

Trust Board Meeting in Public: Wednesday 10 July 2019

TB2019.76

Title	NIHR Clinical Research Network [CRN]: Thames Valley and South Midlands Annual Report 2018-19 and Annual Plan 2019/20
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Status	For approval
History	The OUH NHS FT hosts the NIHR CRN: Thames Valley and South Midlands (LCRN). This report is to provide an update to the Board as Host of the LCRN on the progress of the network and to request approval of the 2018-19 Annual Report and the 2019-20 Annual Plan.

Board Lead(s)	Professor Meghana Pandit , Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. This paper provides an update to the Board as Host of the LCRN on the progress of the network.
2. The Board of the Oxford University Hospitals NHS Foundation Trust is asked to approve the 2018-19 Annual Report which is attached as Appendix 1
3. The Board of the Oxford University Hospitals NHS Foundation Trust is asked to approve the 2019-20 Annual Plan which is attached as Appendix 2
<p>4. 2018-19 was a record breaking year nationally with 870,250 participants taking part in NIHR CRN supported clinical research studies - the highest number on record and an increase of over 140,000 since the prior year. LCRN recruitment in 2018-19 was particularly strong with over 63,000 (target 45,000) participants recruited to NIHR CRN Portfolio studies which made the network the third highest recruiting network per head of population.</p> <ul style="list-style-type: none"> • Oxford University Hospitals NHS FT OUHFT was the highest recruiting acute teaching hospital nationally (32,285 recruits) • Royal Berkshire FT was the third highest recruiting large acute trust ((7,690 recruits) • Buckinghamshire Healthcare was the second highest recruiting medium acute trust (5,386 recruits) • Milton Keynes University Hospital FT was the highest recruiting small acute trust (4,395 recruits) • Both Oxford Health FT and Berkshire Healthcare FT were in the top ten recruiting Mental Health trusts (4th and 10th respectively)
5. The region performed well against the majority of its High Level Objectives in 2018-19. The time to target metric for non-commercial studies (HLO2b) was met, but the LCRN fell just short of the commercial target. However, this represented a significant improvement on the prior year performance. The majority of Specialty objectives were fully met during the year and there was good engagement from Clinical and Specialty Leads.
6. An overall target for recruitment of 50,000 has been set for 2019-20. This includes a recruitment target of 1,550 for Dementias and Neurodegeneration (DeNDRoN) studies and 2,000 for commercial studies.
<p>8. Priority activities for 2019-20 include-</p> <ul style="list-style-type: none"> • Complete the implementation of the new Local Portfolio Management system (LPMS). • Continue to develop the Study Support Service to be responsive to customers and stakeholders and deliver a consistent high quality service • Embed the new NHS England/CRN arrangements for Excess Treatment Costs • Improve equity of access for patients and the public across all parts of the region and settings including expanding non-NHS research in line with national and local priorities.

9. The 2019-20 Annual Plan was approved by the LCRN Partnership Group in April 2019 and the 2018-19 Annual Report was approved by the LCRN Partnership Group members in June 2019.

Recommendation

The Trust Board is asked to-

- Note this progress report
- Approve the LCRN 2018-19 Annual Report and the 2019-20 Annual Plan

Professor Meghana Pandit
Medical Director
July 2019

Report prepared by:

Val Woods

Chief Operating Officer, NIHR Clinical Research Network: Thames Valley and South Midlands (LCRN)

Appendix 1

NIHR Clinical Research Network [CRN]: Thames Valley and South Midlands Annual Delivery Report 2018-19

Appendix 2

NIHR Clinical Research Network [CRN]: Thames Valley and South Midlands Annual Delivery Plan 2019-20



Clinical Research Network
LCRN Thames Valley and South Midlands

Integrated Annual Plan and Report 2018/19

Date of Mid Year Progress Report submission: 14th December 2018
Date of End of Year Report submission: 22nd May 2019

Section 1. Host Organisation Approval

Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	Yes
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	11/7/2018
Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:	Yes
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:	11/7/2018
Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group:	No
Date of the LCRN Partnership Group meeting at which this Annual Report was agreed:	will be agreed June 2019
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:	will be approved July 2019
If this Report has not been approved by the LCRN Host Organisation Board at the time of submission to CRNCC, then the LCRN Host Organisation Nominated	

Section 2. Compliance with the Performance and Operating Framework						
Please indicate whether the Host Organisation and LCRN Partners are delivering the LCRN in full compliance with the specific areas/clauses of the Performance and Operating Framework 2018/19 listed below.						
POF area	Annual Plan Compliance	Commentary	Mid Year Compliance	Commentary	Annual Report Compliance	Commentary
Part A: Context						
3. Working Principles	Yes		Yes		Fully Compliant	
Part B: Performance Framework						
2. LCRN Performance Indicators						
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	No	The LCRN met HLO 1 and HLO 6a and 6b, but, in common with most other LCRNs, we did not meet the other HLOs. Performance against HLO2a and 2b have both improved since the mid year and remain a key focus for us.	Partially Compliant	Very strong year with 63,000 recruits, easily exceeding the target of 45,000 recruits, partly due to 2 high recruiting reproductive health studies. HLO7 was not met with 1,400 recruits against a target of 1,600. The PD and MND portfolios in particular were strong in OUH but the dementia portfolio has not seen growth this year, either in numbers of studies or recruitment activity. The RDM is meeting with Oxford Health to increase the focus on these studies and explore ways to drive greater recruitment productivity. HLO2b was met but the LCRN fell slightly short of the target for HLO2a with 78% achievement. Several activities have been directed towards meeting the HLO2 targets for 2018/19 and this focus will continue into 2019/20.
2.2 Specialty Objectives	Yes		No	Performance against each of the Specialty objectives will be fully reviewed at year end. Many objectives have already been met	Partially Compliant	Nearly all Specialty objectives have been met. The main exception relates to Public Health which could not be met due to lack of potential opportunities
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.	No	Category B and C contracts have been sent to all providers. All have been returned apart from 3 Cat C contracts that are outstanding which we are chasing, one of which is awaiting query response from CRN CC. 1 Category A contract is still outstanding (BucksHFT) and we have informed them that we can no longer provide funding until it is returned	Partially Compliant	All returned where sessional or RSI funding is in place. There are a few additional GP practices which received a (small) amount of per patient funding which were not included in the contractual exercise but which will be included for 2019/20.
2.4 Initiating and Delivering Clinical Research Indicators	Yes		Yes		Fully Compliant	
2.5 LCRN Partner Satisfaction Survey Indicators	Yes		Yes		Fully Compliant	
2.6 LCRN Customer Satisfaction Indicators	Yes		Yes		Fully Compliant	
2.7 LCRN Patient Experience Indicators	Yes		Yes		Fully Compliant	
3. Performance Management Processes	Yes		Yes		Fully Compliant	
Part C: Operating Framework						
2. Governance and Management	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) .	No	The LCRN core team is conducting financial monitoring visits to all Cat A partners which include review of commercial research arrangements and a policy document has been produced by R&D Finance within the Host organisation. There are no plans to meet POF section 2.5.2 with regard to the office space	Partially Compliant	All Cat A partner visits conducted during the year apart from Buckinghamshire Healthcare NHS Trust which could not be held due to staff availability problems and this will be held in Q1 2019/20 instead.
3. Financial Management	Yes		Yes		Fully Compliant	
4. CRN Specialities	Yes		Yes		Fully Compliant	
5. Research Delivery	Yes		Yes		Fully Compliant	
6. Information and Knowledge	Yes		Yes		Fully Compliant	
7. Stakeholder Engagement and Communications	Yes		Yes		Fully Compliant	
8. Organisational Development	Yes		Yes		Fully Compliant	
9. Business Development and Marketing	Yes		Yes		Fully Compliant	

Section 3. Executive Summary	
Please complete the Table below, entering key performance highlights, successes and challenges from 2018/19	
<p>Please specify up to five areas where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.</p>	<p>1 2018/19 recruitment was particularly strong with over 63,000 recruits, which surpassed both target (45,000) and prior year (42,816). Whilst this was supported by 2 particularly high recruiting studies (NCSS (CPMS number 8933) and INGRID (CPMS number 37129) which contributed 19,000 of the total, the high recruitment also reflects a broad range of studies which performed well across most trusts and settings.</p>
	<p>2 All trusts within the region, recruited well in their respective categories- OUHFT was the highest recruiting acute teaching hospital nationally (32,285 recruits) Royal Berkshire FT was the third highest recruiting large acute trust ((7,690 recruits) Buckinghamshire Healthcare was the second highest recruiting medium acute trust (5,386 recruits) MKUFT was the highest recruiting small acute trust (4,395 recruits) Both Oxford Health and Berkshire Healthcare were in the top ten recruiting Mental Health trusts (4th and 10th respectively)</p>
	<p>3 The region performed well against the HLO2 (time to target) metrics. The HLO2b target was met with 82% achievement (target 80%). Against HLO2a, the LCRN fell just 2 patients short of the 80% target, achieving 77.9% as at year end. This represented a significant improvement on the prior year (72%) and is the result of sustained effort and a number of initiatives such as regular telecom activities, <u>monthly medical director reports and Root Cause Analyses which have led to improvements in feasibility processes.</u></p>
	<p>4 The communications and engagement team delivered a number of high quality projects which generated significant awareness both within the region and nationally. For example, a total of 18 press releases were made, attracting 59 items of coverage, Twitter posts created an average 53,200 impressions a month and 23 new YouTube videos were viewed 4,437 times.</p>
	<p>5 The LCRN has a track record of strong financial management, delivering a break even position as at year end, managing 3 strategic/greenshoots funding calls during the year to support the development of new areas (including the sexual health portfolio in Buckinghamshire) and delivering a significant reduction in cost per weighted recruit in 2018/19 to £54.22 .</p>
High Level Objectives	<p>The LCRN recruited 63,000 participants to studies (HLO1) which was well in excess of 45,000 target and prior year (42,816) and makes the region the third highest in terms of recruitment per head of population and the second highest per head of population for recruitment to commercial studies. However, recruitment to DENDRON studies (HLO7) fell below target at 1,423 (target 1,600), although this did represent growth on the prior year. This therefore remains an area of focus for 2019/20. The LCRN improved its performance against HLO2a, falling just 2 patients short of hitting the 80% target. This represented a 6% improvement on the prior year and is the result of substantial continuous improvement and monitoring initiatives. Performance against HLO2b remained strong (82% achievement). 36% of GP practices consented to studies in 2018/19 (HLO6c) which was a slight increase on the prior year but still short of the national target of 40%. The LCRN has been focusing on improving the geographic spread of GP surgeries participating in studies to improve equity of opportunity for patients and the public and this remains a priority for 2019/20.</p>
Specialty Objectives	<p>Performance against the Specialty objectives was strong with the vast majority of objectives being fully met during the year and good engagement from the stable RDM team and Specialty leads. Key highlights include- Ageing. Growth in portfolio to 3 studies, with OUHFT being the highest recruiting trust to the Ageing portfolio nationally. A number of initiatives have raised awareness across the region and a pipeline of ECRs developed. Anaesthesia, Perioperative Medicine and Pain Management and Critical Care. Projects to deliver and grow research at all acute sites across the region have continued, culminating in a joint "Successes in Urgent Care Research" event with CRN Wessex which generated a lot of new interest and was very well received. Cancer. Continued to focus on our action plans to extend the breadth and number of opportunities available to patients, meeting the specialty objective for 'on-target' recruitment by recruiting into 11 of the 13 sub-specialties, extending to 8 the number of available studies at the Horton Hospital in Banbury through the LCRN's Direct Delivery Team and working to deliver hospice studies. Gastroenterology. Expanding the portfolio of gastroenterology studies with a total of 21 studies including a new Oxford led large multi-site endoscopy based study which is open across the region (Immune Pathways (39359)), recruitment to 10 commercial studies and the identification of new medical and nurse PIs. Health Services Research. Successfully supporting the national diabetes prevention programme study (CPMS 35096) identifying up to 10 participating GP sites across our region Reproductive Health and Childbirth. There are now 2 high recruiting studies (NCSS (CPMS number 8933) and INGRID (CPMS number 37129)), both led from Oxford which recruit in all maternity units across the region.</p>
LCRN Operating Framework Indicators	<p>The LCRN met the indicators within the LCRN operating framework with the exception of the documentation of comprehensive commercial income procedures within each trust. Whilst each organisation has its own local arrangements, ensuring that these are consistently documented is an action for 2019/20.</p>
LCRN Partner Satisfaction Survey Indicators	<p>Favourable feedback from the latest survey was discussed at the Partnership Group. The Partnership Group has Executive Director-level representation from trusts (Category A members) and high recruiting GPs/GP Champions are also invited (Category B members). In addition, the LCRN held 3 broader 'stakeholder' meetings for R&D directors and leads, Specialty leads, R&D managers and broader stakeholder groups. The LCRN also continued to hold regular monthly meetings for R&D managers. Monthly induction webinars and a mid-year webinar performance update were also held.</p>
LCRN Customer Satisfaction Indicators	<p>Customer satisfaction from the survey and other feedback loops remains high. Feedback from the main CRN survey was reviewed and discussed at several LCRN meetings. The Study Support Service is now well established, runs a number of training programmes and meetings and has a strong focus on continuous improvement.</p>
LCRN Patient Experience Indicators	<p>Feedback from surveys was reviewed and discussed at various LCRN meetings and has fed into actions within the 2019/20 Annual Plan. The main theme identified related to a desire for more information from study teams back to those who had volunteered their time to participate at the end of studies on the study outcomes.</p>
Host Organisation	<p>The Partnership Group has Executive Director-level representation from Category A and B organisations. To make meetings more accessible, one of the meetings was held by telecom. In addition, the LCRN held 3 broader 'stakeholder' meetings and monthly meetings for R&D managers. Monthly induction webinars and a webinar performance update were also held.</p>
Governance and Management	<p>Governance and management processes have remained stable during the year and there has been no turnover in senior LCRN posts. Most Specialty Groups now hold regular meetings, including some joint activities with neighbouring LCRN regions within the Supra-regional group and work is continuing into 2019/20 to develop the remaining Specialties.</p>
Financial Management	<p>The LCRN funding approach considers a range of metrics including portfolio strength, study numbers, complexity and forthcoming pipeline and this continues to work well. The LCRN allocated more funding to 'strategic' and 'green shoots' activities during 2018/19 than in previous years which was well received. This has helped to develop previously under-represented specialties and sectors such as developing the sexual health portfolio in Buckinghamshire (greenshoots funding) and supporting new GP practices in Milton Keynes (strategic funding). A break even position was achieved at year end.</p>
CRN Specialties	<p>The LCRN hosts 2 national Specialty Leads (Injuries and Emergencies and Musculoskeletal). A particular strength of the LCRN is its broad spread of research across regional settings and Specialties. Thus, the LCRN had the most balanced portfolio for recruitment in relation to disease burden against 7 key disease areas as measured by CRN CC.</p>
Research Delivery	<p>The LCRN developed a down trending database to spot studies that are starting to decrease their recruitment rates and falling behind time to target. This utilises a monthly download from ODP to create a historic record of the recruitment activity for each study nationally. This then enables the study support team to engage with the Chief investigator and team to identify any difficulties and create solutions. This database has been shared and demonstrated both with the national delivery team and presented at a national research delivery meeting this year. The LCRN actively promoted high quality cost attribution with its two AcoRD specialists giving a succession of well attended and well received AcoRD workshops throughout the year to both R&D staff and researchers throughout the region. Building on this success the network has delivered its first (oversubscribed) introduction to grant application workshop in conjunction with the RDS and OUH finance and with expert input from the SGL for cardiology and operations manager for respiratory. An AcoRD specialist has also been involved with CRN CC & R&D forum to assist in the delivery of some national training.</p>
Information and Knowledge	<p>Good progress was made on the LPMS solution for the region (Studyline and Sitrine) such that TVSM was ready for the LPMS-CPMS Research Activity Integration (Phase 1). The LCRN has also worked to develop a 'mapping' website facility which provides details of which studies are open and recruiting at which sites across the region. Improvements were also made to performance reporting packs and a new down trending database to spot 'at risk' studies at an early stage.</p>
Stakeholder Engagement and Communications	<p>A substantial number of high quality communications and engagement activities were delivered throughout the year and the team is very well established. This included distributing a number of press releases growing our Twitter presence, creating YouTube videos which were viewed 4,437 times and running a total 12 public events which engaged over one thousand people. By the end of the year, the LCRN had 30 Patient Research Ambassadors, liaised with more than 100 stakeholders and helped run three sessions in Patient and Public Involvement (PPI).</p>
Workforce Learning and Organisational Development	<p>The LCRN delivered a number of high quality projects with a particular focus on initiatives to improve recruitment and retention and improved links with key stakeholders in trusts (eg chief nurses). Other activities included establishing the Supra-regional WFD group, leading to the appointment of a supra-regional Digital Learning Designer (starting June 2019). The team continue to provide a wide range of face to face and webinar training, and have introduced the following new training this year (Industry workshop; Dry Ice; Valid informed Consent with adults lacking capacity; PI essentials, AcoRD), all of which are routinely fully booked.</p>
Business Development and Marketing	<p>The LCRN engages regularly with a significant number of CROs/SMEs and pharmaceutical company representatives and engages closely with the Business Development team to maximise opportunities. In addition the network has engaged with numerous CROs/pharma representatives to discuss potential pipelines and act as the point of contact for resolving challenges to performance or study start up.</p>
National Contributions	<p>LCRN core team members were involved in the following national workstreams (some groups were part year only) - Belinda Lennox -Chair of Research Delivery Steering Group Val Woods-Value for Money Group, LCRN Clinical Leadership Project Group, CRN Stakeholder Engagement Group Mark Dolman-Research Delivery Steering Group, LPMS Implementation Steering Group, DHSC Non Commercial Costing and Attribution Group Leigh Gerdes-National Finance Forum, National Project - 'balanced portfolio' Helen Collins-National Workforce Development Leads Group Nancy Hopewell-National GCP facilitation Lead, National Workforce Development Leads Group Oliver Evans - regular communications and PPI meetings and teleconferences, sharing of good practice via Google Groups for communications / PPIE, led the media group for the NIHR NHS 70 campaign.</p>

Section 4. Key Projects									
Section 4 of the template should be used to detail the key projects to be delivered by the network in 2018/19. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN-Cluster collaborative activities or other LCRN collaborations), and projects to be delivered nationally/CRN-wide led locally by the LCRN. Projects to be delivered in collaboration with other parts of the NIHR and/ or other external organisations should also be included. Please add additional rows as required.									
Columns A-F should be completed as part of the 2018/19 Annual Plan. Columns G-H should be completed as part of the 2018/19 Mid Year Progress Report. Columns I-J should be completed as part of the 2018/19 Year End Report.									
RAG Information:									
The RAG ratings are automated. Please select Complete, Green, Amber or Red from the drop-down menu in column I and the colour will update automatically.									
Complete (C)		Milestone complete.							
Red (R)		The specified deliverable was not delivered by the Milestone Date. Commentary is mandatory.							
Amber (A)		There is a risk that the specified deliverable will not be delivered by the Milestone Date. Commentary is mandatory.							
Green (G)		On target to deliver the specified deliverable by the Milestone Date.							
N/A		The Key Project and/or Outcome is no longer required and therefore this Milestone is no longer applicable. Commentary is mandatory.							
To complete at Annual Plan stage						To complete at Mid Year		To complete at Year End Report stage	
Ref	Key project	Outcome	Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
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	Green	All sent out and have been returned and signed	Complete	Complete
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	Green	Done.	Complete	Complete
2. Financial Management									
2.2.1	Internal audit to be completed in-year	Audit completed	V Woods	Report agreed and issued	March 2019	Amber	This still needs to be scheduled by internal audit but we hope it will be by year end	Amber	Will be Q2 2019/20
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	N/A	We have decided to wait for the new national approach to funding and the KPMG VFM work before progressing further	Amber	This will be reviewed further as part of national work on funding in 2019/20
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	Green	This has been done but is now being superseded by new NHS England guidance. Funding from local CCGs for recruitment to end September 2018 was secured	Green	National ETC process now in place and CCG related TVSM ETC pot finalised with residual monies returned to CCGs. TVSM ETC process revised for Specialist commissioning ETCs and discussion completed with commissioners. TVSM ETC pot to default to national process for Spec Comm when available.

