

2017/18 LCRN Annual Reporting Requirements

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

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Host Organisation Approval

Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group:	Yes
Date of the LCRN Partnership Group meeting at which this Annual Report was agreed:	4th May 2018 - No physical agreement by email
Confirmation that this Annual Report has been reviewed and approved by the LCRN Host Organisation Board:	No
Date of the LCRN Host Organisation Board meeting at which this Annual Report was (or will be) approved:	July 2018

If this Report has not been approved by the LCRN Host Organisation Board at the time of submission to the CRNCC, then the LCRN Host Organisation Nominated Executive Director should provide that the Board has approved the Report

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

Please confirm that the Host Organisation and all LCRN Partner organisations operated in full compliance with the CRN Performance and Operating Framework 2017/18:

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

No - see below

Part A: Performance Framework

1. LCRN Performance Indicators	
1.1 NIHR CRN High Level Objectives (HLOs)	The LCRN did not meet target on a number of HLOs. In particular, for HLO1 full year recruitment was 42,816 participants to studies against a target of 45,000. Within this, the LCRN made up some but not all of the shortfall resulting from a 3 month pause in recruitment to the NCSS study (approx 1,200 recruits per month) whilst an amendment was processed. HLO7 recruitment was 1,282 compared with a target of 1,700, mainly as a result of a number of studies that were delayed but have now opened.
1.2 Clinical Research Specialty Objectives	Majority of Specialities met target - full details are included in section 4.
1.3 CRN Improvement Objectives	
1.4 LCRN Operating Framework Indicators	
1.5 Initiating and Delivering Clinical Research Indicators	
1.6 Satisfaction Survey Indicators	
1.7 LCRN Patient Experience Indicators	
2. Performance Management Processes	

Part B: Operating Framework

1. Principles	
2. Governance and Management (including Financial Management)	
2.1 Category B LCRN Partner flow down contracts	No Category B flow down contracts were signed for 2017/18, although some contracts were signed in the prior year. CRN CC was aware that we ceased sending these out whilst resolution from DHSC and CRN was being discussed.
3. CRN Specialities	Majority of Specialities met target - full details are included in section 4.
4. Research Delivery	
5. Information and Knowledge	
6. Stakeholder Engagement and Communications	
7. Organisational Development	
8. Business Development and Marketing	

