and 9 commercial).

					<p>propose innovative solutions to tackle AMR challenges. A PPI Lay Member of the CRN WM The event also spoke at the event giving an insight on AMR though his own experience and stressing the importance of considering the patient's perspective in research proposals.</p> <p>A database matching research active clinicians to suitable studies is being created to increase site selection. In addition, the CRN WM continues to work with Trusts by obtaining detailed information on individual ICUs research interests, infectious disease and microbiology capabilities and other supporting resources available or required for opening studies.</p>	<p>During this year 1 new commercial contract studies was opened at 2 NHS Trusts, compared with 8 commercial contract studies that opened at 2 Trust last year.</p>
17	Injuries and Emergencies	Increase NHS emergency departments' participation in NIHR CRN Portfolio studies	Proportion of acute NHS Trusts recruiting into Injuries and Emergencies studies on the NIHR CRN Portfolio	50%	<p>To improve on the regions recruitment to Injuries and Emergencies Specialty studies and research activity a decision was made to appoint 2 CRSLs, to support the sub-specialties of this clinical area. The Lead CRSL is a Consultant in Trauma and Orthopaedics, whilst the Deputy complements being a Consultant in Emergency Medicine.</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</p>	<p>The number of acute NHS Trusts, with emergency departments, recruiting into Injuries and Emergencies studies on the NIHR CRN Portfolio was 11, or 71%. This compares to 57% of acute Trusts last year.</p> <p>This year total recruitment was 1,056 and recruitment by CRN WM was 18.5 per 100,000 population compared with 21.8 in 2015/16.</p> <p>Across all Specialties this year the Injuries and Emergencies Specialty</p>

					<p>develop balanced portfolio across network. Both CRSLs have worked very hard to engage a number of acute trusts in Emergency medicine portfolio studies. This year 7 new Injuries and Emergencies Specialty managed studies opened in the West Midlands, compared with 4 studies last year. The activity of the CRSLs meant that studies opened at potential new centres by interested consultants within the West Midlands for emerging orthopaedic trauma studies. A Joint Anaesthesia, Perioperative Medicine and Pain Management, Critical Care and Injuries & Emergencies Specialty Group Meeting was held in November 2016, where an Emergency Medicine Consultant at the University Hospital of Coventry and Warwick, presented an overview the wide variety of research at the Trust ranging from qualitative accelerated learning and leadership, to behavioural and ethnographic studies.</p>	<p>supported recruitment across 15 Trusts, compared with 12 Trusts last year, and also increased the number of studies it managed and/or supported from 32 in 2015/16 (30 non-commercial and 2 commercial) to 38 this year (37 non-commercial and 1 commercial). During this year no new commercial contract studies were opened at any NHS Trust, compared with 1 commercial contract studies opened at 1 Trust last year</p>
18	Mental Health	Increase participation in Mental Health studies involving children and young people	Number of LCRNs with Child and Adolescent Mental Health Service (CAMHS) champions	15 (of 15)	CAMHS Lead would be appointed in 2016.	Young Persons Mental Health Lead appointed and started Nov 2016 after development of role outline. First National Children and Young Persons Mental Health Leads meeting 23 Mar 2017. WM input into the facilitation of the workshop and attendance of Lead and RDM.

19	Metabolic and Endocrine Disorders	Increase the number of participants recruited to rare disease studies in Metabolic and Endocrine Disorders on the NIHR CRN Portfolio	Number of participants recruited into studies of rare diseases on the NIHR CRN Portfolio	10% increase nationally	<p>Request reassignment of study CPMS ID 17588 to M&E Specialty. This study uses an efficient search methodology to identify patients with rare diseases from Trust pathology databases. We aim to expand this study to other rare diseases in 16-17.</p> <p>We aim to continue to increase the profile of laboratory research and engage with pathology staff.</p> <p>The CRN will continue to work with Arden European NeuroEndocrine Tumour (NETS) centre at University of Coventry and Warwick NHS Trust. The aim will be to capture both cancer and endocrine studies.</p>	<p>ID 17588 was reassigned to Met&Endo. This study has recruited well and is on target to meet RTT. A new treatment arm is in set-up for Fabry disease and the study continues to attract commercial interest.</p> <p>Owen Driskell (CRN Laboratory Lead) has been visiting local pathology laboratories and holding staff meetings. The CRN recently presented at an Association of Clinical Pathologists national meeting.</p> <p>Martin Weickert is Lead for the Arden NETS centre and CRSL for this specialty. Studies captured include Genetics in Endocrine Tumours (CMPS ID 4663).</p>
20	Musculoskeletal disorders	Increase NHS participation in Musculoskeletal studies on the NIHR CRN Portfolio	Number of sites recruiting into Musculoskeletal studies on the NIHR CRN Portfolio	350	<p>To meet this year's objective of increasing number of sites recruiting to Musculoskeletal studies we will continue to engage with relevant NHS staff and sites.</p> <p>As a region the Rheumatology Portfolio</p>	<p>Three additional Trusts have recruited to Musculoskeletal studies this year compared to last year including UHNM, Walsall Healthcare, Birmingham Women's and Children's.</p> <p>The rheumatology portfolio remains</p>

				<p>is active. Though invitation to Specialty Group meetings we will continue to support the delivery of this portfolio by engaging with Rheumatology interested Clinicians and Healthcare Professionals across the region. Through this forum we will also continue to identify any blockages to delivering the portfolio then look to how these can be unblocked and or escalate issues where required.</p> <p>To support a less active Orthopaedic Portfolio as a region we have brought together R&D and Clinical Staff and AHPs from The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust and The Royal Orthopaedic Hospital NHS Foundation Trust, Birmingham to explore opportunities for collaborative working to increase delivery of Orthopaedic research across the West Midlands. The Orthopaedic Specialty Group with a lead CRSL has a wider network approach for collaboration and its remit is to identify research opportunities that can be adopted on to the portfolio for delivery in the West Midlands. The members of the group will increase awareness of the group and its remit by engaging Orthopaedic Clinicians, R&D staff, Clinical and non-clinical staff across the region.</p> <p>We have a local named Orthopaedic</p>	<p>active in the West Midlands. Recruitment has seen a fall this year but this is comparable to other LCRNs with the West Midlands ranked 2nd highest recruiting LCRN. There has been continued engagement with Rheumatology interested Clinicians and Healthcare Professionals across the region.</p> <p>There has been good attendance at the Orthopaedic forums held this year and opportunities to develop the orthopaedic portfolio continue to be explored. There have been well received external presentations delivered at these forums. There has been engagement with academic units, physiotherapists, consultants, nurses, and R&D staff though this forum as well as one to one guidance to research interested staff from Dr Ed Davis as Orthopaedic Champion and local CRSL.</p>
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					Champion (Prof Edward Davis) in place as part of the National Musculoskeletal Group contact list. We are keen for additional possibilities to identify Orthopaedic pipeline studies that could be then delivered in West Midlands through the National Group.	
2 1	Neurological Disorders	Increase clinical leadership capacity and engagement in each of the main disease areas in the Neurological Disorders (MS; Epilepsy and Infections) Specialty	Number of LCRNs with named local clinical leads in MS; Epilepsy and Infections	15 (of 15)	Subspecialty Leads would be appointed.	All have been appointed against a role outline (Gordon Mazibrada; Manny Bagary & Carl-Christian Moor as Co-Leads; Saiju Jacob). We have also appointed a subspecialty lead in Headache/Migraine (Brendan Davies). All subspecialty Leads have now met twice in 2016/17. Future meetings arranged with ND CRSL.
2 2	Ophthalmology	Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts that provide eye services recruiting into Ophthalmology studies on the NIHR CRN Portfolio	80%	Despite the resignation of the West Midlands Ophthalmology CRSL and fewer acute trusts that provide eye services recruiting into Ophthalmology studies on the NIHR CRN Portfolio, recruitment to Ophthalmology Specialty managed studies actually increased this year, as did the number of studies open to recruitment. Close links with the existing Ophthalmology PI's has continued to be supported by early identification of potential studies, supporting the non-commercial and commercial study EOI process, and through active performance	The number of acute NHS Trusts, that provide eye services, recruiting into Ophthalmology Specialty managed and/or supported studies across all Specialties was 9, or 75%. This compares with 91% last year. For Ophthalmology managed studies alone, the proportion of acute Trusts reduced to 50% compared with 83% last year. However, this year recruitment to Ophthalmology Specialty managed studies increased to 1307 with recruitment by CRN WM rising to 22.9 per 100,000 population

					management of the Ophthalmology Specialty managed studies.	<p>compared with 13.9 in 2015/16. Across all Specialties this year the Ophthalmology Specialty supported recruitment from 9 Trusts, compared with 11 Trusts last year, and the number of studies it managed and/or supported decreased from 32 in 2015/16 (22 non-commercial and 10 commercial) to 28 this year (22 non-commercial and 6 commercial).</p> <p>During this year 4 new commercial contract studies were opened at 2 NHS Trust, compared with 9 commercial contract studies opened at 6 Trusts last year</p>
2 3	Oral and dental health	Increase access for patients and practitioners to Oral and Dental studies on the NIHR CRN Portfolio	Proportion of participants recruited from a primary care setting into Oral and Dental studies on the NIHR CRN Portfolio	30%	<p>We endeavour to meet this year's objective of recruiting patients from primary care.</p> <p>We will continue to engage and increase local collaborative working with the Primary Care specialty to facilitate the delivery of dental studies adopted onto the portfolio that recruit in the primary care setting. Previously, the region has successfully recruited patients from primary care so has the infrastructure to allow for this.</p> <p>There is a pipeline commercial activity that we will be supported by the CRSL.</p> <p>.</p>	<p>A community based oral and dental study namely 'Success' has been adopted onto the portfolio which has allowed the opportunity for closer engagement with General Dental Practitioners. An evening event chaired by Prof. Thomas Dietrich Oral and Dental Clinical Research Specialty Lead for NIHR Clinical Research Network West Midlands was held on 15 Nov. The discussions at the event gave us really useful suggestions to further raise awareness of research in the community setting - plans are already taking place to implement</p>

					<p>these next year.</p> <p>An Oral and Dental commercial Study Oral 5144 has been adopted onto the portfolio. It recruited more than double the UK target and closed to time and target at study level.</p> <p>Continue to work with the Early Engagement team to encourage researchers to broaden recruitment setting and include primary care where applicable.</p> <p>Continue to work with the Information managers to use the implemented LPMS/CPMS systems to track participants recruited from primary care setting.</p> <p>Birmingham Community Healthcare NHS trust (BCHT) operates both the Birmingham Dental Hospital, in partnership with the University of Birmingham School of Dentistry and also a wide range of community dental services across the West Midlands. To support awareness of NIHR support we plan to deliver a joint CRN/BCHT presentation to researchers at Birmingham Dental Hospital.</p>	<p>As a division 5 we continue to work with Early Engagement team and Information Managers to broaden recruitment settings and track patients recruited from Oral and Dental portfolio respectively.</p> <p>To support awareness of NIHR support a joint CRN/BCHT presentation was delivered to researchers at Birmingham Dental Hospital. There is continued close engagement with both BCHT and Birmingham Dental Hospital to support the Oral and Dental portfolio.</p>
24	Primary care	Increase access for patients to NIHR CRN Portfolio studies in a primary care setting	Proportion of NIHR CRN Portfolio studies delivered in primary care settings	15%	We continue to invest in and support the collaboration of Community Pharmacies participating in and supporting the delivery of studies in the Primary care setting.	70 of the 1,037 studies delivered in the WM in 2016/17 were delivered in the Primary Care setting which shows performance lower than the 15% target at 7%. However, Primary Care contributed 10,005

				<p>We are undertaking activity to increase the engagement with those HEIs that would possibly contribute studies to the NIHR portfolio that could be delivered in the Primary Care setting if encouraged and supported to do so. We have a meeting in May to engage with Staffs Uni and plan to use the same approach / agenda to approach other similar HEIs in the area in the near future. We also now participate in the University new business meetings where possible to ensure that studies are attracted to the NIHR portfolio and to primary care in the West Midlands.</p> <p>A strategic project that focuses specifically on scoping and identifying new and existing providers of primary care services with whom we do not currently engage is underway. To date, the group have written an engagement strategy, developed contact data collections forms and are currently developing an engagement pack, which will include materials to support all levels of engagement from initial contact to full service provision (details of RSI scheme etc.)</p> <p>We are actively collaborating with mental health and palliative care to strengthen cross boundary partnerships and identify opportunities where patients who present in primary care can be invited to studies lead by other specialities that may be</p>	<p>recruits towards the overall 57,338 WM recruitment. This equates to 17.4% of the total recruitment even though the number of studies delivered in the Primary care setting is lower than desired. This figure does not include where the activity in Primary Care setting was PIC work. Approximately 19% of the studies that WM Primary Care took part in 16/17 were PICs and this is set to rise in 17/18 to 29% according to the current study forecast.</p>
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					<p>currently compromised by running in alternative setting. For example we are just starting to take part in the Euro Aspire study, which has recently expanded to opening research sites in Primary Care.</p> <p>We have strong links with the National Primary Care Speciality Group through our Primary Care Clinical Research Lead. Examples of this contribution to the national initiatives are the participation in the group that co-ordinate the use of IT by LCRNs and more specifically, his significant contribution to the development of the Research Codes Manual (I&I). The CRL representation on this group includes close liaison from and to the wider WM Primary Care delivery team bringing the views of the National group to WM colleagues, including the CRSLs, GP Champions, nurses, facilitators, our Academic partners (CTUs, RIs) and the GP practices. This strong two way communication supports our work to increase access to patients in the PC setting.</p> <p>Our PC CRL actively facilitates the increase and delivery of CI lead studies in the WM through links with the Academic Centres and support of CI development and grant writing activity.</p>	
25	Public health	Increase the number of Public health studies on	Number of new PH studies entering the CRN (England led)	15	To meet this year's objective of increasing number of new Public Health led studies entering the CRN we aim to	A Public Health article has been published in the CRN West Midlands Newsletter which has

		<p>the NIHR CRN Portfolio</p>	<p>Portfolio</p>	<p>raise the profile of the Public Health Specialty.</p> <ul style="list-style-type: none"> · With Professor Antony Stewart appointed as CRSL we are keen for additional possibilities to identify pipeline studies that could be then delivered in West Midlands through the National Public Health Specialty Group. · Additionally, an announcement of Prof. Stewart's appointment and CRN support available has already been made to West Midlands members of The Faculty of Public Health. Responses back are being and will continue to be followed up accordingly to increase awareness of the Specialty. · A CRN: West Midlands Health Services and Delivery Research Specialty Group was established in 2015. Professor Antony Stewart is a member of this group. It has been identified there is an overlap in the stakeholders that the Specialties need to engage with to support delivery of portfolio studies. Combined HSDR and PH Specialty group meetings have been agreed for 2016/17 with the aim of maximising engagement with stakeholders to support both Specialties. · To identify potential for pipeline studies contact will be established with the following groups initially: <ul style="list-style-type: none"> · PIs in a variety of Care Settings with an interest in Public Health Research · CLARCH 	<p>contributed to raising awareness of the Specialty.</p> <p>Our objective of having a Public Health study adopted on to the portfolio has been met with 4 open studies on the portfolio.</p> <p>Two WM Public Health forums chaired by Prof Tony Stewart Public Health Clinical Research Specialty Lead for NIHR Clinical Research Network West Midlands have been held so far. These have brought together staff from local authorities, academia and NHS partners increasing awareness CRN support.</p> <p>Joint HSR and Public health specialty meetings have continued which has supported sharing of ideas across the specialties and sharing communications from different stakeholders.</p>
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					Research active Academic Units with an interest in Public Health	
26	Renal Disorders	Increase research capacity within the field of commercial renal disorders research	Number of renal units recruiting into commercial contract studies	39	<p>Continue to support all main renal units in being research active. Scope viability of recruitment at more renal satellite units.</p> <p>Build on earlier success in peritoneal dialysis.</p> <p>Look at further opportunities around hospital related AKI.</p>	<p>All WM main renal units have continued to deliver renal studies. Disappointingly the number of centres involved in commercial research has dropped from 5 in 2015-16 to 4 in 2016-17. Despite this commercial recruitment to renal studies has increased by 58%. The network has continued to engage with renal staff to encourage recruitment from satellite units.</p> <p>Simon Davies has been instrumental in the pursuit of research into peritoneal dialysis including the continuance of the PD-CRAFT study (CPMS ID 12482).</p> <p>The aim of running a follow on study to the AKI-related AQUATICK has not been realised but the network wishes to continue to work with local Trusts in this area.</p> <p>The network has invested 0.5PAs in a CRSL for Urology and appointed Dr Anirudda Chakravarti</p>