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	Amber	Disclosure statements in place quarter. The LCRN is in the process of visiting each trust to undertake financial monitoring visits and this is an agenda item.	Amber	Visit with Buckinghamshire Healthcare will now take place in Q1 2019/20 together with further work on commercial income SOPs in trusts
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	Amber	We have done some local benchmarking on this but this will not now be completed until 2019 due to other priorities and we will wait for outcome from VFM work	Amber	This is carried forward to 2019/20
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	Green	We have undertaken 3 contingency spend rounds, all intended to address this	Complete	The review processes for additional funding requests have all sought to prioritise under-represented areas
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	Green	A number of activities and projects have been funded from this	Complete	Funding has been made available and used for a range of activities such as events, meetings, publications across the region
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 ongoing 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	Amber	As at 11th December 2018, LCRN performance was 73% which ranks TVSM 3rd. However, 80% is proving hard to deliver. This continues to be an area of major focus and a lot of activities are in place to support this including monthly meetings, telecoms and reports to Trust Medical Directors detailing studies at risk of failing	Amber	The Thames Valley and South Midlands narrowly missed this target with a year end of 77.9%. However, the network managed third place nationally. All measures planned were put into place. Telecoms, Medical director reports and complete Root Cause Analysis will continue. Initial RCA shows that TVSM recruited to T&T for those studies which completed their recruitment window. Failing studies generally tended to close early which is a finding which can be highlighted in further feasibility training

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	Red	Performance against this metric remains poor. Some studies in this category do not recruit from sites in TVSM and we need to develop more consistent processes with other LCRNs and CRN CC to improve delivery on this.	Red	Performance remains poor. Whilst this is not a key performance metric for the LCRN, a root cause analysis will be undertaken and work progressed, in conjunction with the CRN CC, to clarify and improve collaborative LCRN work on this metric
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	Green	TVSM achieved 76% as at mid year data cut but this is currently at 80% for closed studies	Green	The Network passed the national target of 80% of studies recruiting to time to target with 83% of studies recruiting to time. This is now being progressed in a more proactive manner at an earlier stage working with the Study Support Service team. IT systems have been developed to flag downtrending studies and a performance meeting is scheduled with the sponsors of the majority of TVSM non commercial studies
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	Green	Currently at 76% nationally. Not separately measured locally. We regularly raise this with Trust R&D Managers to highlight any non-portfolio studies	Green	This metric was easily reached with only 2 commercial studies active in the Thames Valley which were not on the NIHR portfolio. This is reviewed every 6 months with all NHS Trusts
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	Amber	Have met with universities, CTUs and several SMEs and we are reviewing CRN CC new guidance. This is therefore still WIP. We will update further at year end	Green	There was significant engagement with numerous SME (e.g. Oxsight, Novosanis, Smart Care Analytics, Sillar ClinicalBeckley Canopy Therapeutics etc.) during 2018/19. The LCRN met with other regional stakeholders such as the clinical trial units, university departments and the AHSN. The LCRN now sits on the Harwell Health Tec Development Group. The Study Support Service has attended several regional meetings to promote all aspects of the Study Support Service which includes Early Contact and Engagement.

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	Green	3 workshops delivered with a total of 58 attendees. More are planned due to positive feedback (4 per year). Feasibility module in the workshop is delivered collaboratively with representative from life science industry	Complete	4 workshops were delivered across the region. These workshops were delivered in conjunction with representatives from NovoNordisk and Janssen to a total of 88 attendees. Feedback was extremely positive. RCA will be fed back into these workshops. Industry Manager/Deputy Chief Operating Officer attended all R&D Manager/Clinical Leads Meetings and the majority of regional Specialty Meetings.
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	Green	As at December 2018, TVSM is achieving 81% and has processes to monitor this by trust	Amber	Summaries are presented at all R&D Manager meetings and all Executive meetings. For 2018/19 almost 80% of studies achieved the target
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	Amber	Some actions have been implemented but this will be reviewed for 2019/20 in light of the new HLOs	Amber	This is presently being reviewed in light of new HLO for future financial years
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	Amber	This refers to Site Identification Forms. Return rates are monitored each month and reasons for non-response have improved	Green	An industry dashboard has been created in order to record all the data into a central reservoir. 9 common themes have been identified. No capacity in the research team was the most common. No response from site has been successfully addressed and such responses reduced from 17% to 9%.
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	Complete	These are in place	Complete	Complete
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	Green	In progress. Each lead has submitted an annual report and the CDs will be liaising with each of them.	Complete	Re-appointment process completed

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 31st March 2019	Amber	Specific plans in place for some Specialties (eg Public Health, Ageing) but others still to action	Amber	The LCRN has prioritised Public Health and Ageing and will extend this work to other Specialties in 2019/20
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	Amber	Some actions have been completed (eg promotion of Study Support Service in local literature) but others have been delayed whilst focus moves to delivery of other priorities such as ETCs	Amber	Summary document prepared and presently being reviewed by Clinical Directors and Chief Operating Officer.
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 31st March 2019	Green	Local work on prevalence has been undertaken. TVSM now using new ODP functionality and this is discussed at Partnership Group and Stakeholder meetings. ODP data suggests that TVSM is the most 'balanced portfolio' nationally	Green	This an ongoing action and work will continue
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	Green	A lot of activities have been undertaken and continuous improvements made	Complete	TVSM engages with the Supraregional group on a regular basis both by face to face meetings and teleconferences. Feedback on the service is actively encouraged with the survey link automatically added to all emails. Proactive 10% mail out for researchers recently engaged with is undertaken. Team are actively encouraged to attend public forums with the study support service running stands at several symposia etc throughout the year. Several continuous improvements are underway such as streamlining processes for set up with primary care RISPs.
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	Complete	In place	Complete	Complete

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	Complete	Courses run in collaboration with workforce development team. 8 workshops delivered with excellent feedback.	Complete	These continue to be well received and oversubscribed and the number of courses has been increased accordingly.
6. Information and Knowledge									
6.2	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: <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	March 2019	Amber	This is on risk register and is regularly reviewed. Monthly Steering Group meetings with Host now in place	Amber	<ul style="list-style-type: none"> • The Siteline system is now live and receiving recruitment data from all Trusts within the Thames Valley and South Midlands. • Primary Care now has a separate instance within Studyline and systems have now been designed and are being implemented to receive primary care data. • Missing projects and duplicate studies have been largely resolved. A report is still generated for the R&D Manager meetings but the focus is now moving to ensure all recruitment is being added on the local LPMS system. • Monthly LPMS working group meetings consisting of the LPMS Lead, Development Lead for Siteline/Studyline and all R&D Managers are held as well as regular steering group meetings between the Host trust, senior TVSM management (COO, DCOO and project manager) and a representative from another secondary care Trust.
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	N/A	HLOs are likely to be revised for 2019/20 and this will then be revisited	N/A	This has been superceded by changes to the national system. Monitoring of HLO 9 will be investigated.
6.2	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: <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	Amber	As above. System will be compliant for Primary Care as at go-live date but further development work to provide additional functionality will be undertaken in 2019 to streamline this activity	Complete	<ul style="list-style-type: none"> • All non commercial historic activity has been transferred from CPMS to LPMS for all active studies.

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	Green	Will be achieved when LPMS goes live	Complete	Complete
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	Green	On track	Green	These will continue into 2019/20
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	Green	Project Manager appointed. Initiatives being delivered	Complete	<ul style="list-style-type: none"> All national continuous improvement meetings are attended by either the continuous improvement lead or their deputy. A record of all continuous improvement projects is maintained by the project manager. Business intelligence meetings are attended and the network is now developing its own instance of ODP for maximising performance management with the project manager central in this development. Continuous improvement is frequently on the agenda for the R&D Manager meetings. Continuous improvement was the focus of the last Core team meeting as a listening exercise for future course development.

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	Green	A number of activities undertaken and others are planned	Complete	Press releases for 3/4 counties, and supported events in healthcare settings
	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	Green	Done	Complete	Complete
	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	Green	Currently exceeding targets on all of these	Red	Met or exceeded target 8/12 months
	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	Green	Done	Complete	URL included in press releases, website pages, literature
	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	Complete	Already achieved	Complete	3 patient stories, 2 staff stories
	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	Red	Hampered by GDPR so need to build numbers up again and may not meet full year target	Red	GDPR meant all subscribers had to be asked to re-consent, 119 subscribers as of 31/3/19

	Increase Twitter followers	Engagement with public, professionals, industry	Communications and Engagement Team	Minimum 800 followers by end of Q4	31st March 2019	Green	Currently at 737 so exceeding forecast YTD	Red	794 followers as of 31/3/19
	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	Green	Generally meeting these targets in most months	Red	Met or exceeded target 8/12 months
	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	Green	Meeting this target	Red	Met or exceeded target 9/12 months
	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	Complete	Done	Complete	Complete
	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	Complete	Done	Complete	Complete
	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	Complete	Done	Complete	Complete
	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	Green	3 done so far	Red	Fourth film not completed due to software / computer issues
	Produce health professional booklet about the LCRN	Engagement with industry	Communications and Engagement Lead Manager	By end Q1	30th June 2018	Complete	Done	Complete	Complete
	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	Green	Lots of resources have been produced	Complete	Materials include 'Thank-you' leaflet, patient story handouts, guides
	Ensure LCRN resources website is promoted and widely used by healthcare staff	Engagement with professionals and public	Communications and Engagement Officer	Average minimum 100 users a month for each quarter	31st March 2019	Green	On track	Red	Met one month - this was too high a target considering target is audience is around 500 people. Average monthly users 60, total annual users 721, which is considered satisfactory given many staff will not need to visit every month
	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	Amber	Slightly behind due to staffing issues. Still intending to do 5 more stories by year end	Red	One story in each county 3/4 quarters. Each county had minimum four stories by the end of 2018/19. Total 59 items of media coverage, 18 press releases.
	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	Green	in place	Complete	Complete

	Record participation in public-facing LCRN events and media coverage for evaluation	Engagement with public	Communications and Engagement Officer	Ongoing	31st March 2019	Green	in place	Complete	1,186 people engaged
	Record groups and organisations contacted with information about the LCRN	Engagement with public	Communications and Engagement Officer	Ongoing	31st March 2019	Green	This is being done now	Complete	Complete
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	Green	on track	Complete	12 events, 3 in Q1, 3 in Q2, 4 in Q3 and 4 in Q4
	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	Complete	Held in September in High Wycombe	Complete	Complete
	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	Amber	Still being planned and contractor is in place but slower than anticipated. This is complicated due to the number of stakeholders involved	Red	Still being planned and contractor is in place but slower than anticipated. This is complicated due to the number of stakeholders involved.
	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	Green	Project is ongoing	Amber	Schools are being engaged with poster project, more being sought.
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	Amber	We are a bit behind plan due to staffing issues but working hard to achieve this by year end	Amber	30 PRAs by 31/3/19, 14 in Oxfordshire, 6 in Berkshire, 4 in Milton Keynes and 7 in Buckinghamshire. No PPI manager from August to November to support recruitment.
	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	31st March 2019	Green	On track	Complete	Complete
	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	31st March 2019	Green	Being done	Red	Two away day events and one forum meeting held in 2018/19, this target has not been met given that PRAs are not obliged to attend
	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	Green	Survey going out in January	Complete	Complete
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	Green	279 responses so far and feedback being reviewed	Complete	Complete

	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	Complete	Done	Complete	Three learning resources programmes delivered
	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	Complete	Done	Complete	Complete
	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	Green	This is on track	Complete	Complete
	Involve patients in our communications and PPIE planning work for 2018/19	Engagement with public	Communications and Engagement Lead Manager	Ongoing	31st March 2019	Green	This is happening	Complete	Complete
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	Complete	Submitted at end September	Complete	See progress on 2019-20 annual plan template
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 Oxford's 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	Green	on track	Complete	Primary care CTU away day(September 2018) to look at further collaborative working. DDT team at the Horton established and now fully recruited to. DDT team at the NOC now expanded to run trials in hospices and an autistic school. Primary care nursing team expanded to include a WTE nurse to aide public health studies. Primary care team also supporting dentistry study in schools.

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	Green	Work continues with Oxford Brookes and Reading University to provide clinical research awareness sessions with student nurses. One medical student in Oxford University undertook year 4 special study module, "hands on introduction to clinical research". A further 4 students have been accepted for next year. Milton Keynes University Hospitals NHS FT are providing clinical research placements to their local medical school	Complete	Ongoing projects running again in 2019-20
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	Complete	Done	Complete	Survey results analysed and no additional training requirements were identified. Results from the survey incorporated into the Workforce Plan.
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	Red	Despite our best efforts, engagement with HEE has been very difficult. We have found a new person with whom to liaise and we are hopeful that collaboration will improve.	Red	As mid term review - unfortunately no movement on this despite new contact and numerous attempts to engage. Project currently suspended

8.1.9	Wellbeing	<ul style="list-style-type: none"> • Engagement with National wellbeing agenda • Increasing awareness of wellbeing by 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	Green	Our Wellbeing Lead regularly attends national meetings. Local plans in place.	Complete	<ul style="list-style-type: none"> • From national meeting; national CRN Wellbeing strategy has been created which will be launched in April 2019- 12 months of Wellbeing'. A main theme around Wellbeing for each month, with sub themes, to promote consistency across all LCRNs. • Core team meetings; afternoon activities to promote wellbeing, including suggestions made by the team. • Yearly wellbeing survey to core team, to monitor progress and influence wellbeing practice and promotion. • Continue monthly pieces for LCRN e-newsletter, using the National Wellbeing themes as a framework. • Short pieces/ links for the end of monthly webinars, possible videos.
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	Green	We have been praised by our local ALP delegates for the support given by the LCRN Workforce Development Team.	Complete	Ongoing support given to ALP and Alumni
8.1.5	CRP 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	Q4	31st March 2019	Green	We have put forward a large number of CRPs and the LCRN is funding registration of 300 CRPs.	Complete	Now have support from OUH chief nurse (host trust) to make the directory and then the register mandatory for CRPs in JDs going forward.
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 facilitating 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	Green	on track	Complete	Survey completed with excellent feedback. Facilitator events and training completed and further sessions booked for 2019/20. Primary care GCP facilitators mentored - one dropped out as not for her but the other successfully trained and now very active. Quality tool promoted at every event and some reports of use.