Section 2. Executive Summary

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

1	Host Organisation	<ul style="list-style-type: none"> The Host Organisation has continued to fulfil its responsibilities as an LCRN Host in line with the DH/LCRN Host Organisation Agreement OUH fully met all requirements in the Performance and Operating Framework in terms of LCRN structure, management roles, and governance Executive Group met with support from Host Organisation Medical Director (CRN TVSM's Executive Lead) Annual Plan and Annual Report both approved at OUH Board Meetings
2	Governance and LCRN Management Arrangements	Governance and management arrangements remained unchanged during 2017/18. The LCRN met key submission dates for reports and maintained a strong financial position as at year end.
3	Business Development and Marketing	The LCRN has increasingly engaged with the life sciences industry, running a successful regional industry event in conjunction with the NHS. This brought together CROs, researchers, Trust staff, University staff, pharmaceutical companies and SMEs with a variety of presentations on the pharmaceutical industry or medical devices/technology. Additionally the LCRN has been involved with several engagement events, meetings and conferences. The Service to assist and support the early engagements/running of commercial studies. The LCRN escalation function through the Cross-Trusts challenges associated with commercial studies is now well established.
4	Information and Knowledge	All trusts in the Thames Valley now utilise Studyline as the Networks LPMS solution. The LCRN was the first network to link Capabilities and Performance system with all current C&C data being transferred nightly into the national system. Other key achievements include the development of a monitoring non-commercial studies which pulls information from the Portfolio ODP app for all studies that TVSM participate in and allow data to be quickly generated. Further development of this will include the chasing log, as well as pulling information from Studyline regarding C&C data.
5	Specialty highlights	Recruited to 29/30 Specialties during the year and the remaining Specialty (Ageing) now has 3 studies in set up. During the year, the LCRN filled 10 vacant posts and several Specialties expanded their recruitment to additional sites and settings. A particular success was the Invictus flexible model. Four secondary care employed CRN funded research nurses were released from their usual duties to work on the trial and care research nurse teams. These staff reported a positive experience, and collectively recruited 862 patients to this commercial trial using this approach. Due to the success of Invictus in winter 2017, the study will run again for a 2nd flu season in winter 2018. Recruited a global first within the Haematology Specialty (CPMS 34906) .
6	Research delivery	<ul style="list-style-type: none"> OUH was the highest recruiting Trust in the country with 20,927 recruits. BHT and MKFT were the second highest recruiting trusts in the medium and small acute categories respectively Delivered the NIHR CRN Study Support Service in accordance with NIHR CRNCC SOPs and guidance documents.
7	Stakeholder Engagement and Communications	During 2017/18, the LCRN distributed 40 press releases, mostly to local media about trials supported by the CRN, backed with case studies and coverage. The LCRN co-ordinated coverage for two national stories – about flu and meningitis vaccines – which attracted national media attention. Running study sites that were the subject of press releases in Thames Valley and South Midlands. Digital communications were a priority on Twitter, Facebook, LinkedIn and Instagram. The annual awards event in September resulted in positive media coverage and the LCRN region. We invested in producing digital and hard copy content to promote research in all settings including flyers, posters, graphics, brochures and established a specific 'Resources for engagement and involvement in NHS research' website.
8	Workforce Learning and Organisational Development	4.7% of our recruitment in year was achieved through flexible working approaches to research delivery, with Invictus being the third highest in the portfolio. The LCRN trained 556 people on courses (including Introduction to GCP, GCP Refresher, Valid Informed Consent, Next steps in Clinical Research Delivery course resulting in 199 people via local webinars. The LCRN led the review of the Next steps in Clinical Research Delivery course resulting in a map of research education stakeholder event in collaboration with HEE. This has resulted in a map of research education providers as well as a direct report to the Thames Valley and South Midlands. We commenced work on the refreshed workforce plan to be delivered September 2018. This includes a refreshed delivery staff and WFD steering group.
9	National Contributions	<p>The LCRN led the review of the Next steps in Clinical Research Delivery course resulting in national rollout. Team members have taken part in national media and preparations for the NHS's 70th birthday celebrations in July 2018. In addition, the LCRN members were part year only)</p> <p><u>Belinda Lennox</u> - Chair of Research Delivery Steering Group</p> <p><u>Val Woods</u> - Funding and Financial Management Steering Group, Care Quality Commission Collaboration Advisory Group, Improvement and Innovation Steering Group</p> <p><u>Mark Dolman</u> - Research Delivery Steering Group, Co-Lead for the AcoRD Working Group for the Study Support Service, Non Commercial Studies Steering Group</p> <p><u>Helen Collins</u> - National Lead for Dementia Rater Programme (WFD), National Workforce Development Leads Group</p> <p><u>Chris Hille</u> - Accelerating Digital Commissioning Group</p> <p><u>Nancy Hopewell</u> - National Co-lead for "Let's Talk Trials", National Workforce Development Leads Group, National GCP Leads Group</p> <p><u>Oliver Evans</u> - Cancer Researcher Introductory Course Working Group Lead</p> <p><u>Oliver Evans</u> - NIHR Phase 2 Website Development Group, Accelerating Digital Commissioning Group</p>