						<p>to this position in early 2017. The opportunities for urology research were described at a joint renal/urology specialty meeting in March 2017.</p> <p>CRN Renal open specialty meetings have continued aimed at building the research community, sharing best practice and proactively reviewing RTT performance.</p>
27	Reproductive Health and Childbirth	Establish a national network of sites supporting reproductive medicine studies	Number of LCRNs recruiting into reproductive medicine studies on the NIHR CRN Portfolio	15 (of 15)	<p>Consultants in the West Midlands are not only pro-actively engaged in this reproductive medicine sub-specialty, but are also successful in obtaining grant funding and opening portfolio studies; these include antenatal and postnatal maternity, delivery suite, fetal and neonatal medicine, gynaecology and fertility disciplines.</p> <p>To ensure that we have a workforce able to support this range of studies, we have embraced the midwife champion role which is well established within the LCRN, and there is an active community of RH&C research delivery staff. On-going activities include the identification of examples of good practice that positively impact upon delivery of</p>	<p>The CRN WM has evidenced a strong performance in reproductive medicine studies, with over 4,300 recruits in-year and ranking 4th of the 15 LCRNs.</p> <p>We recruited to 39 studies in this sub-specialty, and half of these (20 studies) were West Midlands-led providing 3,802 recruits in our region and 6,907 recruits nationally. Four of our CI-led studies closed in year (ID 14923 RESPITE; ID 15542 IMPROVED; ID 18990 LOTUS.; ID 32512 BaBBLLeS) all achieving HLO2b recruitment to time and target.</p> <p>Five studies have run on delivery</p>

				<p>portfolio studies, and workshop sessions run at the bi-annual regional research midwives forum with focus on feasibility input and HLOs. Identification of three acute Trust that have not recruited to this portfolio, enabled us to support them with strategic funding bids successfully awarded in order to recruit a nurse or midwife to open suitable studies going forward. We also funded a network-wide neonatal nurse to help support the continuing care sites for babies transferred to step-down units closer to home.</p> <p>24/7 recruitment on delivery suite is recognised as an important factor in successful delivery of the midwifery portfolio, and has been addressed by having GCP-trained shift leaders to enable consent 'out-of-hours' and by the delivery of proportionate GCP training at study set-up. Engagement of trainee doctors has also been a focus in order to promote GCP training and research involvement, both on the wards and by engagement with the O&G trainee forum; the WMROG Collaborative (West Midlands Trainee Research Collaborative in Obstetrics and Gynaecology) is well established and provides a good forum</p>	<p>suite in seven West Midlands Trusts; notably we recruited 72 patients from six WM Trusts for ID 14923 RESPITE; 103 patients to ID 19646 Umbilical cord cell model of inflammation and disease; and 1,536 patients to ID 18828 Carbetocin from Birmingham Women's Hospital as the only UK site selected to participate in this international study for which we consented the first global recruit. With the assisted conception studies, we successfully recruited to CPMS ID 14845 HABSelect, recruiting 1,134 patients – exactly the same number as CRN YH, joint second behind South London.</p> <p>CPMS ID 20316 E-Freeze is not proving so easy to recruit to, with only six couples randomised to date at the Birmingham Women's Hospital and the UHCW embryologist declining to participate. The trial compares fresh with frozen thawed embryo transfer for couples undergoing their first round of fertility treatment – the fact that couples only have one NHS funded IVF cycle,</p>
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				<p>promoting involvement in portfolio research and supporting PI master class training.</p> <p>Reproductive Medicine assisted conception NHS services are research-active in the West Midlands, with the leading infertility Units in Birmingham and Coventry recruiting to portfolio studies. We engaged with the national specialty group leadership and hosted a regional meeting to discuss an agreed strategy for the IVF studies portfolio, with the aim that the three studies would not be jeopardised and not compete for patients at each site in order for the national portfolio to be successfully delivered.</p> <p>The Tommy's charity opened the UK's first national early miscarriage centre on 1 April 2016, comprising a partnership of three universities two of which are in the West Midlands: The University of Birmingham, University of Warwick, and Imperial College London. The CRN has actively aligned with the early miscarriage centre to ensure that portfolio studies to identify the best ways to support women who have experienced miscarriage are supported. This will build on the expertise in the region, and</p>	<p>contrary to the practice in Scotland where the CI is based, appears to be having a bigger impact on consent to study than anticipated. CPMS ID 30491 Endometrial Scratch Trial will no longer open in Coventry, the intervention now being offered in routine clinical service, but has opened for recruitment at Birmingham Women's and Children's Hospital. WM-led CPMS ID 30681 The role of human sperm in healthy live birth, has also opened to expand this portfolio recruiting in the assisted conception units (ACUs). To support such studies, we have ensured that ACUs in the West Midlands have the infrastructure i.e. a designated research nurse and the practice whereby the PI or research nurse contacts the patient to provide some information on the research studies available prior to attendance at the ACU. We also proactively engage with the reproductive medicine network formed at the beginning of the year to learn from and share best practice.</p>
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				support increased research activity and portfolio study delivery.	<p>The following studies are being delivered under the Tommy's infrastructure, with 2016/17 recruitment as shown:</p> <ul style="list-style-type: none"> · ID 18314 PRISM, 341 recruits with 20.0% of total study recruitment from CRN WM · ID 19485 ALIFE2, 32 recruits with 52.1% of total study recruitment from CRN WM · ID 31796 SIMPLANT, 26 recruits all at University Hospitals Coventry and Warwickshire · ID 32263 Tommy's Birmingham - Miscarriage Research Project, 45 recruits at Birmingham Women's and Children's Hospital · ID 30681 The role of human sperm in health live birth, 24 recruits at Birmingham Women's and Children's Hospital · ID 33415 MifeMiso is in setup to open at 30+ sites with study target of 710 patients with missed miscarriage. <p>Overall, the RH&C specialty was highly successful, providing 20.8% of the ABF units in CRN WM (Oct'15-Sep'16) from this single specialty, well ahead of Primary</p>
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						Care and Cancer at 12.4% and 11.0% respectively. This is a good reflection of the complex interventional and high recruiting studies being successfully delivered in our region.
28	Respiratory Disorders	Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting participants into NIHR CRN Portfolio studies in two of the main respiratory disease areas: asthma; COPD; bronchiecstasis; rare diseases	15 (of 15)	<p>Across the CRN West Midlands region there are 6 acute Trusts and primary care recruited into respiratory disorders main disease areas of COPD, whilst 12 acute Trusts and primary care recruited into Asthma studies.</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 balanced portfolio across network. One of the CRSL has taken on the role of Industry Lead and supports the EOI process and performance management of commercial contract studies. The CRSLs have worked hard to engage a number of acute trusts and this year the number of acute Trusts participating in Respiratory research, both in commercial contract and non-commercial studies, increased compared with the previous year.</p> <p>In line with the NIHR Developing the Reward and Recognition Policy, CRN WM awarded a Clinical Fellowship to a</p>	<p>Across CRN WM the Respiratory Diseases Specialty consistently recruited to Asthma and COPD studies in all quarters during 2016/17.</p> <p>This year total recruitment the Respiratory Diseases Specialty managed studies increased to 1,342 with recruitment by CRN WM rising to 23.5 per 100,000 population compared with 21.7 in 2015/16.</p> <p>Across all Specialties this year the Respiratory Specialty supported recruitment from 18 Trusts, compared with 21 Trusts last year, and the number of studies it managed and/or supported decreased from 59 in 2015/16 (42 non-commercial and 17 commercial) to 51 this year (40 non-commercial and 11 commercial).</p> <p>During this year 7 new commercial contract studies were opened at 3</p>

					<p>clinician who supported recruitment for NIHR Portfolio studies, including 18944 BronchUK Study.</p>	<p>NHS Trusts, compared with 5 commercial contract studies opened at 7 Trusts last year</p>
29	Stroke	<p>Across all LCRNs, average RCT recruitment should be at least 6% of SSNAP-recorded hospital admissions, balanced across the hyperacute, acute, rehabilitation and prevention stroke care pathway, each domain contributing at least 1%.</p>	<p>% of SSNAP-recorded admissions recruited into RCTs across the entire stroke pathway (hyperacute, acute, prevention, rehabilitation) on the NIHR CRN Portfolio.</p>	<p>6% (1% per domain) calculated at national level</p>	<p>Build on success of University Hospital of North Midlands HSRC by supporting application for a second HSRC at University Hospital Birmingham.</p> <p>HTA funded MAPS2 trial to start recruitment.</p> <p>Continue to support a broad portfolio of studies covering all Stroke sub-specialties.</p> <p>Secure new leadership and growth in Stroke research in the south of the WM region</p>	<p>Application by UHB to become an HSRC has led to the confirmation of HSRC status following a successful pilot phase.</p> <p>The MAPS-2 (CPMS ID 33770) trial has taken longer to set up than planned due to complexity in manufacture of IMP and issues with ETCs. Recruitment will now begin in 2017-18.</p> <p>Recruitment has been achieved into hyperacute/acute, prevention and rehab sub-specialties giving the local population a greater opportunity to be involved in stroke research.</p> <p>CRN Stroke open specialty meetings have continued aimed at building the research community, sharing best practice and proactively reviewing RTT performance. CRSLs have encouraged newly appointed stroke physicians in the central/south of the region to attend specialty</p>

						<p>meetings (from UHCW and HoE Trusts). Specialty meetings have been enhanced with high profile guest speakers and educational elements to better attract medical staff. A stroke specialty evening meeting in Jan17 was attended by 45 clinicians and nurses where Professor Rustam Salman from University of Edinburgh presented his latest research.</p> <p>The RIGHT-2 (CPMS ID 18362) ambulance study has opened with CRN support and strong engagement between WM Ambulance Service and local Trusts.</p>
30	Surgery	Increase patient access to Surgery research studies across the breadth of the surgical subspecialties	Number of LCRNs recruiting into at least 11 of the following 15 subspecialties: breast, cardiac, colorectal, endocrine, general, head & neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology, vascular	15 (of 15)	<p>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 balanced portfolio across network.</p> <p>The CRSLs and RDM have engaged with Trusts across the region to explore potential for developing Surgical research in new sites. In addition, the surgical registrar trainees from the West Midlands Research Collaborative have attended a number of CRN WM Specialty meetings this year to encourage their</p>	<p>CRN WM recruited into 14 of the 15 Surgery Specialty's sub-Specialties.</p> <p>This year total recruitment was 787 and recruitment by CRN WM was 13.8per 100,000 population compared with 13.5 in 2015/16.</p> <p>Across all Specialties this year the Surgery Specialty supported recruitment from 18 Trusts and primary care, which is the same as last year, but increased the number of studies it managed and/or supported from 54 in 2015/16 (48</p>

					<p>peers from other clinical specialties set up their own research networks.</p> <p>In line with the NIHR Developing the Reward and Recognition Policy, CRN WM awarded a Clinical Fellowship to a clinician who supported recruitment for NIHR Portfolio studies:</p> <p>12351 WHiTE Study 20668 WHiTE Four 19870 ATM 17719 UK FROST 20416 WHIST 17850 PATH2 19853 AIR 19845 KFORT 30712 STABILITY 18159 INFORM</p>	<p>non-commercial and 6 commercial) to 62 this year (56 non-commercial and 5 commercial).</p> <p>During this year no new commercial contract studies were opened at any NHS Trust, compared with 1 commercial contract studies opened at 1 Trust last year.</p>
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4.2. Please provide a brief summary of overall performance against the Clinical Research Specialty Objectives. Commentary should focus on key achievements, impacts and key challenges and how the challenges have been mitigated/progress against mitigation activities.

The WM has appointed to subspecialty roles relatively easily, despite these being unpaid roles.

<p>Supportive and Palliative Care Specialty: LCRN actions to achieve objectives</p> <ul style="list-style-type: none"> Through a collaborative approach Division 1 and 5 will continue to meet together to support the Supportive and Palliative Care portfolio. The Specialty group will continue to meet every two months over the coming year. Over the past year performance and current study reports has been developed to allow for a more focused approach to reviewing performance 	<p>Performance against plan</p> <ul style="list-style-type: none"> A community of Influence has developed Research is now being delivered into Hospices and infrastructure support. There have been collaborative meetings with Hospice UK. A second away day has been held which included paediatric and Primary Care representatives.
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<p>and identifying studies. Performance and identification of pipeline studies will continue to be reviewed through the Specialty Group.</p> <ul style="list-style-type: none"> - The group will engage and build upon links that have been made through Palliative and Supportive Care showcase events held and facilitated this year. - To increase visibility of the group a Palliative and Supportive Care Network strategy has been developed. This is to be shared with Partner Organisations through the Communications Lead for the Network. <ul style="list-style-type: none"> - Attendance on the Supportive and Palliative Care UK Webinar to understand national objectives in collaboration with Hospice UK 	<ul style="list-style-type: none"> - Hospices have hosted GCP training. - Regional SIV for PiPs study with 11 sites in attendance. - A relative video talking about late husband's involvement in research produced. - St Richards Hospice report following CRN funding. - DRAFT Research Governance flow diagram for putting supportive and palliative care studies through HRA via Primary Care. - Portfolio maps being evolved for S&P. - Hospice/Care Home's mapping being devised. - Working group for EDGE. - HARP study results Hospices Advancing Research Priorities - research areas identified via hospices and research questions /priorities ranked. Research project identified on Cutting Admissions to Hospitals. Funding requested to drive this potential portfolio study forward via CRN WM. - West Midland Cares - West Midlands Collaborative Actioning Research in End-of-Life and Supportive Care run by registrars ,clinical and CRN WM rep supporting development of future PI's. This collaborative was conceived , formed and launched in 2016. Three projects already up and running, with each projects' pilot studies or literature searches accepted for poster presentations at the 4th West Midlands Annual Supportive and Palliative Care conference. - The Alcohol study has been set up in two hospital sites and a hospice setting, with good recruitment in the hospice setting.
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4.3. Please highlight any Specialties that have been the particular focus of investment locally in 2016/17 and comment on the return on this investment.

- All cancer SSL's invited to the NCRl conference and subsequently local educational events delivered to support speciality.
- The Industry Manager conducted an EOI Audit in Q3 of 16/17; the aims of which were to improve the quality and consistency of WM EOI submissions, an outcome of this was the generation of template EOI with improved guidance for PO's. Portfolio Managers were provided with additional training

and education on the importance of quality submissions. This was presented to the R&D Managers forum and we have seen an increase in the quality of submissions and CRN WM is currently at a 21% for successful site selections.

- Engagement with local pharmaceutical and biotechnology companies in collaboration with the AHSN, through networking events, West Midlands CRN promotional brochures to explain and promote our services. A scoping exercise performed to ascertain our local research active partners and meetings held to further discuss. Discussed in Section 3.1 HLO Performance under Objective 6 and building a commercial portfolio
- Increase genetics trainee involvement in NIHR portfolio recruitment and support research training.
- To increase 24/7 research activity through delivery suite midwife champions and O&G trainees. Since implementing 24/7 cover and research champions onto delivery suite this has embedded a culture of research at the Birmingham Women's and Children's NHS Foundation Trust. Clinical midwives are more able and confident to introduce studies to patients, consent and complete duties delegated to them. Having a champion on shift has supported this, as they have had a more experienced and knowledgeable person to call on for support. Midwives are beginning to see research as part of the daily job they do, and not an addition. This being complimented by dedicated research midwives who deliver targeted training has significantly improved the number of studies and deliverability of studies on delivery suite at the Birmingham Women's and Children's NHS Foundation Trust.
- RAIDPlus is an NHS England test bed for working between the ambulance service, police and mental health urgent care. This is an opportunity for us to explore how this new development can provide research opportunities for service users. This is being led by Professor George Tadros. Have held meeting with Prof. Tadros and they now have funded resource via AHSN/Trust to develop the implementation of RAIDPlus as a care model into portfolio research. There are discussions to be had about accessing data systems to recruit research participants to other studies but queries have been raised about who owns the data. To be followed up in 2017/18.
- The JDR steering group has decided to take a structured approach to JDR focusing on a few key areas. Currently the focus has been on ensuring the Memory Assessment Service teams embed promoting JDR. We are not part of the national pilot to review working with the helpline staff roll out their smaller pilot. However, we have worked with services to ensure their staff understands JDR and we have a link person per team. We have focussed on Primary Care and pharmacies and select partner charities such as Age UK, Alzheimer's UK and Alzheimer's Research so their staff understand JDR and know how to promote it clearly. We have had a JDR Champion step down and so plan to recruit further members of the public to help promote JDR in the community. Sign up of volunteers has increased and we have a higher percentage of volunteers who have a diagnosis of dementia or are carers of people with dementia, therefore are potential research participants.
- We continue to invest in and support the collaboration of Community Pharmacies participating in and supporting the delivery of studies in the Primary care setting. We currently have 3 slightly different models running, including working with pharmacy chains, independents and pharmacies that are located in the GP practice. We are also considering how we might collaborate with GPs that employ a pharmacist.
- Continued to engage community pharmacies with PIC activity to support recruitment into the NIHR portfolio studies. Extended the geographical coverage of community pharmacies engaged with the CRN by engaging a small number of community pharmacies in the south of the region.