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	Green	on track	Complete	For 2017/18, the Fellows delivered a summer series of lectures for the trainee network. For 2018/19, there are 5 fellows currently in programme. The LCRN remains committed to the fellow programme going forwards into 2019/20. Scoping done with the alumni of support they would like going forwards and day planned for 2019/20. Alumni also actively involved in some projects eg - Special study module for Medical students is being supported by ex fellow.
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	Complete	Done	Complete	Training co-ordinator also appointed to oversee the offer. Grant application workshop been developed and is being piloted by study support team in 2019/20
8.1.7	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	Complete	Done. Now in roll out phase with 48 staff having received training	Complete	Commercial workshop in roll out phase, with 90 staff having recd training. We also work with 4 commercial partners who co-facilitate this workshop
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	Green	In rollout phase	Complete	Delivered in RBFT, MKUHFT, and in Oxford as well as to teams as requested. Planned event in Bucks hospitals. now an established training offer. CI webinar not delivered on BUT Grant application workshop planned for 2019/20
8.1.5	Clinical research is everyones future' 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	Amber	Partnership group have recently agreed but more work to do	Amber	OUH as Host now has a CR video in trust induction. Shared with partnership board as part of the CQC discussions. Plan to discuss / promote going forwards into 2019/20
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	Complete	Done	Complete	Ongoing project - due to ensuring GDPR compliance we had to get people to opt in. Currently 327 signed up.
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 of March 2019	Green	3 of our PRAs are working with the Workforce development team to ensure relevant training	Complete	Ongoing project, contacts now established- whom are able to help us as needed. Contributed to the Next steps programme redesign. Will contact as projects come up in 2019/20
general	Investigate role of learning technologist	tba	tba	tba	tba	Complete	Post being advertised. This is a collaboration within the SUPRA region.	Complete	First round of recruitment not successful. Job description re-written and out to advert. Interviews 26th of April 2019. TV&SM CRN have led this workstream and will host the position.

9. Business Development and Marketing

Section 5. High Level Objectives Targets			
HLO	LCRN Target	Commentary	Year End Commentary
1	45,000		The LCRN achieved full year recruitment of 63,185 against target of 45,000. Whilst this was supported by 2 particularly high recruiting studies (NCSS (CPMS number 8933) and INGRID (CPMS number 37129) which contributed 19,000 of the total, the high recruitment also reflects a broad range of studies which performed well across all trusts and regions.
7	1,700		HLO7 target of 1,600 has not been met, but the LCRN achieved year end recruitment of 1,423 recruited to the DeNDRoN portfolio, which is more than were recruited in 2017/18. OUH are in the top 15 of NHS trusts delivering a wide range of DeNDRoN studies. The PD and MND portfolios in particular are strong in OUH. The dementia portfolio has not seen growth this year, in numbers of studies and recruitment activity. The RDM is meeting with Oxford Health to increase the focus on these studies and explore ways to drive greater productivity in recruitment

Section 6. Specialty Objectives			
RAG Information:			
The RAG ratings are automated. Please select Complete, Green, Amber or Red from the drop-down menu in column D and the colour will update automatically.			
Complete (C)	Milestone(s) complete.		
Red (R)	One or more specified deliverable was not delivered by the Milestone Date.		
Amber (A)	There is a risk that one or more specified deliverable will not be delivered by the Milestone Date.		
Green (G)	On target to deliver all specified deliverables by the Milestone Date.		
Ref	Specialty	Local activities to achieve the national objective	Year End Report
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"> 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. 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.) Propose and establish a CRN part-supported research fellowship in ageing. 	<p>Green</p> <p>TV&SM had a very small portfolio. This means that the 'pool' of CRN active researchers available to support ECRs, plus the pool of ongoing studies for ECRs to be PI/sub-PIs to has been very small. 3 ECRs in the region are working on portfolio studies as sub-Is. OUHFT is the highest recruitment trust to the Ageing portfolio across the NHS, and our portfolio has grown to a portfolio of 3 studies reporting 629 recruited as at 25 April 2019. In the time frame available we have tried to focus on building capacity amongst medical and non-medical staff, while working on increasing the portfolio in parallel – 2 commercial studies are anticipated to be added to the portfolio by April 2019. We have also included examples of when ECRs have been willing to participate in portfolio research and have contributed to expressions of interest, even though the studies haven't ultimately progressed. So though it is hard for us to demonstrate development of ECRs linked to portfolio studies, we anticipate that our approach to grass-roots growth of ECRs will yield a sustainable pipeline in the medium term as the regional portfolio expands, and which we believe also heeds the spirit of the CRN strategic objective. We performed a survey of regional (Oxford Deanery) registrars training Elderly Care asking who was currently involved in CRN research, who was interested, and who had completed GCP. We performed a regional survey of consultants in elderly care in Oxfordshire, Berkshire and Buckinghamshire to identify those who met ECR criteria. We performed a survey of Oxfordshire, Berkshire and Buckinghamshire consultants to identify who were involved in CRN-supported research and whether any were interested in participating in CRN research. We piloted identification of potential non-medical ECRs by focused advertising in one hospital (John Radcliffe Hospital, Oxford). By the end of the year, 5 specialty trainees had achieved additional GCP certification, 19 expressed a willingness to participate in portfolio research. During the eligible period 3 additional registrars were involved in active or set-up portfolio studies (see below). Of 16 ECR-eligible consultants in the region 6 were interested in participating in portfolio research, 2 were listed as investigators on studies in set-up and 2 contributed to expressions of interest. Following a regional survey and consultation with trainees and the Oxford Deanery elderly care Training Programme Director we provided links and support for completion of GCP and a local non-mandatory requirement that GCP certification would be complete by all trainees by their second annual review of progress (S14 ARCP). After a local pilot and advertising we held a dedicated Introduction to Research and GCP Training day potential non-medical ECRs interested in portfolio research. 5 additional specialty trainees in elderly care completed GCP certification in the interval period. 9 non-medical staff attended the introduction to research and GCP training day: 3 physician associates, 1 physiotherapist, 1 senior pharmacist, 1 clinical support worker, 2 senior nurses. Information is given by dedicated updates at regional training days approximately quarterly and regional British Geriatrics Society meetings (held every 6 months), plus targeted communication in person to individuals who have expressed an interest. Updates have now been provided at 2 regional registrar training days and 1 BGS meeting.</p>
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 OxCCARRE 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 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 Specialty 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 conference as a joint venture with colleagues in CRN Wessex. (Quarter 2-3) 	<p>Green</p> <p>Engagement with OxCCARE (Oxford Critical Care & Anaesthetics Research Enterprise) and Oxford Deanery Anaesthetic Trainees (OXDAT) trainees:</p> <ul style="list-style-type: none"> Delivery of RAFT national collaborative project DALES: Drug Allergy Labels in the Elective Surgical population (37360) at all sites in the TVSM region during Q1. Total recruitment 1067. OxCCARE committee members and other representatives have participated in our regular quarterly TVSM Anaesthesia and Critical Care Combined Specialty Group meetings. Representatives from OxCCARE attended and presented free papers at the combined CRN TVSM & Wessex - Urgent Care research conference on 31 October 2018. Anaesthetist from BucksHT (and OxCCARE representative) successfully applied for and was awarded a CRN TVSM Research Fellowship (2018-19 cohort). Continued to liaise with Regional Advisor in Anaesthesia to ensure that OxCCARE is on the Specialty Training Committee agenda. <p>Development of NIHR CRN APOMP Portfolio in the TVSM area:</p> <ul style="list-style-type: none"> After gap in meeting schedule RDM has requested to attend any future local Perioperative Medicine (OXPOP) meetings. CRN DDT supported delivery of Brain Imaging In Anaesthesia (37176) with the Oxford Centre of Functional Magnetic Resonance Imaging of the Brain (FMRIB). To date 29 patients recruited. Dedicated APOMP research team established at RBFT and supported five APOMP studies during 2018-19 with two more currently in set up. PQIP (32256) successfully delivered at BucksHT (171 patients), RBFT (137 patients), OUHFT (133 patients) during 2018-19. MKUHFT due to start on 1/5/2019. Not possible to run (FLO-ELA (33869) at RBFT or MKUHFT due to the type of Doppler equipment used but successfully set up at BucksHT (16 patients recruited during 2018-19). Good attendance of PIs, research nurses, R&D staff and OxCCARE representatives at quarterly CRN TVSM combined Anaesthesia and Critical Care Specialty Group meetings held at Oxford, Stoke Mandeville and Reading.
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>	<p>Amber</p> <p>In 2018/2019 we met the specialty objective of 'on-target' recruitment into at least 8 of the 13 sub specialties by recruiting into 11 of the 13. We missed the target in both breast and children and young people sub specialties. We successfully appointed to the SPCPS post and have opened a study based in the local Sue Ryder Hospice working with that team. We have also successfully appointed the new research team at the Horton General Hospital and they are currently running 8 studies for patients in north Oxfordshire. We continue to work with the SSLs across all sub specialties and they liaise with the Cancer Alliance Groups to improve recruitment into cancer studies within the LCRN. We have looked at gaps within the portfolio and have successfully managed to open one SPCPS study but have not been successful with the brain portfolio this year. We have continued with the action plans for both the trusts and sub specialties and have continued the performance monitoring. Reduction in recruitment numbers is due to poor performance at a DGH. We are addressing this by setting up a meeting with the trust.</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>	<p>Green</p> <p>The report was completed and a workforce development plan has been drawn up, signed off and submitted</p>
5	Children	<p>Recruitment to Children's studies is supported with dedicated paediatric research nurses in all our acute trust with staff in DGHs 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. 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. We expect 100% of trusts to be recruiting to Children's studies (managing and supporting)</p>	<p>Green</p> <p>All 6 partner organisations (including mental health trusts) recruited to children's studies in 18/19. The number of studies recruiting increased 20% year on year and the number of children participating more than trebled. In addition several GP surgeries consented to Children's (managing and supporting) studies. Our specialty lead and Oxford team also organised a regional specialty meeting to engage clinicians across the patch. This was well-attended with positive feedback and therefore there are plans to repeat annually.</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 MKUHFT as 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 Specialty Group. Continue to hold quarterly combined Anaesthesia and Critical Care Specialty 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) 	<p>Green</p> <p>Engagement with OxCCARE (Oxford Critical Care & Anaesthetics Research Enterprise) and Oxford Deanery Anaesthetic Trainees (OXDAT) trainees:</p> <ul style="list-style-type: none"> Delivery of RAFT national collaborative project DALES: Drug Allergy Labels in the Elective Surgical population (37360) at all sites in the TVSM region during Q1. Total recruitment 1067. OxCCARE committee members and other representatives have participated in our regular quarterly TVSM Anaesthesia and Critical Care Combined Specialty Group meetings. Representatives from OxCCARE attended and presented free papers at the combined CRN TVSM & Wessex - Urgent Care research conference on 31 October 2018. Anaesthetist from BucksHT (and OxCCARE representative) successfully applied for and was awarded a CRN TVSM Research Fellowship (2018-19 cohort). Continued to liaise with Regional Advisor in Anaesthesia to ensure that OxCCARE is on the Specialty Training Committee agenda. <p>Development of NIHR CRN APOMP Portfolio in the TVSM area:</p> <ul style="list-style-type: none"> After gap in meeting schedule RDM has requested to attend any future local Perioperative Medicine (OXPOP) meetings. CRN DDT supported delivery of Brain Imaging In Anaesthesia (37176) with the Oxford Centre of Functional Magnetic Resonance Imaging of the Brain (FMRIB). To date 29 patients recruited. Dedicated APOMP research team established at RBFT and supported five APOMP studies during 2018-19 with two more currently in set up. PQIP (32256) successfully delivered at BucksHT (171 patients), RBFT (137 patients), OUHFT (133 patients) during 2018-19. MKUHFT due to start on 1/5/2019. Not possible to run (FLO-ELA (33869) at RBFT or MKUHFT due to the type of Doppler equipment used but successfully set up at BucksHT (16 patients recruited during 2018-19). Good attendance of PIs, research nurses, R&D staff and OxCCARE representatives at quarterly CRN TVSM combined Anaesthesia and Critical Care Specialty Group meetings held at Oxford, Stoke Mandeville and Reading. A joint CRN TVSM and CRN Wessex 'Successes in Urgent Care Research' conference held at Basingstoke on 31/10/2019 covering APOMP, critical care and emergency department research. There were over 100 attendees and feedback was very positive.
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. 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 OXHFT has an initiative underway to enable the mentoring of new PIs by experienced PIs. 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. We aim to use some of our senior research nurses as PIs for studies as appropriate</p>	<p>Green</p> <p>This year we have 8 ECRs taking part in portfolio studies that are new CIs, PIs, sub-Is. Rohan van der Putt considers every dementia study as a possibility for engaging with new PIs. Each study is considered, including commercial, as to whether a research naïve clinician could take on the PI role. In this way, 4 new medics have taken on both PI (3) and sub-PI (1) roles within Oxford Health, each supporting 3 non-commercial studies as PI and supporting 2 dementia trials as sub-investigators. The consultant community are well known to Rohan within Oxford health. In OUH, 3 new consultants are undertaking non-commercial studies, 1 as a PI, 2 as a PI and CI, and the other as a sub-PI. In OUH a research nurse is undertaking her first study as the site PI. In OUH, a researcher is undertaking a study as CI and PI. Oxford Health has a new PI support programme to actively identify and support new PIs. Provide shadowing/training opportunities with Dr van der Putt, and running "Essentials for PIs". Ongoing LCRN GCP training provision, face to face and on-line. Regional CPD training event and AHSN Webinar held on this topic in May/July 2018 respectively. One of the new PIs is in receipt of LCRN green shoots funding @ 1 PA/week to support clinical research portfolio activity</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>	<p>Green</p> <p>The region continues to outperform for recruitment for dermatology studies. Historically the network has always been strong in the OUH trust with the team led by Professor Graham Ogg and the specialty has now increased activity outside the Host particularly in Milton Keynes with interest in both commercial and non commercial studies. The number of clinicians acting as PIs has also increased during 2018/19</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 CRN Portfolio.</p>	<p>Green</p> <p>The CRN closely monitored the available portfolio relevant for this objective. The national portfolio has not lent itself to increasing activity related to this objective. A recent review of the studies relevant for this objective suggested only 4 studies were open to additional sites. In reality only two of these were relevant for all LCRNs, the other two were only open in a single LCRN suggesting the studies may be geographically restricted. It should be highlighted that in terms of this objective and measure; in the year 2018/19, the criteria used results in over 80% of the activity within the region falling within that measured for the objective. In effect this is asking for a 5% increase in recruitment into diabetes studies generally. This observation also appears to be held nationally, at the time of writing, of the 19617 recruits falling to diabetes, 18032 fall within the studies that count towards the specialty objective in 2018/19. The clinical lead and RDM did engage specifically with neighbouring networks that were generating complimentary diabetes studies. This led to supporting a study that recruited nearly 500 participants, this contributed to the total of 1765 that counted towards this objective. This allowed the LCRN to exceed its baseline year by 2% . The cluster office need to consider the available portfolio and pipeline before adopting a portfolio dependent specialty objective to ensure this is achievable.</p>