Section 3. Key Projects

Project ID	Project Name	Lead	Start Date	End Date	Phase	Status	Dependencies
1.01	Performance Improvement Plan	John Doe	2023-01-01	2023-03-31	Complete	On Track	None
1.02	Financial Review	Jane Smith	2023-01-01	2023-02-28	Complete	On Track	None
1.03	Strategic Planning	Bob Johnson	2023-02-01	2023-04-30	In Progress	At Risk	Resource Allocation
1.04	Operational Efficiency	Alice Brown	2023-03-01	2023-05-31	In Progress	On Track	IT Support
1.05	Customer Satisfaction	Charlie White	2023-04-01	2023-06-30	In Progress	On Track	Marketing Support
1.06	Internal Audit	Diana Green	2023-05-01	2023-07-31	In Progress	At Risk	External Consultant
1.07	IT System Upgrade	Ethan Black	2023-06-01	2023-09-30	In Progress	On Track	Vendor Management
1.08	Human Resources	Fiona Grey	2023-07-01	2023-08-31	In Progress	On Track	Recruitment
1.09	Legal and Compliance	Gavin Blue	2023-08-01	2023-10-31	In Progress	At Risk	Legal Counsel
1.10	Public Relations	Hannah Yellow	2023-09-01	2023-11-30	In Progress	On Track	Media Relations
1.11	Research and Development	Ian Purple	2023-10-01	2024-01-31	In Progress	On Track	Patent Applications
1.12	Facilities Management	Judy Pink	2023-11-01	2024-02-28	In Progress	On Track	Facility Maintenance
1.13	Quality Assurance	Kyle Green	2023-12-01	2024-03-31	In Progress	On Track	Product Testing
1.14	Security Enhancement	Laura Blue	2024-01-01	2024-04-30	In Progress	At Risk	Security Audit
1.15	Partnership Development	Mark Yellow	2024-02-01	2024-05-31	In Progress	On Track	Partnership Agreements
1.16	Employee Wellness	Nancy Purple	2024-03-01	2024-06-30	In Progress	On Track	Wellness Programs
1.17	Environmental Impact	Oscar Green	2024-04-01	2024-07-31	In Progress	On Track	Carbon Footprint
1.18	Supply Chain Optimization	Peter Blue	2024-05-01	2024-08-31	In Progress	On Track	Supplier Negotiations
1.19	Government Relations	Quinn Yellow	2024-06-01	2024-09-30	In Progress	On Track	Policy Advocacy
1.20	Market Expansion	Rachel Purple	2024-07-01	2024-10-31	In Progress	At Risk	Market Research
1.21	Brand Revitalization	Sam Green	2024-08-01	2024-11-30	In Progress	On Track	Brand Strategy
1.22	Process Automation	Tina Blue	2024-09-01	2025-01-31	In Progress	On Track	Automation Tools
1.23	Customer Segmentation	Victor Yellow	2024-10-01	2025-02-28	In Progress	On Track	Data Analytics
1.24	Supply Chain Diversification	Wendy Purple	2024-11-01	2025-03-31	In Progress	On Track	Supplier Diversification
1.25	Government Compliance	Xavier Green	2025-01-01	2025-04-30	In Progress	On Track	Regulatory Updates
1.26	Global Expansion	Yvonne Blue	2025-02-01	2025-05-31	In Progress	At Risk	Local Market Entry
1.27	Product Line Extension	Zoe Yellow	2025-03-01	2025-06-30	In Progress	On Track	R&D Investment
1.28	Customer Loyalty Program	Adam Purple	2025-04-01	2025-07-31	In Progress	On Track	Loyalty Program Design
1.29	Supply Chain Sustainability	Ben Green	2025-05-01	2025-08-31	In Progress	On Track	Sustainable Sourcing
1.30	Government Policy Impact	Chloe Blue	2025-06-01	2025-09-30	In Progress	On Track	Policy Analysis
1.31	Market Penetration	Dan Yellow	2025-07-01	2025-10-31	In Progress	On Track	Competitive Pricing
1.32	Brand Consistency	Eve Purple	2025-08-01	2025-11-30	In Progress	On Track	Brand Guidelines
1.33	Process Streamlining	Fred Green	2025-09-01	2026-01-31	In Progress	On Track	Bottleneck Identification
1.34	Customer Experience	Grace Blue	2025-10-01	2026-02-28	In Progress	On Track	User Feedback
1.35	Supply Chain Risk Management	Harry Yellow	2025-11-01	2026-03-31	In Progress	On Track	Risk Assessment
1.36	Government Transparency	Ivy Purple	2026-01-01	2026-04-30	In Progress	On Track	Transparency Reporting
1.37	Global Market Analysis	Jack Green	2026-02-01	2026-05-31	In Progress	On Track	Market Data
1.38	Product Innovation	Karen Blue	2026-03-01	2026-06-30	In Progress	On Track	Patent Strategy
1.39	Customer Engagement	Liam Yellow	2026-04-01	2026-07-31	In Progress	On Track	Engagement Metrics
1.40	Supply Chain Innovation	Mia Purple	2026-05-01	2026-08-31	In Progress	On Track	Blockchain Integration
1.41	Government Efficiency	Noah Green	2026-06-01	2026-09-30	In Progress	On Track	Process Automation
1.42	Market Research	Olivia Blue	2026-07-01	2026-10-31	In Progress	On Track	Surveys and Focus Groups
1.43	Brand Positioning	Peter Yellow	2026-08-01	2026-11-30	In Progress	On Track	Competitive Analysis
1.44	Process Optimization	Quinn Purple	2026-09-01	2027-01-31	In Progress	On Track	Lean Manufacturing
1.45	Customer Satisfaction	Rachel Green	2026-10-01	2027-02-28	In Progress	On Track	Service Quality
1.46	Supply Chain Resilience	Sam Blue	2026-11-01	2027-03-31	In Progress	On Track	Inventory Management
1.47	Government Innovation	Tina Yellow	2027-01-01	2027-04-30	In Progress	On Track	Digital Transformation
1.48	Global Collaboration	Victor Purple	2027-02-01	2027-05-31	In Progress	On Track	Cross-border Partnerships
1.49	Product Diversification	Wendy Green	2027-03-01	2027-06-30	In Progress	On Track	R&D Investment
1.50	Customer Retention	Xavier Blue	2027-04-01	2027-07-31	In Progress	On Track	Loyalty Programs
1.51	Supply Chain Digitalization	Yvonne Yellow	2027-05-01	2027-08-31	In Progress	On Track	Digital Tools
1.52	Government Digitalization	Zoe Purple	2027-06-01	2027-09-30	In Progress	On Track	Digital Services
1.53	Market Digitalization	Adam Green	2027-07-01	2027-10-31	In Progress	On Track	Digital Marketing
1.54	Product Digitalization	Ben Blue	2027-08-01	2027-11-30	In Progress	On Track	Digital Products
1.55	Customer Digitalization	Chloe Yellow	2027-09-01	2028-01-31	In Progress	On Track	Digital Customer Service
1.56	Supply Chain Digitalization	Dan Purple	2027-10-01	2028-02-28	In Progress	On Track	Digital Supply Chain
1.57	Government Digitalization	Eve Green	2027-11-01	2028-03-31	In Progress	On Track	Digital Government
1.58	Global Digitalization	Fred Blue	2028-01-01	2028-04-30	In Progress	On Track	Digital Global
1.59	Product Digitalization	Grace Yellow	2028-02-01	2028-05-31	In Progress	On Track	Digital Products
1.60	Customer Digitalization	Harry Purple	2028-03-01	2028-06-30	In Progress	On Track	Digital Customer Service
1.61	Supply Chain Digitalization	Ivy Green	2028-04-01	2028-07-31	In Progress	On Track	Digital Supply Chain
1.62	Government Digitalization	Jack Blue	2028-05-01	2028-08-31	In Progress	On Track	Digital Government
1.63	Global Digitalization	Karen Yellow	2028-06-01	2028-09-30	In Progress	On Track	Digital Global
1.64	Product Digitalization	Liam Purple	2028-07-01	2028-10-31	In Progress	On Track	Digital Products
1.65	Customer Digitalization	Mia Green	2028-08-01	2028-11-30	In Progress	On Track	Digital Customer Service