- Extend the use of 'pop ups' to identify and screen patients across the CRN, and roll out the EMIS Enterprise initiative, which enables appropriate permissions in place, efficient remote access to GP computer systems for patient identification and data collection. We have further developed the Health Informatics Working Group that existed in the North locality and are extending the reach of this group to the South and Central localities. We have identified a lead to have oversight of this group in order to streamline and standardise the existing service and to further develop this with common approaches and processes to ensure that our WM wide progress is well managed. We have also initiated a specific project to scope how all three localities use remote access to GP systems to identify patients and collect data.
- Supporting Trainee Research Networks is linked to improving engagement through Network Speciality Research Events and, by CRN: WM encouraging and promoting trainee participation, research-active trainees can provide and share up to date, practical information.

Section 5. LCRN Development and Improvement Objectives 2016/17

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

- An I&I project has used social media to see if it improves recruitment for two complex studies. One is an online toolkit for family members of people with psychosis or bipolar disorder. Typically these studies are difficult to recruit to and Partner Organisations spend a lot of time promoting the study in services with few recruits. The other study is one led by the WM and recruits women with early bleeding in pregnancy. These are difficult cohorts of people to access and at the right time so we believe social media is helping us access people who wouldn't otherwise hear about opportunities to take part in research. For one study social media has increased recruitment. The other has not.
- Promotion of JDR across the region and increase of number of studies open on JDR for the WM population to access. This has increased from 15 studies in 2015/16 to 33 in 2016/17.
- The WM have 100 care homes signed up to being involved in research. Although we don't have portfolio studies for all homes, their interest is maintained by facilitating access to surveys and questionnaires as well as the research priority theme setting exercise. We have now set up an infectious diseases study in care homes and review all studies for recruitment in care homes, not just dementia studies.
- Engagement with MAC Plc so WM population (via PICs) can access opportunities to participate in research that otherwise they would not be able to (no recruiting sites in WM).
- Opened specialty portfolio research not previously undertaken at specific Partner Organisations
- Updated more user friendly portfolio maps enables clinicians and research departments the ability to see all studies conducted in CRN WM, in order to refer patients and offer participation into clinical trials more easily.
- The CRN WM Young Person's' Steering Group (YPSG) – meet every 4 – 6 weeks and demonstrate how children and young people can have an active and meaningful role in the research cycle. They share good practice with regards as to how children and young people can be involved in shaping their own healthcare. The young people are also Patient Research Ambassadors and can help ensure that people receiving local NHS care have the best opportunities and choices about taking part in research studies. E.g. Children and young people receiving palliative care.
- The PPIE team have started to work more closely with the ENRICH team and members of the Ageing Speciality Group to explore and develop PPIE with the elderly residents of Care / Nursing Homes/ Retirement villages.

- This financial year has seen the introduction and deployment of the Portfolio Maps; a visual representation of the vast array of local and national studies available for participation. Being a bottom-up driven change initiative originated from the Portfolio Managers team as part of the Continuous Improvement scheme, the Maps have been deployed around the region to great accolade. Viewing their usage statistics, we have seen their use increase and the site has been viewed by other LCRN's whom are keen to install a similar version into their own networks. Overall, the maps help to:
 - Portfolio Manage studies on a local level
 - Link to 3 different systems to enable lean time management
 - Provide data such as national targets and recruitment, start and closing dates, to quickly make decisions on studies at a glance
 - Balance the portfolio by searching for new studies quickly and easily

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

Study Support Service

- Study Support Service Staff 'Refresher' Training - The Study Support Service team will be providing refresher training to PO and Network staff covering the RM&G proportionate and pragmatic training which was first released over four years ago.
- Getting Academic Sponsors/ Clinical Trials Units (CTU) ready for Assessing and Arranging Capacity (AAC)
- HRA - Getting Hospices, Care Homes and other Community providers delivering research
- Raising Awareness of the Study Support Service has been a key activity and is likely to be an on-going activity for some time as the new Study Support Services are rolled out and become embedded in current practice. Therefore, it is important that the services that the Study Support Service team provide are clear to stakeholders, PO's and researchers. This will be done through a number of methods e.g. events, training, meetings, newsletters, and liaising with key stakeholders such as CTUs and RDS.
- A standing item on the Study Support Service has been introduced at the Research Operational Group (ROG) meeting attended by POs. All developments within the Study Support Service nationally are discussed and updates on what the Early Contact team are doing locally are provided. A Study Support Service report is produced monthly which covers all service offerings and is included as an enclosure for this meeting. Key points from this report are highlighted and discussed during the meeting.
- The Early Contact service is covered at all training provided by the Study Support Service team to ensure that researchers and research staff know what support is available and who to contact to obtain advice and support.
- The Early Contact team attended 28 meetings and events to raise awareness of the Early Contact service (through presentations, having a stand, distributing local/ national material, and networking) and as a result of this many leads (researchers) have been identified requesting further support. In addition to this, invitations to further events have continued creating a snowball effect. This has stood the team in good stead for 2017/18 with 15 meetings/ events already identified for the first quarter of the year.

- A continuous improvement project (I&I) focussing on academic sponsors and CTUs was also set-up and started but capacity issues within the team meant that progress on this has been slower than anticipated. This will be completed for 2017/18.
- The Study Support Service team identified various showcase events during 2016/17 where they can demonstrate CRN: WM CI Led studies that has been successfully supported by the Study Support Service across the Research Delivery Pathway to demonstrate the added value of the service and the how it has supported the Network in delivering time to target.
- The Early Contact team have developed a standard slide set on the Early Contact service and the added value of engaging with the Network. The slide set was further developed to include specific case studies to be used at all Specialty meetings when presenting on the service. This was discussed at the March 2017 Early Contact meeting to encourage all Early Contact Leads to tailor the presentation according to the specialty. This ensures that researchers attending Specialty meetings can get a better understanding of how the Early Contact service will support their research. The ECER service is regularly evaluated to ensure that the team provides the best service possible, some of the positive feedback includes:

“Thank you for your valuable input. I have reworked [ETC application] as suggested and I think it is much improved” Medicines Management Research Lead, PO, March 2017

“Thank you for this most admirable analysis and guidance. I am most grateful to you. I will be modifying our documents accordingly...” Professor, PO, November 2016

“There really does need to be some re-education within the Trust about timelines for grant costing requests! We would have sunk without you!” Head of Research and Innovation, PO, October 2016

“I just wanted to thank you and tell you how grateful we are for the meeting and how informative it was. You have helped us a great deal in our role and given us more information than anyone has over the past few months”, Trial Coordinator, University, July 2016.

- The ECER undertook an internal CIP (I&I) Streamlining Review between CRN West Midlands and PO's and the outcome of this meeting is that all SSS processes had added value.
- Via the showcase events and by other means the Network has promoted the AcoRD/ Cost Attribution service and training. Cost attribution training that was developed locally by CRN West Midlands was approved by the DH after being taken forward by the NIHR CRN AcoRD Working Group. This was rolled out nationally via the NIHR CRN AcoRD Specialists Community Group for all Networks to use in December 2016 and is available on the Study Support Service hub site. Only minimal changes were made to the original slide set and West Midlands has been acknowledged for the development of the training which also has CPD Certification. Over 200 CRN and non-CRN staff have attended the training locally. In total 8 sessions have been delivered across the region during 16/17. The feedback to date has been positive with 100% of all those attending the training stating they

would recommend it to others. One of the Early Contact Leads (AcoRD Specialists) has been given the role of national moderator (one of three in the country) for the AcoRD Google Community Group. This is recognition of the input provided in this group and follows the development of the national cost attribution training. The AcoRD Moderator will take shared responsibility for responding to complex attribution queries and stimulating discussion on the group to support an understanding of the DH AcoRD Guidance.

- The Early Contact and Engagement team ensure that the appropriate CRSL is copied into key ECER communications between the ECER Lead, CI and research team and other participating PO's as part of the 'explanatory email' process . This ensures that CRSLs are notified about studies in advance and have the option to contact the local CI or PI's to provide advice and support to ensure our local Lead studies are a success.
- The Study Support Service team are currently trialling EDGE for ECER studies to ensure that reports can be pulled off listing the required attributes for RDMs and other stakeholders prior to key meetings, reporting and good news studies regarding delivery within Network newsletters.
- Currently the HRA Approval and assess, arrange and capability processes and Study Support Services are still being embedded (CRN: WM had already provided feasibility training to their R&D Departments) but Study Support Service Team wishes to identify a HRA 'exemplar' study where CRN WM and PO's will work together to re-evaluate these new processes and try to identify any possibilities of a leaner process to improve communications with setting up and delivering portfolio studies. This is where the CRN WM is providing practical support to PO's to make clinical research happen and that it is delivered to time to target. Although an exemplar study has been a challenge to identify due to the complexities and fruition of the new HRA approvals process CRN WM have transformed this concept into a training session for PO's which serves as a platform for sharing good practice across the region. The session was originally called "HRA Master class for PO's" and was later renamed to the "Effective AAC for PO's". The sessions have proven popular and due to high demand will continue into 17/18. The session encourages leaner ways of conducting AAC, sharing good practice locally and emphasises the need for sponsor engagement from the outset in order for studies to be delivered to time and target.
- All Google AcoRD Community Group queries are discussed with the Early Contact Leads (also AcoRD Specialists) at monthly Early Contact meetings to ensure the team understands the queries and what the correct attribution is. Further training is planned for May/ June 2017/18 targeted at new Early Contact Leads, and the development of advanced cost attribution training has also been discussed at the February 2017 Early Contact meeting.
- The Study Support Service team continue to work closely with Academic sponsors and CTU staff to ensure they understand the focus of the new UK policy framework on Health and Social Care and the HRA's expectation of sponsors communicating study information to research teams. Since the Network provides a Performance Management role we are keen to ensure communication regarding studies is clear, effective and timely which will support NIHR objectives. To support these aims, we held a number of meetings between the LCRN, HRA and Sponsor representatives throughout 2016/17 until the new HRA processes have been confidently understood and embedded.
- During Q1 16/17 EDGE Study Support Service working group developed a comprehensive user guide in how the PO's were to work with EDGE especially around the study start up data points. The membership of this group comprised of Network and PO from several different organisations.

During the year as further national and local information was released or agreed the guide was updated, currently the SOP is at Version 1.8 and been presented at several of the ROG meetings.

- The SSS team has successfully delivered 4 sessions on “Making IRAS work for your study amendments” to 39 participants in total. With positive feedback and ever increasing demand the Network have another 6 sessions scheduled for 17/18.

Section 6. Operating Framework Compliance Indicators

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

Table 6.1: Compliance with Operating Framework Indicators 2016/17

Operating Framework Compliance Indicators	
1A	<p>Domain: LCRN Management Arrangements Objective: LCRN leadership and management teams are in place as approved by CRNCC</p>
Please describe your management arrangements in 2016/17 and comment on the effectiveness of these:	<p>The network continues to be lead Dr Jonathan Odum, Medical Director for the Host and Nominated Executive Director, and Professor Jeremy Kirk who is an experienced Clinical Director. In November 2016 Kate Salmon went on secondment to take up a position in an acute Trust. Pauline Boyle (Division1 RDM) was appointed as acting COO to cover Kate during her secondment. The Host has also appointed a non-executive director responsible for the network, who works with the executive director to ensure effective and supportive hosting arrangements and robust governance arrangements are in place. The networks professional nursing lead is also supported by the Host Director of Nursing.</p>
1B	<p>Domain: LCRN Management Arrangements Objective: LCRN leadership and management groups (LCRN Partnership Group, LCRN Executive Group, Clinical Research Leadership Group and Operational Management Group) are fully operational</p>
Please comment on the effectiveness of operation of each of the Groups, highlighting any issues encountered in their operation:	<p>The Partnership Group is well attended and decisions are debated rigorously. The Executive Group is well represented by the CEO, Nominated Director, Finance Director, CD and COO where Divisions are formally invited to give updates upon performance. Joint effective meetings are held between the CRLs and the Senior Leadership Team.</p>
2A	<p>Domain: Research Delivery Objective: LCRN Partner organisations adhere to specific national systems, and Standard Operating Procedures and LCRN guidance in respect of research delivery</p>
Please comment on progress and achievements against this objective focussing on delivery of the CRN Study Support Service according to national SOPs and guidance for both commercial and non-	<p>The SSS Team have reviewed, supported and implemented the Study Support Service SOPs throughout 16/17 and have taken a very active role in the national groups. During 16/17 the SSS Team completed:</p>

commercial studies:	<p>76 Studies supported through ECER 38 ESSU plans completed 34 Industry Costing Template Validations 51 NSDAs completed 31 Performance monitoring Facilitated 182 Staff completed SSS learning module 100% Positive feedback on ECER service</p> <p>The industry team and portfolio managers adhere to the Performance Monitoring SOP.</p>
Please comment on use of CPMS/LPMS data to support operational delivery processes:	<p>The use of CPMS and LPMS is crucial to support portfolio and performance management within the CRN. Data from CPMS allowed for the production of study trackers which highlighted any new study adopted onto the Portfolio. Local Portfolio Managers were then able to make enquiries with the study team to confirm if they were looking for additional sites. Data from CPMS and EDGE has been used in producing HLO performance monitoring reports that are shared with R&D Managers, CRSLs, RDMs and Portfolio Managers. To support this, regular data completion/consistency reports have been sent to Partner Organisations highlighting any missing data and inconsistencies.</p> <p>Primary Care are currently working with EDGE to enable full participation in contributing to the LPMS / CPMS to support delivery processes. We have recently added all primary Care sites to EDGE and transferred data. Challenges regarding the uploading of recruitment data for Primary Care sites remain, however we are working with EDGE and the other CRNs to resolve these.</p>
Please highlight any aspects of the implementation of the national systems and standard operating procedures where you feel further support is required:	<p>An area that the SSS Team still find challenging is the new combined ESSU and NSDA plans. Also, the SSS Team would feel further support is required for LCRNS with ECER and Attribution Review SOP's as this is still not a mandatory process and has huge potential to engage with researchers and make a positive difference if it was seen an essential service.</p> <p>The data points in HRA assurance process for Primary Care remain challenging due to the geography and the number of sites involved. In Primary Care we may need to liaise with the R&D Office for potentially 913 GP practices.</p> <p>The study performance monitoring process would benefit from support to encourage study teams to complete the data set more fully. This in-turn triggers the study support team to be able to edit the file for the study.</p>

