

2018/19 LCRN Annual Planning Requirements

[Requirements for LCRN Annual Delivery Planning 2018/19 - PM/033 \(only accessible with an NIHR account\)](#)



Clinical Research Network
LCRN Thames Valley and South Midlands

Annual Delivery Plan 2018/19

Date of submission: 16th March 2018
Submitted by: Val Woods

Host Organisation Approval	
Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	No
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	Will be agreed at meeting on 19th March 2018
Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:	No
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:	Will be approved at Host Board Meeting on 9th May 2018
<p>If this plan has not been approved by the LCRN Host Organisation Board at the time of submission to CRNCC, then the LCRN Host Organisation Nominated Executive Director should provide that confirmation by email to the CRNCC once the Board has approved the Plan</p>	

Section 1: Compliance with the Performance and Operating Framework

Please confirm, at this point in time do you anticipate the Host Organisation and LCRN Partners being able to deliver the LCRN in full compliance with the Performance and Operating Framework 2018/19?

If you have answered 'no' to this question, please identify below the specific areas/clauses of the POF which are of concern by selecting the appropriate boxes, provide a brief explanation of the reasons for non-compliance. Any area of non-compliance must be mitigated by the inclusion of a Key Project in Section 2 of this Annual Plan in order to achieve compliance. Include a cross-reference to the Key Project ID.

POF area	Fully compliant?	Commentary
Part A: Context		
3. Working Principles	Yes	
Part B: Performance Framework		
2. LCRN Performance Indicators		
2.1 High Level Objectives	No	In common with other LCRNs, TVSM are not currently meeting target for HLOs 2, 4 and 5. Section 2 contains key actions to improve performance for 2018-19. Compliance against HLO 5a and 5b are key issues. The conflict between these and the CCF metrics is a cause of ongoing confusion and it is difficult to maintain a focus on both metrics with researchers and trust R&D teams
2.2 Specialty Objectives	Yes	
2.3 LCRN Operating Framework Indicators	No	Category B contracts -all LCRNs have been discussing with CRN CC the difficulties with implementing these contracts for every partner (particularly GPs) currently in receipt of small amounts of RSI funding. Nevertheless, we will issue the Category B partners as stipulated in the POF and will monitor and share compliance rates with CRN CC. Research delivery - we are still implementing all the local elements of the nationwide Study Support Service. We consider it unlikely that the LCRNs will be 100% compliant with all the indicators in 2018-2019 but we are working to improve consistency of approach across both our Regional LCRN Group and with other LCRNs. Key actions are included in Section 2.
2.4 Initiating and Delivering Clinical Research Indicators	Yes	
2.5 LCRN Partner Satisfaction Survey Indicators	Yes	
2.6 LCRN Customer Satisfaction Indicators	Yes	
2.7 LCRN Patient Experience Indicators	Yes	
3. Performance Management Processes	Yes	
Part C: Operating Framework		
2. Governance and Management	No	Cost recovery on commercial research - each partner organisation has local processes to manage commercial funding and ensure that the requirements of the guidance are met. However, they do not all have documented standard operating procedures covering this and in larger trusts the mechanisms vary by department/division (POF section 3.1.13) Office space - the LCRN does not have private office space, separate reception arrangements or demarcation from other departments (POF section 2.5.2) . The individual in the Host organisation with specialist knowledge of information governance who is available to respond to queries raised relating to LCRN-funded activities is Simon Pillinger, Information Governance Officer
3. Financial Management	Yes	
4. CRN Specialties	Yes	
5. Research Delivery	Yes	
6. Information and Knowledge	Yes	
7. Stakeholder Engagement and Communications	Yes	
8. Organisational Development	Yes	
9. Business Development and Marketing	Yes	

Section 2: Key Projects					
Ref	Key project	Outcome	Lead	Milestone	Milestone date
1. Governance and Management					
2.1.1	Category B LCRN Partner flow down contract templates to be issued for all Category B Partners. Level of completion by partners will be monitored and fed back to CRN CC.	Analysis of completion rate completed	V Woods	Feedback report to CRN CC	September 2018
2.1.2	Work with Regional LCRN Group, other LCRNs and CRN CC to resolve the national issues with Category B contracts so that a common, workable approach can be agreed	Further guidance from CRN CC will be required to support this work. It is likely to continue throughout 2018-2019	V Woods	tba	tba
2. Financial Management					
2.2.1	Internal audit to be completed in-year	Audit completed	V Woods	Report agreed and issued	December 2018
2.2.2	Update local funding model in light of local and national work. In particular, explore options to develop additional 'value for money' indicators and new approaches that would incentivise improved portfolio balance in relation to disease incidence / prevalence for 2019-2020 onwards	Model updated	V Woods	Will be partly dependent on national projects and timelines	tba
general	Work with Commissioners to develop effective ETC process and implement revised national policy and procedures	Agreed short term processes with local commissioners. Longer term solution will be dependent on outcome of national consultation	M Dolman	Effective ETC guidance issued for studies in the region	tba
3.1.13	Ensure that partner organisations have robust policies and procedures in place to provide assurance to CRN CC that commercial activities are self-funded and that costs are allocated appropriately	Partners are providing sufficient assurance of compliance	V Woods/M Dolman	Disclosure statements adequately address commercial activities and adequate supporting documentation in place	September 2018
3.1.2	Develop a model for Key Service Support costs (pathology, pharmacy and radiology) based on benchmarked data and good practice from other LCRNs to improve consistency in funding allocations for such costs to partner organisations	Revised model in use to assess future requirements	L Gerdes	Modelling work completed	September 2018
3.1.4	Utilise contingencies to incentivise activity in under-represented areas/Specialties and capture new opportunities	Funding used to generate recruitment growth and Portfolio balance	V Woods	Contingency procedures agreed and communicated to stakeholders. All contingency monies spent by year end	March 2019
general	Set aside non-pay budget of £25k for Communications and Engagement activities	Funding used to generate increased awareness and improve engagement	V Woods	Finance budgets agreed	April 2018
3. High Level Objectives					
HLO 2a	Improving and sustaining HLO 2a. All studies failing target and close misses to have root cause analysis using the "5" whys. Output summarised and shared with regional R&D Managers and with the senior Management Team at the monthly meetings to inform actions that can be undertaken. All open studies will be reviewed with particular focus on those underperforming or those with imminent closure dates. Summaries and issues will be escalated to the executive and partnership groups as appropriate. This project will be on-going throughout the financial year. With a median site target of 3 for commercial studies a focus will be on low recruiting studies but it is a balanced decision ensuring feasibility sets challenging targets yet can meet time to target. A move towards Study level only performance management for low recruiting studies would be supported.	Ensuring the national target of HLO 2a above 80% is achieved	Mark Dolman	Achievement of target	March 2019