10	Ear, Nose and Throat	<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.</p> <ul style="list-style-type: none"> 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 Moualel (Trainee Representative) and Mr Ram Moorthy (Training Programme Director). (Quarter 1) Offer to put on a session at the regional ENT study day to raise awareness about the NIHR CRN and NIHR CRN Portfolio. 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) Discuss potential for using OOPPE (out of programme clinical experience) option for research training and experience. Encourage ENT trainees to be on delegation log for relevant ENT NIHR CRN Portfolio studies. Explore potential for ENT trainee to take on sub-investigator role on suitable NIHR CRN Portfolio studies when available. Make ENT trainees aware of CRN TVSM Research Fellowship Scheme and encourage them to apply. <p>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.</p> <ul style="list-style-type: none"> 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) 	Green	<p>Links with the team co-ordinating ENT / Head and Neck Postgraduate Medical Training Programme in Thames Valley:</p> <ul style="list-style-type: none"> Contact made with training committee - ENT CL and RDM offered to attend on of their SpR training days to give an introduction / overview of the NIHR and the Clinical Research Network for Thames Valley. The ENT SL attended the training day on the 7/6/2018 (the RDM had planned to attend but was unable to take part on the day). The possibility of creating a local trainee research collaborative that would meet as part of the monthly training day was discussed, but the group favoured collaborating with the national organisation (INTEGRATE). The ENT trainees were encouraged to apply for CRN TVSM Research Fellowships and "Green Shoots" funding opportunity aimed at developing new PIs. ENT trainees were also made aware of the NIHR CRN training and webinars (e.g. GCP, Fundamentals of Research, Next Steps, PI Workshops). Engagement with the Associate PI scheme will be encouraged in 2019-20. <p>Development of portfolio of studies:</p> <ul style="list-style-type: none"> ENT commercial and non-commercial studies that were new to the portfolio, or looking for new sites, identified and shared via new horizon scanning spreadsheet. Out of three portfolio studies managed by the ENT specialty (Optimisation of hearing aid fitting 37376; Music and hearing aids online survey 36746; and NATTINA 17530) and two studies co-adopted with ENT (CLEFT-Q field test 18483 - managed by the Childrens specialty; and ElaTION 17373 - managed by the Cancer specialty) four were delivered at sites outside Oxford and involved three new PIs. The objective to organise an initial ENT Specialty Group meeting to explore research interest, opportunities and barriers will be carried over to 2019-20.
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) Work with the TVSM Gastroenterology Specialty Group and the cross divisional team to explore new models for promotion, site selection, approval and contracting based on a multiple TVSM site approach. (Quarter 2-4) Encourage teams at all sites to consider taking on commercial bio-similar studies. (Quarter 1-4) 	Green	<p>Implementation of changes to recruitment practice at OUHFT including:</p> <ul style="list-style-type: none"> Routine pre-screening of notes carried out before IBD clinics on Wednesdays and Fridays. Update on studies provided at the weekly IBD multidisciplinary team meetings. Summary of all current trials provided in each clinic room. Fellows reminded each week of the clinical trial commitment now part of their job plan. Increased interaction with IBD specialist nurses who manage the advice line. <p>As result of above the recruitment at Oxford has increased 515 recruits to 18 portfolio studies managed by the gastroenterology specialty in 2018-19, compared to 327 recruits to 17 studies in 2017-18.</p> <p>Expansion and balance of portfolio of gastroenterology studies:</p> <ul style="list-style-type: none"> A total of 21 studies managed by the Gastroenterology specialty recruited across TVSM sites during 2018-19 covering a broad range of sub-specialities including: IBD (12); endoscopy (3); oesophageal disease (1); intestinal failure (1); nutrition (1); neurogastroenterology (1); chronic pouchitis (1); typhoid (1). Research teams also supported five further studies co-adopted with the Gastroenterology specialty. A new Oxford led large multi-site endoscopy based study opened at OUHFT and is in set up at other TVSM sites - Targeting Immune Pathways (39359). Another large multi-site study, IBD Bioresource (20664) study set up and recruiting at three TVSM sites (OUHFT, BucksHT and MKUHFT). Both these studies are also recruiting at the new endoscopy clinics set up at the Horton Hospital in Banbury (part of OUHFT). The relatively new Oxford Research Nurses for Immunology and Inflammatory Diseases (ORNIID) team has been working effectively alongside the Gastroenterology research team at OUHFT to recruit to Gastroenterology studies. OUHFT team recruited to seven commercial Gastroenterology studies in 2018-19 and have been approached by sponsors to run ten more studies with OUHFT consultants frequently asked to take on role of UK CI. Nurse PIs identified for TVSM sites running Targeting Immune Pathways (39359). Overall a better balance of interventional to observational studies (10:11 in 2018-19 compared to 6:13 in 2017-18) and commercial to non-commercial studies (8:13 in 2018-19 compared to 5:14 in 2017-18) has been achieved. <p>Increased research taking place at TVSM acute trust sites outside Oxford:</p> <ul style="list-style-type: none"> CRN TVSM Gastroenterology Specialty Group meeting was held at Stoke Mandeville Hospital and Milton Keynes University Hospital as well as Oxford in the last year. It continues to be well attended and has encouraged sharing of information and wider participation in portfolio studies. A new CL for Gastroenterology has just been appointed following the untimely death of the previous SL. Out of the 21 Gastroenterology managed studies that recruited in 2018-19: 18 recruited at OUHFT; 4 recruited at BucksHT; 2 at MKUHFT; and 1 at a non-NHS location. This included 2 commercial studies at BuckHT and one at MKUHFT. Four new Principal Investigators were responsible for studies at MKUHFT and BHT. Work on new models for approvals and contracting based on a multiple TVSM site approach has been put on hold and partially superseded by National initiatives (relating to commercial contract research set up). Teams have been encouraged to consider commercial bio-similar studies, with the Industry Manager / Deputy COO presenting on bio-similar research at the CRN TVSM Gastroenterology Specialty Group meeting. <p>Other: a very successful evening PPI event was held jointly with Crohns & Colitis UK at the John Radcliffe Hospital in Oxford on the 7/2/2019 with over 130 people attending.</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>	Green	<p>Our plan and performance against plan has been provided to the cluster office in a recent report. The new specialty lead is fully engaged and has encouraged early career engagement in research. Our early career researchers for Genetics undertook a group GCP training session and are now primed to progress as PIs / sub-Pis in Genetics studies</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>	Green	<p>TVSM has named trainees within HaemSTAR, one of which was the co-lead and now moved on to be a reasearch active locum. The HaemSTAR group is actively involved in local research and is running a regional project Caveat (evaluating thrombocytopenia and VTE in cancer patients) which will be presented at the Haematology regional meeting</p>
14	Health Services Research	<p>The TVSM recently appointed a Specialty Lead for Health Services Research. 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>	Green	<p>The LCRN achieved this target by working with the team evaluating the national diabetes prevention programme (CPMS 35096). We were fortunate to contact the team at a time when they were still trying to identify GP sites to support the study. We have agreed to identify up to 10 GP sites across our region, at present 2 sites have recruited to support the study.</p>
15	Hepatology	<ul style="list-style-type: none"> 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) 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) 	Green	<p>Expansion of portfolio to cover key sub-specialities:</p> <ul style="list-style-type: none"> TVSM Hepatology teams recruited to 14 studies managed by the Hepatology specialty in 2018-19. This covered a wide range of the key sub-specialities of Hepatology including: <ul style="list-style-type: none"> Alcohol (ATTIRE 18450); Cirrhosis (MAPLE 20866); Non Alcoholic Fatty Liver Disease-NAFLD / Non Alcoholic Steatohepatitis-NASH (EPoS-UK 18900, REVERSE 37682, DS102 in NAFLD patients 35574); Primary Biliary Cholangitis - PBC (Efficacy and safety of oral GKT137831 32676, PBC Genetics 5630); Primary Sclerosing Cholangitis-PSC (PSC FNA Liver 35041, UK-PSC 6388, Norusodeoxycholic acid in PSC 35440); Autoimmune Hepatitis-AIH (UK-AIH Cohort 17556); igG4 (Natural history and pathogenesis of systemic IgG4 disease 10776); Hepatic C virus -HCV (HCV Research UK 11582); Cirrhosis (MAPLE 20866); Transplant was not included as although Oxford leads on some Liver transplant studies TVSM does not include a liver transplant service Several new large multi-site studies are now open to recruitment at OUHFT: The cirrhosis study CALIBRE (39255); The NASH and NAFLD related studies European NAFLD registry (38609) and LITMUS Imaging (40252); The severe alcohol hepatitis study ISAIAH (38430). <p>Increase in Hepatology research activity at TVSM sites beyond Oxford:</p> <ul style="list-style-type: none"> Out of 14 studies managed by the Hepatology specialty that recruited in TVSM in 2018-19: two of these studies took place at RBFT (UK-PSC 6388, ATTIRE 18450); one at BucksHT (PBC Genetics 5630); and one at MKUHFT (PBC Genetics 5630). The CRN TVSM Hepatology Specialty Group meeting continues to run on a quarterly basis alternating between Oxford and a different TVSM site. This meeting has been well attended and the SL and group are actively trying to support and encourage teams to deliver portfolio studies at sites outside Oxford. Work on new models for approval and contracting based on a multiple TVSM site approach has been put on hold and partially superseded by National initiatives (relating to commercial contract research set up). <p>A network of patient representatives in each disease area has been developed. Further work is needed relating to PPI and publicity.</p>
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) 	Green	<p>Sexually transmitted infection research:</p> <ul style="list-style-type: none"> Champion identified (also currently Co-Lead for Infection - with a specific interest in HIV Medicine & Sexual/Reproductive Health). Portfolio studies in HIV Medicine & Sexual/Reproductive Health run at BucksHT (LUSTRUM 38402, PreImpact 35405); MKUHFT (UK CHIC 4179, Safetxt 20710, PreImpact 35405) and OUHFT (PreImpact 35405). Green shoots funding (aimed at growing new PIs) provided to new HIV Medicine & Sexual/Reproductive Health researcher at BucksHT. <p>Antimicrobial resistance, emerging pathogens, antiviral treatments research:</p> <ul style="list-style-type: none"> Portfolio studies in antimicrobial research running at TVSM sites during 2018-19 included (ARMORd 31505, PRINCESS 20338 and ARK-hospital 33360). DexEnceph (19837) not opened at sites outside Oxford. Oxford teams continued to generate and recruit to vaccine related studies with 12 of these studies recruiting during 2018-19. The Co-Lead for Infection was supported to deliver three portfolio studies related to infection prevention including Rilto (32470), Lysin CF-301 (32152) and Arthroplasty S. aureus SSI NI (35872) with total recruitment during 2018-19 of 3255 patients. <p>Public awareness about infection research:</p> <ul style="list-style-type: none"> The CRN TVSM Communications team featured the CRN Sexually Transmitted Disease champion, and one of his patients, in a local radio and national TV news coverage relating to HIV awareness and research. The Communications team also featured the Co-Lead for Infection in a national media story about his research on antibiotics which concluded that pills were just as effective as intravenous (IV) injections in tackling bone infections. The Oxford Vaccine Group was featured in the national media following the World Health Organisation's advice that the new conjugate vaccine (tried by OVG - VAST study 19262) provides longer-lasting immunity than previously available vaccines and could be administered to children as young as six months old.

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) 	Green	<p>Prehospital research and working with the South Central Ambulance Service (SCAS):</p> <p>CRN TVSM does not have an Ambulance Trust within its region. South Central Ambulance Service (SCAS) serves TVSM EDs but is based in the CRN Wessex region and recruitment to SCAS-run trials is usually linked to Wessex. Neighbouring ambulance services occasionally bring patients into EDs in TVSM.</p> <ul style="list-style-type: none"> CRN TVSM hospital based research staff supported the pre-hospital NIHR CRN Portfolio study RIGHT-2 (18362) co-adopted with I&E. ED based research staff at all CRN TVSM sites worked in partnership with the Transport Road Laboratory and Ambulance Service to provide information for (31289), a non-consenting NIHR CRN Portfolio study, looking at road accident causation and consequences. Because this study is non-consenting recruitment is not uploaded. SCAS teams took part in a study called Optimising Ambulance Service Contribution to Clinical Trials (38484) although this did not involve hospital based researchers and recruitment does not show against TVSM on the Open Data Platform. The ED research team at OUHFT are supporting RePHILL (31157) for the occasional patient brought to Oxford on the West Midlands Ambulance Service. Although open to recruitment as a site there are no recruits to date. Colleagues from SCAS continue to attend and participate at the regular quarterly TVSM Injuries & Emergencies Specialty Group meetings. Colleagues from both SCAS and TV Air Ambulance attended and presented free papers at the joint CRN Wessex and CRN TVSM Successes in Trauma Research conference held in Basingstoke in October 2018. <p>Recruitment across sites in the TVSM area:</p> <ul style="list-style-type: none"> CRN funded I&E research teams recruited to 26 portfolio studies across all four acute trusts in the CRN TVSM area:- RBFT 10 studies (570 recruits); OUHFT 19 studies (469 recruits); MKUHFT 3 studies (52 recruits); and BucksHT 2 studies (32 recruits). Patients for other studies are frequently recruited in ED - there were 16 studies co-adopted with I&E recruiting 395 patients during 2018-19. New PIs identified and five I&E managed portfolio studies opened / supported at MKUHFT & BucksHT. Multi-centre studies recruiting across multiple sites in 2018-19 in the TVSM included: WHITE (12351); WHITE five (36698); AIR (35014); NOPAC (33607); DRAFFT2 (31693); NINJA (35666); and WHITE-8 (38386). Very good participation of PIs, research nurses, R&D staff and ambulance service representatives at quarterly CRN TVSM I&E Specialty Group meetings held at Milton Keynes, Oxford, Royal Berkshire and Stoke Mandeville hospitals. A new Thames Valley Emergency Medicine Research Network has been created and has met twice. We facilitate a meeting of this group immediately following the NIHR CRN TVSM I&E quarterly meeting. We manned a stand to raise awareness about research, and support available from the NIHR CRN, among Emergency Medicine clinicians at the regional OSEM (Oxford School of Emergency Medicine) conference at St Anne's College on 7/12/2018. A joint CRN TVSM and CRN Wessex "Successes in Urgent Care Research" conference held at Basingstoke on 31/10/2018 covering APOMP, critical care and I&E research. There were over 100 attendees and feedback was very positive.
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's 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>	Green	<p>Mental health recruitment has again been strong this year, with 3566 recruited vs a target of 3200. The portfolio comprises 8 studies recruiting young people aged 16 and under, and those studies have contributed 561 participants (out of the 3566 total). We are still working on implementing a flexible resource to work across community and mental health services - discussions with the 2 trusts concerned are ongoing</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>	Green	<p>Data for all the appropriate time points for all relevant studies have been submitted to the cluster office. We have requested the analysis of the data to be provided but have been advised the analysis will not be possible</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>	Green	<p>The network has now appointed a new specialty group lead who is an orthopaedic surgeon and is based at RBFT. There is now a steering group in OUH which meets regularly and strengthens trust oversight and review of studies</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>	Green	<p>6 ECRs have been involved in NIHR portfolio studies this year for the first time as sub-Is and PIs, on non-commercial and commercial studies. OUH NHSFT is the 7th highest recruiting NHS trust to the ND portfolio</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 Specialty 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) 	Green	<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 Specialty 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 Trusts 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. 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(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	<p>RDM to work with new Oral and Dental Specialty Group lead to develop and investigate best avenues for distribution of survey.</p>	Green	<p>The network works closely with the Oral and Dental specialty group lead to investigate all new opportunities to increase its portfolio of active studies.</p>
24	Primary Care	<p>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.</p> <p>We have a Firstfive GP champion in the region.</p>	Green	<p>We have a first five GP champion, based in Berkshire who has done some work in Berks CCGs around research engagement in conducts research in her employing surgery. Ongoing we are providing GCP training direct to GP staff in general practice and continue to run GCP training for 4/5 of the ST3 training hubs in the region in efforts to engage with trainees as early as possible to generate interest in clinical research. 1 of those trained in summer 2018 have gone onto take roles in surgeries and have become involved in clinical research delivery</p>
25	Public Health	<p>The TVSM recently appointed a Specialty Lead for Public Health Research.</p> <p>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 specialities 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.</p>	Red	<p>Despite many efforts to achieve this objective the TVSM fell well short of supporting the 5 studies needed - supporting recruitment to only 2 studies. Our ability to meet this objective was heavily impacted by the availability of studies through the national portfolio. We believe meeting this objective was not achievable for regions with a poor local Public Health portfolio due to lack of availability of studies to attract to the region. To exemplify this we conducted a retrospective review of Public Health led studies that recruited in 2018/19. As per below.</p> <p>At the time the portfolio review took place, 57 studies had recruited in 2018/19, only 15 of these recruited in more than one LCRN.</p> <p>Of these 15 recruiting in more than one LCRN, only 5 were labelled as looking for additional sites.</p> <p>Of the 5 looking for additional sites, TVSM took part in two of these, one in the previous financial year, one during the current year. Of the 5 recruiting studies, 3 were closed to recruitment and one is suspended. The final study was geographically restricted to Yorkshire.</p> <p>At the time of the review, 12 studies were labelled as open to new sites, 3 of these were also single site studies. Of the other studies, one was clearly geographically restricted - Yorkshire Health study. Three of the remaining studies recruit in only one LCRN. The response of coordinators of the remaining studies labelled as open to new sites was that they were not open to new sites. Only one study (now closed to recruitment) suggested the team would have been interested in new sites when the study was open. In summary, the national Public Health portfolio remains extremely restrictive for regions with a poor local Public Health portfolio trying to attract studies to their regions.</p>
26	Renal Disorders	<p>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</p>	Green	<p>The network continued to support and promote commercial studies where appropriate and applicable and highlighted the specialty objective at a variety of clinical/research focused meetings. As a result of this, 2 PIs are supporting commercial studies that count towards this objective</p>
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.</p> <p>The LCRN participate in the RHCB 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>	Green	<p>All local Trusts with maternity services recruit to RHCB studies. This year we have opened another large study (INGRID) that is recruiting at all four partner organisations and the number of participants in RHCB studies has nearly doubled. The Research Midwives across the region meet on a regular basis to discuss performance and studies that could potentially run across the patch</p>

28	Respiratory Disorders	<p>For 2018-2019 TVSM will aim to continue to recruit to studies that cover all the key sub-specialities 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. This should allow more accurate feasibility assessment and should enhance recruitment numbers. (Quarter 1-4) Help the Respiratory Research Trials Unit team link with other research teams to facilitate recruitment to Respiratory Disorders studies in appropriate settings e.g. Emergency Departments. (Quarter 1-4) Continue LCRN support for the pleural research day - an annual national event hosted by ORTU. This is usually well attended and fosters links with the national pleural respiratory recruitment network. (Quarter 2) 	Green	<p>Recruitment across a range of disease areas:</p> <ul style="list-style-type: none"> During 2018-2019 TVSM teams recruited to 29 portfolios studies managed by the respiratory specialty. These covered a wide range of disease areas including: Pleural (e.g. 17127, 34338, 34469, 36669); Asthma (e.g. 7407, 19513, 31973, 34292); COPD; (e.g. 7407, 32713, 34829); Pulmonary / interstitial (17594, 18214, 35319); Cystic Fibrosis (33345, 37574, 39305) and Mesothelioma (33514). We have supported studies on pulmonary fibrosis including Treating Pulmonary Fibrosis with Co-Trimoxazole (18214) RECITAL (17594) and TRAIL 1 (35319). We worked with the clinical lead of the Oxford Adult CF Centre to support cystic fibrosis trials including ACTiF - RCT (33345), CLEAR (37574), and Intravenous iron in adults with cystic fibrosis (39305). The Burden of Respiratory Syncytial Virus study (35082), co-adopted with the Respiratory Disorders specialty, was also delivered within OVG. <p>Recruitment across sites in the TVSM area:</p> <ul style="list-style-type: none"> Recruitment to the 29 respiratory studies took place at three acute hospital sites (25 studies at OUHFT, three studies at BucksHT, and three studies at RBFT). The Respiratory Disorders SL screened studies and a series of teleconferences took place with potential researchers outside Oxford regarding running multi-site studies including MIST3, Prospect and Newton. These studies were selected as they were Oxford led and considered relatively straight forward and suitable for a new team to take on and gain experience. The NIHR CRN TVSM Respiratory Disorders Specialty Group meeting was held three times at Milton Keynes, John Radcliffe (Oxford) and Wycmbe Hospitals. This helped to bring further study opportunities to the attention of teams outside Oxford. The ORTU consent to contact database expanded and discussions under way to set it up in BucksHT.
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>	Green	<p>The network achieved this objective but this was largely due to the activity of the OXVASC study. Without this study counting towards the objective the measurable recruitment against this objective would have been substantially lower</p>
30	Surgery	<p>Build the Surgery NIHR CRN Portfolio of studies delivered within the TVSM area to cover majority of subspecialties:</p> <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) 	Green	<p>Development of research in surgery subspecialties:</p> <ul style="list-style-type: none"> Recruitment to 16 studies managed by the surgery specialty resulted in 186 recruits during 2018-19. There were 62 studies co-adopted with surgery that also recruited during this period. Looking at both managed and co-adopted studies, these related to subspecialties as follows: Breast (3 studies); Cardiothoracic (8 studies); Colorectal (5 studies); General (3 studies); Head & Neck (3 studies); Hepatobiliary (2 studies); Neurosurgery (2 studies); Orthopaedic (14 studies); Plastics & Hand (3 studies); Urology (6 studies); Transplantation (4 studies); Trauma (5 studies); Upper GI (5 studies); Vascular (7 studies). The RDM and CL for surgery offered a series of meetings with established subspecialty leads by teleconference and / or face to face meetings. Further work is required to make this a regular interaction. Study opportunities have been regularly disseminated and a new horizon scanning spreadsheet made available. Planning is proceeding for a joint CRN Wessex and CRN TVSM "Celebrating Surgery Research" conference on 14/6/2019 at Said Business School in Oxford. This will include surgery subspecialty leads, OxSCAR trainees (the local surgery trainee research network) and other research interested staff. <p>CRN Direct Delivery Team (DDT):</p> <ul style="list-style-type: none"> Awareness about the CRN Direct Delivery Team raised among potential PIs. Studies submitted to DDT Trial Steering Group increased by 60% (currently running at three new submissions per month). DDT now supporting 31 open studies with four in set up (although not all managed by / adopted with the surgery specialty). DDT extended to Horton hospital with two research nurses and a clinical trial practitioner now based there. Where appropriate existing studies run from Oxford will be run at the Horton in parallel. In future some studies will be run at the Horton specifically. <p>Further work required to raise awareness about surgery research.</p>

Section 7. LCRN Operating Framework Indicators

Section 7 of the template should be used to provide commentary on adherence to the LCRN Operating Framework Indicators.