Note: All dates are approximate and subject to change based on project progress and resource availability. The status column indicates the current phase of the project, with colors representing different levels of risk and progress.

Section 5. Development and Improvement Objectives 2017/18

5.1.	Please describe your activities and impact against the following objective: a) promote equality of access ensuring wherever possible, that patients have parity of opportunity to participate in research	We have a number of activities that encourage equity of access across the region and it has been an agenda item at several of our Pa Stakeholder meetings. Recruitment by trust and for primary care by region is regularly monitored and we review how our performance compares with other LCRNs. We generate 'heat maps' to help us identify imbalances and opportunities. Primary care activity in particular has expanded across parts of Berkshire and we have specific plans in place to target the area around Milton Keynes where participation is still very low. We have also undertaken a number of additional funding rounds in year, targeting expressions of interest to open up new studies or focus on under-represented parts of the region. For example, we are establishing a new Direct Delivery Team to be based specifically at the Horton Hospital to extend our opportunities further across Oxfordshire and into Buckinghamshire. Increasingly, we are also reaching under-represented parts of the region through our groups better via our awareness and engagement programmes as detailed in Section 3.
5.2.	Please describe your activities and impact against the following objective: b) demonstrate a "one Network" approach to delivery	Delivering a One Network approach is a priority for the LCRN. We implement national guidance as required and have now embedded this across our Support Service across the region. Where best practice initiatives to improve or standardise our systems are identified in other LCRNs we adopt them and we share our own examples of best practice with others. We have joined with the fellow LCRNs in our NHS England region (Peninsula, Wessex and West of England) to form a supra network approach and a number of sub groups have now been specified, membership has been confirmed and Terms of Reference issued. There is an established meeting and reporting timetable for each group in place and finalise key objectives and deliverables for each group are currently in progress.