	Improved information around data points and how the HLOs are monitored would allow us to ensure that local performance monitoring matches that carried out by the CRN CC, especially in relation to HLOs4 and 5.
2B	<p>Domain: Research Delivery</p> <p>Objective: Support to NHS organisations for activities relating to assessment, arrangement and confirmation of local capacity and capability, or if applicable, timely processing of study wide and local reviews within the CSP process</p>
<p>Please comment on progress and achievements against this objective focussing on provision of support for LCRN Host and Partner organisations to apply the principles outlined by the CRNCC for assessing, arrangement and confirmation of local capacity and capability for studies submitting for HRA Approval or delivery of support for study-wide and local governance review in accordance with the CSP Operating Manual where applicable to the study, which includes the collection and recording of the associated NIHR minimum data points for site set-up:</p>	<p>A tailored training session called the “HRA Master class for PO’s” was delivered throughout 2016/17; this acted as a platform for R&D staff to share good practice on the Assessment, Arrangement and Confirmation process for HRA studies. The sessions were well attended by all PO’s (not just R&D but clinical staff as well) and received positive feedback. Plus every 2 months HRA, AAC and supporting intelligent feasibility was discussed at ROG. Due to the continual demand, the training sessions will continue into 2017/18. During 16/17 Q4 PO’s were asked to complete a poll on barriers to the timely completion of the AAC processes and the majority of responses to delays were Sponsor oversight, project management and not understanding the timescales. The Network already had an idea this was the issue so hosted several events between our local Academic Sponsor organisations, CTU staff, PO’s and the HRA Change Manager Lead. The SSS Team will continue to improve the level of engagement with the most research active local Universities in Q1 2017/18. It is hoped with this engagement our PO’s will see a positive change with their interaction with our local Academic Sponsors. The indirect outcome from this engagement is that the ECER Team will also see an increase in the number of studies being supported at pre-grant stage as opposed to at post grant/PAF stage.</p>
2C	<p>Domain: Research Delivery</p> <p>Objective: Support the delivery of the Government Research Priority of Dementia</p>
<p>Please insert commentary on performance and achievements against this objective not already covered in Table 3.1:</p>	<p>The West Midlands target has been surpassed. The region had a target of 1300 and has achieved 1369.</p> <p>Through the year WM was on track with achieving the national specialty objective of recruiting 6% of DeNDRoN recruits via JDR. Figures produced at the beginning of April showed we had surpassed this (10%). Final year figures still to be received from the coordinating centre JDR Team.</p> <p>In providing strategic funding to POs, dementia was a priority.</p> <p>Partnership being developed (with knowledge of West Of England CRN) to offer research opportunities to areas of Herefordshire that don’t usually get to access research due to resource and geographical limitations for 2Gether Trust.</p> <p>In 2016/17 we had 9 WM Trusts setting up/recruiting to dementia commercial studies.</p>

		All other comments provided in Table 3.1
3A	<p>Domain: Stakeholder engagement and communications</p> <p>Objective: Promote research opportunities in line with the NHS Constitution for England, including informing patients about research conducted within the LCRN and improving patient experience of research through actively involving and engaging patients, carers and the public in research delivery</p>	
	LCRN to insert commentary on performance and achievements against this objective in 2016/17:	<p>The Network continues to develop and support its lay representatives, Join Dementia Research (JDR) Champions and members of the Young Person's' Steering Group (YPSG), all of whom have a vital role in informing patients about research and being actively involved in research delivery. In addition to this, the Network also supports the development of Patient Research Ambassador (PRA) roles within the partner organisations. There are currently six CRN WM lay representatives (three of these are lay members on the Partnership Group), three JDR champions and 19 members of the YPSG. There are 12 Trusts with PRA roles and a total of 55 PRAs (all 19 members of the YPSG are PRAs and two of the lay representatives are also PRAs within partner organisations). All of these have access to NIHR CRN information and learning and development resources e.g. Building Research Partnerships training via CRN WM Research Training Collaborative.</p> <p>Further information about the activities undertaken by these individuals and groups to support the Network and our partner organisations in promoting research opportunities can be found in Appendix 2.</p>
3B	<p>Domain: Stakeholder engagement and communications</p> <p>Objective: LCRN communications function and delivery plans in place, and budget line identified</p>	
	LCRN to insert commentary on performance and achievements in 2016/17 against this objective including a figure for total non-staff expenditure on communications:	<p>The Communications function is embedded within Business Delivery Services and has been a priority area for 16/17. There is a dedicated budget line which amounted to £8,300; costs were kept lower due to using existing skills within the Network. A strategic project was launched (see Section 8 for achievements) with the following delivery plan:</p> <ul style="list-style-type: none"> ● Raise awareness of CRN WM and its vision and values, leadership and plans for development with internal and external audiences through improved communications, road shows and meetings with senior/middle management ● Utilise evidence to promote the benefits of research and the outputs of incorporating research into practice to improve healthcare delivery - from TrustBoard to patients ● Map and acknowledge the contributions of all those involved in research within partner organisations ● Promote the services and achievements of the Network and define and market the unique

	<ul style="list-style-type: none"> opportunities that would attract researchers and studies to the West Midlands • Ensure that all existing local mechanisms for engagement and involvement are optimised to avoid duplication • Further improve staff engagement using two-way communication channels, supporting personal development, enabling involvement and promoting / recognising innovation and achievements • 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 and community events • Develop excellent working relationships with the local, regional, national and specialist media • Promote and develop an external facing website which meets the needs of patients and stakeholders and explore the opportunities that social media and digital technology bring • Promote research to all staff in NHS organisations through induction plans and educational opportunities
3C	<p>Domain: Stakeholder engagement and communications</p> <p>Objective: LCRN contribution evident in national NIHR/NIHR CRN campaigns</p>
<p>LCRN to insert commentary on their performance and achievements in 2016/17 including patient and staff stories collated and media coverage achieved:</p>	<p>The Our Stories campaign was supported with a press release sent to all local and broadcast media in the region, highlighting the Network’s success in recruitment (more than half a million recruited to Portfolio studies in the last 10 years and the top LCRN for recruitment in 2015/16). All five BBC Radio stations in the region covered this on 22 August, featuring interviews with the Network’s Chief Operating Officer, and patients from Trusts in their broadcast area, who had been identified by the LCRN, working with Trusts. BBC Midlands Today (regional TV) also picked it up, as did the Mark Forrest Show on BBC Radio, which is broadcast on all 39 BBC Local Radio stations nationally, and carried an interview with Dr Jonathan Sheffield.</p> <p>A number of patient story postcards and pull-up banners were created, based on patient experiences, which were also written up for the LCRN website.</p> <p>Support for the 2016/17 OK To Ask/International Clinical Trials Day campaign included liaison with Partner Organisations to ensure they had access to materials, provision of quotes for local press releases, and attendance at events. Patient stories were identified for use by the CRNCC in the radio relations campaign. The campaign was also supported on social media by posting of photos of activity on Twitter & Facebook. Details of region-wide Trust activity were fed back to the CRNCC.</p>

	<p>Join Dementia Research was supported on social media and with stands at a number of events throughout the year. Contacts were made with local dementia groups, and they were supplied with JDR materials and offered speakers.</p> <p>League Tables - a press release was issued to local media on publication of the League Tables in October, highlighting those showing improvements and the tables were circulated to Trusts. Birmingham & Solihull Mental Health NHS Foundation Trust was best in its category for volume of commercial studies – a press release was sent out to local print and broadcast media with the Trust's input.</p> <p>Health Service Journal Awards - Partner Organisations were contacted to encourage them to enter the Awards. They were supplied with statistics and assisted with reviewing of entries where required. One West Midlands submission was shortlisted in the Clinical Research Impact Award category. A quote from LCRN Clinical Director Prof. Jeremy Kirk was supplied for their press release.</p> <p>Insight - Two Network submissions were accepted and written up for publication in October, on the HiLight dermatology trial and the ACCEPT qualitative study, looking at a tool to assess the acceptability of paediatric medicines.</p>
4	<p>Domain: Continuous Improvement</p> <p>Objective: Promote and sustain a culture of innovation and continuous improvement across all areas of LCRN activity to optimise performance</p>
<p>LCRN to insert commentary on activities undertaken to achieve this and their impact. Where activities are outlined in other sections of this report please include the identifier '(I&I)' to highlight these.</p>	<p>We have an effective steering group made up of representatives from each CRN activity area (primary care, research nurses and delivery, portfolio management, PPIE, WFD, BI, administration, clinical support services and study support service). All representatives ensure improvement ideas are discussed at team meetings/office meetings and are fed back to senior management and people informed of the outcome/progression of the idea. Steering Group members have been given further training by the CI Lead to help develop their skills and knowledge to support colleagues from their work areas in leading on improvement projects.</p> <p>Steering Group members lead on undertaking promotional activities for improvement such as Continuous Improvement Week and NHS Change Day. During CI Week each day different steering group members posted on our internal communications community Shout Out with improvement related activities and positive stories about being involved in making improvements.</p>

	<p>In 2016/17 there were a total of 22 projects started and progressed. A third of these have been completed and the remaining are still underway while we measure impact of the improvement. There have been a further 5 improvement process mapping projects with the aim that CRN staff across areas will now know who is responsible for what and when so there is consistency of delivery. Impact of some of these projects include time saved and therefore increase productivity, cost savings due to using technology and reducing travel; better access to training across the region; Trusts having improved processes for commercial invoicing therefore increased income; improved standard of site identification forms; improved reporting on service needs (study support service), to name a few. We have contributed to Accelerating Digital and the showcase event held in Mar 2017. We have also been piloting using social media for recruitment which has resulted in improved recruitment for one study. Staff are aware we are willing to try new ways of working.</p> <p>We have provided awards for improvement projects where a partner organisation member of staff won this.</p> <p>We have focused on making improvements to our own processes and work activities before reaching out to Partner Organisations. However, for all projects partner organisations have been involved in workshops or providing specific feedback.</p> <p>In 2016/17 we developed a three year strategy and one year action plan in consultation with Partner Organisations and staff.</p> <p>In 2016/17 53 people received training in continuous improvement concepts and tools. 35 of these were CRN core staff and 18 were from partner organisations.</p> <p>The Continuous Improvement videoscribe is part of staff induction and a message of its importance is included in the induction DVD provided to Partner Organisations. This is also highlighted in research delivery staff symposiums and events wherever possible. We have developed a pull up banner to aid this.</p> <p>During 2016/17 the senior leadership team and CRLs have identified a number of strategic improvement projects to work on to add value to the region and our regional stakeholders.</p>
5	<p>Domain: Workforce, Learning and Organisational Development Objective: Implementation of LCRN Workforce development plan in partnership with relevant stakeholders and other local learning providers</p>

<p>LCRN to insert commentary on performance and achievements against this objective in 2016/17:</p>	<p>A workforce development plan was developed and implemented in partnership with relevant stakeholders to meet the objectives of the Operating Framework aligned to the NIHR CRN National Strategy for WFD. Our workforce has a shared sense of purpose and the skills and understanding to meet the changing needs of the organisation. We are committed to developing and supporting our staff and those patients and carers actively contributing to the delivery of research. Please refer to the report in Appendix 3 for details of the initiatives and activities undertaken and achievements against this objective.</p>
6A	<p>Domain: Financial Management Objective: LCRN Host Organisation and LCRN Partner organisation meet minimum control standards, as specified by the National CRN Coordinating Centre</p>
<p>LCRN to insert commentary on their performance and achievements in 2016/17 and any issues encountered:</p>	<p>Please describe clearly and in appropriate detail the local model for allocation of LCRN funding for 2017/2018.</p> <p>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.</p> <p>Describe the arrangements within the LCRN Host Organisation for financial management of the CRN funding.</p> <p>Host LCRN Budgets have their own set of budget reports, with RDM's as budget managers, the exception being the Management report and Host supporting costs report which are managed by the CRN COO. Monthly budget meetings are carried out with the relevant accountants and the RDM's where budgets and spend are monitored and any variances analysed and addressed, with a review of the forecasts undertaken. Monthly meetings also take place with the accountants and the COO to review all reports, both actual and forecasts. Annual budget setting takes place with all budget holders which are reviewed over a period of time before budgets are finally set for the following year. Cost savings through pay and non-pay budgets are re-distributed to POs through an increase to the core allocation.</p>

	<p>Describe arrangements for supporting LCRN Partners in their financial management of LCRN funding.</p> <p>LCRN Partners are supported by the host throughout the year, allocations are communicated initially with full backing details, as we move through the year any underspends notified by the organisations are reallocated across other Organisations within the host, any concerns, and queries are raised and dealt with.</p> <p>A programme of monitoring visits has been taking place whereby assurances are gained and advice is given re any queries partner organisations may have. In addition to monitoring meetings, there is a concerted drive to support organisations through submitting and uploading their own quarterly returns (currently 16 have access to their returns), this will provide further opportunity to offer advice and support through the process with the added benefit of onsite visits being undertaken. In addition all organisations are free to request assistance, advice, information as they feel necessary to CRN at any time.</p> <p>Please provide details of any plans that you anticipate impacting on the local model for allocation of LCRN funding for 2018/19.</p> <p>There are no plans currently that will impact on the use of LCRN funding in 2018/19.</p>
6B	<p>Domain: Financial Management Objective: LCRN Host Organisation meet minimum requirements for the scope of internal audit work, as specified by the National CRN Coordinating Centre</p>
<p>LCRN to insert commentary on their performance and achievements in 2016/17 and any issues encountered:</p>	<p>In 15/16 CRN WM decided to go round the PO in the network to carry out monitoring visits on their finances and the records which they send into CRN.</p> <p>The first stage was to re-invite the internal auditors to ask them for their advice on carrying out such visits.</p> <p>After advice from the internal auditors it was decided that these audit visits should be called "monitoring visits" and should be a two way informal exchange of information regarding the finances of each of the PO's in the network.</p> <p>It was also decided that only certain questions regarding the overall funding each PO receives along with the reporting of this funding should be asked.</p>

The monitoring visits were started by explaining why we are doing monitor visits and it will be a 3 year cycle and what will happen doing these monitoring visits.

CRN: WM made it clear, that the partner organisations do not see this as an audit but instead as a two way exercise that the partner organisations can ask as many questions as they like regarding the funding etc and also any questions around the guidance issued by NIHR in terms of reporting data.

Key areas that were looked at were the treatment and recording of the following: 12 Organisations were monitored during 16/17, with research managers and finance representatives of the partner organisations present.

8% Overheads

The treatment of overheads was looked at, to ensure organisations were clear about what could be classed as overheads and what the overhead figure represents. This was generally not problem although some e.g. Burton have reduced the overheads to 4% and some such as Combined North Staffs do not have any.

Vacant posts & Recruitment Process.

The process around vacant posts and recruitment was looked to ensure appropriate sign off and approval process for posts. Again most organisations followed the same processes as RWH where there is a stringent recruitment process, with several layers of approval including finance embedded in the process.

Reporting and Monitoring Process.

Most Organisations had incorporated a review process that involved committee meetings of various levels, where performance is regularly scrutinized.

Risk Register

Most organisations had the funding from CRN on the Risk Register due to its non-recurrent nature /performance based results and also the need to not over or under spend, those few that didn't were in the process of ensuring this was the case.

Audit

Questions were asked around internal audit, this was incorporated into overall trust audits not specifically for R &D, with the exception of primary care who are audited every year due to the level of funding they receive from CRN.

Notification of decisions by CRN: WM

Notification of decisions is sent out by the COO/CD for all decisions , all organisations said the flow of information was good.