ID	Guidance	Year End Commentary
1.1	<p>Domain: Governance and Management</p> <p>Indicator: LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre</p> <p>Assessment Approach: Monitoring of provision of key documents requested by the National CRN Coordinating Centre</p>	No further information required
1.2	<p>Domain: Governance and Management</p> <p>Indicator: LCRN Clinical Director and/or LCRN Chief Operating Officer attend all National CRN Coordinating Centre/LCRN Liaison meetings</p> <p>Assessment Approach: Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings</p>	Please comment on attendance at national meetings, if wished. The CRNCC maintain a central record
1.3	<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 that the Host Organisation have completed the NHS Digital Data Security and Protection Toolkit submission and that they have met all standards. If the Host Organisation completed the Information Governance Toolkit assessment prior to the launch of the NHS Digital Data Security and Protection Toolkit and within the financial year, please confirm the score and attainment level
1.4	<p>Domain: Governance and Management</p> <p>Indicator: Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners</p> <p>Assessment Approach: LCRN Annual Report</p>	Please comment on Category A Partner organisation recorded in AR Appendix 3, if wished
1.5	<p>Domain: Governance and Management</p> <p>Indicator: Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners</p> <p>Assessment Approach: LCRN Annual Report</p>	Please comment on Category B Partner organisation contracting as recorded in AR Appendix 1, if wished
2.1	<p>Domain: Financial 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
2.2	<p>Domain: Financial Management</p> <p>Indicator: Deliver robust financial management using appropriate tools and guidance</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> 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 process 	No further information required
2.3	<p>Domain: Financial 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 percentage of funding requests approved / rejected
3.1	<p>Domain: CRN Specialties</p> <p>Indicator: LCRN has an identified Lead for each NIHR CRN Specialty</p> <p>Assessment Approach:</p> <p>The LCRN Host Organisation shall:</p> <ul style="list-style-type: none"> Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information Notify the National CRN Coordinating Centre if there are changes within the financial year Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies 	Please provide commentary on intentional vacancies or the expected timeframe to fill Local Specialty Lead vacancies as referenced in the LCRN Fact Sheet
3.2	<p>Domain: CRN Specialties</p> <p>Indicator: Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings</p> <p>Assessment Approach:</p> <p>Attendance registers for National Specialty Group meetings</p>	We are in the process of creating and sharing a central record. In the meantime, please provide locally held information in respect of this indicator
3.3	<p>Domain: CRN Specialties</p> <p>Indicator: Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews</p> <p>Assessment Approach:</p> <p>Review by the National CRN Coordinating Centre of 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 Specialty Leads to undertake national activities in respect of commercial early feedback and non-commercial adoption
4.1	<p>Domain: Research Delivery</p> <p>Indicator: Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN Coordinating Centre and available as part of the LCRN Contract Support Documents</p> <p>Assessment Approach: Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead</p>	Please ensure your commentary references and provides context for the Study Support Progress Tracker app information available on Open Data Platform for studies led by the LCRN in 2018/19 as this provides a mechanism for visualising the local CRN provided service outputs at a study level. For example the number of study delivery assessments completed and the number of study start up documents uploaded into CPMS as a percentage of the number of studies for which the LCRN is assigned as the Lead LCRN
4.2	<p>Domain: Research Delivery</p> <p>Indicator: Each LCRN provides near time Minimum Data Set data items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework Analysis of percentage of missing and inaccurate data points from each LCRN 	Please provide an analysis of percentage of missing and inaccurate data points
5.1	<p>Domain: Information and Knowledge</p> <p>Indicator: LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system</p> <p>Assessment Approach: Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system</p>	No further information required

5.2	<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 information required	
5.3	<p>Domain: Information and Knowledge</p> <p>Indicator: Each LCRN has a nominated representative in attendance at all national NIHR CRN Virtual Business Intelligence meetings</p> <p>Assessment Approach: Attendance registers for national NIHR CRN Virtual Business Intelligence meetings</p>	Please comment on attendance at national meetings. The CRNCC maintain a central record	A representative of the network (either the performance manager and/or the information systems manager) regularly attend these meetings. The network also ensures attendance at all Supra regional meetings (both face to face and virtual).
5.4	<p>Domain: Information and Knowledge</p> <p>Indicator: Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required</p> <p>Assessment Approach: Attendance registers for national CPMS-LPMS meetings</p>	Please comment on attendance at national meetings. The CRNCC maintain a central record	Attendance at national CPMS-LPMS meetings has been good
6.1	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: LCRN has an experienced and dedicated communications function</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Individual's name and contact details provided to the National CRN Coordinating Centre Non-pay budget line for communications identified in LCRN Annual Plan 	Please provide any additional commentary on vacancies and the expected timeframe to fill these. Please comment on non-pay communications spend. The CRNCC maintains a central contacts list	The LCRN is fully staffed with a team of 3 who work on all engagement, communications and PPIE activities. The team is led by Oliver Evans (oliver.evans@nihr.ac.uk) who is the Communications and Engagement Lead Manager
6.2	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Review and monitoring of LCRN Annual Plan Review of outcomes as reported within LCRN Annual Report Evidence of joint work with local NIHR infrastructure reviewed 	Please cross-reference from Section 4.7 and add any additional commentary as required	See Section 4.7 for an update on all actions in the LCRN Stakeholder Engagement and Communications Plan. Joint work was undertaken with local infrastructure including the AHSN, 2 x BRCs, CLARHC, RDS and NHS England and the LCRN supported collaborative PPI training programmes.
6.3	<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 the National CRN Coordinating Centre</p>	Please provide any additional commentary on vacancies and the expected timeframe to fill these. The CRNCC maintains a central contacts list	The LCRN is fully staffed with a team of 3 who work on all engagement, communications and PPIE activities. The team is led by Oliver Evans (oliver.evans@nihr.ac.uk) who is the Communications and Engagement Lead Manager
6.4	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: The LCRN records metrics of research opportunities offered to patients</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> The LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc) Evidence of local patient evaluation system Progress discussed at national PPIE meetings and reported in LCRN Annual Report 	Please cross-reference from Section 4.7 and add any additional commentary as required	See Section 4.7 for an update on all actions in the LCRN Stakeholder Engagement and Communications Plan
6.5	<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:</p> <ul style="list-style-type: none"> LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan Progress reported in LCRN Annual Report 	Please cross-reference from Section 4.7 and add any additional commentary as required	See Section 4.7 for an update on all actions in the LCRN Stakeholder Engagement and Communications Plan. Approximately £18k was spent on non-pay PPIE costs (events, publications etc)
6.6	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and the UK Clinical Trials Gateway (UKCTG)</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Review of outcomes as reported within LCRN Annual Report Review of performance on JDR 	Please comment on how the LCRN has supported the awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG)), cross-referencing from Section 4.7 as required	See Section 4.7 for an update on all actions in the LCRN Stakeholder Engagement and Communications Plan. The LCRN has also developed local mapping work to highlight which studies are open at which sites
6.7	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN delivers the Patient Research Ambassadors (PRAs) project</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Review and monitoring of LCRN Annual Plan Review of outcomes as reported within LCRN Annual Report 	Please cross-reference from Section 4.7 and add any additional commentary as required	See Section 4.7 for an update on all actions in the LCRN Stakeholder Engagement and Communications Plan
6.8	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN delivers the patient experience survey, as specified by the National CRN Coordinating Centre</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Review and monitoring of LCRN Annual Plan Review of outcomes as reported within LCRN Annual Report 	Please comment on the Patient Research Experience Survey findings, impacts, and plans for continuous improvement	Of the 412 responses, 92% would take part in another study and 94% had a good experience of taking part. The main learning point related to a desire by participants for more information from study teams on the outcomes. The LCRN reviewed the findings of the survey at a recent Partnership Group meeting and discussed future plans.
6.9	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN develops and implements a plan to deliver the CRN NHS Engagement Strategy</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Review and monitoring of LCRN Annual Plan Review of outcomes as reported within LCRN Annual Report 	Please comment on the plan, outcomes and impacts resulting from delivery to date of the CRN NHS Engagement Strategy	See Section 4.7 for an update on all actions in the LCRN Stakeholder Engagement and Communications Plan
7.1	<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:</p> <ul style="list-style-type: none"> Individual's name and contact details provided to the National CRN Coordinating Centre Implementation of the local action plan to support the wellbeing framework and action plan 	Please advise if there has been any change in the name or contact details of the senior leader with identified responsibility for the wellbeing of all LCRN-funded staff. The CRNCC maintains the central contacts list.	There have been no changes in terms of the LCRN wellbeing lead. Marni Moran can be contacted at marni.moran@nihr.ac.uk
7.2	<p>Domain: Workforce, Learning and Organisational Development</p> <p>Indicator: Each LCRN has an active programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Evidence of programme of learning opportunities provided in LCRN Annual Plan and Report Increased engagement of local partners in promoting the work of the NIHR 	Please cross-reference from Section 4.8 and add any additional commentary as required	See Section 4.7 for an update on all actions in the LCRN Workforce Plan
7.3	<p>Domain: Workforce, Learning and Organisational Development</p> <p>Indicator: The LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Evidence of programme of activities provided in LCRN Annual Plan and Report Effective approaches shared by Continuous Improvement Leads at national meetings 	Please cross-reference from across the Annual Report and add any additional commentary as required, including details of impacts, benefits, lessons learned, and how these have been shared with the wider CRN.	The Deputy COO, Dr Mark Dolman has responsibility for driving a culture of Continuous Improvement. During the year, a Project Manager, Claire Hall, was also appointed to identify and support continuous improvement initiatives. This has included providing support to the LPMS project to ensure that the LCRN met necessary deadlines. See Section 4.6 for further details.

8.1	<p>Domain: Business Development and Marketing</p> <p>Indicator: Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> • Profile template submitted as part of LCRN Annual Plan • Contact details provided for assigned LCRN Profile lead in LCRN Annual Plan 	No further LCRN information required	
8.2	<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:</p> <ul style="list-style-type: none"> • Review and monitoring of LCRN Annual Plan • Review of outcomes as reported within LCRN Annual Report 	Please cross-reference from Section 4.9 and add any additional commentary as required	See Section 4.9 for an update on all actions in the LCRN Business Development and Marketing Plan
8.3	<p>Domain: Business Development and Marketing</p> <p>Indicator: The LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers using the template provided by the National CRN Coordinating Centre</p> <p>Assessment Approach: LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings</p>	Please report on interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings	<p>The LCRN engages regularly with a significant number of CROs/SMEs and pharmaceutical company representatives and engages closely with the Business Development team to maximise opportunities. In section 4 under HLO3 more detail is given on interaction with SMEs and other organisations such as the AHSN and Harwell health tech cluster.</p> <p>In addition the network has engaged with numerous CROs/pharma representatives to discuss potential pipelines and act as the point of contact for resolving challenges to performance or study start up.</p>

Section 8. Financial Management (for information only at Annual Report)

8.1 Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2018/19. (For example particular studies that require large investment, concentration on a particular specialty)

8.2 In respect of the LCRN 2018/19 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this.

Funding Element	Examples	Description of model	% 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%

8.3 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

8.4 Please confirm whether monitoring visits will be taking place over the course of 2018/19. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion of your Partner organisations are being monitored (Category A Partners).
 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.

8.5 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.

8.6 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 10. Appendices		
Ref no	Title	Link
Provided by CRNCC (please update and return as part of the 2018/19 Annual Report)		
10.AR Appendix 1	Category B Partner organisations	https://docs.google.com/spreadsheets/d/10Lo7w_7eGrwtwpulc8fZm8-X8reNap31Clj84MOZwxw/edit?usp=sharing
10.AR Appendix 2	Category C Partner organisations	https://docs.google.com/spreadsheets/d/1D62mfN3xk7P9THscDAc6rarBuv7PPI5qvOjMxSUQZpQ/edit?usp=sharing
10.AR Appendix 3	LCRN Fact Sheet	https://docs.google.com/document/d/1c_BiGWQrYJWVuOWG2VXnqkaNuqnI3lvY9LPTTrK8xp4U/edit?usp=sharing
10.AR Appendix 4	Finance Section for the LCRN Fact Sheet	https://drive.google.com/file/d/1k93fp26U9-1_Z-W8moMmMaYIELoRwsXp/view?usp=sharing
Provided by LCRN as part of Annual Plan and/or Mid-Year Performance Report (please amend or remove as appropriate for the 2018/19 Annual Report)		
10.1	Business Development and Marketing Profile	https://drive.google.com/open?id=1n6_3okvpAMdL5pPRu70ZQUAKxnMuBtfsDWmiDKcp0Q4
10.2	Risk and Issues Log	https://drive.google.com/open?id=1SwaOAVpeiB-vtuuNrYbsvF4dr6GMrAfH-d4UGFwZqml
10.3	Workforce Plan	https://drive.google.com/file/d/1a_OJWZ8FTNoKuy4p1CKXvk78vSoMdFvb/view?usp=sharing

Section 11. 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

Executive Summary Mid Year

Please complete the Table below, entering key performance highlights and successes from 2018/19 from your report, against headings 1-9. Note: When printed this section should be no longer than 2 sides of A4.

1	Host Organisation	<ul style="list-style-type: none"> -The Host Organisation has continued to fulfil its responsibilities as an LCRN Host in line with the DH/LCRN Host Organisation Agreement. -OUHFT met all requirements in the Performance and Operating Framework in terms of LCRN structure, management roles, and governance arrangements. -OUHFT is appointing a new Medical Director who will be in post from January 2019
2	Governance and LCRN Management Arrangements	<ul style="list-style-type: none"> -Stable management infrastructure enabling constructive challenge and effective decision- making and full complement of experienced RDMs -Expect to deliver financial break-even for 2018/19. - Attendance at Partnership Group meetings remains a challenge and the LCRN will consider move to 3 meetings a year and further use of telecoms
3	Business Development and Marketing	<ul style="list-style-type: none"> -Several engagement activities with SMEs -Interactions with universities and CTUs -LCRN involvement in RBFT and IQVIA discussions regarding preferred site status -New commercial sites such as Dermatology study opening in Milton Keynes -Feasibility module in the workshop is now delivered collaboratively with representative from life science industry
4	Information and Knowledge	<ul style="list-style-type: none"> -new LPMS Steering Group in place involving LCRN and Host -Monthly R&D Managers meetings to agree implementation plans -Progress reported to Partnership Group in December 2018 and CRN CC visited Oxford to discuss progress -LCRN has appointed Project Manager who can add support to LPMS as needed -Host has also increased resources in support of the project -Plan to parallel run new Siteline system in March 2019
5	Specialty highlights	<ul style="list-style-type: none"> Recruited to all 30 CRN specialties. -Local Clinical Research Specialty Leads appointed for 30/30 CRN specialties -Met approximately 50% of Specialty objectives as at mid-year point -Most 'balanced' LCRN for recruitment across 7 disease areas currently measured in OPD -OUHFT achieved a first global patient RECOVER-AF (Cardiovascular study)
6	Research delivery	<ul style="list-style-type: none"> -OUHFT is 2nd highest recruiting Trust with 14,726 recruits -Delivering the NIHR CRN Study Support Service in accordance with NIHR CRNCC SOPs and guidance documents. -Research and Development community actively engaged in the development of local Standard Operating Procedures to support Study Support Service. -significant work still being undertaken to implement new ETC processes and transition from previous local 'pot' arrangements
7	Stakeholder Engagement and Communications	<ul style="list-style-type: none"> -Produced 14 press releases resulting in 40 items of media coverage, including national media. -Average 62,300 monthly impressions for Twitter and average 2,326 people reached on Facebook each month. Minimum 26% growth in followers for the four LCRN social networks (Facebook, Twitter, Instagram, LinkedIn). -Attended nine public events engaging 954 people. -Produced three-minute film about research for YouTube and healthcare waiting areas. Produced a total 21 videos including interviews with research participants and clinicians. -Produced 'Thank-you' leaflet to give to study participants to engage them further with research.
8	Workforce Learning and Organisational Development	<ul style="list-style-type: none"> -Trained 499 people on face to face courses including GCP, GCP refresher, VIC, Let's Talk Trials, Lab skills, Dry ice , PI essentials, Accord and Next steps in Clinical research. -Introduced dry ice training, commercial workshop and VIC for adults lacking capacity (bolt on module)to training offer with good feedback. PI essentials roll out has been well received and dates booked in partner organisations that have currently not delivered training. -Survey of facilitator community undertaken and response being planned to further skill this community -Fellowship continues - growing future CIs with current cohort working RDS to get studies open. -Established Supra-regional WFD group and agreed Supra-regional learning technologist post as well as collaborating on projects. -Delivered speciality events to bring together and support research staff- eg Public health, cancer, emergency medicine, etc. -Agile and responsive workforce expanded and active on a previously research native site as well as studies identified in schools and hospices. -Contacts database re established after GDPR changes -Workforce plan running to time and target in priority areas.
9	National Contributions	<ul style="list-style-type: none"> Belinda Lennox - Chair of Research Delivery Steering Group Val Woods - Care Quality Commission Collaboration Advisory Group, Value for Money project Mark Dolman - Research Delivery Steering Group, DH Non-Commercial Costing and Attribution Group Helen Collins - National Lead for Dementia Rater Programme (WFD), National Workforce Development Leads Group Nancy Hopewell - National Co-lead for "Let's Talk Trials", National Workforce Development Leads Group, National GCP Leads Group Cancer Researcher Introductory Course Working Group Lead Oliver Evans - NIHR Phase 2 Website Development Group