HLO 2a	Attaining HLO 2a at 80% at Study Level for Thames Valley Lead studies. Working in partnership with the CRN CC to develop processes to streamline communications utilising expertise and Chief Investigator relationships in the Thames Valley to ensure the study recruits. Activities to include teleconferences across regions and sites, quarterly escalation.	Ensuring the national target of HLO 2a above 80% is achieved	Mark Dolman	Quarterly milestones of 80% at end of Q1, Q2, Q3 and Q4	March 2019
HLO 2b	Attaining HLO 2b at 80% at Study Level for Thames Valley Lead studies. Building on the success of the time to target for commercial studies whilst recognising the inherent differences between commercial and non commercial such as median targets. The additional resource of a performance manager has enabled better performance management and initial work for this objective is utilising the Google communities with representatives from other networks as well as Regional LCRN Group meetings to better inform an action plan that will be developed to achieve this objective. The improvement plan will follow continuous improvement principles and will have data cleaning, data maintenance, engagement with prospective target setting aspects. This work stream will be closely aligned to the Study Support Service and study start up plan optimisation	Ensuring the national target of HLO 2b at study level above 80% is achieved	Mike Newbury, Performance Manager	Quarterly milestones of 80% at end of Q1, Q2, Q3 and Q4	March 2019
HLO 3b	HLO 3b maintenance of > 75%. Thames Valley and South Midlands easily exceeds this objective. A quarterly review for all partner trusts will be undertaken for commercial contract studies not achieving portfolio status will be undertaken. Previous reviews have demonstrated that these are overwhelmingly studies that would either not be eligible such as registry, surveillance or Phase 1 oncology which do not contribute to the metric. All studies requiring costing template validation will be reviewed for portfolio status. The network engages with the Chief Investigator and business development team in the CRN CC to ensure portfolio adoption for any that have not applied for the portfolio. This work will continue in 2018-2019	Maintenance of > 75% of commercial contract studies of MHRA approved Phase II to IV studies entering the portfolio.	Mark Dolman	Trust by Trust analysis. Review of Primary Care Studies	March 2019
HLO 3a	Increase in SME engagement will be achieved by the creation of an SME engagement plan during the next financial year. Feedback from the regional symposium will be analysed and key stakeholders identified. Further activities planned will be attendance at regional meetings organised by universities and the AHSN with promotion of the early contact and engagement service which is considered a key added value for single centre portfolio studies. This will be undertaken for device/diagnostic studies in a holistic manner whether commercial or non commercial.	Increase in engagement with SME	Mark Dolman	Improvement and communication plan for SMEs	September 2018
HLO3	Promotion of best practice for effective feasibility in the region. Feasibility workshops have been developed and will be delivered throughout the region. Best practice for feasibility will be promoted at all specialty group meetings.	Feasibility workshops delivered in each of Oxfordshire, Berkshire and Buckinghamshire	Ross Downes, Industry Manager	Workshops delivered. Attendance of Industry Manager at regional specialty group meetings	Ongoing 2018-2019
HLO4	Increase in HLO performance. The network will identify using root cause analysis, common themes in studies failing to achieve HLO 4 and identify routes for escalation for both single site and multi site studies. Building on LPMS/CPMS initiatives in section 2.6 the network will use the automatic warning flags to build an escalation process to avoid possible local breaches in the 40 day timeline	> 80% attainment in HLO 4	Mike Newbury, Performance Manager	See section 2.6, Escalation SOP for HLO 4 40 day breach. Quarterly summary at R&D And Executive Group Meetings	Quarterly 2018-2019
HLO5	Improvement in HLO 5a/b. HLO 5 for commercial and non commercial studies will be treated as a whole. Following projects described in section 2.6 to achieve complete integration of studies with the LCRN's LPMS solution and Studyline. A focus will be initiated jointly with the Host and partner Trusts to identify how HLO 5 improvement can be achieved whilst maintaining investigator confidence and avoidance of conflict with Trust CCF metrics. A consultation document will be prepared for senior management and Executive Group review.	Improvement in HLO5 a/b	Mike Newbury, Performance Manager	Completion of integration activities re: section 2.6. Consultation document to be completed for senior management team review by June 18	End 2018-2019
HLO3	Site intelligence review. Site intelligence forms for commercial studies are circulated to Trusts, however, as yet reasons for non return are not routinely collected. A new process will be initiated to collect reasons for non return. Common themes to be identified and separated to those resolvable and non resolvable.	Increase in return of site intelligence requests	Ross Downes, Industry Manager	Quarterly summary reports prepared for the Industry Operations Group with common themes identified.	End 2018-2019

Primary Care	Deliver improved equity of access for patients to research across primary care sites, particularly in Milton Keynes and Buckinghamshire	Increase in overall spread of participation and number of active GPs across the region. 10% increase in recruitment from GPs in Milton Keynes and Buckinghamshire in 2018-19	Helen Collins, Research Delivery Manager	Quarterly review of participation rates	End 2018-2019
general	Review current LCRN 'Key Objectives Summaries' to incorporate measures for each partner organisation against 2018-2019 CRN priorities and additional local activities	Summaries agreed with Partner Organisations	V Woods	All issued	April 2018
4. LCRN Specialty Activities					
4.1.3	Run process to appoint/re-appoint LCRN Clinical Research Specialty Leads for new 3 year period from 1st April 2019 to 31st March 2022	New Specialty Leads in place for next 3 years	Clinical Directors	Appointments all confirmed	By March 31st 2019
4.1.2	Develop specific action plans for Specialty Groups that are in 4th quartile nationally against HLO1	Improvement plans in performance	Specialty Leads and RDMS	Action plans agreed and progress monitored by LCRN	By 30th June 2018
4.1.7	Specialty Lead engagement is considered crucial to the development of an effective Study Support Service providing the essential clinical input for the differing aspects of the service. Complimenting this, the Study Support Service can provide significant support to the function of the regional specialty groups. An engagement document will be prepared to summarise expectations for input into NDSA, costing template, early contact and engagement for approval by the Clinical Directors and subsequent discussion with specialty group leads.	Approved engagement document for Study Support Service and Specialty Group Leads	Vicky Rush, Study Support Service Lead	Document preparation by end June 2018, approval and distribution by end August 2018	August 2018
4.1.2	Undertake project work to analyse current Portfolio balance and identify actions to move towards a better geographical match between disease burden and LCRN participant recruitment	Improved analysis of issues and action plan for 2019 onwards	V Woods	Action plan in place	by 30th September 2018
5. Research Delivery					
5.3.7	Study Support Services: These will undergo continuous improvement throughout the next financial year seeking opportunities for engagement with the Regional LCRN Group to ensure we deliver a consistent service offering to customers. The LCRN considers that customer requirements will vary and that the service supplied will thus vary between customers. We will continue to develop a service that adds value to each of our customers and ensure alignment with approaches taken in the Regional LCRN Group and nationally.	Consistent Service Offering adding Value to customers	Vicky Rush, Study Support Service Lead	Ongoing, survey feedback	Throughout 2018-2019
5.3.7	NDSA and Study Start up plans will be undertaken for all multi site studies proportionate to the individual requirements. All plans to be uploaded to CPMS	Complete CPMS upload of Study Start up plans for non commercial multi site studies	Vicky Rush, Study Support Service Lead	Regular QC of the Study Start up plans	Ongoing 2018-2019
5.3.6	Cost Attribution courses: Several courses have been planned for 2018-2019 for AcoRD training. These have been oversubscribed and thus further courses will be arranged	Increase in number of AcoRD courses	Kathryn Lucas, AcoRD Specialist	Courses run	Ongoing 2018-2019
6. Information and Knowledge					

6.2	<p>LPMS/CPMS integration: The network will complete integration of the local LPMS solution and CPMS systems for capability and capacity. Whilst all capability and capacity data is now transferred from the LPMS to CPMS system in near real time there remain several activities to ensure that the data quality is improved and maintained and that this link is supported by effective business processes. These activities will be:</p> <ul style="list-style-type: none"> • SOP for the handling of duplicate commercial studies in the CPMS system • SOP for completion of missing sites in CPMS when flagged by the LPMS system • Survey of all partner trusts to ensure all studies which completed capability and capacity during 2017 2018 and 2016-2017 are in LPMS. Any missing studies to be added. • Maintenance of data quality with monthly report to R&D Managers and Executive Group. • Ensuring HLO 5 completion rates in line with minimum targets specified by the CRN coordinating centre. 	Full integration for Capacity and Capability with CPMS system	Leona Payne, Information Systems Manager	SOP completion, All C&C projects for 2016-2017 and 2017-2018 on LPMS	April 2018
6.2	Creation of warning flag system for studies at risk of breaching local aspects of HLO 4 and HLO 5. The local Studyline system will be developed in order that automatic warnings will be sent to appropriate staff to flag possible breaches with local aspects of HLO 4.	Warning system for HLO 4	Mike Newbury, Performance Manager	System implemented across all partner organisations	July 2018
6.2	<p>As per CPMS/LPMS readiness framework several activities will be undertaken in order to meet the requirements for research activity upload through LPMS to CPMS system. These will include:</p> <ul style="list-style-type: none"> • Completion of Primary Care specifications for the development of LPMS. • Business process documentation for the completion of primary care research activity data for the network. • Upload of all open primary care studies at site level whether CCG or GP practice level. • Ensuring all open studies for partner trusts are present as study records on LPMS. • Data cleansing programme to ensure partner Trusts have study records linked at site level. • Development of communications strategy for NHS and University staff completing LPMS • Development of the LPMS system to enable site recruitment upload. • Work with workforce development to complete a training package to roll out for Thames Valley and South Midlands recruitment up-loaders. • Recruitment of project manager to support these activities. 	All recruitment activity to be transferred from CPMS to LPMS	Mark Dolman	The activities will be completed in stages working in specific projects managed by Gantt chart following requirements by the CRN CC	tbc
6.2	Align PID and CRN reporting from the single LPMS/CPMS dataset to ensure that single dataset is used for performance reporting	Duplication removed and reporting all driven from single dataset on LPMS	Mark Dolman / Tim Bradford	Steps to deliver this will require further discussion with CRN CC , Host and partner organisations	31st March 2019
general	Support and grow local digital initiatives in line with NIHR strategy	Tangible benefits delivered from 2 local digital projects that can be shared as best practice nationally	Chris Hille	Project plans developed and actions implemented	31st March 2019
general	Deliver national Continuous Improvement initiatives and develop Business Intelligence workstream	Initiatives delivered	Mark Dolman	Attendance at all national Continuous Improvement meetings and appointment of Project Manager to support Continuous Improvement and Business Intelligence workstreams	31st March 2019
7. Stakeholder Engagement and Communications					
	Deliver local elements of the CRN's national communications plan, including International Clinical Trials Day and Join Dementia Research	Engagement with public	Communications and Engagement Team	Ongoing	31st March 2019
	Fully support and input into creative communications planning exercises as required by the CRN CC communications team	Engagement with public, professionals, industry	Communications and Engagement Manager	Ongoing	31st March 2019
	Disseminate national NIHR messages and stories via social media and other channels	Engagement with public, professionals, industry	Communications and Engagement Team	Monthly minimum 15 shares on Twitter; 5 on Facebook and 5 on LinkedIn	31st March 2019