Guidance from CRN: WM on slippage

They also receive some guidance from the LCRN finance team regarding how to fill in their quarterly

	<p>returns and how to do deal with slippage. Local Finance Support Questions were asked around local finance support, and all organisations had local finance support. Overall no organisations gave cause for concern, all were happy to demonstrate the above although many did not like us to take copies of documents, and the meetings were successful in improving working relationships both ways, all organisations had been sent a copy of the guidance and did not put forward any questions.</p>												
7A	<p>Domain: Information Systems Objective: LCRN Host Organisation and LCRN Partner organisation have access to the required information systems and services</p>												
<p>For each system identified in the table to the right please indicate whether the LCRN Host Organisation and all LCRN Category A Partner organisations have access.</p> <p>If you have responded 'No', please provide an explanation for each system or service which has not been accessible in 2016/17.</p>	<table border="1"> <tr> <td>CRN national systems</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>NIHR Hub</td> <td>X</td> <td></td> </tr> <tr> <td>NIHR CRN Open Data Platform</td> <td>X</td> <td></td> </tr> <tr> <td>NIHR CRN Central Portfolio Management System (CPMS)</td> <td>X</td> <td></td> </tr> </table>	CRN national systems	Yes	No	NIHR Hub	X		NIHR CRN Open Data Platform	X		NIHR CRN Central Portfolio Management System (CPMS)	X	
CRN national systems	Yes	No											
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7B	<p>Domain: Information Systems Objective: LCRN Host Organisation and LCRN Partner organisation have a Local Portfolio Management System(s) (LPMS) live and in operational use by LCRN-funded staff</p>												
<p>Please describe how you are using your LCRN Hosted Local Portfolio Management System to support the management of your portfolio across your LCRN Partner organisations</p>	<p>EDGE was rolled out across the Network during 2016/17 in 28 out of 29 Trusts. It has been structured in a way that allows for Network staff to access HLO related information for NIHR Portfolio studies that are managed at site level by Partner Organisations. EDGE is used as a data source for local performance management by the portfolio management/research teams both in the Network and our POs.</p>												
8	<p>Domain: Information Governance Objective: LCRN Host Organisation and LCRN Partner organisation comply with CRN information governance requirements</p>												
<p>Already addressed in Section 1</p>													

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

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

Table 7.1. LCRN Host Performance Indicators 2016/17

LCRN Host Performance Indicators	
1	Domain: LCRN Leadership and Management Objective: Deliver effective leadership and management of the LCRN
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:	The network continues to be lead Dr Jonathan Odum, Medical Director for the Host and Nominated Executive Director, and Professor Jeremy Kirk who is an experienced Clinical Director. In November 2016 Kate Salmon went on secondment to take up a position in an acute Trust. Pauline Boyle (Division1 RDM) was appointed as acting COO to cover Kate during her secondment. The Host has also appointed a non-executive director responsible for the network, who works with the executive director to ensure effective and supportive hosting arrangements and robust governance arrangements are in place. The networks professional nursing lead is also supported by the Host Director of Nursing.
2	Domain: LCRN Research Delivery Infrastructure Objective: Deliver a responsive and flexible NHS support service that meets the needs of Customers (researchers, non-commercial funders and industry)
Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:	CRNWM has an integrated SMT (RDMS, CRL's SSS, Industry, Business Development, Service Support Specialisms (Pharmacy and Laboratory) which brings all key Senior staff together regularly to discuss our local customer's needs. This group is governed by Hosts Executive Group and Senior Managers are invited to formally report to this group the key initiatives that they are supporting. The Senior Managers are encouraged to foster existing relationships with our customers through regular meetings - our local academic sponsors,

	<p>other local NIHR infrastructure support e.g. RDS, building relationships with our local CI's and working in partnership with our most active commercial partners in the area. Plus, identify where our local population may be missing out on taking part in NHS related research e.g. Hospices, Care Homes, Schools, Private Clinics to ensure we are quick to respond to the ever changing NHS research landscape and maximise recruitment.</p>
<p>3</p> <p>Domain: Financial Management Objective: Deliver robust financial management using appropriate tools and guidance</p> <p>Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:</p>	<p>Management systems were much improved in 16/17, this was achieved in part by sending out detailed funding allocation and guidance to partner organisations, which ensured that as we progressed through the year all parties concerned were fully aware of the financial allocations, as we went through the year any amendments were again notified in writing.</p> <p>Partner organisations were also asked to invoice the host monthly, which improved the payment process.</p> <p>Monitoring meetings took place whereby the finance team went out to partner organisations to offer support and guidance to research managers, which improved communication with partner organisations.</p> <p>Regular budget meetings and forecast meetings are undertaken with budget holders for the host budgets which ensures any slippage/overspend is addressed monthly.</p> <p>In relation to primary care there are improved working relationships in that there is mutual support in ensuring no surprises and careful financial management.</p>
<p>4</p> <p>Domain: Allocation of LCRN funding Objective: Distribute LCRN funding equitably on the basis of NHS support requirements</p> <p>Please provide a clear description of the funding allocation method in 2016/17</p>	<p>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</p>

<p>as requested in the reporting guidance:</p>	<p>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.</p>														
<p>5</p>	<p>Domain: LCRN Governance (Host Board) Objective: Ensure that the LCRN Host Organisation board has visibility of LCRN business and fulfils its agreed assurance role</p> <p>CRNCC will need to have a copy of the relevant minutes from each Host Organisation board meeting in 2016/17 when LCRN contract compliance was discussed, and will check to see if the LCRN has already provided them. If these have not already been supplied, please send them to lcrn.support@nhr.ac.uk</p>	<p>The Host Trust Board has appointed a non-executive director responsible for the CRN. In collaboration with the CEO, and the nominated executive lead the Trust Board are effective in holding the network leadership and management team to account as well as offering support and advice.</p>													
<p>6</p>	<p>Domain: LCRN Governance (Partner Engagement) Objective: Ensure all LCRN Partners are engaged in the work of the Partnership Group</p>														
<p>Please complete the table to the right, confirming the number of Partnership Group meetings held within the 2016/17 operational year and representation at the meetings.</p> <p>Please also comment on the effectiveness of operation of the Group and any issues encountered, and actions taken to ensure the Group is engaged with primary care, mental health and community sectors.</p>		<table border="1"> <thead> <tr> <th>Meeting date</th> <th>No. of attendees</th> <th>Of these the no. of lay attendees</th> </tr> </thead> <tbody> <tr> <td>11 May 2016</td> <td>36</td> <td>3</td> </tr> <tr> <td>15 August 2016</td> <td>34</td> <td>2</td> </tr> <tr> <td>8 November 2016 (extraordinary meeting)</td> <td>24</td> <td>0</td> </tr> </tbody> </table>		Meeting date	No. of attendees	Of these the no. of lay attendees	11 May 2016	36	3	15 August 2016	34	2	8 November 2016 (extraordinary meeting)	24	0
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8 November 2016 (extraordinary meeting)	24	0													

	14 March 2017	22	2
<p>7</p> <p>Domain: Management of Risk Objective: Establish and maintain an assurance framework and risk management system for the LCRN, including an escalation process</p> <p>Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:</p>	<p>Although the membership of the group is high due to the number of POs, discussion is facilitated well through the Chair, CD and COO Decisions around funding are well managed and delivered through negotiation and discussion through the Partnership Group.</p> <p>The Host hold a strategic and operational risk register that is scrutinised at every Executive Team meeting, Partnership Group meeting and the Senior Leadership Team/CRL meeting.</p> <p>A business continuity plan has been developed and approved by the Host which includes arrangements for the rapid delivery of urgent public health research.</p>		
<p>8</p> <p>Domain: Management of LCRN Performance Objective: Ensure delivery of LCRN performance against the LCRN Annual Plan</p> <p>Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:</p>	<p>Performance against 2016/17 annual plan is monitored at each Host Trust Board, Executive Team, Finance and Personnel, CRL/SMT and Partnership Board meetings.</p>		
<p>9</p> <p>Domain: Host Corporate Support Services Objective: Deliver high quality Corporate Support Services as specified in the Performance and Operating Framework</p> <p>Host Organisation actions/approaches and any issues encountered in meeting/delivering against the objective in 2016/17:</p>	<p>The Host continues to provide a comprehensive corporate support service including Governance, Finance, Human Resources, Information Technology and Legal and contracting. The estates department have supported the management team to review all offices across the network to ensure space is fit for purpose and cost effective.</p>		

	<p>The Host staff satisfaction survey has been amended to better reflect the work of network staff.</p>
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Section 8. NIHR CRN Priorities 2016/17

The national CRN priorities for 2016/17 are:

- Delivery of NIHR CRN Portfolio studies to time and target (HLO 2) with a specific focus on commercial contract research (HLO 2A)
- Delivery against the NIHR CRN Strategies¹
- Delivery against the NIHR CRN Goals²

Please provide details, and evidence of the impact of, locally initiated and locally-led activities and initiatives undertaken in 2016/17 to contribute to achievement of these national CRN priorities (not already covered elsewhere in the report). Please include key challenges/any areas of non-delivery, with an explanation and highlighting mitigation activities and/or follow-up activities.

- (I&I) HLO2a has been a large focus for CRN WM in 16/17 and this will continue to be for the coming years until an improvement is seen. As detailed earlier in the report a HLO2 Continuous Improvement Group was set to ensure a large scale data cleansing exercise was completed so our reporting data was correct, and the key areas of EOI, Site Feasibility and Performance Monitoring were focussed on. See HLO2a for further details. Within year we saw an increase of 21.6% to 55.4%, however this is only a 2.3% increase upon last year. Throughout 16/17 a large amount of work has been done within region through training, workshops, and meetings with Trust, Investigators, Network staff and Sponsors to emphasise the importance of achieving HLO2a. Achieving HLO2a remains a challenge, but one we will continue to tackle in 17/18. A lot of work has been achieved in improving target setting and hopefully we shall see more realistic and achievable targets set in studies opening in the future.
- Embed within the Divisions the newly agreed performance management and escalation procedures for all commercial and non-commercial studies developed as a result of a CI workshop in 2015-16.
- Trusts have worked in partnership to submit site identifications in order to secure UK and West Midlands sites for commercial research. An improvement project (I&I) is underway. Quality of the submissions has been improved with more fields completed with good information. Measurement is still underway as to whether this has a positive impact on securing more studies and WM sites.

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

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

- Continued to roll out the PI Master Class workshops within POs. The workshops are now provided in seven organisations and over 145 PIs have participated in them this year. The materials have also been introduced to delivery staff that support PIs to actively oversee studies, three of whom have subsequently become master class facilitators within their organisations. Feedback from the workshops is overwhelmingly positive and five additional organisations intend to launch the master classes in 17/18.
- Region-wide roll out of 'Making Studies a Success: A Feasibility Workshop'. This two hour workshop was revised for 16/17 to focus on completing successful feasibilities for both commercial and non-commercial studies along with HRA assess, arrange and capability review. It aims to ensure internal CRN staff and POs are working to same standard; accurate feasibility and successful delivery, which will support time to target. Feasibility workshops were delivered bimonthly within venues across the region and have been attended by 81 participants.
- Promotion of Join Dementia Research across the region - Covered earlier in report.
- We now have 100 care homes signed up to ENRICH and including retirement villages. This has supported one researcher in recruiting people with MCI. We have identified and secured non-dementia research studies to recruit in care homes as well as identified dementia studies that had not yet recruited via care homes. ENRICH has been promoted to researchers in the region and we are aware of them designing research for care homes with this resource in mind, also not dementia related.
- Involvement of community pharmacists to support recruitment of studies has resulted in an increase in recruitment.
- (I&I) Continuous improvement projects in direct communication with service users/patients in GP practices (coffee mornings) and through Macmillan Centres has found that they are not appearing to make much of a difference (although could be other benefits such as raising awareness). More of a lessons learnt needs to be undertaken. However, we are keen to promote these findings as part of a culture for trying things, measuring impact and ceasing if not a positive impact. It's all a learning experience.
- Future-proofing the WM CRN through engagement with emerging models of care to ensure that the research is attractive and practical and to ensure that it keeps up with the changing care pathways and is modified to fit with future needs.
- Working in partnership with Trusts to reduce the amount of commercial research undertaken that is not on the CRN portfolio through marketing the CRN and encouraging companies to engage with the CRN.

- In order to facilitate the sign-up of GP practices to CPR we assigned a Primary Care Lead to the CPRD work stream who has been working closely with the CPRD GP Engagement lead. We have been proactive in working with WM practices to encourage them to sign up to the contribution of data to CPRD, using the recently improved communications materials that CPRD have provided to approach, engage and persuade practice 'take up'. To date we currently have 130 (and rising) WM GP practices signed up to the initiative. An improvement project (I&I) delivered in 2015/16 saw an increase from 20% of GP practices signing up to CPRD to 90% in 8 months. This model was reviewed to see if it could be applied in other areas. It was felt that it wasn't as easy to just roll out as is but localisation of the approach was needed for each CCG area.
- We have worked with smaller, less research active Trusts to develop capacity and capability for research delivery. This includes partnering organisations to mutually support each other.
- During 2016/17 we introduced a new VIP (Values in Practice) Awards - this staff recognition scheme is run on a monthly basis throughout the year, with staff invited to nominate colleagues who they view as having gone 'above and beyond' to implement the Network values in their day to day work.
- We have extended our library of marketing materials to be used as a resource to promote the work of the Network including a generic brochure featuring the range of activities carried out, success stories and services offered, with an additional version specifically targeted to promote the Network to Industry.
- In 2016/17 WM CRN launched an engagement project to ensure that all stakeholders are aware of the Network and the advantages of being involved in high quality research for the benefit of the patients and the NHS as a whole. Achievements to date include:
 - Review and re-launch of Link Senior Manager role and agenda to engage better with Partnership Organisations (POs)
 - Launch of online blogs and Twitter Take Overs to raise awareness of research activity and developments; first ones are due end of April
 - First Investigator Profile written up; this will be expanded to include interviews from CEO, Research Nurse, Patient and National Clinical Lead and launched into a project specific brochure to demonstrate the impact of research on all involved. A video version is planned
 - Promote the use of research participants at Trust Board; launched at Partnership Group, WM NHS Communications Group and Research & Development Managers' Forum
 - Development of an Industry Brochure to promote CRN WM's achievements and USPs.
 - Development of a 'Why You Should Work With CRN WM' brochure to encourage CTUs and Researchers to bring their studies to the region
 - Increased visibility and interaction on Social Media
 - Creation of first Visual Summary to highlight USPs and achievements of individual work streams in an easy to read format demonstrating the added value of the Network
 - Encourage staff engagement and promote wellbeing through Step Challenge. Allow staff to input through focus groups; suggestions taken on board and implemented. Feedback sent to RWT to input into 2017 Chat Back Survey
 - First draft of Induction E-Handbook launched; currently being used and evaluated

- Ramping up the use of Shout Out and sharing information and successes through VIP Awards
 - Induction Video launched and all staff encouraged to view. Launched on some PO websites, and DVDs sent to all organisations
 - Team Briefs revamped; focus on HLOs and Performance and new agenda/timetable encourages two-way communication and the same information being released at the same time
 - Launch of CRN WM standardised documents for internal communications and reports; shared with all staff
 - Improved Communications channels with external media contacts; increase in press releases
 - Joint Lead Nurse meetings in Central / South and North to share best practice and network
 - Improving developmental opportunities for CRN WM staff with particular emphasis on administration and Portfolio teams following mapping exercise
 - Development of care home staff and residents stories of participating in research for promotional work
- The CRN WM Research Training Collaborative (WMRTC) supports the provision of training and CPD events which meet the three NIHR CRN priority areas for organisational and workforce development in order to ensure our workforce has the capability and capacity to meet the HLOs. In 2016/17. WMRTC training sessions were attended by over 2,560 participants who report that they are, or intend to, actively contribute to the delivery of research within the West Midlands. Each session provided opportunities to engage with research staff and reinforce the HLOs both explicitly and implicitly. Key messages were reinforced consistently across multiple sessions, for example, each GCP, PI Master class and Feasibility workshop focuses on the need for robust feasibility and on-going study management to ensure studies deliver to recruitment target and time (HLO2, HLO5).
 - A HEI engagement strategy to encourage researchers to a) link in with the NHS more but also b) try for grants which result in portfolio status was delivered. This is referenced in Table 3.1. HLO performance HLO04 and Section 5. LCRN Development and Improvement Objectives 2016/17 Raising awareness of the SSS and ECER
 - A CI (I&I) project has been undertaken to improve WFD coordination and administration processes including region-wide advertising, remote booking and streamlined reporting functions. We have reduced email queries by over 70% through the introduction of automated responses to email requests for enrolment keys for CRN Learn programmes, and by creating a dedicated site for advertising and booking WMRTC training. An online booking form for WMRTC courses has improved our learner experience by creating a simple, auditable, paperless booking process.
 - Following a pilot and adaption of the course focus, the PPIE team have rolled out the Building Research Partnerships (BRP) Programme locally, working with NIHR partners in the West Midlands to deliver the programme.
 - Our Patient Stories pack has been developed further and includes case studies. We have analysed the results of the Patient Experience Questionnaire to put together an action plan based on findings. Please see Appendix 2 for details.

- The LCRN Host Organisation has a dedicated Governance department and an identified lead for the CRN Network. In addition, there is a named individual who is responsible for Information governance. A process is in place across the LCRN for the reporting of information governance incidents arising from LCRN-funded activities to the National CRN CC.
- The BI team have used the implementation of EDGE as an opportunity to engage further with Partner Organisations and promote the use of LPMS, CPMS and ODP to assist Trusts with proactively managing their own portfolio. In 16/17 they published 187 reports each month, migrated 15,000 records, trained 359 users in NIHR systems and completed 100% of study uploads by the cut-off date; the first LCRN to achieve this.