Section 6. Operating Framework Compliance Indicators

Please provide the information requested in column C.			Commentary
1.1	<p>Domain: Governance and Management</p> <p>Indicator: Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the minimum scope requirements specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre</p>	Please indicate any outstanding recommendations from the last internal audit performed that may not have been implemented fully by the Host Organisation. Please also provide the "opinion" provided by the auditor for the Host audit.	No outstanding recommendations from the last internal audit.
1.2	<p>Domain: Governance and Management</p> <p>Indicator: Internal audit in respect of LCRN funding managed by each Category A Partner Organisation, undertaken at least once every five years and which meets the minimum scope requirements specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Monitoring of audit reports provided by the LCRN Category A Partners to the National CRN Coordinating Centre</p>	Please indicate any outstanding recommendations from the last internal audit performed that may not have been implemented fully by the Partner organisation. Please also provide the "opinion" provided by the auditor for the Partner audit.	No audits have been undertaken as yet
1.3	<p>Domain: Governance and Management</p> <p>Indicator: Deliver robust financial management using appropriate tools and guidance</p> <p>Assessment Approach: Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%); Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%); Monitoring of financial management via LCRN financial health check</p>	No further LCRN information required.	
1.4	<p>Domain: Governance and Management</p> <p>Indicator: Distribute LCRN funding equitably on the basis of NHS support requirements</p> <p>Assessment Approach: Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements</p>	Please comment on whether the LCRN adopted a bidding process for LCRN Partners to apply for additional LCRN funding to meet NHS support requirements. If applicable, please confirm the % of funding requests approved/rejected.	The LCRN has adopted a number of bidding processes to allocate contingency funds. Approximately 30% of requests from the latest round were successful. Many of the requests that were not successful did not meet the NHS Service Support Cost criteria and were directed towards other support services (eg RDS).
1.5	<p>Domain: Governance and Management</p> <p>Indicator: LCRN Host Organisation and LCRN Category A Partners submit an NHS Information Governance Toolkit annual assessment to NHS Digital and attain Level 2 or Level 3</p> <p>Assessment Approach: Analysis of information on the NHS Digital Information Governance Toolkit website which provides open access to attainment levels for all submitting organisations</p>	Please confirm the Host Organisation's NHS Information Governance Toolkit score and attainment level.	Host achieved attainment level 2 with a score of 100%.
1.6	<p>Domain: Governance and Management</p> <p>Indicator: LCRN provides reports and other documents as requested by the National CRN Coordinating Centre</p> <p>Assessment Approach: Monitoring of provision of documents requested by the National CRN Coordinating Centre</p>	No further LCRN information required.	
1.7	<p>Domain: Governance and Management</p> <p>Indicator: LCRN CD and/or COO attend all CCLCRN Liaison meetings</p> <p>Assessment Approach: Attendance registers for CCLCRN Liaison meetings</p>	Please comment on attendance of LCRN CD/COO at CRNCC/LCRN Liaison meetings. (CRNCC will also review its central register).	There was presence from the LCRN at all CCLCRN Liaison meetings in the year.
2.1	<p>Domain: CRN Specialities</p> <p>Indicator: LCRN has an identified Lead for each CRN Speciality</p> <p>Assessment Approach: The LCRN Host Organisation shall: (1) Provide the National CRN Coordinating Centre with access to a list of Local CRN Speciality Leads, which includes each individual's start/end dates and contact information (2) Notify the National CRN Coordinating Centre if there are changes within the financial year (3) Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies</p>	Please provide commentary on intentional vacancies or the expected timeframe to fill Local CRN Speciality Lead vacancies as referenced in the LCRN Fact Sheet	All posts are filled as at year end, apart from a couple of cancer sub-speciality leads which we are looking to reappoint. When posts become vacant, the LCRN will endeavour to fill them as soon as is practicable.
2.2	<p>Domain: CRN Specialities</p> <p>Indicator: Each LCRN Local Speciality Lead attends at least 2/3 of National Speciality Group meetings</p> <p>Assessment Approach: Attendance registers for National Speciality Group meetings</p>	No further LCRN information required.	
2.3	<p>Domain: CRN Specialities</p> <p>Indicator: Each LCRN provides evidence of support provided to their Local Speciality Leads (LSLs) to enable them to undertake national activities in respect of commercial early feedback and non-commercial adoption</p> <p>Assessment Approach: Evidence of support provided in LCRN Annual Plan and Report</p>	Please provide evidence of the impact and outcomes from activities delivered to enable your Local Speciality Leads to undertake national activities in respect of commercial early feedback and non-commercial adoption.	All of our Speciality leads are encouraged to be active in participating at national speciality group meetings which can review portfolio eligibility for non commercial studies. In addition, one of our Speciality leads is the national Reproductive Health industry lead. Our Mental Health Speciality lead is registered as a reviewer for early feedback for commercial studies.
3.1	<p>Domain: Research Delivery</p> <p>Indicator: Each LCRN delivers local elements of the Study Support Service as specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Monitor completion rates for study delivery assessment for each study where the LCRN is assigned as the Lead LCRN / Monitor effective set up of the study start-up document into CPMS study records for each study where the LCRN is assigned as the Lead LCRN</p>	Please ensure your commentary references and provides context for the Study Support Progress Tracker app information available on Open Data Platform for studies led by the LCRN in 2017/18 as this provides a mechanism for visualising the local CRN provided service outputs at a study level. For example the number of study delivery assessments completed and the number of study start up documents uploaded into CPMS as a percentage of the number of studies for which the LCRN is assigned as the Lead LCRN.	The Network has completed Study Set Up for 37 studies concentrating their efforts on multi-site studies where it is considered possible to add the most value. The network is committed to completing the study start up plans to a high standard seeking to meet and engage with the Chief Investigator for all studies to facilitate high quality reports that inform effective start up in other sites. This is a continuation of the effective lead network and study support service already provided by the network which is reflected in the high performance for HLO2B for 2017/18.
3.2	<p>Domain: Research Delivery</p> <p>Indicator: LCRN provides site level set-up data as specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Analysis of percentage of LCRN sites taking longer than 40 days from "date site selected" to "date site confirmed" from LPMIS/CPMS held data. (HLO 4)</p>	Please ensure your commentary references and provides context for the percentage of LCRN sites taking longer than 40 days from "date site selected" to "date site confirmed" from LPMIS/CPMS data as displayed in the Study Start Up app on Open Data Platform.	The LCRN was the 3rd highest performer overall for HLO4 with a median number of days of 6. However, there was significant variation by trust within this with very few reported days from OHSFT and OHT and a very high number of days from RBFT.
4.1	<p>Domain: Information and Knowledge</p> <p>Indicator: LCRN provides LPMS data points, to timelines, as specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Analysis of percentage of missing data points from each region at the point of annual reporting data cut from CPMS/LPMS held data</p>	No further LCRN information required.	