	Ensure UK Clinical Trials Gateway is promoted at every opportunity to encourage participation in research studies	Engagement with public, professionals, industry	Communications and Engagement Team	Ongoing	31st March 2019
	Produce a minimum of four 'Our stories' (three patients and one staff) per financial year to be published on the NIHR website	Engagement with public	Communications and Engagement Lead Manager and officer	Six stories produced	31st March 2019
	Increase number of subscribers to monthly patient-facing e-newsletter	Engagement with public	Communications and Engagement Lead Manager	Minimum 500 subscribers by end of Q4	31st March 2019
	Increase Twitter followers	Engagement with public, professionals, industry	Communications and Engagement Team	Minimum 800 followers by end of Q4	31st March 2019
	Ensure consistent levels of social media activity	Engagement with public, professionals, industry	Communications and Engagement Team	Minimum 25 tweets, 10 Facebook, 10 LinkedIn, 5 Instagram posts a month	31st March 2019
	Produce and promote engaging social media content to a wide an audience as possible	Engagement with public, professionals, industry	Communications and Engagement Lead Manager and officer	Minimum 40,000 tweet impressions a month	31st March 2019
	Grow audience for LinkedIn page	Engagement with public, professionals, industry	Communications and Engagement Lead Manager and officer	Secure 250 connections by end of Q4	31st March 2019
	Grow audience for Facebook page	Engagement with public, professionals, industry	Communications and Engagement Lead Manager and officer	Attract 100+ 'likes' by end of Q4	31st March 2019
	Produce short film with production company about the work of the CRN to attract interest from potential participants and health professionals	Engagement with public, professionals, industry	Communications and Engagement Lead Manager	Film completed and distributed by end Q2	30th September 2018
	Produce short films in-house about patient stories	Engagement with public, professionals, industry	Communications and Engagement Officer	Four films completed and distributed by end Q4	31st March 2019
	Produce health professional booklet about the LCRN	Engagement with industry	Communications and Engagement Lead Manager	By end Q1	30th June 2018
	Continue to produce content for the LCRN e.g. leaflets, posters, uploading to LCRN resources website	Engagement with public, professionals, industry	Communications and Engagement Manager and officer	Ongoing	31st March 2019
	Ensure LCRN resources website is promoted and widely used by healthcare staff	Engagement with professionals and pu	Communications and Engagement Officer	Average minimum 100 users a month for each quarter	31st March 2019

	Secure media coverage in each of the four counties served by the CRN per quarter, ensuring opportunities are maximised through providing material to partners and stakeholders for further distribution	Engagement with public	Communications and Engagement Lead Manager and officer	One story for each of four counties per quarter	31st March 2019
	Continue to update comprehensive database of organisations / groups that can distribute information and positive messages about the LCRN	Engagement with public	Communications and Engagement Officer	Ongoing	31st March 2019
	Record participation in public-facing LCRN events and media coverage for evaluation	Engagement with public	Communications and Engagement Officer	Ongoing	31st March 2019
	Record groups and organisations contacted with information about the LCRN	Engagement with public	Communications and Engagement Officer	Ongoing	31st March 2019
Events and outreach	Continue programme of public facing research information events	Engagement with public	Communications and Engagement Manager	Deliver minimum one event per quarter	31st March 2019
	Raise the profile of research in the NHS by hosting LCRN awards ceremony for professionals and the public who have done exceptional work to support research delivery	Engagement with professionals	Communications and Engagement Lead Manager	Event to be delivered in September 2018	30th September 2018
	Host photo exhibition about all aspect of medical research in public places throughout the LCRN area, delivered with NIHR partners in Oxford	Engagement with public	Communications and Engagement Lead Manager	First exhibition held by end of Q2	30th September 2018
	Investigate opportunities for working with schools and further / higher education establishments	Engagement with public	Communications and Engagement Manager	One project completed by end Q2	30th September 2018
Patient Research Ambassadors	Ensure there are at least eight Patient Research Ambassadors each in Oxfordshire, Berkshire, Buckinghamshire and Milton Keynes	Engagement with public and professionals	Communications and Engagement Manager	Eight ambassadors in each area by end of Q4	31st March 2019
	Actively promote the PRA initiative to the public, partners and stakeholders, including through case studies to drive recruitment	Engagement with public and professionals	Communications and Engagement Manager	Two case studies distributed by end Q2, four case studies by Q4	30th September 2018 and 31st March 2019
	Provide induction, training and ongoing support to PRAs	Engagement with public	Communications and Engagement Manager	Induction and training provided to two PRAs for each county by end of Q2; induction and training provided to two further PRAs for each county by end of Q4	30th September 2018 and 31st March 2019
	Monitor and evaluate the impact of the PRA role	Engagement with public	Communications and Engagement Manager	Surveys to be completed by PRAs by Q4	31st March 2019
Listening to and learning from our patients	Plans with clear milestones developed for continuous improvement of patient experience based on data collected from the Patient Research Experience Framework	Engagement with professionals	Communications and Engagement Manager	Ongoing	31st March 2019

	Support collaboration across LCRN Partners in developing joint work plans with measurable outcomes for provision of learning resources enabling effective PPIE and reporting results to the National CRN Coordinating Centre as required	Engagement with public and professionals	Communications and Engagement Manager	Two learning resources programmes delivered by Q4	31st March 2019
	Collation and use of evaluation data to plan for continuous improvement from patients, carers, public accessing learning programmes	Engagement with public	Communications and Engagement Manager	Surveys provided and collected for those attending learning resources programmes	31st March 2019
	Ensure patients are involved and kept up to date with our communications and PPIE work by reviewing this plan together with Partnership Group patient representatives and listening to their feedback	Engagement with public	Communications and Engagement Lead Manager	Ongoing	31st March 2019
	Involve patients in our communications and PPIE planning work for 2018/19	Engagement with public	Communications and Engagement Lead Manager	Ongoing	31st March 2019
8. Organisational Development					
8.1.5	To develop a Workforce Plan that is creative, innovative, sustainable and deliverable in line with partner organisations *We are aware of the commitment this plan will take to deliver, so other items on this plan on 2018-2019 reflect consolidation and expansion of current initiatives rather than new developments	<ul style="list-style-type: none"> • Focus group meeting with CDs, COO and RDM community to agree approach, assess strengths and weaknesses of patch • Use data from Workforce Survey conducted January 2018 to inform this • Focus groups with various staff groups to develop further plan • Involving and influencing Partnership Group and Chief Nurses to ensure engagement 	COO and Co Workforce Development Leads	Q2	In line with National timeframe no later than end September 2018
8.1.5	Development of further more agile and flexible ways of working	<ul style="list-style-type: none"> • Build on the successful delivery model for INVICTUS for the flu season 2018-19 by collaborating further with Oxfords Primary Care CTU on future studies to ensure studies are delivered to time, target and quality standards • DDT HORTON team being initiated with x1 band 7 and x2 band 6 posts • DDT NOC - Supportive, Palliative care and psychosocial Oncology post • DDT NOC - Radiology to work cross specialities post 	Lead Nurse, Primary Care Lead and Co Workforce Development Leads	Q4	31st March 2019

8.1.5	Undergraduate Education Project- medical and nursing	<ul style="list-style-type: none"> • Nurses - build on the pilot of session exploring clinical research in practice in pre registration courses and involvement in Professional Doctorate programme • Expand number of medical student taking advantage of Special Study Modules • Evaluate the impact of both of these initiatives 	Co Workforce Development Leads	Q4	31st March 2019
8.1.5	Workforce Survey Results	<ul style="list-style-type: none"> • Analyse data to establish action plan for 2018-2020 • Present and discuss results at WFD steering group and lunchtime webinar • Use data collected around Workforce Plan to influence development of plan 	Co Workforce Development Leads	Q1	30th June 2018
8.1.1	Further development of Thames Valley Research Education providers stakeholder group to ensure a clear and planned approach to research education across Thames Valley. (Partner project with HEE)	<ul style="list-style-type: none"> • Evaluation of value in an HEE grant to establish this group and support its work • Development of a training directory mapping research training available from all stakeholders • Collaboration in the planning, co-ordination and development of further courses • Network wide response to HEE consultation document 	Co Workforce Development Leads	March 2020- 2 year project	31st March 2020
8.1.9	Wellbeing	<ul style="list-style-type: none"> • Engagement with national wellbeing agenda • Increasing awareness of wellbeing by <ul style="list-style-type: none"> Short pieces/ links for the end of monthly webinars Incorporating Wellbeing into Local induction packs Wellbeing as a regular agenda item into TV & SM CRN newsletter • Exploring ways of making information most accessible at the right time eg back of toilet door, at coffee stations, general noticeboards, etc • Regular core team away days, including activities suggested by the team • Ongoing work resulting from core team staff survey, including; • Using recurrent themes from core team survey to create a unique 'Wellbeing' logo which will be easily identifiable (MM to feedback from national meeting 21.2.18) • Workforce survey action plan to be devised based on response to wellbeing questions with survey exploring whether CRN staff are engaged with their local Wellbeing teams to inform our local strategy 	Wellbeing Lead	Q4	31st March 2019