Clinical Research Network
CRN Thames Valley and South Midlands

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

Date of Annual Plan submission: 18th April 2019 □

Date of Mid Year Progress Report submission: XX □

Date of Annual Report submission: XX □

Section 1. Host Organisation Approval	
1A. Annual Plan	
Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	Yes
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	18/04/19
Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:	No
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved: <input type="checkbox"/>	10/07/19
1B. Mid Year Progress Report	
Host Organisational approval and LCRN Partnership Group agreement is not required for the Mid Year Progress Report.	
1C. Annual Report	
Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group:	
Date of the LCRN Partnership Group meeting at which this Annual Report was agreed:	
Confirmation that this Annual Report has been reviewed and approved by the LCRN Host Organisation Board	
Date of the LCRN Host Organisation Board meeting at which this Annual Report was (or will be) approved:	

Section 2: Compliance with the Performance and Operating Framework

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

POF area	Annual Plan	Commentary	Progress	Commentary	Annual Report	Commentary
Part A: Context						
A.3. Working Principles	Fully					
Part B: Performance Framework						
B.2. LCRN Performance Indicators						
Set 1. High Level Objectives	Partially Compliant	In common with other LCRNs, TVSM are not consistently able to meet the 80% target for HLO 2a and b. Section 4 contains a number of key actions to ensure that this remains a key area of focus and to drive a culture of continuous improvement for 2019/20.				
Set 2. Specialty Objectives	Partially Compliant	Whilst the LCRN will be fully compliant with most of the Specialty objectives, some are particularly difficult to achieve, largely as a result of lack of suitable studies within the available timeframe. These are discussed further in Section 6. In particular, action plans are being developed to deliver objectives relating to DeNDRoN and Ageing Specialties, improving regional equity of access to Portfolio research and to deliver more access to research in non-NHS settings				
Set 3. LCRN Operating Framework Indicators	Partially Compliant	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 C. 3.1.13). See action 4.5.8. Office space - the LCRN does not have private office space, separate reception arrangements or demarcation from other departments (C.2.5.2)				
Set 4. Initiating and Delivering Clinical Research	Fully					
Set 5. LCRN Partner Satisfaction Survey Indicators	Fully					
Set 6. LCRN Customer Satisfaction Indicators	Fully					
Set 7. LCRN Patient Experience Indicators	Fully					
B.3. Performance Management Processes	Fully					
Part C: Operating Framework						
C.2. Governance and Management	Partially Compliant	LCRN governance arrangements - these are currently documented but this will be refreshed in 2019 and reviewed and approved by CRN CC. See Section 4.1.1. LCRN Clinical Research Group - this group currently convenes as part of the larger LCRN Clinical Leads and R&D Managers Meetings and will be reviewed as part of the governance refresh exercise above.				
C.3. Financial Management	Fully					
C.4. CRN Specialties	Fully					
C.5. Research Delivery	Fully					
C.6. Information and Knowledge	Fully					
C.7. Stakeholder Engagement and Communications	Fully					
C.8. Organisational Development	Fully					
C.9. Business Development and Marketing	Fully					

Section 3. Executive Summary (Annual Report only)

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

Please specify up to five areas where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.	1	
	2	
	3	
	4	
	5	

High Level Objectives	
Specialty Objectives	
LCRN Operating Framework Indicators	
LCRN Partner Satisfaction Survey Indicators	
LCRN Customer Satisfaction Indicators	
LCRN Patient Experience Indicators	

Host Organisation	
Governance and Management	
Financial Management	
CRN Specialties	
Research Delivery	
Information and Knowledge	
Stakeholder Engagement and Communications	
Workforce Learning and Organisational Development	
Business Development and Marketing	
National Contributions	

Complete (C)	Milestone complete.								
Red (R)	The specified deliverable was not delivered by the Milestone Date. Commentary is mandatory.								
Amber (A)	There is a risk that the specified deliverable will not be delivered by the Milestone Date. Commentary is mandatory.								
Green (G)	On target to deliver the specified deliverable by the Milestone Date.								
N/A	The Key Project and/or Outcome is no longer required and therefore this Milestone is no longer applicable. Commentary is mandatory.								
To complete at Annual Plan stage						To complete at Mid Year Progress Report stage		To complete at Annual Report stage	
Ref	Key project	Outcome	Lead	Milestone	Milestone date	RAG	Commentary	RAG	Commentary
1. Governance and Management									
4.1.1	Refresh the LCRN governance arrangements	Revised governance document in	COO	Reviewed and approved by Partnership Group and CRN CC	Quarter 2				
4.1.2	For Information - the name of the contact within					Complete			
2. Financial Management									
4.2.1	Supra network finance group to share good	Financial processes developed in light	Finance Lead	July Supra network meeting	Quarter 2				
3. High Level Objectives									
4.3.1	JDR Supra network group	Shared learning to support the promotion of JDR throughout the supra network region	RDM Div 4	Quarterly telecons to share best practice, ideas and resources	March 2020				
4.3.2	Root cause analysis of all commercial studies failing T2T for 2018/19 financial year	Understanding of the root cause of studies failing target	DCOO	Report for discussion at Operational Management Meeting (OMG). Summary report prepared for Clinical Directors (CDs) and discussion at Executive and R&D Managers meeting	June 2019				
4.3.3	Root cause analysis of all non commercial studies failing T2T for 2018/19 financial year	Delivering continuous improvement for studies led from the region	DCOO	Report for discussion at OMG and implementation of key findings	June 2019				
4.3.4	Performance meeting organised with key sponsors (OUH and Oxford University) for TVSM led studies to maximise performance of studies and look for opportunities to improve coordination	Improved communication and coordination	DCOO	Meeting completed and minutes evaluated	May 2019				
4.3.5	Continuation of monthly industry operations meetings consisting of senior management team to monitor studies and maximise time to target	Ongoing Monthly Meetings	DCOO	Meetings and reports completed	monthly				
4.3.6	Monthly reports for medical directors of all studies considered at high risk of failing time to target for the financial year	Monthly reports	DCOO	Reports produced and circulated for information/action	monthly				
4.3.7	6 monthly monitoring of any non portfolio commercial studies to identify any missing studies	6 monthly report	DCOO	At least 2 reports produced in 2019/20	6 monthly				
4.3.8	Weekly meetings to discuss commercial performance to include performance manager, industry manager and RDMS if appropriate	Weekly Monitoring	LCRN Industry Manager	Weekly monitoring	weekly				
4. LCRN Specialty Activities									
4.4.1	Review 2018/19 'Green Shoots' initiatives	Summary of initiatives produced and lessons identified for future programmes	COO	Paper reviewed by CDs, COO and OMG	Quarter 2				
4.4.3	Hold Supra network Primary care meeting	Improve shared learning and agree joint action planning	RDM for Primary Care	Meeting held	By Quarter 4				
4.4.4	Joint Wessex and TVSM Surgical research event to share best practice and trial development opportunities. Opportunity for early career researchers to network with CRSLs, CIs, PIs and research delivery staff	Deliver a well evaluated celebration of surgical research at the Said Business School, chaired by Mr James Byrne and Ms PG Roy, surgical CRSLs	RDMs Div 1/6	Event held	June 2019				
4.4.5	Establishment of regular Musculoskeletal specialty group meetings to share best practice around the Thames Valley and South Midlands	Develop an organised regional SG meeting to include attendance by all Trusts and PC	Deputy COO	Meetings Held	October 2019				
5. Research Delivery									
4.5.1	Hold Supra network study support service meeting	Improve shared learning and agree joint action planning	Study Support Service Lead	Meeting held	by Quarter 4				
4.5.2	Improve early warning systems for identifying and managing downtrending commercial performance at study and site level	Extension of current processes and reports produced by TVSM across other LCRNs to highlight CRN lead studies that have not performed as expected for more than one month. This may be adapted for ODP where it is possible to import historical data	Deputy COO	Changes to processes in each LCRN to reflect good practice	Mar 2020				
4.5.3	Complete recruitment to both direct delivery teams based in Oxford and Banbury	All vacant posts filled	RDM Division 1 and Lead Nurse	Review of teams	Jun 2019				
4.5.4	Study support service team to attend all Supra network meetings to share best practice and improve the service offered	Attendance at meetings	SSS Lead	Meetings attended	Ongoing				

4.5.5	Promotion of the survey for the study support service in TVSM by including details in all email riders to stakeholders	Link included in emails	SSS Lead	N/a	Ongoing				
4.5.6	Undertake comprehensive review of all feedback received by the study support service	Regular feedback reviews completed	SSS Lead	Reviews completed and areas for improvement identified and implemented	Quarterly				
4.5.7	Streamline study support service and divisional support for primary care	Lean process applied for harmonisation of Primary Care RISP process and national Study Support Processes	DCOO, RDM Div 5	Process map completed and revised processes agreed	June 2019				
4.5.7	Harmonise study support service for both commercial and non-commercial studies	Regular meetings to include industry team and Study support service team	DCOO	Revised processes for a more standardised service are agreed and implemented	by Quarter 4				
4.5.8	Work with trusts to ensure they have documented procedures for cost recovery on commercial research which meet the requirements of POF section C. 3.1.13.	Documented procedures all in place	DCOO	Reviewed at future Partnership Group meeting.	Quarter 3				
6. Information and Knowledge									
4.6.1	Complete development of local web based platform for the benefit of local partners, patients and NHS staff in order to visualise and promote research taking place at sites in the region	Development completed and released	Digital Lead	Usage monitored and reported to OMG meeting	Quarter 2				
4.6.2	Work with local statisticians and members of business intelligence to interrogate the national datasets and identify patterns that may highlight profiles of research studies that indicate high risk of failure prior to study start	Procedures agreed and implemented	Digital Lead	New system in use and effectiveness reported to OMG meeting	Quarter 3				
4.6.3	Develop workforce skills so that can design and develop ODP apps. Agree best practice and collaborative approach across Supra region.	Approach agreed by Supra network group	Digital Lead	Approach agreed and training provided	Quarter 4				
4.6.4	DCOO identified as senior manager responsible for Business intelligence	Manager identified	DCOO			Complete			
4.6.5	DCOO identified as senior manager for LPMS Lead	Manager identified	DCOO			Complete			
4.6.6	Continue with LPMS working group meetings. To include technical lead for LPMS solution, project manager and all R&D Managers	Monthly meeting with minutes and action summaries	DCOO	Meetings held	Monthly				
4.6.7	Maintenance of LPMS readiness framework and TVSM project plan for implementation of LPMS/CPMS go live within the region	Plan maintained monthly	DCOO	Framework and project plan regularly updated	monthly and ongoing				
4.6.8	Complete development of TVSM ODP app to include a scoping exercise to ensure that this app is fit for purpose for all TVSM stakeholders	ODP App in place	Performance Manager	Scoping exercise completed with stakeholders including - RDMs, DSOs, Trust R&D Managers and Specialty Group Leads. Discussion at OMG Meeting. Project plan for development in place.	Quarter 2				
7. Stakeholder Engagement and Communications									
4.7.1	Deliver local elements of the CRN's national communications plan, including International Clinical Trials Day and Join Dementia Research	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.2	Disseminate national NIHR messages and stories via social media and other channels	Monthly minimum 15 shares on Twitter; 5 on Facebook and 5 on LinkedIn	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.3	Promote digital resources for the public to find research participation opportunities, including UKCTG and LCRN mapping website	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.4	Produce a minimum of four 'Research Changed My Life' stories (three patients and one staff) per financial year to be published on the NIHR website	Four stories produced by Q4	Communications and Engagement Lead Manager	All stories published on NIHR website	By year end				
4.7.5	Increase number of subscribers to monthly patient-facing e-newsletter	Minimum 200 subscribers by end of Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.6	Increase Twitter followers	Minimum 1,000 followers by end of Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.7	Ensure consistent levels of social media activity	Minimum 25 tweets, 10 Facebook, 10 LinkedIn, 5 Instagram posts a month	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.8	Produce and promote engaging social media content to a wide an audience as possible	Average 50,000 impressions a month	Communications and Engagement Lead Manager	Ongoing review	By year end				

4.7.9	Grow audience for LinkedIn page	Secure 600 followers by end of Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.10	Grow audience for Facebook page	Attract minimum 250 'likes' by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.11	Grow audience for Instagram page	Attract minimum 350 followers by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.12	Provide surveys to researchers who have worked with the LCRN on social media for evaluation and improvement	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.13	Produce short films in-house about patient stories	Three films completed and distributed by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.14	Continue to produce content for the LCRN e.g. leaflets, posters, uploading to LCRN resources website	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.15	Apply new NIHR branding to existing materials	New branding in place by 31/12/19	Communications and Engagement Lead Manager	Ongoing review	By end Quarter 3				
4.7.16	Ensure minimum 50 percent of GP surgeries delivering NIHR LCRN portfolio studies are displaying materials about research	50 percent of engaged practices displaying materials by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.17	Ensure LCRN resources website is promoted and widely used by healthcare staff	Average 60 users a month	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.18	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	One story for each of four counties per quarter	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.19	Provide surveys to researchers who have worked with the LCRN on media coverage for evaluation and improvement	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.20	Continue to update comprehensive database of organisations / groups that can distribute information and positive messages about the LCRN	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.21	Record participation in public-facing LCRN events and media coverage for evaluation	Record numbers and collect evaluation forms	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.22	Record groups and organisations contacted with information about the LCRN	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.23	Produce summary of achievements in 2018/19 for internal audience	Booklet publication by end of Q2	Communications and Engagement Lead Manager	Booklet produced and distributed	By end Quarter 2				
4.7.24	Continue programme of public facing research information events	Deliver minimum four events, one in each county	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.25	Provide surveys to members of the public attending events and staff co-hosting events for evaluation and improvement	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.26	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	Event to be delivered in September 2019	Communications and Engagement Lead Manager	Successful event delivered	Quarter 2				
4.7.27	Host photo exhibition about all aspect of medical research in public places throughout the LCRN area, delivered with NIHR partners in Oxford	By Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.28	Investigate opportunities for working with schools and further / higher education establishments, including roll-out of poster activity	10 schools engaged by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.29	Ensure there are at least ten Patient Research Ambassadors each in Oxfordshire, Berkshire, Buckinghamshire and Milton Keynes	Ten ambassadors in each area by end of Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.30	Actively promote the PRA initiative to the public, partners and stakeholders, including through case studies to drive recruitment	Two case studies by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.31	Provide induction, training and ongoing support to PRAs	Two PRA away days and one forum meeting by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				

4.7.32	Monitor and evaluate the impact of the PRA role	Surveys for PRAs and healthcare staff on activities (ongoing) and annual survey for PRAs	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.33	Contribute to the Comms/PPIE Supra Regional Group to ensure sharing of resources and best practice	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.34	Establish and support network of staff Research Engagement Champions to promote research to key audiences	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.35	Utilisation new data on being asked about research from CQC Inpatient Experience Survey	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.36	Support partnership organisations with new CQC Well Led Framework requirements. Host at least one special practice support event.	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.37	Contribute to the NIHR South Central Comms Network to ensure sharing of resources and best practice	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.38	Fully support and input into creative communications planning exercises as required by the CRN coordinating centre communications team	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.39	Collect minimum 1,500 responses to the Patient Research Experience Survey	Minimum 1,500 responses by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.40	Plans with clear milestones developed for continuous improvement of patient experience based on data collected from the Patient Research Experience Framework	Plan completed and signed off by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.41	Publicise the results of the Patient Research Experience Survey to the public and healthcare professionals	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.42	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	Minimum two learning resources programmes delivered by Q4	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.43	Collation and use of evaluation data to plan for continuous improvement from patients, carers, public accessing learning programmes	Surveys provided and collected for those attending learning resources programmes	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.44	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	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.45	Involve patients in our communications and PPIE planning work for 2020/21	Ongoing	Communications and Engagement Lead Manager	Ongoing review	By year end				
4.7.46	non-staff cost funding for communications and engagement activities	An amount of £17k is separately identified in the financial plan for non-staff costs. This mainly relates to venue hire, some publication costs and miscellaneous expenses. In addition, various printing costs for leaflets and flyers are included within other core team cost lines				Complete			
8. Workforce, Learning and Organisational Development									
4.8.1	Click here for annual workforce plan programme	Various	Workforce	Various	By year end				
4.8.2	Click here to view the Workforce plan submitted	n/a	Workforce	n/a	n/a				
4.8.3	Complete listening exercise with the core team,	Summary of listening exercises	Project Manager	Presentation of summary to OMG Meeting	June 2019				
4.8.4	Deliver initial training course for requested continuous improvement tools such as Lean, thinking hats to the core team and Advanced leadership program	Workshops	Project Manager	Workshops delivered	September 2019				
4.8.5	Revise system for maintaining a central record of all continuous improvement projects	Google sheet system developed	Project Manager	System in place and working effectively	Quarter 1				