Section 9. Other local innovation and initiatives

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

- We provided access to continuous improvement training for R&D managers in April 2016 after R&D managers expressed an interest in this in order to locally manage HLOs, 70 day benchmark and productivity. This has also helped to embed a culture of improvement and innovation across the region.
- Two Clinical Research Project Assistant (graduate level) were appointed and are nearing the end of their first year (appointed May 16). A nine-question survey monkey about hosting a Clinical Research Project Assistant has been sent to all four Partner Organisations that have hosted so far. Results are showing very positive. Full analysis will be done when all placements are complete.
- PC had initially delivered PI oversight training in the Primary Care setting and received GP feedback on the usefulness of this. This has been reported back to the workforce lead to consider improvements. Once updated, it is planned to deliver the improved material at further sessions.
- The increased of sign-up to Join Dementia Research for those with a diagnosis of dementia was a continuous improvement project (I&) for 2016/17. See Section 5.1 and 4.1.
- The CRN presented a proposal to all CCGs from the central and south of the West Midlands titled "A proposal for the management of Excess Treatment Costs in Primary Care within WM" to the CCG accountable officers meeting in December 2016. This outlined the setting up of a CCG pooled fund to meet the Excess Treatment Costs (ETCs) for Portfolio studies in the Primary Care setting. The proposal was accepted and the final governance arrangements for the management of this fund has now been drafted (largely based on an existing successful scheme in the north of the region) and at a per capita rate of 4p per resident.

- (I&I) since January 2017 the functions performed by the WM Primary Care Study support service and PC delivery teams have been completely integrated. We now have one team that covers Primary Care across the whole CRN, who deliver all aspects of the service including feasibility, set up, patient identification, AAC and assurance functions. We are also undertaking further analysis of the skill mix within the team to further remove duplication between the nurse and facilitator roles. This now offers a seamless Primary Care function across the whole of the WM and delivers all aspects of the primary care study support service in line with HRA requirements and includes ECER and NSDA in compliance with National Guidance. Guidance for study support service is received from the overarching CRN study support service to ensure that the service is delivered in parallel however tailored to fit primary care. This integration has resulted in an in-year cost improvement of approximately 4.0 WTE. This integrated service now offers a standard and consistent WM primary care service to researchers and study teams regardless of which locality office or member of the team they approach.
- We established the RAPID (Research Advisory group for Pathology In research Delivery) a team of personnel working in Pathology Research Delivery across the West Midlands and meeting three to four times a year. The aims of the group are to raise the profile of Pathology in Research and Research in Pathology, and to improve the services provided by Pathology for Research. Through this group a discussion forum, a web site and a pathology impact example registration form have been established.
- During 2016/17 we worked with an academic Biomedical Scientist, and Course lead for a BMS degree course, to develop and run a research day aimed at engaging BMS staff to promote research. The event was attended by delegates from across the region and the outputs were published in a national journal.
- We engaged with the West Midlands Infection Group (regional Consultant Microbiologists) and identified and developed a candidate for CRSL role in Microbiology now in post. Working with her to develop research strategies for the West Midlands and Nationally. Established collaboration with the East Midlands CRN CRSL to support this.
- The West Midlands Laboratory Medicine Research Group was established, which is running a Scientific Meeting to support the role of laboratory professionals in the development, evaluation and implementation of new tests and ways of working. The meeting will explore the needs of Industry, academia in this process and look at what laboratories can do to support this and to promote research delivery.
- The Lead for Pathology Medicine represented the CRN in CM-Path Initiative involved in the Clinical Trials work stream (with a role as a subgroup lead) and linking in with the training work stream.
- Published the outputs from local IBMS research day in two articles in the national IBMS professional journal "The Biomedical Scientist" in their June and July 2016 editions. Further work with this academic lead has established research delivery in the Academy for Healthcare Science - Professional

Standards for the new Healthcare Scientist Practitioner Training Course.

- Established a pilot to assess how EDGE can be implemented to support pharmacy processes. Pilot is on-going.
- Contributed data to the pharmacy capacity and capability project led by the CRN CC. Using the tool locally to collect data re pharmacy capability to deliver studies i.e. recording pharmacy approval and set-up times.
- Increased community pharmacy engagement with the CRN by extending geographical coverage to include a small number of community pharmacies in the south of the region. Continued to identify studies where community pharmacies have undertaken PIC activity to support patient recruitment. Linked in with ECER team to highlight how community pharmacies can support study delivery and continued to link in with researchers at local universities to explore opportunities to develop studies that would be eligible for portfolio adoption. Work on-going to map where pharmacists are working in GP surgeries and the type of work they're undertaking to support an exploration of how pharmacists in these roles could be involved in delivery studies. Contributed to the development of the CRN CC Community and Primary Care Pharmacy Strategy.
- Shared experience of engaging community pharmacies with research with the CRN WM Oral and Dental Specialty Group
- Continued to develop and support collaborative working between pharmacy clinical trials staff working in secondary care across CRN WM through quarterly face-to-face meetings and Google site. Initiatives led by CRN pharmacy leads have included work to develop a culture of collaboration between Trusts.
- Contributed to and supported the joint CRN and Royal Pharmaceutical Society 'Celebrating our Pharmacy Research Delivery Practitioners' event.
- Contributed to the development of the Fundamentals of Clinical Research for Pharmacy Staff training and the Delegation and Training Decision Aid. In terms of the training offering locally for pharmacy staff involved in research delivery, developed and launched CRN WM Research Awareness leaflets for pharmacy staff and continue to facilitate face-to-face workshops to complement the GCP for IMP Management e-learning.
- Presented on behalf of the National Pharmacy Clinical Trials Advisory Group at the Clinical Pharmacy Congress 2016 re how pharmacy contributes to clinical research.
- The Primary Care Study support service has embraced the HRA implementation for Cohort 2 and now works in full compliance with HRA requirements to support smooth and speedy primary care assurance. To date we have developed our former 'permissions' process to align with HRA requirements, whilst endeavouring to ensure that the changes that impact the study teams and the GP are kept to a minimum. We have captured the

new HRA process in a standard guidance document (including flowchart) which includes all of the steps that need to be taken to ensure smooth assurance. The process includes guidance for all of the members of the team that will use this and also incorporates guidance for the Clinical Trials Units, which is currently being piloted in the North of the region, so that they can also be guided in their role by the single document. The next step is to share this with the CTUs in the Central and South region. We continue to liaise with the HRA lead to ensure that any further developments to the service we provide remain in line with HRA requirements and are developed with 'one network' in mind. The Primary Care study supported service also undertakes the AAC function for hospices and care homes (where required) using the same approach.

- We have supported the delivery of research in the Hospice / Care home setting through the provision of research support management services through the existing WM Primary Care research support and management arrangements. The Primary Care Study Support Team are currently able to undertake all study support service requirements on behalf of these providers including HRA review and confirmation of capability and capacity. The Primary Care Team may also provide nurse support to this setting to help identify patients and set up and delivery of the study, when required. PC has recently contributed funding for a nurse post to support the identification and development of hospice studies and identification of patient to participate in these in order to encourage and reinforce our cross boundary working. We are also planning a similar initiative to collaborate with Mental Health / Division 4.
- All staff are now using Google Hub as part of their day-to-day work and Hangout are encouraged where suitable. A project was carried out to replace certain meetings with Hangouts and assess the effectiveness and cost savings associated with the change. The savings in terms of expenses and time saved travelling during working hours exceeded the cost of the equipment in the first 6-8 weeks. Further training has been provided and the number of Hangouts replacing face to face meetings has increased.
- The Communications Lead has attended regular meetings with counterparts in neighbouring LCRNs (East Midlands and Eastern) for exchange of best practice and activity planning.
- Three brochures were created to publicise the work of the LCRN: One for general use, one aimed at Industry and one aimed at attracting Chief Investigators to the region.
- Around 250 people attended our Network Stakeholder Event in September, which included the presentation of the first Network Awards – over 80 nominations were received. Feedback from delegates was 99% positive. The Awards will be run again in 2017.
- A Google Community was created for staff news and interaction, to replace the previous staff newsletter.
- Four candidates have been supported to successfully complete the NIHR Advanced Leadership Programme for Clinical Research Professionals.
- Primary Care has implemented a new centralised GP payment process, which has shifted from three, to one process. This has resulted in greater

consistency to the frequency of payments, a single point of contact who receives and processes all of the information to trigger payment. This has reduced much duplication and effort and brought cost improvements.

- Primary Care are working towards the development of a single nursing model, including standardised processes, documents and operating procedures. We have also started to employ all new nurses on NHS as opposed to University contracts to ensure that their mandatory training and clinical leadership requirements are appropriately met.
- We have started to meet with other CRNs to discuss on a 1:1 basis, how their primary care delivery service works and understands what their successes and challenges might be with regard to the delivery of studies and ways of working. This encourages two-way sharing of information and best practice and also encourages discussion about how we might increase recruitment by sharing studies. These meetings are helping us to understand how we might review our own working practice to increase practice participation and achieve delivery of studies on time and to target.

Section 10. LCRN Host Organisation Approval

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

Signature:	
Name and position of signatory:	
Date of signature:	
Date of LCRN Host Organisation board approval:	26 June 2017

Appendix 1. LCRN Fact Sheet 2016/17**CRN West Midlands Fact Sheet**

Table 1. Key Personnel		
Host Organisation	The Royal Wolverhampton NHS Trust	
Host Organisation Chief Executive Officer	David Loughton	
Host Nominated Executive Director	Jonathan Odum	
CRN West Midlands CD	Jeremy Kirk	1 April 2014
CRN West Midlands COO (Acting)	Pauline Boyle	1 November 2016
CRN West Midlands Deputy COO	Not appointed	

Table 2. LCRN Key Information	
LCRN Population:	5,713,284
Number of NHS Provider Trusts:	29 (changed to 28 in February 2017)
Number of Category A Providers:	28
Number of GP Practices:	910 approx.
Recruitment per 1000 population:	10.17

Table 3. Local Specialty Leads	

Ageing	Amit Arora	<i>With effect from:</i> 09/Nov/15	<i>No of PAs:</i> 05 PA	<i>LCRN-funded?</i> Yes
Anaesthesia, Perioperative Medicine and Pain Management	Fang Gao-Smith (Lead)	<i>With effect from:</i> 01/10/2016	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> N/A Yes
	Matthew Patteril (Deputy)	01/10/2016	0	N/A
	Joyce Yeung (National Specialty Group member)	01/10/2016	0	N/A
Cancer	Murray Brunt Clinical Research Lead	<i>With effect from:</i> 01/07/2014	<i>No of PAs:</i> 2	<i>LCRN-funded?</i> Yes
	Daniel Ford Deputy Clinical Research Lead	<i>With effect from:</i> 01/07/2014	1	<i>LCRN-funded?</i> Yes
	Martin Scott -Brown Deputy Clinical Research Lead	<i>With effect from:</i> 01/09/2014	1	<i>LCRN-funded?</i> Yes
	Cancer Subspecialty Lead (Brain)	Howard Brydon	<i>With effect from:</i> 23/09/2014	<i>No of PAs:</i> None <i>LCRN-funded?</i> No
	Cancer Subspecialty Lead (Breast)	Abeer Shaaban	<i>With effect from:</i> 23/09/2014	<i>No of PAs:</i> None <i>LCRN-funded?</i> No
	Cancer Subspecialty Lead (Colorectal)	Mark Churn	<i>With effect from:</i> 23/09/2014	<i>No of PAs:</i> None <i>LCRN-funded?</i> No
	Cancer Subspecialty Lead (Children and Young People)	None appointed	<i>With effect from:</i>	<i>No of PAs:</i> <i>LCRN-funded?</i> N/A

	Cancer Subspecialty Lead (Gynae)	Sarah Williams	<i>With effect from: 18/10/2016</i>	<i>No of PAs:None</i>	<i>LCRN-funded? No</i>
	Cancer Subspecialty Lead (Head & Neck)	Hisham Mehanna	<i>With effect from: 23/11/2014</i>	<i>No of PAs: None</i>	<i>LCRN-funded? No</i>
	Cancer Subspecialty Lead (Haematology)	Supratik Basu	<i>With effect from: 23/09/2014</i>	<i>No of PAs: None</i>	<i>LCRN-funded? No</i>
	Cancer Subspecialty Lead (Lung)	Gary Middleton	<i>With effect from: 23/09/2014</i>	<i>No of PAs: None</i>	<i>LCRN-funded? No</i>
	Cancer Subspecialty Lead (Sarcoma)	Mariam Jafri	<i>With effect from: 21/03/2017</i>	<i>No of PAs: None</i>	<i>LCRN-funded? No</i>
	Cancer Subspecialty Lead (Skin)	Neil Steven	<i>With effect from: 23/09/2014</i>	<i>No of PAs: None</i>	<i>LCRN-funded? No</i>
	Cancer Subspecialty Lead (Supportive and Palliative Care and Psychosocial Oncology)	Claire Marlow/Annie Young	<i>With effect from: 23/09/2014</i>	<i>No of PAs: None</i>	<i>LCRN-funded? No</i>
	Cancer Subspecialty Lead (Upper GI)	Sharmila Sothi	<i>With effect from: 23/09/2014</i>	<i>No of PAs: None</i>	<i>LCRN-funded? No</i>
	Cancer Subspecialty Lead (Urology)	Lyndon Gommersall	<i>With effect from: 23/09/2014</i>	<i>No of PAs: None</i>	<i>LCRN-funded? No</i>
	Cancer Subspecialty Lead (Paediatric)	Bruce Morland	<i>With effect from: 23/09/2014</i>	<i>None</i>	<i>LCRN-funded? No</i>
	Radiotherapy Subspecialty	Andrew Chan	<i>With effect</i>	<i>None</i>	<i>LCRN-funded?</i>

	Lead (Radiotherapy)		<i>from:09/12/2015</i>		No
Cardiovascular Disease	Dr Nigel Capps	<i>With effect from: 01/07/2014</i>	<i>No of PAs: 0.5 1 PA for CRL Div2</i>	<i>LCRN-funded? Yes</i>	
	Dr Paul Clift	<i>01/07/2014</i>	<i>0.5</i>	<i>Yes</i>	
	Dr Prithwish Banerjee	<i>01/07/2014</i>	<i>1</i>	<i>Yes</i>	
Children	Dr Prakash Satodia	<i>With effect from: 2014 to 30/09/2016</i>	<i>No of PAs: 1</i>	<i>LCRN-funded? Yes</i>	
	Dr Heather Stirling	<i>With effect from: 2014 to 31/03/2016</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>	
	Dr John Alexander	<i>With effect from: 2014 to 31/03/2016</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>	
	Dr Larissa Kerecuk	<i>With effect from: 01/10/2016</i>	<i>No of PAs: 2</i>	<i>LCRN-funded? Yes</i>	
Critical Care	Gavin Perkins	<i>With effect from: 01/10/2014</i>	<i>No of PAs: 1</i>	<i>LCRN-funded? Yes</i>	
Dementias and neurodegeneration	Professor Peter Crome	<i>With effect from: July 2014</i>	<i>No of PAs: 1.5</i>	<i>LCRN-funded? Yes</i>	
Dermatology	Agustin Martin-clavijo	<i>With effect from: Sep 2014</i>	<i>No of PAs: 1.5 (0.75 per</i>	<i>LCRN-funded? Yes</i>	

	Seautak Cheung		CRSL)	
Diabetes	Saravanan Ponnusamy	<i>With effect from: 01/07/2014</i>	<i>No of PAs: 0.75</i>	<i>LCRN-funded? Yes</i>
	Harpal Randeva	<i>01/07/2014</i>	<i>0.25</i>	<i>Yes</i>
	Dr Fahmy Hanna	<i>01/07/2014</i>	<i>0.25</i>	<i>Yes</i>
	Dr Parth Narendran	<i>01/07/2014</i>	<i>0.25</i>	<i>Yes</i>
Ear, nose and throat	Peter Monksfield (Lead)	<i>With effect from: 01/10/2016</i>	<i>No of Pas: 0.5</i>	<i>LCRN-funded? Yes</i>
	Tom Martin (Deputy)	<i>01/10/2016</i>	<i>0</i>	<i>N/A</i>
Gastroenterology	Matthew Brookes (Lead)	<i>With effect from: 01/10/2016</i>	<i>No of PAs:1</i>	<i>LCRN-funded? Yes</i>
	Vacant (Deputy) [Clinician Identified, pending appointment]	<i>01/10/2016</i>	<i>0.5</i>	<i>Yes</i>
	Michael McFarlane (CRSL Trainee Registrar)	<i>01/10/2016</i>	<i>0</i>	<i>N/A</i>
	Tariq Iqbal (National Specialty Group member)	<i>01/10/2016</i>	<i>0</i>	<i>N/A</i>