8.1.1	ALP workstream	<ul style="list-style-type: none"> •Continue with ALP bi annual local meetings to promote ALP Alumni and current ALP attendees to contribute and remain involved in activities •Promote, recruit to and support ALP 2018-19 	Co Workforce Development Leads	Q4	31st March 2019
8.1.5	CTP workstream	<ul style="list-style-type: none"> •Contribute and actively be involved in National workstream •Actively promote opportunities to ensure Local engagement 	Co Workforce Development Leads	Q2	30th September 2018
8.1.7	Further development of facilitator community	<ul style="list-style-type: none"> •Host annual facilitator event •Conduct survey of facilitators to ensure the experience of facilitators for the CRN is positive and they feel supported by the CRN as well as employer in their role •Complete mentored approach to training 2 primary care GCP facilitators •Promote and embed use of Quality tool to reflect on facilitators development 	Co Workforce Development Leads	Q4	31st March 2019
8.1.5	Further development of fellows project	<ul style="list-style-type: none"> •Evaluate programme to date •Actively promote past fellows in network activities to enable them to grow as Research leaders •Expand posts/funding available 	Clinical Director	Q2	30th September 2018
8.1.4	Expansion of current training offer	<ul style="list-style-type: none"> •Review courses being accepted on the National Directory and ensure local roll out if applicable •Deliver Dry Ice Training to compliment current skills course •Review Workforce survey for gaps and develop/source training as required •Expand study support training available face to face based on successful introduction of Accord training 	Co Workforce Development Leads/ Study Support Manager	Q2	30th September 2018
8.1.7	Expansion of pilot commercial workshop	<ul style="list-style-type: none"> • Continue with working group to roll out this workshop 	Co Workforce Development Leads	Q4	31st March 2019
8.1.5	Expansion of CI/ PI training offer	<ul style="list-style-type: none"> •To roll out PI essentials across the patch post successful pilot in Feb 2018. •To commence a CI webinar quarterly for prospective CI's 	Co Workforce Development Leads/ Cross divisional manager	Q4	31st March 2019
8.1.5	Clinical research is everyones business' video	<ul style="list-style-type: none"> •To work with partner organisations to ensure the 8 minute video gets on Trust /primary care inductions packages 	COO and Co Workforce Development Leads	Q2	30th September 2018

8.1.3	Contacts database	<ul style="list-style-type: none"> Plan to further embed in induction booklet, webinar and new starters to ensure effective communications links with all professional contacts in the region (currently 418 on the system) 	Co Workforce Development Leads	Q1	30th June 2018
8.1.3	Development of Research Ambassador role in WFD	<ul style="list-style-type: none"> Build on initial meeting to embed role in training and workforce development activities 	Co Workforce Development Leads	Q4	31st March 2019
general	Investigate role of learning technologist	tba	tba	tba	tba
9. Business Development and Marketing					
general	Promotion of service support on receipt of applications for template validation has been mentioned in section 2.3 but this will be conducted as a matter of course for commercial studies. This is considered to be key to engage as early as possible to undertake the study support service aspects optimally.	Uptake of the Study Support Service by Industry	Ross Downes, Industry Manager	Survey Feedback	On-going 2018/19
general	A Federation of GP practices has now been established and manager partly funded by the network. The Study Support Team will engage closely with the federation to promote its activities and increase commercial studies undertaken.	Increase in site identification requests	Ross Downes, Industry Manager	30% increase in SIF for federation between 2017/18 and 2018/19	March 2019
general	Joint expressions of interest: whilst commercial research is continually growing outside of Oxford it is still seen as a development area. Specific specialties will look towards combining expressions of interest across more than one Trust. This project will be supported by the on-going work on a single costing project to cost studies once for secondary care across the Thames Valley	Increase in number of studies active in more than one secondary care site in the region	Ross Downes, Industry Manager	Submission of 4 joint expressions of interest	March 2019
general	SME Engagement: The network will seek to increase the engagement with SMEs throughout 2018/19. This will be achieved by the preparation of an engagement strategy seeking opinion from the senior management team and other key stakeholders to include the AHSN, Oxford University, Partner Trusts, specialty group leads, clinical trial units	SME engagement strategy	Mark Dolman	Focus group and substantial item on R&D meeting and IOM Meetings by 1/6/18	September 2018
10. Life Sciences					
general	Target more green shoot sites to participate in commercial studies	Improved balance of commercial studies across the region	Mark Dolman/RDMs	Updated action plan to target green shoot sites in place	June 2018

Section 3: High Level Objectives Targets		
HLO	LCRN Target	CRNCC Target
1	45,000	
7	1,700	National target 25,000

Section 4: Specialty Objectives		
Ref	Specialty	Local activities to achieve the national objective
1	Ageing	<p>We have demonstrated the number of early career researchers contributing to NIHR CRN Portfolio studies. Locally the aims are:</p> <ol style="list-style-type: none"> 1. To identify and contact potential early career researchers in TVSM. This will be done through contact with departmental and R&D leads at trust in Oxford, Milton Keynes, Berkshire and Buckinghamshire, as well as through other regional ageing and research networks such as regional British Geriatrics Society meeting. 2. Double the number of NIHR CRN Portfolio studies undertaken in 2018-2019 compared with 2017-2018. (In practice this means adding 3 further NIHR CRN Portfolio studies in the given time period.) 3. Propose and establish a CRN part-supported research fellowship in ageing.
2	Anaesthesia, Perioperative Medicine and Pain Management	<p>Continue to build on existing engagement with OxCCARE (the Oxford Critical Care & Anaesthetics Research Enterprise), a trainee led research group of anaesthetists and intensivists affiliated with Oxford Deanery Anaesthetic Trainees (OXDAT) and Research & Audit Federation of Trainees (RAFT):</p> <ul style="list-style-type: none"> • Support OxCCARE trainees to set up and run the forthcoming RAFT national collaborative project DALES: Drug Allergy Labels in the Elective Surgical population (37360) at sites in the TVSM region. DALES is designed to evaluate the prevalence of patient-reported and documented allergy to drugs relevant to anaesthesia, and to learn more about anaesthetists' knowledge and attitudes to allergy. (Quarter 1) • Continue to encourage participation of OxCCARE representatives at the CRN TVSM Anaesthesia and Critical Care Combined Specialty Group meetings. (Quarter 1-4) • Invite representatives from OxCCARE to join the organising committee for the third TVSM Urgent Care research conference. Encourage trainees from OxCCARE to attend and present at the conference. (Quarter 1-2) • Make research active OxCCARE trainees aware of the CRN TVSM Research Fellows scheme and encourage them to apply in the next round. (Quarter 1-2) • Liaise with the Regional Advisor in Anaesthesia to ensure that OxCCARE is on the Specialty Training Committee agenda as a standing item and seek support from College Tutors to identify champions in each Trust to encourage and nurture OxCCARE. (Quarter 1-4) <p>Develop the NIHR CRN Portfolio of anaesthesia, perioperative medicine and pain management studies run in the TVSM area:</p> <ul style="list-style-type: none"> • RDM to attend local Perioperative Medicine (OXPOP) meetings with the aim of raising the profile of NIHR CRN and identify research active / interested potential PIs to take on studies linked to perioperative medicine across TVSM sites. (Quarter 1-4) • Support development of new NIHR CRN Portfolio studies at the Oxford Centre of Functional Magnetic Resonance Imaging of the Brain (FMRIB) looking at brain imaging and anaesthesia. (Quarter 1) • Support RBFT to establish dedicated research team focussing on anaesthesia, perioperative medicine and pain management studies. (Quarter 1) • Encourage and support set up of larger multicentre anaesthesia studies, such as PQIP (32256) and FLO-ELA (33869), at TVSM sites outside Oxford. (Quarter 1-2) • Encourage potential PIs, research nurses, R&D representatives and representatives from OxCCARE from all trust in TVSM to attend and participate in CRN TVSM combined Anaesthesia and Critical Care Speciality Group meetings. The main aims of this meeting is to highlight new NIHR CRN Portfolio study opportunities and to share information across study teams / sites regarding studies that are active or in set up (including progress, barriers and potential for other sites to take part). (Quarter 1-4) • Organise another annual Thames Valley Successes in Urgent Care conference bringing together people interested in research in anaesthesia, perioperative medicine, pain management, critical care and emergency department research. Explore the possibility of organising the
3	Cancer	<p>In 2018/2019 we intend to; continue to work with the sub specialty leads in order to build on meeting the 'on-target' recruitment into at least 8 of the 13, particularly focussing on SPCPS and improving access for patients to this NIHR CRN Portfolio across the network with the new SPCPS post being appointed to; to ensure cancer research is developed at the Horton hospital with the development of a new research team that can improve research access to North Oxford patients; continue to work with the SSLs across all sub specialties in order to increase recruitment to cancer studies; look at gaps within the NIHR CRN Portfolio, particularly brain and SPCPS and scout for studies that the network could open; continue to review and develop action plans for both trust and the sub specialties and link these with the cancer alliance groups in the TVSCN as well as improving performance reporting. We will continue to work with the trust research teams to increase both recruitment and efficiency.</p>
4	Cardiovascular Disease	<p>There is only one trust that has a cardiothoracic surgery centre in the region. We will work with the trust to identify the clinical team within the cardiothoracic centre that support cardiovascular led NIHR CRN Portfolio studies. With the assistance of the cardiovascular clinical lead, research nurse team and workforce development team we will work with the identified cohort to develop a plan to enable any additional parties that are not already involved in research to become principle investigators.</p>