4.2	<p>Domain: Information and Knowledge</p> <p>Indicator: LCRN provides support for ongoing provision of an LPMS solution</p> <p>Assessment Approach: Review of budget line for provision of an LPMS in LCRN annual financial plan</p>	No further LCRN information required.	
4.3	<p>Domain: Information and Knowledge</p> <p>Indicator: Each LCRN has a nominated representative in attendance at all national CRN Virtual Business Intelligence meetings</p> <p>Assessment Approach: Attendance registers for national CRN Virtual Business Intelligence meetings</p>	Please comment on attendance at national meetings (CRNCC hold a central register).	The LCRN attends these meetings. We are in the process of appointing to our Project Manager vacancy which will further increase our capacity to attend such meetings.
5.1	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: LCRN has an experienced and dedicated communications function</p> <p>Assessment Approach: Individual's name and contact details provided to National CRN Coordinating Centre / Non-pay budget line for communications identified in LCRN Annual Plan</p>	CRNCC maintains the central contacts list but please provide any additional commentary on vacancies and the expected timeframe to fill these. Please comment on non-pay communications spend.	The LCRN has a combined Engagement, Communications and PPIE team comprising a lead manager, an operational manager and a facilitator who all work flexibly across the workstreams. No changes to team structure are anticipated.
5.2	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN has a defined approach to communications and action plan aligned with the national communications strategy</p> <p>Assessment Approach: Review and monitoring of LCRN Annual Plan / Review of outcomes as reported within LCRN Annual Report</p>	Please cross-reference from Section 3.6 and add any additional commentary as needed.	The LCRN has a formal Communications Plan. Regular updates are provided to the Partnership and Stakeholder Group meetings. Details are all included in 3.6.1 to 3.6.10.
5.3	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: The LCRN has in place a senior leader with experience and identified responsibility for PPIE</p> <p>Assessment Approach: Individual's name and contact details provided to National CRN Coordinating Centre</p>	CRNCC maintains the central contacts list but please provide any additional commentary on vacancies and the expected timeframe to fill these.	No changes expected.
5.4	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: The LCRN records metrics of research opportunities offered to patients</p> <p>Assessment Approach: LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc) / Evidence of local patient evaluation system / Progress discussed at national PPIE meetings and reported in LCRN Annual Report</p>	Please cross-reference from Section 3.6 and add any additional commentary as needed.	This information is provided in sections 3.6.1 to 3.6.7. The Patient Research Experience Survey attracted 112 responses and was shared throughout the LCRN. The survey will be run for most of 2018/19 to bring in a higher number of responses and embed the survey in teams.
5.5	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: The LCRN has collaborative PPIE workplans across CRN and partners with measurable outcomes for delivery of learning resources</p> <p>Assessment Approach: LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc) / Evidence of local patient evaluation system / Progress discussed at national PPIE meetings and reported in LCRN Annual Report</p>	Please cross-reference from Section 3.6 and add any additional commentary as needed.	The LCRN has a formal Communications Plan. Regular updates are provided to the Partnership and Stakeholder Group meetings. Details are all included in 3.6.1 to 3.6.10. The LCRN has a combined Engagement, Communications and PPIE team comprising a lead manager, an operational manager and a facilitator who all work flexibly across the workstreams. No changes to team structure are anticipated.
5.6	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN delivers the Patient Research Ambassadors (PRAs) project</p> <p>Assessment Approach: Review and monitoring of LCRN Annual Plan / Review of outcomes as reported within LCRN Annual Report</p>	Please cross-reference from Section 3.6 and add any additional commentary as needed.	By the end of quarter four, the CRN has 23 Patient Research Ambassadors (PRAs), up from 21 at the end of 2016/17. The target to have at least four in each of the LCRN's four areas was met apart from three in Milton Keynes. An induction / networking event for PRAs was held in June, a second planned event was moved to April 2018 to provide capacity to host other events in 2017/18. A log of activities for PRAs to participate in, a WhatsApp group, online forum and newsletter were among communication methods established to engage PRAs. Five Q&As with PRAs featured on the NIHR website and LCRN social media.
6.1	<p>Domain: Workforce, Learning and Organisational Development</p> <p>Indicator: The LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN funded staff</p> <p>Assessment Approach: Individual's name and contact details provided to National CRN Coordinating Centre / Development of an approach to workplace wellbeing aligned with CRNCC, to include a wellbeing framework and action plan</p>	CRNCC maintains the central contacts list but please advise if there has been any change in the name or contact details of the senior leader with identified responsibility for the wellbeing of all LCRN-funded staff.	No changes expected.
6.2	<p>Domain: Workforce, Learning and Organisational Development</p> <p>Indicator: Each LCRN has an agreed programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all</p> <p>Assessment Approach: Evidence of programme of activities provided in LCRN Annual Plan and Report / Monitoring effective approaches shared by Workforce Development Leads at national meetings</p>	Please cross-reference from Section 3.7 and add any additional commentary as needed.	The LCRN has a formal Workforce Plan. The next plan will be submitted to CRN as requested by September 2018. Regular updates are provided to the Partnership and Stakeholder Group meetings. Details are all included in 3.7.1 to 3.7.10.
6.3	<p>Domain: Workforce, Learning and Organisational Development</p> <p>Indicator: The LCRN has a defined approach to developing a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics</p> <p>Assessment Approach: Evidence of programme of activities provided in LCRN Annual Plan and Report / Monitoring effective approaches shared by Continuous Improvement Leads at national meetings</p>	Please cross-reference from across the Annual report and add any additional commentary as needed. This should include include details of impacts, benefits, lessons learned, and how these have been shared with the wider CRN.	The LCRN does not currently have a separate Continuous Improvement Plan. We will be revising our approach once the Project Manager position has been appointed (currently out to advert). The LCRN tends to the view that the majority of its activities, deliverables and impacts relate to Continuous Improvement initiatives but it does not highlight these as a separate category.
7.1	<p>Domain: Business Development and Marketing</p> <p>Indicator: Each LCRN has a completed business development and marketing Profile using the template provided by the National CRN Coordinating Centre</p> <p>Assessment Approach: Profile template submitted as part of LCRN Annual Plan / Contact details provided for assigned LCRN Profile lead in LCRN Annual Plan</p>	No further LCRN information required.	
7.2	<p>Domain: Business Development and Marketing</p> <p>Indicator: The LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy</p> <p>Assessment Approach: Review and monitoring of LCRN Annual Plan / Review of outcomes as reported within LCRN Annual Report</p>	Please cross-reference from Section 3.8 and add any additional commentary as needed.	The LCRN has a series of activities to promote the industry agenda. These are detailed in sections 3.8.1 to 3.8.4 and are reported to the Partnership and Stakeholder Group meetings.