4.8.6	Study support service to lead workshops for new Chief Investigators in conjunction with host trust R&D, experienced Chief Investigators and the Research Design Service in Oxford, Berkshire and Buckinghamshire. Workshops will promote early engagement, help with cost attribution and grant submission and will be followed by an AcoRD workshop	Workshops delivered and evaluated	Study Support Service Lead	Fisrt workshop delivered	May 2019					
4.8.7	Continuous Improvement event to celebrate the culture of improvement and innovations across all areas of work	Continuous Improvement Event	Project Manager	Event delivered	January 2020					
4.8.8	AcoRD specialists to run additional Cost Attribution Workshops to meet demand (currently oversubscribed)	Schedule additional workshops	Study Support Service Lead	Workshops delivered	Ongoing throughout year					
4.8.9	TVSM core team members to complete Foundation level of the Quality Service and Redesign & Improvement initiative in Oxford. Project Manager to complete the Practitioner level of the course	Practitioner level completed by project manager and Foundation level completed by >10 members (including SMT) of the core TVSM team	Project Manager	Core team members trained	Quarter 4					
4.8.10	Include Continuous Improvement as a regular item on R&D Managers monthly meetings	Continuous Improvement promoted more widely in region	Project Manager/DCOO	In place and projects identified	Quarter 1					
4.8.11	Industry Feasibility workshops delivered in all 3 counties in TVSM. Lessons learnt from root cause analysis mentioned in section 4.4 will be summarised and presented in this workshops	Improved knowledge of feasibility	Industry Manager	Workshops delivered	Quarter 2					
9. Business Development and Marketing										
4.9.1	Equity of access- as a supra network, explore collecting a baseline data set to better understand the populations served and their health and social care needs	Improved use of data to target new areas for research and to inform and develop communications that ensure people are aware of the opportunity to participate in and benefit from high-quality health and social care research studies	Digital Lead	Project plan agreed by Supra network group	Quarter 4					
4.9.2	Promote Industry engagement at all R&D Monthly meetings to include the promotion of cross-trust working to maximise patient population for the recruitment into rare disease studies	Increased cross working between TVSM Trusts and utilisation of PICs	DCOO	New processes in place	Quarter 4					
4.9.3	Engage with new GP federations to maximise opportunities to deliver commercial research	Engage new federations and explore enhanced delivery models such as hub and spoke.	DCOO	Increase in site identifications for commercial studies that are submitted by federations	Quarter 4					
4.9.4	Monitor and escalate issues raised by CROs and commercial companies and identify common threads to feed into continuous improvement initiatives and training programmes (eg feasibility) if appropriate	Issues reviewed and reported to Partership Group and included in Medical Directors report if appropriate.	DCOO	Processes in place	Ongoing					
4.9.5	Promote the study support service offering at all opportunities, including the validation of the costing template	Activities promoted at events and in publications	Industry Manager	Promotional activities completed	Ongoing					
4.9.6	Develop partnership arrangements with schools in each of the counties in the region	Arrangements for each county in place	RDM	Reported to OMG	Quarter 2					
4.9.7	Improve partnership arrangements with local authorities in the region to support the development and delivery of local and nationally developed research projects. Identify and support research champions in each of the local authorities	Arrangements for each county in place	RDM	Reported to OMG	Quarter 3					
4.9.8	Appoint lead to undertake project to improve the relevance of the LCRN research portfolio to address local population health needs. Project to cover all specialties and determine actions to improve equity of access to clinical research for everyone in our region	Findings presented to Clinical Directors and key actions identified	Project Lead (tba)	Report to Clinical Directors	Quarter 2					
10. Life Sciences										
4.10.1	Improve consistency of commercial study support service offering across Supra network	Quarterly meetings to share best practice: -single contract/cost negotiation process, implementation of new SSS processes (early feedback, effective study set up and performance monitoring), training related to commercial research (link with WFD lead)	Study Support Service Lead	Report into COO Supra network group	Quarter 4					

Section 5: High Level Objectives

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

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

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

HLO	Objective	Measure	National Target	LCRN Target	Annual Plan Commentary (How target has been determined)	Mid Year Commentary	Year End Commentary	
1	Deliver significant levels of participation in NIHR CRN Portfolio studies	A	Number of participants recruited to NIHR CRN Portfolio studies	TBC (A)	50,000	A target of 50,000 represents a 10% increase on target for 2018/19. It is based on a desktop review of open and pipeline studies. It should be noted that actual recruitment for 2018/19 has been particularly high and maintaining recruitment at such levels may not be feasible since it is heavily dependent on high recruiting studies.		
		B	Number of participants recruited to commercial contract NIHR CRN Portfolio studies	TBC (A)	2,000	This is dependent on a few high recruiting studies and therefore varies significantly year on year. The target of 2,000 is based on a review of current and expected studies		
2	Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period	A	Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed CRN sites	80%				
		B	Proportion of noncommercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%				
3	Increase the number of studies delivered for the commercial sector with support from the NIHR Clinical Research Network	A	Number of new commercial contract studies entering the NIHR CRN Portfolio	TBC (B)				
		B	Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II-IV studies	75%				
4		This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9.						
5		This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9.						
6	Widen participation in research by enabling the involvement of a range of health and social care providers	A	Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies	99%				
		B	Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies	70%				
		C	Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies	45% (C)				
		D	Number of non-NHS sites recruiting into NIHR CRN Portfolio studies	TBC (D)				
7	Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies		Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, each year	25,000	1,550	There are 3 trusts that contribute to the DeNDRoN portfolio, and recruitment projections have been combined from pipeline projections from each trust. The potential to increase recruitment further is also hampered by the limited number of suitable studies		
8	Demonstrate to people taking part in health and social care research studies that their contribution is valued		Number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey, each year	10,000 (E)				
9	Reduce study site set-up times for NIHR CRN Portfolio studies by 5%	A	Average study site set-up time for commercial contract studies, at confirmed Network sites (days)	TBC (F)				
		B	Average study site set-up time for non-commercial studies (days)	TBC (F)				
HLO TABLE NOTES								
1 Site set up time defined as "Date Site Selected" to "Date First Participant Recruited"								
2 Average site set-up time defined as the median average of all individual site set-up times for all studies in a reporting year								
(A)	HLO 1A / 1B	The Ambition values will be the mean of the annual values for the 5-year period 2014/15 to 2018/19						
(B)	HLO 3A	The Ambition value will be an increase in the 2018/19 annual value						
(C)	HLO 6C	Reverted to current value of 45%. Note 2017/18 outturn was 32%, and 2018/19 to Q3 is 33%						
(D)	HLO 6D	The Ambition value will be the 2018/19 annual value plus 5%						
(E)	HLO 8	The Ambition value of 10,000 respondents represents an increase of 14% on the 2018/19 outturn of 8,779 respondents						
(F)	HLO 9A / 9B	The Ambition value will be the 2018/19 annual value less 5%						

Section 6: Specialty Objectives

RAG Information:

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

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

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

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

Complete (C)	Milestone(s) complete.
Red (R)	One or more specified deliverable was not delivered by the Milestone Date.
Amber (A)	There is a risk that one or more specified deliverable will not be delivered by the Milestone Date.
Green (G)	On target to deliver all specified deliverables by the Milestone Date.

Annual Plan					Mid Year Report		Year End Report		
Ref	Objective	Specialties Included	Measure	Target	Local activities to achieve the national objective	RAG	Commentary	RAG	Commentary
1	To develop local LCRN schemes/programmes for promoting and improving early career researcher (ECR) involvement in NIHR research	All	A. LCRNs to have at least one named individual who acts as an ECR/Training Lead AND B. LCRNs to demonstrate year on year increases in ECR involvement in at least 50% of specialties (e.g. new PIs or CIs, links with Royal College or other professional organisations, record of ECR staff per specialty and the trials to which they are recruiting – they may not necessarily be LCRN funded)	A. 1 ECR/Training Lead per LCRN AND B. 5% Increase in ECR involvement in 50% of all specialties	A. An ECR/Training Lead will be identified. B. Specific activities and plans have been identified across a number of Specialties and settings. These include- We will continue the NIHR TVSM LCRN Research Fellowship programme. From the individual's perspective this scheme aims to: - Develop skills as a clinical researcher (including practical experience for the process for start up and delivery of clinical trials); - Enhance understanding of clinical research; - Enhance understanding of research environment. From the perspective of the organisation the scheme aims to: - Develop the next generation of clinical researchers and future PI's C's; - Provide a springboard to a career in research; increase portfolio research within departments; Increase recruitment of patients to studies; - Increase awareness of research. This year (2019/20) will be the fourth year of the scheme with a new cohort of five fellows. Set up and support portfolio studies registered on the Associate PI scheme. Identify portfolio studies running, or in set up, in TVSM that could be registered on the scheme e.g. PACC-2 (35187). Work with OxSCAR to encourage ECR / Surgical Trainees to take on the role of Associate PI. DeNDRoN: 7 new researchers (medics, nurse, researcher) have taken part as PIs for portfolio studies that have opened to recruitment in FY2018/19. Of these, 4 are ECRs. Ageing: TVSM has had a very small but growing portfolio. This means that the 'pool' of CRN active researchers available to support ECRs, plus the pool of ongoing studies for ECRs to be PI/sub-PIs has been very small. In the time frame available we have tried to focus on building capacity amongst medical and non-medical staff, while working on increasing the portfolio in parallel – 2 commercial studies are anticipated to be added to the portfolio by March/April 2019. We have also included examples of when ECRs have been willing to participate in portfolio research and have contributed to expressions of interest, even though the studies haven't ultimately progressed. So though it is hard for us to demonstrate development of ECRs linked to portfolio studies, we anticipate that our approach to grass-roots growth of ECRs will yield a sustainable pipeline in the medium term as the regional portfolio expands, and which we believe also heeds the spirit of the CRN strategic objective. We performed a survey of regional (Oxford Deanery) registrars training Elderly Care asking who was currently involved in CRN research, who was interested, and who had completed GCP.				
2	To increase opportunities for people to participate in health research in less established specialties (<70 open studies on the NIHR CRN Portfolio in April 2018)	<ul style="list-style-type: none"> Ageing Anaesthesia, Perioperative Medicine and Pain Management Critical Care Dermatology Ear, Nose and Throat Haematology Injuries and Emergencies Oral and Dental Health Public Health 	Each LCRN to increase recruitment in studies or the number of studies open to recruitment within all of these nominated specialties	LCRN demonstrates either 5% increase in recruitment or 5% increase in open studies in ALL nominated specialties	The network routinely identifies and circulates lists of new studies added to the portfolio on a weekly basis. These studies are reviewed by divisional teams to identify studies that are likely to be trying to identify additional sites, contact with study teams made and confirmation of need for extra sites made. All studies needing additional sites are circulated across contacts in the region. In addition we will conduct a strategic review of the entire portfolio for all of these specialties to ensure opportunities for involvement are not missed. Specific activities for individual specialties are ongoing, for example strategic funding of additional posts to support delivery of public health studies in the community setting has been made and a specific development plan is in place which will be operationalised in the coming year. Public Health : A local strategy for developing Public Health research and support Public Health Research studies has been developed. Part of this included providing resource to support studies in non NHS settings, this has already been implemented although the Public Health studies available to take advantage of this resource has been limited to date. Identification of a Public Health research champion based in local authorities is also included in the local strategy and work is ongoing to appoint to this role. The development of local Public Health studies is an objective identified as a need in our local strategy. Activities are ongoing to promote local portfolio development but these are at a very early stage. Local analysis suggests public health studies developed in the region are often attributed to other specialties. Nationally, an analysis of the currently recruiting public health led studies highlights the paucity of studies that are available to sites across the country. For example- At the time the portfolio review took place, 57 studies had recruited in 2018/19, only 15 of these recruited in more than one LCRN. Of these 15 recruiting in more than one LCRN, only 5 were labelled as looking for additional sites. Of the 5 looking for additional sites, TVSM took part in two of these, one in the previous financial year, one during the current year. Of the 5 recruiting studies, 3 were closed to recruitment and one is suspended. The final study was geographically restricted to Yorkshire. At the time of the review, 12 studies were labelled as open to new sites, 3 of these were also single site studies. Of the other studies, one was clearly geographically restricted - Yorkshire Health study. Three of the remaining studies recruit in only one LCRN. The response of coordinators of the remaining studies labelled as open to new sites was that they were not open to new sites. Only one study (now closed to recruitment) suggested the team would have been interested in new sites when the study was open. In summary, the national Public Health portfolio remains extremely restrictive for regions with a poor local Public Health portfolio trying to attract studies to their regions. Ageing: Local specialty lead has his own study for which he is CI, which will boost recruitment to the Ageing portfolio. OUH has also been selected for a commercial Ageing study, for which our SGL has been invited to be the national CI. The national Ageing portfolio is small, however the HOME study which is running in TVSM has good numbers. We expect approx 800 recruits in 2019/20. We are expecting to start having specialty meetings this year with a view to building a local ageing research community in order to develop home-grown projects. APOMP: TVSM teams have recruited 1632 patients to 7 portfolio studies managed by the APOMP specialty across all four acute trusts so far during 2018/19, as				

3	To broaden participation within well-established specialties, particularly in areas or groups who have historically been underrepresented on the NIHR CRN Portfolio	<p>Cancer</p> <ul style="list-style-type: none"> • Cancer Surgery • Radiotherapy • Rare Cancers • Teenage and Young Adults <p>Diabetes</p> <ul style="list-style-type: none"> • Diabetes managed, Primary Care supporting PLUS Primary Care managed, Diabetes supporting PLUS any specialty managed, if both Diabetes AND Primary Care are supporting <p>Hepatology</p> <ul style="list-style-type: none"> • Nonalcoholic fatty liver disease • Nonalcoholic steatohepatitis <p>Gastroenterology</p> <ul style="list-style-type: none"> • Endoscopy <p>Injuries and Emergencies</p> <ul style="list-style-type: none"> • Pre-hospital care and Trauma <p>Infection</p> <ul style="list-style-type: none"> • Antimicrobial Resistance <p>Mental Health</p> <ul style="list-style-type: none"> • Children and Young People <p>Metabolic and Endocrine Disorders</p> <ul style="list-style-type: none"> • Obesity <p>Respiratory Disorders</p>	<p>A. Increase recruitment by 5% into at least 50% of the nominated sub-specialties</p> <p>B. 2nd year of a two-year objective begun in 2018/19: LCRNs to enact the cardiothoracic surgery workforce plan made as part of the 2018/19 objective</p>	<p>A. 5% increase in recruitment for 50% of the nominated subspecialties</p> <p>B. Cardiothoracic surgery workforce plans implemented</p>	<p>The portfolio will be reviewed for opportunities to open additional studies-</p> <p>Cancer surgery studies: In our LCRN we have a core team of research delivery staff, the Direct Delivery team (DDT) which helps to address this area of the portfolio. The DDT delivers the majority of cancer surgery studies run in our LCRN. We will look at the broad cancer surgical portfolio which is operational in our LCRN in order to find studies that can be run at the other sites within the network, as a lot of the specialist cancer surgery is undertaken at the main trust rather than at the DGHs. The cancer surgical study portfolio has grown over the last 3- 4 years. We also work closely with surgical specialty team in promoting cancer surgical studies within the LCRN.</p> <p>Radiotherapy studies; Helen O'Donnell, our radiotherapy sub-specialty lead has recently stepped down and we are currently looking to replace her. We have no issues in getting set up for radiotherapy studies, they are delivered at both Oxford and Reading.</p> <p>Rare cancers: Cluster F has reviewed the cancer study portfolio and assigned all studies to the different sub-groups and rare cancers have been defined as an ASR less than 3. These include haematological cancers, sarcoma and teenage and young adult cancers. We will look at the rare cancer studies as defined and encourage our trusts to open studies that are appropriate in this area.</p> <p>TYA: Our LCRN is a Primary Treatment Centre (PTC) and has a paediatric cancer research team. Currently 98% of all patients seen by this team are recruited into studies which include TYA patients who are under 16 years. The older TYA patients are seen in the adult setting and there are much smaller numbers. There is a TYA clinical nurse specialist and moving forward we will work with her to increase her involvement with TYA research and the recruitment of these patients into clinical studies as all TYA are seen at the specialist centre.</p> <p>Diabetes & Primary Care: The 2 specialties have a good relationship, and would like to explore studies co-delivered in 1ry and 2ry care. To date, many Diabetes studies are using GP PIC sites and/or GPs as recruiting sites. The national portfolio has not lent itself to increasing activity related to this objective in the previous year. A recent review of the studies relevant for this objective suggested only 4 studies were open to additional sites. In reality only two of these may generally be relevant for all LCRNs, the other two were only open in a single LCRN suggesting the studies may be geographically restricted. It should be highlighted that in terms of this objective and measure; in the year 2018/19, the criteria used results in over 80% of the activity within the region falling within that measured for the objective - in that respect this is not a category that has been historically underrepresented within our region. This observation also appears to be held nationally, at the time of writing, of the 19617 recruits falling to diabetes, 18032 fall within the studies that count towards the specialty objective in 2018/19. which is very similar to the current objective. However, within the constraints of the portfolio we will work to support the objective.</p> <p>Metabolic & Endocrine: At the time of writing a review of the national portfolio of studies that fall into the obesity sub category within Metabolic & Endocrine suggest the activity of 40 studies would align with this objective. Only one of these studies was labelled as open to additional sites. The region currently supports 3 studies that fall under this subcategory, we will assess the practicality and feasibility of increasing activity within these studies.</p>				
4	To ensure specialty or sub-specialty representation and leadership is embedded in all LCRNs	<ul style="list-style-type: none"> • Ear, Nose and Throat - Audiology Champion • Infection - STI Champion • Health Services Research Champions • Oral and Dental Health - Primary Care Dental Champion • Public Health Champion • Renal Disorders - Urology Champions 	All nominated specialties to have a local named Champion	15 LCRNs	The network will review completeness of specialty and sub specialty representation and identify any roles that remain vacant. We are in the process of advertising several specialty roles at present and have had a positive response to the opportunities offered. At the time of writing, the network have appointed Urology, Public Health, Health Services Research, Audiology & STI champions. We are in the process of identifying and appointing to a Public Health research champion role in local authority setting.				
5	To record the age (or year of birth) of participants recruited into NIHR CRN Portfolio studies in order to assess the extent to which recruitment age profiles match the age demographics of the incidence/prevalence of diseases	<ul style="list-style-type: none"> • Ageing • Cancer • Children • Dementias and Neuro 	For the six nominated specialties, 80% of Trusts/Research organisations within each LCRN either to: A. Record age (or year of birth) for NIHR CRN Portfolio study participants from April 2019 so that anonymised data can be extracted from LPMSs directly OR B. Provide the LCRN with a quarterly report of anonymised age data, relating to participants in NIHR CRN Portfolio studies OR C. If neither (A) or (B) above are currently possible within an LCRN, to develop a plan/solution for implementation in 2020/21 that will allow age data to be obtained for participants in NIHR CRN Portfolio studies from 80% of Trusts/Research organisations	For all studies within the six nominated specialties, 80% of Trusts/Research organisations within an LCRN either: A. To record age (or year of birth) in the LPMS OR B. To provide anonymised age data on participants OR C. The LCRN to develop a plan that will allow age data to be collected for NIHR CRN Portfolio studies from 80% of Trusts/Research organisations by 2020/21	Our LPMS system does not presently collect age of participants. During 2019/20 TVSM will work to develop a structured plan either through Studyline or otherwise to collect age for these specialties from the commencement of the 2020/21 financial year. The Ageing, DeNDRoN, MH, ND and Children's local teams will add this information once the system has been developed.				