5	Children	<p>Recruitment to Children's studies is supported with dedicated paediatric research nurses in all our acute trust with staff in DGH's linking in with the team in Oxford. In 2018-2019 we intend to hold a children's research meeting led by our specialty lead to further develop relationships across the patch and highlight any potential research opportunities. We carry out horizon scanning on the national NIHR CRN Portfolio and will continue to approach new studies that are open to new sites and promote across the region.</p> <p>In addition, we will continue to identify opportunities to deliver children's studies in mental health trust (Children supporting specialty) and work with Primary Care delivery team to promote studies that are suitable.</p> <p>We expect 100% of trusts to be recruiting to Children's studies (managing and supporting)</p>
6	Critical Care	<p>Recruitment to NIHR CRN Portfolio studies in previous years has mainly taken place in the intensive care units in Oxford and Reading. There is an opportunity to develop NIHR CRN Portfolio research at Stoke Mandeville Hospital, Wycombe General Hospital (two ICU sites within BucksHT) and Milton Keynes University Hospital. Continue to work with the R&D at BucksHT and MKUHFTas well as clinicians at the local intensive care units to encourage increased involvement in NIHR CRN Portfolio studies. (Quarter 1-4)</p> <ul style="list-style-type: none"> • Build on successful establishment of a CRN TVSM combined Anaesthesia and Critical Care Speciality Group. Continue to hold quarterly combined Anaesthesia and Critical Care Speciality Group meetings. Encourage potential PIs, research nurses, R&D representatives and representatives from OxCCARE from all trust and intensive care units in TVSM to attend and participate. The main aims of this meeting is to highlight new NIHR CRN Portfolio study opportunities and to share information across study teams / sites regarding studies that are active or in set up (including progress, barriers to recruitment and potential for other sites to take part). (Quarter 1-4) • Encourage and support set up of larger multicentre critical care studies, such as REST (30674), STARRRT-AKI (34023) and the 65Trial (34223), at sites across TVSM. (Quarter 1-3) • Organise another annual Thames Valley Successes in Urgent Care conference bringing together people interested in research in anaesthesia, perioperative medicine, pain management, critical care and emergency department research. Explore the possibility of organising the conference as a joint venture with colleagues in CRN Wessex. (Quarter 2-3)
7	Dementias and Neurodegeneration	<p>Number of LCRNs that have evidenced increased early career researcher involvement and provided the names of at least two new early career researchers that have become local Principal Investigators for DeNDRoN studies on the NIHR CRN Portfolio during 2018-2019.</p> <p>We will use the following resource to support our local research community. The NIHR National Director for Dementia Research (NDDR) has been tasked with developing the community of early-career researchers that will leverage and enhance the investment from all partners in the field. Launch 19th March 2018 ARUK Conference www.dementiaresearch.nihr.ac.uk</p> <p>OxHFT has an initiative underway to enable the mentoring of new PIs by experienced PIs.</p> <p>Our policy is to enable the use of non-medical PIs for appropriate studies and to support new medical PIs to undertake simpler studies in order to develop into PIs able to support CTIMPs over time.</p> <p>We aim to use some of our senior research nurses as PIs for studies as appropriate</p>
8	Dermatology	<p>Research nurses have been identified as potential PIs. Commercial site identification requests to be submitted including nurses supported by Specialty Group lead.</p>
9	Diabetes	<p>The LCRN has a well developed network of GP practices that are research active. This network is used whenever there is an opportunity for supporting diabetes studies, either as research sites themselves or as patients identification centres for studies active elsewhere. The relationship between the primary care and diabetes specialty leads is strong and the commitment to support diabetes research on both sides is as strong as ever. In the previous year, the limiting factor for increasing research activity has been availability of research studies rather than capacity and commitment to the diabetes theme. To address and circumvent this the LCRN will proactively engage with LCRNs with a strong track record of study development to identify and attract studies to the region in advance of studies reaching the NIHR NIHR CRN Portfolio.</p>

Establish links with the team providing ENT / Head and Neck Postgraduate Medical Training Programme in Thames Valley. Training Hospitals on the Oxford Training Rotation include John Radcliffe Hospital (Oxford), Royal Berkshire Hospital (Reading) and Wycombe General Hospital (High Wycombe) as well as other sites outside TVSM. Trainees usually spend time at two locations with 12 - 24 months in Oxford toward the end of their training.

- Set up an initial meeting with one or more of the following members of the Specialty Training Committee: Mr. James Ramsden (Regional Research Representative), Dan Moualed (Trainee Representative) and Mr Ram Moorthy (Training Programme Director). (Quarter 1)
- o Offer to put on a session at the regional ENT study day to raise awareness about the NIHR CRN and NIHR CRN Portfolio.
- o Discuss potential for NIHR CRN research training to be included as part of ENT training, and/or signpost ENT trainees to NIHR CRN training and webinars (e.g. GCP, Fundamentals of Research, Next Steps, PI Workshops)
- o Discuss potential for using OOPE (out of programme clinical experience) option for research training and experience.
- o Encourage ENT trainees to be on delegation log for relevant ENT NIHR CRN Portfolio studies.
- o Explore potential for ENT trainee to take on sub-investigator role on suitable NIHR CRN Portfolio studies when available.
- o Make ENT trainees aware of CRN TVSM Research Fellowship Scheme and encourage them to apply.

Current ENT research activity is mainly taking place in the OUHFT. There is a need to develop interest in ENT studies at trust outside Oxford.

- Seek new ENT commercial and non-commercial study opportunities to bring to the attention of the CRN TVSM ENT Specialty Group.
- Identify and support new PIs. Encourage submissions to the CRN TVSM Direct Delivery Team (DDT) Steering Group requesting support from DDT to deliver commercial and non-commercial ENT NIHR CRN Portfolio studies. (Quarter 1-4)
- Organise an initial ENT Specialty Group meeting to explore research interest from relevant staff and the potential to run NIHR CRN Portfolio studies (including opportunities and barriers). Participation from all CRN TVSM sites will be encouraged. The appetite for regular ENT Specialty Group meetings, and if appropriate the potential format and frequency, will be determined. (Quarter 3-4)