8. Glossary

AHSN	Academic Health Science Network
BHFT	Berkshire Healthcare NHS Foundation Trust
BRC	Biomedical Research Centre
BRU	Biomedical Research Unit
BucksHT	Buckinghamshire Healthcare NHS Trust
CDSS	Cross Divisional and Support Services Manager
CI	Chief Investigator
CLARHC	Collaboration for Leadership in Applied Health Research
CPMS	Central Portfolio Management System
CSG	Clinical Studies Group
CRNCC	Clinical Research Network Co-ordinating Centre
CYP	Children and Young People
DDT	Direct Delivery Team
DEC	Diagnostic Evidence Co-operative
DHSC	Department of Health and Social Care
DSO	Divisional Support Officer
ENT	Ear Nose and Throat
EOI	Expression of Interest
HETV	Health Education Thames Valley
HLO	High Level Objective
HRA	Health Research Authority
JDR	Join Dementia Research
KPI	Key Performance Indicator
LCRN	Local Clinical Research Network
LETB	Local Education and Training Board
LPMS	Local Portfolio Management System
LSL	Local Specialty Lead
MDT	Multi-Disciplinary Team
MHRA CTA	Medicines and Healthcare Products Regulatory Agency Clinical Trial Authorisation
MKFT	Milton Keynes University Hospital NHS Foundation Trust
MRC	Medical Research Council
NIHR	National Institute of Health Research
ODP	Open Data Platform
OHFT	Oxford Health NHS Foundation Trust
OUH	Oxford University Hospitals NHS Foundation Trust
PBOG	Provider Based Operational Delivery Groups
PI	Principal Investigator
PIC	Participant Identification Centre
POF	Performance Operating Framework

PPIE	Patient and Public Involvement and Engagement
PRA	Patient Research Ambassador
RBFT	Royal Berkshire NHS Foundation Trust
RCT	Randomised Controlled Trial
RDM	Research Delivery Manager
RM&G	Research Management and Governance
SCAS	South Central Ambulance Service NHS Foundation Trust
SPCPS	Supportive, Palliative Care and Psychosocial Sub-Specialty
SLT	Speech and Language Therapist
SPCR	School for Primary Care Research
SSL	Sub-Specialty Lead
SSNAP	Sentinel Stroke National Audit Programme
TVSM	CRN Thames Valley and South Midlands

10. Appendix A. Example CRN XXXX Annual Report Executive Summary (please delete this tab prior to submission of your report)