Genetics	Dr Derek Lim	<i>With effect from: 01/07/2015</i>	<i>No of PAs: 1</i>	<i>LCRN-funded? Yes</i>
Haematology	Dr Stephen Jenkins	<i>With effect from: 2014</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
	Dr Gillian Lowe (maternity leave from Oct 2016)	<i>With effect from: 01/12/2015</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
Health Services Research	Mary-Anne Darby	<i>With effect from: June 15</i>	<i>No of PAs: NA</i>	<i>LCRN-funded? No</i>
Hepatology	Gideon Hirschfield (Lead)	<i>With effect from: 01/10/2016</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
	Esther Unitt (Deputy)	<i>01/10/2016</i>	<i>0.5</i>	<i>Yes</i>
	Chris Corbett (Deputy)	<i>01/10/2016</i>	<i>0.5</i>	<i>Yes</i>
Infection	Jonathan Ross (Lead Sexual Health)	<i>With effect from: 01/10/2016</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
	Neil Jenkins (Lead Infectious Diseases)	<i>01/10/2016</i>	<i>0.5</i>	<i>Yes</i>
	Miruna David (Lead Microbiology)	<i>01/10/2016</i>	<i>0.5</i>	<i>Yes</i>
Injuries and Emergencies	Jonathan Young (Lead)	<i>With effect from: 01/10/2016</i>	<i>No of PAs: 1</i>	<i>LCRN-funded? Yes</i>
	Elaine Hardy (Deputy)	<i>01/10/2016</i>	<i>0.5</i>	<i>Yes</i>

Mental Health	Professor Swaran Singh and Dr Rachel Upthegrove	<i>With effect from: July 2014</i>	<i>No of PAs: 2</i>	<i>LCRN-funded? Yes</i>
Metabolic and Endocrine Disorders	Professor Tim Reynolds	<i>With effect from: 01/07/2014</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
	Martin Weickert	<i>01/07/2014</i>	<i>0.5</i>	<i>Yes</i>
Musculoskeletal disorders	Tom Sheeran (TS) Ed Davis (ED) (Orthopaedic)	<i>With effect from: TS Sep/14 ED Nov/15</i>	<i>No of PAs: TS: 1 ED 0.75</i>	<i>LCRN-funded? Yes</i>
Neurological Disorders	Professor Clive Hawkins	<i>With effect from: July 2014</i>	<i>No of PAs: 1</i>	<i>LCRN-funded? Yes</i>
Ophthalmology	VACANT	<i>With effect from:</i>	<i>No of PAs:</i>	<i>LCRN-funded?</i>
Oral and dental health	Thomas Dietrich	<i>With effect from: Sep/14</i>	<i>No of PAs: 0.5</i>	<i>LCRN-funded? Yes</i>
Primary care	Mark Porcheret	<i>With effect from: 01/07/2014</i>	<i>No of PAs: 2</i>	<i>LCRN-funded? Yes</i>
	Jeremy Dale	<i>01/07/2014</i>	<i>1</i>	<i>Yes</i>
	David Shukla	<i>01/09/2016</i>	<i>1</i>	<i>Yes</i>
Public health	Anthony Stewart	<i>With effect from: Nov 15</i>	<i>No of PAs: 0.75</i>	<i>LCRN-funded? Yes</i>

Renal Disorders	Dr Indranil Dasgupta	<i>With effect from:</i> 01/07/2014	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> N/A
Reproductive Health and Childbirth	Dr Katie Morris	<i>With effect from:</i> 08/01/2016	<i>No of PAs:</i> 1	<i>LCRN-funded?</i> Yes
	Dr Stephen Keay	<i>With effect from:</i> 2014	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
	Dr Pensee Wu	<i>With effect from:</i> 2014 to 31/03/2017	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
Respiratory Disorders	David Thickett (Lead)	<i>With effect from:</i> 01/10/2016	<i>No of PAs:</i> 1	<i>LCRN-funded?</i> Yes
	Steve O'Hickey (Deputy)	01/10/2016	0.25	Yes
	Lee Dowson (Deputy) [pending confirmation of resignation]	01/10/2016	0.25	Yes
	Dhruv Parekh (CI Development)	01/10/2016	0	Yes (via CRN CI Development award)
Stroke	Sissi Ispogolou	<i>With effect from:</i> 2014	<i>No of PAs:</i> 0.5	<i>LCRN-funded?</i> Yes
	Christine Roffe	2014	0.5	Yes
Surgery	Tom Pinkney (Lead)	<i>With effect from:</i> 01/10/2016	<i>No of PAs:</i> 1	<i>LCRN-funded?</i> Yes

	Kishore Makam (Deputy)	01/10/2016	0.5	Yes
	VACANT (Deputy) [pending decision on replacement]	01/10/2016	0.5	Yes
Urology	Aniruddha Chakravarti	2014	0.5	Yes

Table 4. LCRN Funding Allocations		
Year	Allocation ¹	Underspends
2014/15	£29,999,418	£239,660
2015/16	£30,669,206	£72,135
2016/17	£29,114,502	£1,644

¹Core funding excluding top-sliced.

Table 5. Sector Spend						
Year	Acute	Ambulance	Care / Mental Health	Primary care	Other	Total
2014/15	18,028,782	0	1,888,639	4,635,803	5,206,534	29,759,758
2015/16	18,098,310	179,883	2,011,467	4,522,018	5,785,393	30,597,071

2016/17	17,032,898	172,332	1,986,143	4,210,130	5,711,354	29,112,857
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Table 6. LCRN Cost Per Weighted Recruit by Financial Year² / Sector						
Year	Acute	Ambulance	Care / Mental Health	Primary care	Other	Total
2014/15	109	0	94	84	22	309
2015/16	88	54	86	78	20	326
2016/17	90	25	81	81	21	298

²Excludes participants recruited to commercial studies. Spend excludes top-sliced funding

Table 7. Audits undertaken in 2016/17	
Organisation	Brief summary
Birmingham Children's Hospital NHS FT	The Research Department has a Business Plan which sets clear objectives for them to achieve and follow. These objectives and targets are report to the Chief Executive through the Strategy Director in a monthly meeting and explain if they are not delivering their objectives or targets. They also have a 2 year pre-designed/structure for research. LCRN finance are happy with how the CRN finance is spent by this organisation.
Birmingham Community Healthcare NHS Trust	For approval of posts Birmingham Community follow a process which is similar to CRN WM and any potential underspend /slippage is highlighted in the quarterly reporting undertaken by CRN. Like

	<p>other trusts the R&D director /manager must attend lots of different committees where performance and recruitment are regularly discussed. LCRN finance was happy with the monitor visit and do not have any concerns regarding their allocations of funding.</p>
Black Country Partnership FT	<p>There is no separate internal audit for the R&D department but it's incorporated in the overall internal audit within the Medical Directorate. LCRN finance was happy with the monitor visit and do not have any concerns regarding their allocations of funding.</p>
Burton Hospitals NHS FT	<p>This trust wanted only to receive 4% overheads therefore spending more of their expenditure on employee costs. This has been approved and followed in their year end return. There has been a lot of change (people changes) at this trust over the past 2 years although things are operating more effectively now and no concerns came out of the monitoring visit.</p>
Coventry & Warwickshire NHS Partnership Trust.	<p>Like most organisations, the R&D department have to report to various committees from the R&D committee to the Trust Board and they are regularly monitored on their performance by these committees and have regular performance and management meetings throughout the year. The Trust funds any shortfall in funding for studies, as studies costs are always higher than the CRN funding. Again there were no concerns.</p>
North Staffordshire Combined Healthcare NHS Trust	<p>The Research Manager has to report various boards and committees like the Research and Department group, chaired by the medical director, the Quality Committee which feeds into the trust board and the Medical & Clinical panel. All these committees/boards have to present papers to the trust board at least on a quarterly basis. Currently the trust is having problems recruiting to their studies/portfolios and has a recruitment drive to hit targets and is part of the trusts 5 objectives. LCRN had no finance concerns with this organisation</p>

Sandwell & West Birmingham Hospitals NHS Trust	The 8% overhead is taken by the corporate departments via recharges. The non-pay for staff is paid by income from commercial studies. The Board of this organisation is now taking Research as part of their 2020 project plan and have made research has one of their main objectives. Like most of the partner organisations CRN funding is always on the risk register.
South Staffordshire & Shropshire Healthcare NHS FT	The Trust Board of this organisation, are now taking research as an important aspect of the trusts performance and increasing recruitment to studies within 5 years is one of the trusts KPI's. Again LCRN finance was happy with the monitor visit and do not have any concerns regarding their allocations of funding.
Robert Jones & Agnes Hunt Orthopaedic Hospitals NHS FT	Although currently CRN funding is not on the risk register for the trust the potential issue was raised at a recent trust exec meeting and this will be rectified in the near future. LCRN finance was happy with the monitor visit and do not have any concerns regarding their allocations of funding.
University Hospitals Birmingham NHS FT	The Research department have to produce a paper to the trust board monthly and to the R&D committee each 6 weeks, which highlights any problems and their performance against their targets and objectives. They also have to produce an executive paper on a quarterly basis to the Birmingham Health Partnership board. On an annual basis they have to produce a paper to the Board of Governance. Internal Audit do an audit of 10% of all studies on an annually. They also do spot audits for trials on studies on a regular basis. Cancer studies are regularly audited due to UHB been one of the major centres for cancer research. Like other organisations the finance department is audited regularly, where all research income and expenditure is looked at.
Worcestershire Health & Care NHS Trust	The research department do not receive any financial support from the trust, like some other organisation, therefore they are self-funding, because of this, the research manager had concerns with their 2017/18 allocation and budget due to staffing issues, as most

	staff are on fixed term-contracts. They would like to know their allocation sooner, so they can see if they can afford to keep staff on or not.
Primary Care	The business manager at University of Keele acts for all 3 of the universities in the network (Keele, Birmingham and Warwick) plus the performance /expenditure for the CCGs. In total this accounts for over 13% of the total allocation that the network received in 2016/17 and therefore Primary Care. There is a finance representative at the three different universities (plus the business manager with overall responsibility) where different reconciliations are undertaken to ensure an efficient and effective financial result. Performance is reviewed on a regular basis and the business manager is used whenever there are financial issues within Primary Care. LCRN finance was happy with the monitor visit however due to the amount of funding we will continue to closely monitor and work with this organisation.

Table 8. Category A Providers
<p>Birmingham & Solihull Mental Health NHS Foundation Trust Birmingham Community Healthcare NHS Foundation Trust Birmingham Women's and Children's NHS Foundation Trust Black Country Partnership NHS Foundation Trust Burton Hospitals NHS Foundation Trust Coventry & Warwickshire Partnership NHS Trust Dudley & Walsall Mental Health Partnership Trust George Eliot Hospital NHS Trust Heart Of England NHS Foundation Trust North Staffordshire Combined Healthcare NHS Trust Sandwell & West Birmingham Hospitals NHS Trust Shrewsbury & Telford Hospital NHS Trust Shropshire Community Health NHS Trust South Staffordshire & Shropshire Healthcare NHS Foundation Trust</p>

South Warwickshire NHS Foundation Trust
 Staffordshire & Stoke On Trent Partnership NHS Trust
 The Dudley Group NHS Foundation Trust
 The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
 The Royal Orthopaedic Hospital NHS Foundation Trust
 The Royal Wolverhampton NHS Trust (Host)
 University Hospital Of North Midlands NHS Trust
 University Hospitals Birmingham NHS Foundation Trust
 University Hospitals Coventry & Warwickshire NHS Trust
 Walsall Healthcare NHS Trust
 West Midlands Ambulance Service NHS Foundation Trust
 Worcestershire Acute Hospitals NHS Trust Worcestershire
 Health & Care NHS Trust
 Wye Valley NHS Trust

Table 9. HLO Performance			
HLO³	2014/15	2015/16	2016/17
HLO 1	52,361	64,278	58,094
HLO 2a	50%	62%	56%
HLO 2b	78%	83%	84%
HLO 4 ⁴	XX%	XX%	56%
HLO 5a ⁴	XX%	XX%	30%
HLO 5b ⁴	XX%	XX%	63%
HLO 6a	97%	100%	100%

HLO 6b	83%	83%	86%
HLO 6c	48%	50%	45%
HLO 7	1293	1394	1369

³Excludes HLO 3 ⁴2014/15 and 2015/16 data greyed out as the measures for these objectives have changed in 2016/17 and are not comparable with previous years *not a Lead LCRN

Table 10. Study Data					
Year	Total	Interventional	Observational	Commercial	Non-commercial
2014/15	52,361	16,066	36,295	4,488	47,873
2015/16	64,278	21,559	42,719	3,761	60,517
2016/17	58,095	19,342	38,752	4,175	53,919

Appendix 2: Report against the Network's Patient and Public Involvement and Engagement in Research (PPIE) Plan 2016-2017

National Goal	Local Initiative undertaken in 2016/17	Impact / Performance against plan
<p>Support and value patient public involvement and engagement</p>	<p>Review and further develop the lay representation within the CRN West Midlands (CRN WM) to include specialty groups and divisions. Review the CRN WM PPIE Steering Group to ensure it meets the needs of the CRN and includes membership from across the Network including a PPIE Champion, a Deputy and a member of the Young Person's Steering Group.</p> <p>Review the role of Lay Representatives already in post within the Network e.g. the PPIE Steering Group lay members and Partnership Group lay members.</p> <p>Further develop the Young Person's Steering Group (YPSG) to include representation on the Partnership Group and the PPIE Steering Group.</p> <p>Co-ordinate and support the Join Dementia Research (JDR) Champions' activities.</p>	<p>The terms of reference and membership of the PPIE Steering Group were reviewed and approved in June 2016. The Group has not been functioning as a truly strategic group and therefore a focus group has been held to explore the role of/need for this or another group e.g. PPIE Advisory Group. Some work has been undertaken in establishing lay representation in the Divisions and Specialty groups e.g. Division 1 – Cancer, and the Ageing Specialty Group. This work will be taken forward in the coming year and is in the PPIE Action Plan 2017-2018.</p> <p>Telephone discussions were held with each of the six lay representatives to review their roles within the Network, identify their knowledge, skills, experience and areas of interest to ensure that their involvement was meaningful and that there was mutual benefit to both the lay representatives and the Network. There are three lay members on the Network's Partnership Group. These members are supported by the Head of PPIE e.g. via pre and post meeting briefings. Their roles continue to be more clearly defined and PPIE is an agenda item at each meeting.</p> <p>The Young Person's Steering Group (YPSG) has 19 members, aged 11–20 years and held 11 meetings during the year. One young person sat on the interview panel for the Birmingham Children's Hospital (BCH) Director of Research, two of the young people sit on the research operational group at BCH and another young person sat on the interview panel for the Network's Clinical Research Specialty Lead for Children. In March 2017 a member of the group joined the Network's Partnership Group. Throughout the year the group has worked on six CRN-led studies, being involved in the research and dissemination material as well as poster submissions for conferences.</p> <p>Throughout the year there have been four Join Dementia Research (JDR) Steering Group meetings and new JDR roles have been agreed. There are currently three JDR Champions within the Network and their activity has included supporting the Building Research Partnership (BRP) training, visiting local organisations and along with the PPIE Officer with responsibility for JDR, working closely with local Charities and Community Organisations.</p>

	<p>Working with lay representatives, further develop the Lay Representatives' Induction Programme and provide on-going support and training to ensure they are fully trained to contribute their PPIE expertise, are supported and feel able to support other lay representatives and are informed of latest news and developments.</p>	<p>Lay representatives have reviewed the Induction programme and pack and further work is being done on this to include a short induction video for lay representatives. On-going support and training is provided for lay representatives e.g. opportunities to attend and be involved in events such as the CRN WM Stakeholder Event and the facilitator training for the 'People are Messy' film event in March 2017 and one to one meetings / telephone conversations as required e.g. the pre and post Partnership Group meetings briefings. The lay representatives are also kept up to date with developments by e.g. circulation of the Network's monthly newsletter, e-mail correspondence and distribution of opportunities for further involvement and development e.g. from the West Midlands Collaboration for Leadership in Applied Health Research & Care.</p>
<p>Talk about research in the NHS and Connect with the public, healthcare professionals and partners and Reach out</p>	<p>Develop and implement a PPIE Communications Plan to increase awareness amongst staff and the public of PPIE activities and initiatives via e.g. social media.</p>	<p>A separate PPIE Communications Plan has not been developed as PPIE forms part of the Network's Communications Plan. All NHS partner organisations are contacted on an on-going basis and Patient Research Ambassador (PRA) resources (guidance documents) are distributed to them via email.</p> <p>Additional activities undertaken specifically by the young people to increase awareness of research via the following events:</p> <ul style="list-style-type: none"> ● ICAN International Conference in Barcelona including a poster presentation ● Birmingham City University to present the work of the YPSG to senior nurse lecturers ● Conservative Party Conference Fringe event on Mental Health – three young people attended to question politicians about youth mental health research ● Presentation at healthcare company Roche's headquarters about the work of the YPSG and working with industry ● Presentation at the British Paediatric Surveillance Unit Rare Disease event, a Type 1 Diabetes day and the Rare Disease showcase at Birmingham Children's Hospital NHS Foundation Trust (BCH)* ● Shout Out for Mental Health conference, producing a poster, hosting a display and facilitating the lock down session