11	Gastroenterology	<p>increase recruitment on existing / planned studies at OUHFT.</p> <ul style="list-style-type: none"> • Organise routine pre-screening of notes before IBD clinics on Wednesdays (n = 40-50) and Fridays (n = 80-100). (Quarter 1-4) • Provide a weekly update on studies at the IBD multidisciplinary team meeting (which includes specialist gastroenterologists, surgeons, fellows, nurses, research nurse etc.) (Quarter 1-4) • Ensure summary of all current trials is available in each clinic room. (Quarter 1-4) • Remind Fellows each week of the clinical trial commitment, and ensuring it is regarded as an integral part of their job plan. (Quarter 1-4) • Increasing frequency of interaction with IBD specialist nurses who manage the advice line. (Quarter 1-4) <p>Expand the existing NIHR CRN Portfolio of gastroenterology studies ensuring balance and being mindful of not oversaturating specific patient groups:</p> <ul style="list-style-type: none"> • Exploit study opportunities in areas of strength including IBD, endoscopy, oesophageal disease, intestinal failure and bespoke opportunities from translational laboratory work on proteomics, target discovery and image analysis. (Quarter 1-4) • Encourage participation in larger multicentre studies endoscopy based studies, taking advantage of the introduction of new endoscopy clinics run at the John Radcliffe and Horton Hospital. (Quarter 1-4) • Encourage NIHR CRN Portfolio status application for studies related to a new programme of research defining innate immune pathways underpinning digestive disease and developing novel therapeutic approaches including the setup of a new Oxford led IBD bio resource study. Support for these studies will be provided via the Oxford Research Nurses for Immunology and Inflammatory Diseases (ORNIID). (Quarter 1-4) • Use the international profile and reputation of OUHFT Unit to interact with industry. Clinicians involved in drug development, or as Co-ordinating Investigator, can contribute to research design which attracts studies to the UK and to the TVSM in particular. (Quarter 1-4) • Seek out nurse-led studies in Gastroenterology. (Quarter 1-4) <p>Although recruitment is taking place at all acute trust in TVSM, the majority of research studies and recruitment takes place at OUHFT. There is an opportunity to build the overall NIHR CRN Portfolio of TVSM Gastroenterology research to increase commercial and non-commercial research taking place at the other TVSM acute trust.</p> <ul style="list-style-type: none"> • Continue with newly established CRN TVSM Gastroenterology Specialty Group meeting. The main aims of this meeting is to identify new study opportunities and share information across study teams / sites regarding studies that are active or in set up (including progress, issues relating to recruitment, and the potential for other sites to take part). (Quarter 1-4) • Identify new potential Principal Investigators specifically targeting MKUHFT and RBFT. The next Gastroenterology Specialty Group meeting is scheduled to take place in Milton Keynes with a new research interested Gastroenterology consultant at MKUHFT participating. (Quarter 1) <p>• Work with the TVSM Gastroenterology Specialty Group and the cross divisional team to explore new models for promotion site selection</p>
12	Genetics	<p>TVSM specialty lead runs a small research lab and engages with registrars and medical students to gain exposure to a research project (NIHR) and author/co-author at least one paper. Medical students are attached to the lab for a year and may go on to academic foundation roles specifically in genetics. Our specialty lead will continue with this programme of engagement throughout 2018-2019</p>
13	Haematology	<p>The Oxford Haemophilia and Thrombosis Centre already has links to the national society and two SpR trainees have been appointed to post. We envisage that this programme will continue into 2018-2019</p>
14	Health Services Research	<p>The TVSM recently appointed a Specialty Lead for Health Services Research.</p> <p>Nine sites (one of these being a private site) in the LCRN region participated in Health Research Services led NIHR CRN Portfolio studies in the financial year 2017/2018. This included 4 acute trust, 1 mental health trust and 3 primary care sites. We will work with existing sites and identify new sites that may be interested in participating in Health Services Research studies. We will work with LCRNs that have a high number of chief investigators (CIs) and try to establish an agreement to bring Health Services Research studies to the TVSM region. We will work with the national lead to establish the feasibility of participating in existing and new studies funded through the NIHR CRN Portfolio funded by the Health Services and Delivery Research programme.</p>

15	Hepatology	<p>For 2018-2019 the TVSM Hepatology team will aim to not only meet the national objective, but to continue to recruit to studies that cover all the key sub-specialities of Hepatology (with the exception of transplant). TVSM already has an extensive multi-centre research NIHR CRN Portfolio in viral hepatitis, autoimmune liver disease, viral hepatitis, immune-mediated liver disease, and non-alcoholic fatty liver disease. We will continue to participate in multi-centre studies in these main liver disease areas, while planning to expand the NIHR CRN Portfolio to include alcohol related liver disease (NALFD). (Quarter 1-4)</p> <ul style="list-style-type: none"> • To achieve this OUHFT will join the CALIBRE study (Carvedilol versus variceal band ligation in primary prevention of variceal bleeding in liver cirrhosis) led by the University Hospitals Birmingham NHS Foundation Trust. Although this is a study of varices it is in effect a "cirrhosis study". Research teams working with Hepatology and Gastroenterology services at other TVSM sites will also be strongly encouraged to participate in this study. (Quarter 1-2) • At OUHFT activity on NASH and NAFLD related studies will continue to build. The Hepatology research nurses are becoming more familiar with this patient group, and will aim to have a greater presence in outpatient Hepatology clinics in order to meet patients more regularly and to help with recruitment to studies. (Quarter 1-4) • Continue to seek out and attract new studies the area of HBV infection. (Quarter 1-4) • Continue to work closely with the LCRN Research Fellow to ensure continued support raising awareness of NIHR CRN Portfolio studies amongst colleagues and identifying patients. (Quarter 1-4) <p>We want to build the overall NIHR CRN Portfolio of TVSM Hepatology research taking place at all TVSM acute trust. To help with this we will:</p> <ul style="list-style-type: none"> • Continue to run Regional CRN TVSM Hepatology Specialty Group meeting. This Group currently meets on a termly basis alternating between teleconference meetings and face to face meetings at different sites. The LSL and RDM use this as an opportunity to connect with clinical and research staff at the various sites and to disseminate information from the national Specialty meetings. Progress on current studies and new study opportunities are discussed. Support is given to teams at trust outside Oxford looking to join studies. (Quarter 1-4) • Continue work with the TVSM Cross Divisional Team to explore a multiple TVSM site approach to feasibility / site identification and explore the possibility of a single contracting template. (Quarter 2-4) • The TVSM LSL for Hepatology will continue to network at a national level, leading and raising funds for multi-centre studies in the UK, and attending / presenting at national and international liver meetings. (Quarter 1-4) <p>We aim to carry out a PPIE initiatives to raise public awareness of Hepatology research:</p> <ul style="list-style-type: none"> • Build on the existing ad-hoc patient engagement, to develop a network of patient representatives in each disease area. This will include contact information and engagement activities / areas of responsibility that each patient is willing to undertake. (Quarter 2-3) • Work with the TVSM Communications team to publicise success stories related to Hepatology research both locally and nationally. (Quarter 1-4)
16	Infection	<ul style="list-style-type: none"> • One of the two CRN TVSM co-leads for the Infection specialty will take on the role of CRN TVSM named champion for sexually transmitted infection. Dr Dush Mital is Consultant in Blood Borne Viruses/HIV Medicine & Sexual/Reproductive Health at Milton Keynes University Hospital NHS Foundation Trust. He is also NHS England Clinical Reference Group (CRG) Regional Clinical Member for HIV: Midlands & East. (Quarter 1) • There is currently relatively little research activity at OUHFT and BucksHT in the field of HIV Medicine & Sexual/Reproductive Health with an apparent reluctance amongst consultants to engage in research. Work with Dr Dushyant Mital (Co-Specialty Lead) to engage with genitourinary medicine (GUM) professional community at the various TVSM sites to explore and potentially remove barriers to involvement multicentre studies in HIV Medicine & Sexual/Reproductive Health. Attend the local British Association for Sexual Health and HIV (BASHH) meeting to raise awareness about the NIHR and TVSM and address the above issue. (Quarter 2-4) • Target areas of strength including antimicrobial resistance, emerging pathogens, antiviral treatments. (Quarter 1-4) • Identify and support potential new Principal Investigators at sites across the region. Encourage and support set up of appropriate larger multicentre studies at TVSM sites outside Oxford, such as DexEnceph (19837). (Quarter 1-4) • Build on the NIHR CRN Portfolio of commercial and non-commercial infection studies delivered by Dr Matt Scarborough and his team based at the Nuffield Orthopaedic Centre site. (Quarter 1-4) • Work with the CRN TVSM Communications team to publicise Infection related research success stories. (Quarter 1-4)