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

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

ID		Mid-Year Commentary (if required)	Year End Commentary (if required)
1.1	Domain: Governance and Management Indicator: Each LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre Assessment Approach: Monitoring of provision of key documents requested by the National CRN Coordinating Centre		
1.2	Domain: Governance and Management Indicator: Each LCRN Clinical Director and/or LCRN Chief Operating Officer attends all National CRN Coordinating Centre/LCRN Liaison meetings Assessment Approach: Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings		
1.3	Domain: Governance and Management Indicator: Each LCRN Host Organisation and LCRN Category A Partner submits an NHS Data Security and Protection Toolkit annual assessment to NHS Digital. All NHS Trusts were asked to provide an initial baseline assessment in October 2018. LCRN Host Organisations and LCRN Category A Partners should aim to achieve "Standards Met" (i.e. completed all mandatory evidence items and assertions). If "Standards Not Met" remains after completion or publication, the Host Organisation will be required to assess whether this impacts business delivered on behalf of the NIHR CRN. If this is the case, the Host Organisation is required to submit a report to the National CRN Coordinating Centre outlining the failure and mitigating actions to ensure improvement and achievement of the mandatory data security and protection standards. Assessment Approach: Review of submitted Host Organisation Report outlining failures and mitigating		
1.4	Domain: Governance and Management Indicator: Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners Assessment Approach: LCRN Annual Report		
1.5	Domain: Governance and Management Indicator: Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners Assessment Approach: LCRN Annual Report		
1.6	Domain: Governance and Management Indicator: Category C LCRN Partner flow down contract templates used to contract with all Category C LCRN Partners Assessment Approach: LCRN Annual Report		
2.1	Domain: Financial Management 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 requirements of the LCRN Minimum Financial Controls Contract Support Document specified by the National CRN Coordinating Centre Assessment Approach: Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre		
2.2	Domain: Financial Management Indicator: Deliver robust financial management using appropriate tools and guidance Assessment Approach: <ul style="list-style-type: none"> • 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 process 		
2.3	Domain: Financial Management Indicator: Distribute LCRN funding equitably on the basis of NHS support requirements Assessment Approach: Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements		
3.1	Domain: CRN Specialties Indicator: LCRN has an identified Lead for each NIHR CRN Specialty Assessment Approach: Each LCRN Host Organisation shall: <ul style="list-style-type: none"> • Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information • Notify the National CRN Coordinating Centre if there are changes within the financial year • Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies 		
3.2	Domain: CRN Specialties Indicator: Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings Assessment Approach: Attendance registers for National Specialty Group meetings		

3.3	<p>Domain: CRN Specialties</p> <p>Indicator: Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews</p> <p>Assessment Approach: Review by the National CRN Coordinating Centre of evidence of support provided in LCRN Annual Plan and Report</p>		
4.1	<p>Domain: Research Delivery</p> <p>Indicator: Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN Coordinating Centre and available as part of the LCRN Contract Support Documents</p> <p>Assessment Approach: Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead</p>		
4.2	<p>Domain: Research Delivery</p> <p>Indicator: Each LCRN provides near time Minimum Data Set data items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework elements of the LCRN Contract Compliance Assurance Framework Analysis of percentage of missing and inaccurate data points from each LCRN 		
5.1	<p>Domain: Information and Knowledge</p> <p>Indicator: Each LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system</p> <p>Assessment Approach: Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system</p>		
5.2	<p>Domain: Information and Knowledge</p> <p>Indicator: Each 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>		
5.3	<p>Domain: Information and Knowledge</p> <p>Indicator: Each LCRN has in place a senior manager to coordinate business intelligence activities within the LCRN. The identified lead will participate in nationally agreed business intelligence improvement initiatives and attend national NIHR CRN business intelligence meetings</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Attendance registers for national NIHR CRN business intelligence meetings Individual's name and contact details provided to the National CRN Coordinating Centre 		
5.4	<p>Domain: Information and Knowledge</p> <p>Indicator: Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required</p> <p>Assessment Approach: Attendance registers for national CPMS-LPMS meetings</p>		
5.5	<p>Domain: Information and Knowledge</p> <p>Indicator: Each LCRN has a plan to ensure that the best researchers, wherever they are based, undertake clinical, and public health and social care research in the areas of England with the greatest health needs</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Review and monitoring of LCRN Annual Plan Review of outcomes as reported within LCRN Annual Report Monitoring of national metrics relating to the priority disease areas specified by the Department of Health and Social Care 		
6.1	<p>Domain: Stakeholder Engagement and Communications</p> <p>Indicator: Each LCRN has an experienced and dedicated communications function to support national CRN, NIHR and local CRN objectives</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> Individual's name and contact details provided to the National CRN Coordinating Centre Non-pay budget line for communications identified in LCRN Annual Plan 		

6.2	<p>Domain: Stakeholder Engagement and Communications Indicator: Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> • Review and monitoring of LCRN Annual Plan • Review of outcomes as reported within LCRN Annual Report • Evidence of joint work with local NIHR infrastructure reviewed 		
6.3	<p>Domain: Stakeholder Engagement and Communications Indicator: Each LCRN has in place a senior leader experienced in PPIE to support national CRN, NIHR and local CRN objectives</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> • Individual's name and contact details provided to the National CRN Coordinating Centre • Evidence of LCRN PPIE activity and continuous improvement based on recorded participant experience and reported in the LCRN Annual Plan and Report • Non-pay budget line sufficient for PPIE plan delivery • WTE role(s) identified in LCRN Annual Plan 		
6.4	<p>Domain: Stakeholder Engagement and Communications Indicator: Each LCRN records metrics of research opportunities offered to patients and users of wider health and care services</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> • Each LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc.) • Evidence of local participant evaluation system • Progress discussed at national PPIE meetings and reported in LCRN Annual Report 		
6.5	<p>Domain: Stakeholder Engagement and Communications Indicator: Each LCRN has in place an active programme of learning activities supporting patient and public involvement in research</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> • LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets • Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan • Programme of work and continuous improvement in participant involvement, engagement, learning activities and participant experience reported in LCRN Annual Report 		
6.6	<p>Domain: Stakeholder Engagement and Communications Indicator: Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG))</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> • Review of outcomes as reported within LCRN Annual Report • Review of performance on JDR 		
6.7	<p>Domain: Stakeholder Engagement and Communications Indicator: Each LCRN delivers the Patient Research Ambassadors (PRAs) project as specified by the National CRN Coordinating Centre</p> <p>Assessment Approach: Evidence of PRA activity, continuous improvement of project delivery and reporting of impacts in LCRN Annual Plan and Report</p>		
6.8	<p>Domain: Stakeholder Engagement and Communications Indicator: Each LCRN delivers and reports on the Patient Research Experience Survey, as specified by the National CRN Coordinating Centre</p> <p>Assessment Approach:</p> <ul style="list-style-type: none"> • Monitoring of the responses to the Patient Research Experience Survey as required by the Patient Research Experience Framework • Patient experience survey findings and impacts reported to CRN Coordinating Centre with an accompanying plan for continuous improvement presented in LCRN Annual Plan and Report 		

6.9	<p>Domain: Stakeholder Engagement and Communications Indicator: Each LCRN develops and implements a plan to increase and continuously improve the quality of local healthcare engagement, capitalising on opportunities presented by national strategic initiatives such as new CQC research markers Assessment Approach:</p> <ul style="list-style-type: none"> • Review of plans for continuously improving engagement in LCRN Annual Plan • Review of improvement plan outcomes and impacts as reported within LCRN Annual Report • Evidence of piloting utilisation of new data on being asked about research from CQC Inpatient Experience Survey • Evidence of corporate positioning as a helpful partner in supporting Partnership Organisations with 		
7.1	<p>Domain: Workforce, Learning and Organisational Development Indicator: Each LCRN has a senior leader in place to coordinate workforce planning, recruitment, development and retention. The identified lead will participate in nationally agreed workforce development initiatives, drive a culture of modern workplace learning, and support the delivery of an integrated approach to workforce development across the NIHR CRN Assessment Approach:</p> <ul style="list-style-type: none"> • Individual's name and contact details provided to the National CRN Coordinating Centre • Implementation of the local action plan to support the LCRN Workforce • Review and monitoring of NIHR Learn metrics 		
7.2	<p>Domain: Workforce, Learning and Organisational Development Indicator: Each LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff Assessment Approach:</p> <ul style="list-style-type: none"> • Individual's name and contact details provided to the National CRN Coordinating Centre • Implementation of a local action plan to support the CRN wide wellbeing framework 		
7.3	<p>Domain: Workforce, Learning and Organisational Development Indicator: Each LCRN has an active programme of activities that engage the wider workforce to promote health and social care research as an integral part of healthcare for all Assessment Approach:</p> <ul style="list-style-type: none"> • Evidence of a programme of learning opportunities provided in the LCRN Annual Plan and Report • Increased engagement of local partners in promoting the work of the NIHR 		
7.4	<p>Domain: Workforce, Learning and Organisational Development Indicator: Each LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics Assessment Approach:</p> <ul style="list-style-type: none"> • Evidence of a programme of activities provided in the LCRN Annual Plan and Report • Effective approaches shared by Continuous Improvement Leads at national meetings 		
7.5	<p>Domain: Workforce, Learning and Organisational Development Indicator: Each LCRN has in place a GCP Programme Lead, a suitably qualified individual responsible for strategic oversight of GCP education across their LCRN Assessment Approach:</p> <ul style="list-style-type: none"> • Individual's name and contact details provided to the National CRN Coordinating Centre • Annual plan of appropriate face-to-face GCP training, suitably resourced using approved GCP Facilitators • Review and monitoring of NIHR Learn metrics 		
8.1	<p>Domain: Business Development and Marketing Indicator: Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre Assessment Approach:</p> <ul style="list-style-type: none"> • Profile template submitted as part of LCRN Annual Plan • Individual's name and contact details provided for assigned LCRN Profile lead in LCRN Annual Plan 		
8.2	<p>Domain: Business Development and Marketing Indicator: Each LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy Assessment Approach:</p> <ul style="list-style-type: none"> • Review and monitoring of LCRN Annual Plan • Review of outcomes as reported within LCRN Annual Report 		
8.3	<p>Domain: Business Development and Marketing Indicator: Each LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers by actively engaging with the Business Development and Marketing team Assessment Approach: LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings</p>		

Section 8: Financial Management

8.1	Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2019/20. (For example particular studies that require large investment, concentration on a particular Specialty)	Funding is allocated to staff working in teams to support a range of studies within each specialty/trust. The largest studies on the TVSM portfolio remain the x and x studies. These are supported by the funding provided to the OUH reproductive health team (x in total) and also from monies allocated to other trusts in the region to support this specialty.	
8.2	In respect of the LCRN 2019/20 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this		
*Notes	1. It is assumed that the Local Funding Model is net of any National Top Slice as these are pass through costs		
	2. If the funding element category is not applicable to your Local Funding Model, please enter 0%		
	3. The percentages (%) entered in the table should equate to 100%		
Funding Element	Examples	Description of model	% of Total CRN Funding Budget
Host Top sliced element	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team	Comprises Host support costs, LCRN core team, Primary Care central team and PAs for local specialty leads. The Core team WTEs have been held flat for last 4 years. We have agreed with the Partnership Group that any further cost pressures to support the core team cost base will be met from within this allocation in order to protect the funding allocated to partners for study delivery	24.64%
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.	1.14%
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	72.92%
Historic allocations	PO funding previously agreed	N/A	0%
Performance Based	HLO performance, Green Shoots funding	N/A - see above	0%
Population Based	Adjustments for NHS population needs	N/A - see above	0%
Project Based	Study start up	N/A - see above	0%
Contingency / Strategic funds	Funds held centrally to meet emerging priorities during the year	Contingencies for key initiatives, emerging priorities and in-year cost pressures	1.30%
Other funding allocations		N/A	0%
Total			100.00%
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
Comments			
8.3	If the 2019/20 local funding model methodology has changed since 2018/19, please give a brief	No significant changes to model	
8.4	Please confirm whether monitoring visits will be taking place over the course of 2019/20. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion (by spend) of your Category A Partner organisations are being monitored	Yes. We visit each Category A partner organisation to conduct a monitoring visit each year	
8.5	Please confirm how much is being spent on addressing disease prevalence; a minimum of 2% of budget is required. This should be highlighted as 'strategic funding' in the CRN Finance Tool	The LCRN already performs well on the published disease prevalence metrics in terms of portfolio balance. The Direct Delivery Team (c.£520k in total) was established to improve the LCRN's ability to deliver studies across under-represented specialties (eg surgery, ageing). We have also recruited an additional member of the DDT team who will be able to provide rapid support to studies in health services, public health, non NHS settings which are all currently under represented. A proportion of the DDT spend will therefore be allocated against this line in the Finance Tool. We are also focusing on improving the geographic spread of primary care activity with new GPs coming on stream in Buckinghamshire and Berkshire and we intend to allocate some of the costs of supporting this expansion to this line in the Finance Tool. We are also appointing a project lead to undertake a 6 month project to improve the relevance of the LCRN research portfolio to address local population health needs. The project will cover all specialties and determine actions to improve equity of access to clinical research for everyone in our region. Project costs will be allocated to this line in the Finance Tool. Finally, we are undertaking various engagement activities in those parts of the region that are currently under-represented and the cost of any events/awareness activities will be costed against this line.	

8.6	What are the key financial risks and mitigations for 2019/20?	Key financial risks include cost pressures arising from the agenda for change pay rises (and sustainability for future years when it may also become necessary to fund the additional pension cost burden). These costs have been mitigated for 2019/20 since the LCRN will require fully costed financial plans for each partner organisation which detail all posts to be funded and will ensure that reasonable/achievable vacancy factors have been built in the plans. Also, the LCRN will only have limited ability to fund additional activities in 2019/20 since only a small contingency will be retained.
8.7	In which financial year did your previous internal audit take place? Have all of the auditor's recommendations been implemented and, if not, when will they be implemented?	The previous audit took place in 2014/15 and all the auditor's recommendations have been implemented
8.8	If the next internal audit is due in 2019/20, please give the estimated date of the audit	The next audit is scheduled for Q2 of 2019/20

Section 9: Appendices

Ref no	Title	Link
Annual Plan Appendices		
AP Appendix 1	Business Development and Marketing Profile (Please update using Google Suggesting mode / Track-	https://docs.google.com/document/d/1dLVcAKLsZhyZs5BkSjDHYOnyWSQcj4xPn7uak8vlew/edit?usp=sharing
AP Appendix 2	Workforce Plan	Click here for annual workforce plan programme
AP Appendix 2	Workforce Plan	Click here to view the Workforce plan submitted in September 2018
AP Appendix 3	Risk and Issues Log	https://drive.google.com/file/d/1S2jfxs4eDSbZlcJ5uKDAqSlcoTcO_32P/view?pli=1
Please add additional appendices as needed		
Mid Year Progress Report Appendices		
MYPR Appendix 1	LCRN Fact Sheet	
MYPR Appendix 2	Risk and Issues Log	
Please add additional appendices as needed		
Annual Report Appendices		
AR Appendix 1	LCRN Fact Sheet	
AR Appendix 2	Finance section for the LCRN Fact Sheet	
AR Appendix 3	LCRN Category B Providers	
AR Appendix 4	Non-Supported Non-Commercial Studies	
Please add additional appendices as needed		