	<p>After undertaking a scoping exercise, the Patient Research Ambassador (PRA) initiative will be taken forward by working with partner organisations and supporting them in the implementation and development of the PRA role, including input from the YPSG. JDR Champions will be developed and supported within the PRA initiative.</p> <p>Continue to coordinate and implement NIHR campaigns in the CRN WM e.g. 'Ok to Ask'. Work with Network Partners to host Research Awareness Events including International Clinical Trials Day, and support and organise events to recognise Health Awareness weeks/days.</p>	<ul style="list-style-type: none"> • Mental Health priority setting session for James Lind Alliance/McPin Foundation (a mental health charity). <p>In addition, the YPSG produced a film for delivery staff to be shown at the CRN WM Annual Clinical Symposium and designed a mascot 'Reggie the Research Rabbit' to promote research involving young people.</p> <p>Twelve NHS Trusts in the Network have a total of 55 PRAs. All members of the YPSG are PRAs for BCH and the NIHR Clinical Research Facility and they have produced a film to promote the PRA initiative to NHS Trusts, professionals and the public. They are also Ambassadors for the Twitter campaign #whywedoresearch. Members of the group have also given a presentation to Burton Hospitals NHS Foundation Trust Young Persons' Group about research, and trained them in becoming PRAs.</p> <p>At the CRN WM Stakeholder Event Building on Our Success: The Next 10 Years in September 2016 lay representatives, members of the YPSG and PRAs ran a workshop about the PRA initiative. The JDR Champions are supported by the Network's PPIE Officer with responsibility for JDR.</p> <p>The PPIE team continues to work closely with the Network's Communications Lead in coordinating and implementing NIHR campaigns e.g. Ok to Ask.</p> <p>International Clinical Trials Day 2016 – The Network supported Partner organisations' activities e.g. displays at Cannock Chase Hospital and New Cross Hospital. The young people also took part in an international 'Tweet fest' as part of #whywedoresearch.</p> <p>The PPIE team, lay members and members of the YPSG supported other events across the Network to raise awareness of research and to promote NIHR campaigns e.g. Ok to Ask and JDR - e.g. the CRN WM Palliative Care Showcase (March 2017), CRN WM Primary Care Away Day (February 2017), Staffordshire Healthwatch Annual Meeting (June 2016), The Royal Wolverhampton NHS Trust (the Network Host) Annual General Meeting (September 2016), the West Midlands Stroke Research Event (September 2016) and the Public Involvement & Lay Accountability in Research (PILAR)</p>
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	Further develop interactive information such as the development and implementation of CRN WM PPIE webpage, Social Media and promote the use of NIHR CRN PPIE resources such as display banners and posters	<p>conference Health Research Better Together (November 2016).</p> <p>The Network has a presence on social media via Twitter, Facebook and, more recently, Instagram. The YPSG alone has over 700 followers on Twitter and has sent over 2,000 tweets. The work of the group has also been included on the Generation R (the national Young Person's Advisory Group) website to raise further awareness of research, and they have created five films to raise awareness of research which are available via YouTube.</p>
Make it easy for people to participate	<p>Roll out the Patient Stories Pack for use across the CRN WM and ensure the stories are shared via the Network's website and other media.</p> <p>Collate feedback from participants about their experience of being involved in research. Analyse the results and put together an action plan based on the findings for both adult and children & young persons' questionnaires.</p>	<p>Working with the Network's Communications Lead the PPIE team has reviewed and revised the Patient Stories Pack. This Pack is available for use by research teams across the Network and includes information about the initiative, an example of a patient story, consent/assent forms for participation, photography, filming and audio recording and example questions for collating the stories. The patient stories are shared on the CRN WM website and have been produced in a number of formats including posters, postcards, pull up banners, short films and audio recordings.</p> <p>A Patient Research Experience Survey (PRES) Working Group was established in 2016. Membership of this group included staff representatives from the Network, NHS Partner Organisations and lay representatives. Its purpose was to identify the learning points from the pilot survey 2015 – 2016 and plan for the delivery of the 2016 – 2017 survey. Questionnaires were developed using national guidance and then distributed in February 2017. Twenty one NHS Trusts (and Primary Care) participated in the survey. In total there were 576 patient responses and 166 of these offered to share their story of taking part in research. A Network-wide report is being finalised and reports for each of the six divisions are being produced.</p> <p>The YPSG have developed three patient research experience questionnaires for children and young people (5 – 7 years, 8 – 11 years and 12 – 16 years of age). These are being prepared for printing and will be used in the PRES 2017 -2018.</p>
Support and value involvement and engagement	<p>Provide learning and development opportunities for patients, carers, the public, lay representatives and staff.</p> <p>Analyse the feedback from the PPIE section of the CRN WM Training Needs Analysis to ensure training is based on the</p>	<p>Following the feedback from the CRN WM Training Needs Analysis the Building Research Partnerships (BRP) training is now delivered as part of the training programme offered via the Network Research Training Collaborative www.wmrtc.org Discussions regarding the PPIE training</p>

	<p>identified needs.</p> <p>Develop a comprehensive programme of PPIE training, available for the public and staff, across the West Midlands, delivered by the PILAR members, including NIHR partners. Deliver the locally adapted Building Research Partnerships (BRP) programme across the Network and evaluate with a view to delivering the course to young people.</p> <p>Promote and encourage the public, lay representatives and staff to register for the Massive Open Online Course (MOOC): Improving Healthcare through Clinical Research. Outcome</p>	<p>provided by NIHR partners within the West Midlands have taken place at PILAR meetings and in teleconferences. A list is currently being compiled of PPIE training available in the West Midlands for professionals and lay representatives.</p> <p>Six sessions of the locally adapted BRP programme have been delivered, three of these at NHS partner organisations. In total 66 people have attended the training. Two members of the YPSG and one adult lay representative have assisted in facilitating the BRP training for professionals. The YPSG revised the BRP training for lay members (both adult and children) and this will be rolled out across the Network in 2017 -2018.</p> <p>While the MOOC has been promoted to staff members and through newsletters which are sent to all of the POs, as well as via social media, this needs to be done on a wider scale across the Network to reach more lay representatives.</p> <p><i>*now Birmingham Women's & Children's NHS Foundation Trust</i></p>
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Appendix 3: Report against the Network's Workforce Development Plan 2016-2017

National Goal	Local Initiative undertaken in 2016/17	Impact / Performance against plan
<p>Deliver a responsive and agile research delivery workforce</p>	<p>The CRN WM Research Training Collaborative (WMRTC) aims to ensure that research staff and clinical teams supporting research can access high quality locally-provided training which is fit for purpose and meets local needs. It supports the provision of training which meet the three NIHR CRN priority areas for organisational and workforce development. In 2016/17 we planned to progress equity of access to WMRTC training across the region by fostering locality-based training collaboratives and encouraging participation in workforce development initiatives.</p> <p>A region-wide workforce training needs analysis (TNA) undertaken to inform programme planning and new initiatives for workforce development</p>	<p>One existing and two new locality based training collaboratives maintained / established with representatives from the majority of our POs and HEIs. Terms of reference agreed across each locality collaborative with the CRN WM WFD Strategy Group acting as the 'umbrella' oversight group for WMRTC.</p> <p>Dedicated site for advertising and booking WMRTC training launched; over 1,800 hits in the first quarter of 2017.</p> <p>There has been a steady increase in the number of trainers, locality group members and courses / topics delivered within the new locality collaboratives in year. In total 119 training sessions on 31 topics (exc GCP) were delivered; 45 sessions were planned and delivered within the new locality collaboratives.</p> <p>2,560 participants attended WMRTC sessions from 35 organisations in the West Midlands (including NHS Trusts, CCGs, non-NHS providers and HEIs); of these 1,218 participants attended NIHR GCP courses.</p> <p>Training Needs Analysis carried out with 609 respondents; the results have directly informed WMRTC programme planning: popular courses are being adopted in each locality; existing course materials under review following feedback received and new courses suggestions are</p>

	<p>Working with POs to implement the Rater plan (a team of experienced raters at each site who actively maintain their skills) aims to secure more commercial contract sites within the WM</p> <p>Plan to make 'mental health and dementia awareness' training available for all delivery staff as appropriate (e.g. primary care staff and generic team nurses working on mental health / dementia studies) limited by trainer capacity - single regional facilitator left the region. Local train the trainer initiative undertaken to recruit new facilitators in order to sustain and extend delivery of this training in 2017/18</p> <p>Promote access to relevant training and WD advice in collaboration with the respective RDMs to support the expansion of primary / community care based research activity within non-NHS providers.</p> <p>Providing access to continuous improvement training initiatives to help to embed a culture of innovation and improvement across the region</p>	<p>being explored by the locality collaborative groups.</p> <p>All regional Trusts apart from one trust, that are suitable to recruit to dementia commercial studies have a Lead Rater. This one Trust is not in a position to recruit to interventional commercial studies at this current time due to infrastructure limitations. This will be a focus for 2017/18. They are recruiting to an observational dementia commercial study. In 2016/17 we have 9 WM Trusts setting up/recruiting to dementia commercial studies.</p> <p>Delivery of this course limited to 25 staff working on mental health / dementia studies without prior MH background. Five new facilitators identified and trained.</p> <p>WMRTC training sessions accessed by staff from non-NHS providers including care homes, community pharmacies and hospices. 'Improving Healthcare through Clinical Research' MOOC advertised within all research-interested hospices; anecdotal feedback very positive and interest from more hospice staff in undertaking it next time.</p> <p>A one day CI course provided by an experienced external trainer has been delivered to 53 participants during 16/17.</p>
<p>Provide clearly communicated career opportunities in clinical research</p>	<p>Support the growth and development of the regional CI community: develop a HEI engagement strategy to encourage researchers to a) link in with the NHS and also b) apply for grants which result in portfolio status. This will include an initiative to deliver joint presentations with the</p>	

	<p>research design service supported by the ECER team.</p> <p>Develop explicit routes for career progression and development of CRN:WM staff with a particular focus on non-patient facing and primary care roles.</p> <p>Support the growth and development of the regional PI community: promote the continued roll out of the PI master class workshops within POs that have expressed their commitment to do so and identify opportunities for 'new' master class facilitators to become familiar with the materials and style of delivery through regional mentorship.</p> <p>Explore the implementation of Apprenticeships within the Business Delivery Services team.</p> <p>Explore the development / implementation of a competency framework for research delivery staff across patient-facing and non-patient facing roles building on regional and national frameworks (existing and in development)</p>	<p>Mapping exercise undertaken to assess development needs and access to internal/external training, peer group support and networking opportunities for all host-employed CRN WM staff. Areas of priority for internal staff development identified and agreed with SMT; specifically the administrator and portfolio manager teams. The Effective Office Professional programme has been introduced to the admin meetings to offer a rolling programme of relevant training and CPD activity has been added to the Portfolio Manager Group.</p> <p>Promoted the continued roll out of PI Master Class workshops within POs that have expressed their commitment to do so. At the start of this reporting period 40 PIs in four POs had participated in a Master class; the workshops are now provided in seven organisations and over 145 PIs have participated in them this year. The materials have also been introduced to delivery staff who support PIs to actively oversee studies, three of whom have subsequently become master class facilitators within their organisations. Feedback from the workshops is overwhelmingly positive and five additional organisations intend to launch the master classes in 17/18.</p> <p>A level 2 Business & Administration Apprentice was successfully recruited to support the WFD function within the Business Delivery Services team. A second apprentice has subsequently been recruited and links made with our host apprentice project team to explore the potential for apprentices within research-related roles within the region.</p> <p>A competency framework for research delivery staff has recently been launched within the CRN WM team and one acute Trust; it will be subject to a pilot phase during which it's compatibility with the CRN Integrated Workforce Framework will be established.</p>
A highly engaged CRN	Continue to support existing 'research delivery' leaders forums comprising Trust-based lead nurses and similar	Locality-based Research Delivery Lead Forums have been supported bimonthly through provision of venues and administrative support. The

<p>funded workforce</p>	<p>senior team leads which focus on the HLOs, sharing good practice and professional peer support.</p> <p>Implement an online induction module for CRN funded staff; provide access to standard induction materials to support host-employed staff induction across our multiple office bases and use all training and engagement opportunities to share the visions and values of the CRN</p>	<p>WD team provide advice and information to support and promote the existing peer support groups within our region.</p> <p>A pre-recorded induction presentation is available online. An induction handbook has been developed as part of a project to promote CRN engagement, staff belonging and consistent information resources to CRN funded staff. It is currently being piloted with host-employed CRN WM staff with the intention of rolling this out Network wide in 17/18. Facilitators who are employed by Partner Organisations have been encouraged to review the CRN induction presentation and have received a copy of the CRN visions and values document.</p>
<p>Embed learning and skills development in practice environments</p>	<p>The locality based training collaboratives will embed research-related learning and development opportunities within POs.</p> <p>Oversight and strategic direction of the CRN WM RTC training provision (increasingly provided and managed through the locality collaboratives) will be supported by the WFD Strategy group which meets quarterly. This will include the implementation of robust quality assurance processes.</p> <p>Develop facilitators to deliver training and provide regional development opportunities to retain experienced facilitators and maintain their competence and credibility.</p>	<p>The infrastructure that has been established to support the delivery of WMRTC training during 16/17 has prompted more POs to embed learning and research staff development within their organisations; 20 POs hosted regional WMRTC training sessions (exc. GCP) in 16/17 in comparison to ten the previous year.</p> <p>The WD Strategy Group has met quarterly as planned. The members have been instrumental in establishing and maintaining the WMRTC model. Engagement of POs and establishing new operational groups has been a significant undertaking this year; the implementation of robust QA processes has therefore necessarily been delayed and will instead be addressed in 17/18 as part of the WD Strategy.</p> <p>Two regional facilitator development days have been provided by an experienced trainer (Beverley Haynes). Of the 31 participants, over half are now actively delivering WMRTC sessions and the majority have plans to become involved over the coming year. New facilitators are mentored by the Operational Training Manager and/or supported by course leads until they feel confident to deliver the session(s) - this appears to be supporting recruitment & retention of new facilitators. A GCP facilitator update and development event for experienced facilitators was well received with the majority of our currently active GCP facilitators (25) attending. Attendance by representatives of our facilitator community at national</p>

		GCP facilitator events/meetings has been supported. Context-specific training materials have been developed by a working group of GCP facilitators in order to enhance course delivery in community and primary care settings. These are currently being piloted and will be shared with GCP training leads in other LCRNs.
Ensure patients and public contribute to learning and workforce development initiatives	Following the recent pilot and adaptation of the course focus, the PPIE team will roll out the Building Research Partnerships (BRP) Programme locally, working with NIHR partners to deliver the programme. Ensure there is WD representation on the PPIE steering group with the purpose of highlighting opportunities for shared staff and patient/public learning and development initiatives	The BRP programme has been delivered on six occasions to a total of 70 participants - additional information in Appendix 2
Ensure that our workforce has the skills to contribute to the growth agenda	<p>In collaboration with the Industry Lead, relevant CRN WM sessions provide opportunities to ensure that teams are knowledgeable about the importance of delivering commercial contract studies and aware of this as a priority for the Network</p> <p>Region-wide roll out of 'Making Studies a Success: A Feasibility Workshop'. This 2hr workshop was revised for 16/17 to focus on completing successful feasibilities for both commercial and non-commercial studies along with HRA assess, arrange and capability review.</p>	<p>WMRTC sessions offer opportunities to engage with staff across our region and reinforce this strategic priority. A CPD accredited regional event was attended by >250 multidisciplinary staff and included sessions promoting the importance of the successful delivery of commercial contract research</p> <p>Feasibility workshops were delivered bimonthly within venues across the region; they have been attended by 81 participants.</p>



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