17	Injuries and Emergencies	<p>CRN TVSM research staff are already supporting several pre-hospital NIHR CRN Portfolio studies recruiting via Ambulance Trust including PARAMEDIC-2, AIRWAYS-2 and RAIDS. Recruitment for PARAMEDIC-2 (917177) shows for CRN Wessex where the South Central Ambulance Service (SCAS) is based, although local teams provide follow up information depending on the hospital to which the patient is taken. Recruitment for the AIRWAYS-2 (17761) is shared between the participating ambulance service and local hospitals depending on whether the patient survives or not. RAIDS (31289) is a non-consenting NIHR CRN Portfolio study, looking at road accident causation and consequences, for which recruitment is not uploaded.</p> <p>We will continue to support SCAS in development and delivery of NIHR CRN Portfolio studies in a variety of ways:</p> <ul style="list-style-type: none"> • Colleagues from SCAS regularly attend the quarterly TVSM Injuries & Emergencies Specialty Group meetings where existing and studies run by the ambulance service are discussed with research teams from the various Emergency Departments. We will continue to invite colleagues from SCAS to present on relevant pipeline studies. (Quarter 1-4) • Members of SCAS are also invited to attend and present at our annual CRN sponsored Successes in Trauma Research in the Thames Valley conference. (Quarter 4) <p>Recruitment to NIHR CRN Portfolio studies is currently taking place mainly at the OUHFT and the RBFT. We want to increase recruitment at BucksHT and MKUFT, whilst maintaining momentum at OUHFT and the RBFT.</p> <ul style="list-style-type: none"> • Continue to organise and facilitate the quarterly CRN TVSM Injuries & Emergencies Specialty meetings which rotate around all sites with an Emergency Department in the TVSM region and occasionally beyond. The meetings are well attended and facilitate sharing of information and also tips / good practice relating to various studies conducted at more than one site in the TVSM region. The CRN TVSM Local Specialty Lead and the National Specialty Lead (based in Oxford) provide feedback from a national level. (Quarter 1-4) • Work with the R&D team at BucksHT and MKUHFT to identify potential PIs for appropriate Injury & Emergency NIHR CRN Portfolio studies. (Quarter 1-4) • Aim to open larger multi-centre studies across multiple sites in the TVSM including ACL-SNAP (31501), Woodcast (33837), NOPAC (33607), AWARD (20669), AIR (35014), SECURE (35203) and WHITE-8. (Quarter 1-4) • Organise another annual conference “Celebrating Successes in Trauma Research in the Thames Valley.” The first two of these events successfully brought together research interests staff from NHS, University and Industry sectors to share information about completed, current and planned studies. They also helped to stimulate new studies and collaborations. (Quarter 4)
18	Mental Health	<p>Increase the number of NIHR CRN NIHR CRN Portfolio studies recruiting participants aged 16 years or under.</p> <p>“Continuing thought needs to be given to how the interface between the CRN and provider trust can best be managed to ensure the key objective of participation and patient choice while respecting the trust’ needs and objectives. Progress is being made in Berkshire of late. A strategy that could be used is a more flexible resource that can be deployed wherever NIHR CRN Portfolio activity is required”.</p> <p>The CRN invests in a post in OHFT that specifically supports the CYP NIHR CRN Portfolio, including CPMS 36343</p>
19	Metabolic and Endocrine Disorders	<p>We will work with local staff and research teams to fully document the staff involved in the delivery of metabolic and endocrine studies in the local research network.</p>
20	Musculoskeletal Disorders	<p>RDM to identify with Specialty Group lead the potential to identify an orthopaedic champion for musculoskeletal. It should be noted that the national Specialty Group lead is an orthopaedic surgeon based in the Thames Valley. Support for musculoskeletal studies in Oxford to be reviewed by steering group for balance between rheumatology/orthopaedics and physiotherapy</p>
21	Neurological Disorders	<p>Number of LCRNs that have evidenced increased early career researcher involvement in NIHR CRN Portfolio research</p> <p>Our policy is to enable the use of non-medical PIs for appropriate studies and to support new medical PIs to undertake simpler studies in order to develop into PIs able to support CTIMPs over time.</p> <p>We aim to use some of our senior research nurses as PIs for studies as appropriate</p>

22	Ophthalmology	<p>Recruitment to NIHR CRN Portfolio studies has taken place at all four acute trusts providing eye services this year with the majority taking place at OUHFT (10 studies) and BucksHT (4 studies). MKUHFT is currently taking part in one commercial study (33309) running until September 2018. Finding studies that suit the limited clinical eye services and identifying potential PIs at MKUHFT has been a challenge in the past. Recruitment at RBFT has been based on one large multicentre study which has now closed to recruitment. The challenge is therefore to build the research taking place at RBFT and MKUHFT whilst maintaining / increasing NIHR CRN Portfolio research at OUHFT and BucksHT.</p> <ul style="list-style-type: none"> • Continue to facilitate quarterly TVSM Ophthalmology Speciality Group meetings encouraging representation from all trusts in TVSM. This meeting works alongside the Thames Valley Macular Group and one of the aims is to provide a research support network and to encourage new PIs to step forward in the trust outside Oxford. The meeting is also used to share information across study teams / sites regarding studies that are active or in set up (including progress, barriers, issues relating to recruitment and potential for other sites to take part). NIHR CRN Portfolio study opportunities are highlighted. (Quarter 1-4) • Actively seek studies that might suit clinical eye services at MKUHFT and RBFT. (Quarter 1-4) • Continue to engage with the OTTERs group - the Oxford Region Trainee research network set up by Prof Downes. Offer the group the opportunity for research training and experience working on NIHR CRN Portfolio studies with a view to developing potential PIs for the future. Encourage the OTTERs group to apply for the Fight for Sight scholarships to get studies off the ground. (Quarter 1-4) • Work closely with the existing LCRN Research Fellow to raise awareness of NIHR CRN Portfolio studies amongst colleagues and help identify patients for studies. (Quarter 1-4) • Build the NIHR CRN Portfolio of studies in subject areas including PROMs (related to AMD), sleep-wake phenotyping (neuroretinal degeneration) , sleep apnoea and circadian dysfunction, retinal therapeutics and in particular gene therapy. (Quarter 1-4) • Support the Eye Research Group Oxford (ERGO) team to develop new studies that will recruit from all TVSM sites. (Quarter 2-3) • Seek new commercial trials for MR for sites across TVSM (Quarter 1-4). (Quarter 1-4) • Continue to roll out the ERGO (Eye Research Group Oxford) Research Register. This is an initiative to help identify potential recruits for studies and also help to promote research and facilitate patient engagement. As part of this initiative a leaflet is distributed to patients to raise awareness of how they can participate in research. They are given the opportunity to be added to a database of people with an interest in research giving permission to be contacted if a study becomes available addressing their particular condition. (Quarter 1-4) <p>Raise public awareness of Ophthalmology research.</p> <ul style="list-style-type: none"> • Work with the TVSM Communications team to publicise Ophthalmology research related research stories. (Quarter 1-4)
23	Oral and dental health	RDM to work with new Oral and Dental Specialty Group lead to develop and investigate best avenues for distribution of survey.
24	Primary Care	LCRNs to identify and fund a minimum of two named individuals in a GP registrar/First Five nurturing role to undertake Research Champion activities. We continue to train Associates in Training, ST3s, in Good Clinical Practice. This has been ongoing since 2016, and in all regions, ST3s receive GCP training. They are also being surveyed to gauge involvement in clinical research, and we will target this group. We have a Firstfive GP champion in the region.
25	Public Health	The TVSM recently appointed a Specialty Lead for Public Health Research. The LCRN has and continues to identify Public Health led studies on the NIHR CRN Portfolio that are looking for additional sites for support. We will work with local research leads to promote the NIHR CRN Portfolio adoption as the default option although we are aware that the methodology for appointing specialties that manage studies does not favour Public Health. We will work to develop flexible infrastructure that is able to support research recruitment in non NHS settings and develop digital communications strategy that can be used to promote research participation in the general population. We will partner with LCRNs that have a strong profile for leading on Public Health research and try to establish partnership arrangements that attract studies to the TVSM region.
26	Renal Disorders	We will continue to promote the commercial studies coming to the region to all appropriate clinicians , this includes clinicians who have not yet led on commercial studies. We will work with local teams to adopt a policy of adding researchers who have not led on commercial studies as co-investigators on commercial study expressions of interest in order to build experience on commercial studies . The LCRN also has a strong workforce development programme and has a strong industry engagement theme which will be used to engage with consultants in the region that are able to support commercial renal studies