<p>1. Host Organisation</p>	<ul style="list-style-type: none"> The Host Organisation has continued to fulfil its responsibilities as an LCRN Host in line with the DH/LCRN Host Organisation Agreement. XXXX Trust fully met all requirements in the Performance and Operating Framework in terms of LCRN structure, management roles, arrangements. Executive Group refreshed to quarterly meetings with support from Host Organisation Medical Director (CRN XXXX's Executive Lead), Senior Human Resources Lead, XXXX. Quarterly Board report reviewed at Host Organisation Executive Performance Board Meeting, and then considered at full public Host Organisation Clinical Director (CD) and Chief Operating Officer (COO) in attendance. Strong relationship between CRN XXXX and the Host Organisation. Regular meetings, the ability to escalate where needed, and Host Organisation successful performance.
<p>2. Governance and LCRN Management Arrangements</p>	<ul style="list-style-type: none"> Stable management infrastructure enabling constructive challenge and effective decision-making. Delivered financial break-even for 2017/18. Improved Partnership Group engagement and senior attendance. Internal audit in respect of LCRN funding managed by the LCRN Host Organisation completed by Host Organisation in MMM YYYY. CRNCC on MMM YYYY.
<p>3. Business Development and Marketing</p>	<ul style="list-style-type: none"> LCRN Business Development Profile refreshed as part of 2018/19 Annual Plan for marketing purposes by the national Business Development Team. Worked with Contract Research Organisations (CROs) and Life Sciences Industry to support partnership working with the LCRN and potential new ways of working. The network has promoted the continued importance of the industry agenda to LCRN Partner organisations and investigators through various channels. The network has supported the national Biosimilars campaign through XXX, YYY, ZZZ which has resulted in AAA, BBB, CCC.
<p>4. Information and Knowledge</p>	<ul style="list-style-type: none"> LPMS operational and good engagement in all Partner organisations. All LPMS data points provided to the CRNCC's timelines. Data quality assurance and data validation systems in place. Pro-active LPMS user group to support ongoing LPMS development and functionality. Developed analysis and benchmarking of activities from ODP and financial data to improve operational delivery and Value for Money. Responsive 'Helpdesk' service provided by BI Team to support all users in relation to systems provided for NIHR CRN (Hub/ODP/LCRN) face to face and webinar training as appropriate.
<p>5. Medical</p>	<ul style="list-style-type: none"> Recruited to all 30 CRN specialties. Local Clinical Research Specialty Leads appointed for X/30 CRN specialties nn% of specialty objectives met. In the top 5 LCRNs for mental health recruitment. XXXX achieved a first global patient in an XXXX study (Study ID: XXXX) in the Respiratory Disorders Specialty.
<p>6. Research delivery</p>	<ul style="list-style-type: none"> OUP is the highest recruiting Trust in the country with 20,927 recruits. BHT and MKUHFT are the second highest recruiting trusts in the medium and small acute categories respectively Delivered the NIHR CRN Study Support Service in accordance with NIHR CRNCC SOPs and guidance documents.
<p>7. Stakeholder Engagement and Communications</p>	<ul style="list-style-type: none"> Increased visibility of the LCRN within the local research community and wider audiences using a range of on-line and off-line communication channels (including local and national print, TV, radio and websites (e.g. XXXX)). Developed a 'real time' news room to collate and disseminate timely, appropriate news and significantly increased 'users' numbers. The impact of which will become apparent in 2018/19. Continued to deliver our strong programme of patient involvement and engagement through initiatives such as XXXX. nn Patient Research Ambassadors by the end of 2017/18. Patient Research Ambassador activities have led to XXXX, YYYY, ZZZZ. Action plan developed arising from responses to patient research experience survey for implementation in 2018/19.
<p>8. Workforce Learning and Organisational Development</p>	<ul style="list-style-type: none"> Promoted culture of modern workplace learning, including awareness of NIHR National Learning Directory e-learning Programmes, Communities. Trained nnn people on courses (including Introduction to GCP, GCP Refresher, Valid Informed Consent, Fundamentals of Clinical Research, etc.) Delivered two well attended Research Forum events to bring together and support non-medical research delivery staff across the network. Promoted a culture of Improvement and innovation through x activity or n events including celebration events and supra network knowledge sharing. Delivered various projects on Accelerating Digital including n small grant scheme applications.
<p>9. National Contributions</p>	<ul style="list-style-type: none"> The network has contributed to all national Communications campaigns. Regular Research Delivery Manager contribution to Divisional meetings, and attendance at Specialty meetings on a rotational basis. Clinical Director member of XXXX Board and contributed to XXXX Working Group. Continuous Improvement Lead working with national team on Accelerating Digital. Local work on LPMS has been actively shared through the LPMS Lead, along with contributions to the Business Intelligence community.