27	Reproductive Health and Childbirth (RH&CB)	<p>Recruitment to RH&CB studies is supported with dedicated Research Midwife posts in all our acute trusts with staff in DGH's linking in with the team in Oxford. The LCRN participate in the RHCBS Research Strategy Group meeting at our large teaching hospital, however this also gives the opportunity to highlight the potential of running studies at multiple sites locally and nationally.</p> <p>We carry out horizon scanning on the national NIHR CRN Portfolio and will continue to approach new studies that are open to new sites and promote across the region with the aim for all trusts with maternity services to recruit to multiple studies.</p> <p>We expect to contribute 100% of trusts (with maternity services) recruiting to RH&CB studies.</p> <p>Part B of the specialty objective is still being discussed nationally in terms of how it will be measured against infant mortality and we will address actions that need to be taken once more is known in order to establish the local baseline</p>
28	Respiratory Disorders	<p>For 2018-2019 TVSM will aim to continue to recruit to studies that cover all the key sub-specialties of the Respiratory Disorders specialty. TVSM already has an extensive multi-centre research NIHR CRN Portfolio in pleural, asthma and COPD. We will continue to participate in multi-centre studies in these main respiratory areas, while planning to build the NIHR CRN Portfolio of studies related to rare conditions.</p> <ul style="list-style-type: none"> • We will continue to support the lead clinician in Oxford for interstitial lung disease with existing studies on pulmonary fibrosis, including Treating Pulmonary Fibrosis with Co-Trimoxazole (18214) and RECITAL (17594), and with new pulmonary fibrosis studies on the way for 2018-19 including TRAIL 1 (35319). In addition we plan to support another OUHFT consultant with research interests in sarcoidosis and interstitial lung disease including a new commercial study looking at pulmonary sarcoidosis (35694) which is currently in set up. (Quarter 1-4) • We will continue to support the clinical lead of the Oxford Adult CF Centre with his on-going cystic fibrosis trial (ACTiF - RCT and parallel process evaluation 33345), his new cystic fibrosis study (CLEAR 37574), and potential future studies resulting from his ongoing research interests in the microbiology of CF lung disease. (Quarter 1-4) • We will also continue to link with the Oxford Vaccine Group and the REspiratory Syncytial virus Consortium in EUrope (RESCEU) to deliver a study looking at the Burden of Respiratory Syncytial Virus (35082). (Quarter 1-4) <p>Although recruitment is taking place across most acute trust in TVSM, the majority of research studies and recruitment takes place at OUHFT. We will therefore aim to build the overall NIHR CRN Portfolio of TVSM Respiratory Disorders Specialty research to increase commercial and non-commercial research taking place at the other TVSM acute trusts.</p> <ul style="list-style-type: none"> • Increase the number of studies/patients being recruited to across the TVSM trusts by helping to identify suitable trials for the non-Oxford sites. The Respiratory Disorders Specialty Lead will continue to actively screen studies so only appropriate studies are sent to the busy DGH clinicians for consideration. More easily deliverable studies will be targeted initially to get the less experienced teams started. (Quarter 1-4) • Engage with potential PIs in the region who are willing to take leadership for local recruitment to NIHR CRN Portfolio studies. The aim will be to start them with small and more easily achievable studies. (Quarter 1-4) • Continue to organise and facilitate the newly established CRN TVSM Respiratory Disorders Specialty Group meeting in collaboration with Dr Naj Rahman and Melissa Dobson (Operations Director, Oxford Respiratory Trials Unit (ORTU)). The aim is to aim to engage with research active / interested staff across TVSM sites, to encourage new PIs and to share information between research teams about existing NIHR CRN Portfolio studies and studies looking for new sites. (Quarter 1-4) • Develop system whereby all respiratory patients in Oxford, across a wide range of respiratory disease areas, are approached about participating in research. Increase the number of patients in the newly established patient database who are willing to be contacted in relation to relevant research. Expand the database to include more primary care patients and explore potential to roll out this model to other TVSM sites.
29	Stroke	<p>We will continue to promote a balanced NIHR CRN Portfolio of stroke research studies across all trusts in the region. This will include both RCT and non RCT studies. As appropriate RCT studies are added to the NIHR CRN Portfolio these are routinely promoted within the region to clinicians and research nurses. We have not felt the need to allocate specific objectives to each trust, although informally SSNAP admissions are used to bench mark relative contributions. We will consider formal objectives as the need arises.</p>

30	Surgery	<ul style="list-style-type: none"> • The RDM and Clinical Lead to engage with identified surgery subspecialty leads by regular teleconference and / or face to face meetings to raise awareness about the NIHR CRN NIHR CRN Portfolio studies and potential support from CRN DDT, to encourage participation in trials, and to help with the recruitment. Explore research interests, identify potential PIs and understand barriers in each surgery subspecialty. (Quarter 1-2, ongoing) • Identify appropriate surgery studies and bring to attention of existing and potential PIs. Particular attention to be given to identifying appropriate studies in subspecialties where there is currently no recruitment to NIHR CRN Portfolio studies within TVSM (currently head & neck, plastics & hand), or subspecialties where there is recruitment but the number or participants per /100,000 population is relatively low (currently colorectal, hepatobiliary, neurosurgery). Bring these studies to the attention of the Specialty Lead, subspecialty leads and known potential PIs. (Quarter 1-4) • Plan for second annual TVSM surgery research event / meeting. Involve surgery subspecialty leads to bring together research active / interested surgeons from all subspecialties and TVSM sites to share information about completed, current and planned studies. The aim will be to encourage involvement in NIHR CRN Portfolio studies, to stimulate ideas for new studies and to create new collaborations. (Quarter 1-3) • Work closely with the LCRN Research Fellow (Surgeon) to ensure continued support raising awareness of NIHR CRN Portfolio studies amongst colleagues and identifying patients. (Quarter 1-4) • Engage with OxSCAR (the local surgery trainee research network) to offer research training, opportunity for experience working on NIHR CRN Portfolio studies and development of potential PIs for the future. (Quarter 1-4) <p>Build on the initial success of the LCRN Direct Delivery Team (DDT) which is currently tasked with supporting surgery studies once approved by the DDT Steering Group:</p> <ul style="list-style-type: none"> • Encourage submissions to the CRN DDT Steering Group. (Quarter 1-4) • DDT team members, DDT Lead and RDM to continue to engage with surgeons at MDTs to raise awareness about the DDT and identify potential recruits for studies. (Quarter 1-4) • Expand DDT to support studies based at the Horton Hospital and other trusts e.g. MKUHFT. (Quarter 2-4) • Support and encourage professional development of DDT staff to improve retention. (Quarter 1-4) <p>Raise public awareness of surgery research:</p> <ul style="list-style-type: none"> • Work with the new TVSM Communications and PPIE Lead to publicise surgery related research stories. (Quarter 1-4)
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Section 5: Financial Management			
5.1 Please provide details of the plans that you anticipate impacting on the allocation of LCRN			
5.2 In respect of the LCRN 2018/19 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to			
Funding Element	Examples	Description of model	% of Total CRN
Host Top sliced element	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team	The Top sliced element comprises of Host supporting costs, LPMS, Core team, Primary care team and PAs for Specialty leads	19%
Block Allocations	Primary care, Clinical support services (i.e. pharmacy)	Block allocations are not used in the local funding model apart from primary care RSI scheme and per patient costs. Principle is to fund named individuals only.	1.5%
Activity Based	Recruitment HLO 1, number of studies	An activity based element is used in the local funding model however it is not 'split' into different elements on such a formulaic basis. An overall budget proposal is produced for each Partner Organisation that incorporates a range of activities including recruitment, study numbers, complexity, strength of pipeline, portfolio balance, economies of scale etc.	73%
Historic allocations	PO funding previously agreed	N/A	0%
Performance Based	HLO performance, Green Shoots funding	Included in activity-based above	0%
Population Based	Adjustments for NHS population needs	Included in activity-based above	0%
Project Based	Study start up	Please note this is still draft, subject to approval of final trust finance proposals	3%
Contingency / Strategic funds	Funds held centrally to meet emerging priorities during the year	Contingencies for key initiatives, emerging priorities and in-year cost pressures	3.5%
Cap and Collar	Please provide your upper and lower limits if applicable	No formal upper or lower limits but we ensure that funding reflects performance and does not destabilise partner organisations	% CAP % COLLAR
Other funding allocations		N/A	%
Comments	A variety of metrics are used to create provisional budgets which are then discussed within the LCRN and proposed to Partners to arrive at final budgets. The level of sophistication of the analysis that we use has increased over time to incorporate additional factors		
*Notes	1. It is assumed that the Local Funding Model is net of any National Top Slice as these are pass through costs 2. If the funding element category is not applicable to your Local Funding Model, please enter 0% 3. The percentages (%) entered in the table should equate to 100%		
5.3	If the 2018/19 local funding model methodology has changed since 2017/18 please give a brief description of the changes	No significant changes but additional scenarios were developed in-year which reflected the impact of particularly high recruiting studies	
5.4	Please confirm whether monitoring visits will be taking place over the course of 2018/19. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion of your Partner organisations are being monitored (Category A Partners).	Yes. We will arrange visits by LCRN team members and the Host trust R&D Finance team to each of our Partner A organisations during 2018-2019.	
5.5	What are the key financial risks and mitigations for 2018/19?	The main financial risks relate to the inability to recruit and retain staff due to both external (eg local cost of living and skills shortages) and internal (eg internal approval panels for new/replacement posts and recruitment delays) factors.	
5.6	Please provide details of any planned audit of the LCRN Host Organisation in 2018/19	Yes. Next audit is scheduled to take place in 2018-2019	

Section 7. Glossary

Abbreviation	Definition
AHSN	Academic Health Science Network
BRC	Biomedical Research Centre
BHFT	Berkshire Healthcare NHS Foundation Trust
BucksFT	Buckinghamshire Healthcare NHS Trust
CI	Chief Investigator
CLARHC	Collaboration for Leadership in Applied Health Research
CPMS	Central Portfolio Management System
CRN	Clinical Research Network
CRN CC	Clinical Research Network Co-ordinating Centre
CSG	Clinical Studies Group
CTIMPS	Clinical Trial of an Investigational Medicinal Product
DDT	Direct Delivery Team
DGH	District General Hospital
DH	Department of Health
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
LPMS	Local Portfolio Management System
MKUFT	Milton Keynes University Hospital NHS FT
NIHR	National Institute of Health Research
ODP	Open Data Platform
OUHFT	Oxford University Hospitals NHS FT
OHFT	Oxford Health NHS FT
PI	Principal Investigator
PIC	Patient Identification Centre
POF	Performance Operating Framework
PPIE	Patient and Public Involvement and Engagement
PRA	Patient Research Ambassador
RBFT	Royal Berkshire NHS FT
RDM	Research Delivery Manager
RCT	Randomised Controlled Trial
RSI	Research Site Initiative
SCAS	South Central Ambulance Service NHS FT
TVSM	CRN Thames Valley and South Midlands