Clinical Research Network
Greater Manchester

Annual Delivery Plan 2018/19

Date of Submission: 16 March 2018
Submitted by: Angela Parker

Host Organisation Approval

Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	**No**
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	**N/A**
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:	**TBC**

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

Section 1: Compliance with the Performance and Operating Framework		
Please confirm, at this point in time do you anticipate the Host Organisation and LCRN Partners being able to deliver the LCRN in full compliance with the Performance and Operating Framework 2018/19? If you have answered 'no' to this question, please identify below the specific areas/clauses of the POF, which are of concern by selecting the appropriate boxes, provide a brief explanation of the reasons for non-compliance. Any area of non-compliance must be mitigated by the inclusion of a Key Project in Section 2 of this Annual Plan in order to achieve compliance, include a cross-reference to the Key Project ID		Yes ☐ No ☐
POF area	**Fully compliant?**	**Commentary**
Part A: Context		
1. Working Principles	Yes	
Part B: Performance Framework		
2. LCRN Performance Indicators		
2.1 High Level Objectives	Yes	
2.2 Specialty Objectives	Yes	
2.3 LCRN Operating Framework Indicators	Yes	
2.4 Initiating and Delivering Clinical Research Indicators	Yes	
2.5 LCRN Partner Satisfaction Survey Indicators	Yes	
2.6 LCRN Customer Satisfaction Indicators	Yes	
2.7 LCRN Patient Experience Indicators	Yes	
3. Performance Management Processes	Yes	
Part C: Operating Framework		
2 Governance and Management	Yes	
3 Financial Management	Yes	
4 CRN Specialties	Yes	
5 Research Delivery	Yes	
6 Information and Knowledge	Yes	
7 Stakeholder Engagement and Communications	Yes	
8 Organisational Development	Yes	
9 Business Development and Marketing	Yes	

Section 2: Key Projects					
Ref.	**Key project**	**Outcome**	**Lead**	**Milestone**	**Milestone Date**
1. Governance and Management					
1.1.1	LCRN Management and Team Restructure	Following an internal review of the management team accelerated by staff sickness, a number of changes will be apparent across GM in 18/19. CRN: GM will provide strong leadership to ensure all activities across the network are discharged effectively increasing opportunities for our patients to participate in NIHR portfolio studies	COO	Two Assistant RDMs will support the RDMs in key specialty areas (cancer and primary care) The SSS & Industry Teams will merge as shown in Appendix 6.1 Evolution of a Lead Research Nurse Role and Lead Research Practitioner Role who will work in partnership. Together they will manage CRN core research delivery resources and support LCRN partners in meeting the demands of our portfolio across several settings including primary, secondary, tertiary care, palliative & social care and the voluntary sector Leads with IM&T, Finance, Comms, PPIE, Workforce, CI, Admin and Business Development remain Terms of Reference for the Operational Management Group will be updated to reflect the changes and the Exec and Partnership Boards notified. CRN: GM Team Organogram is shown in Appendix 6.2 Appendix 6.2 CRN GM Organogram - Fel	Q1 18/19
1.1.2	Readiness to respond to disruptive incidents including a public health outbreak	Updated procedures will be accessible to all relevant staff via the Hub	RDM/ Workforce Lead	Public health outbreak documents to be reviewed and updated if required – this will be done in partnership with other LCRNs via the Division 6 RDM Community and with the host organisation	Q1 18/19
1.1.3	CRN: GM Trust Mergers	Maintaining strong performance within all research specialty areas across newly established organisations	CD/COO/ Management Team	Trust mergers continue at pace across GM in light of devolution. The COO and the Management Team will continue to work closely with key personnel across existing and new organisations to ensure continuing delivery of research for our patients. Inevitable rationalisation of clinical services over the coming 12-24 months will almost certainly impact on research delivery, however CRN: GM will continue to offer support/additional short term resource so that the impact for our patients is minimised	Ongoing Q1-4

1.1.4	CRN: GM Office Relocation	Enabling closer cross-partner working	COO/Host	CRN: GM Central office will relocate to CityLabs on the MFT Campus and will be co-located with key research partners within Greater Manchester including Health Innovation Manchester, which is the new academic health science system. Host will ensure smooth transition in the new offices	Q2 18/19
2. Financial Management					
2.1.1	Implementation of Integra 2 Financial Ledger System	Ensure current financial management systems are replicated under the new ledger system	Finance Manager	Month end processes and reconciliation template to be replicated and set up for 2018-19 incorporating the new ledger system and reporting tools	01 May 18
2.1.2	Review of 'offline'/local financial management tools	Develop current return templates to incorporate data, which is required but not held in the finance tool: 1) Unique staff identifiers so staff names can be omitted from the finance tool 2) WTE CRN Funded/Plan 3) Reason field for changes to WTE between actual and plan 4) Change of order of finance tool vs non-finance tools so that uploading is easier 5) Fields to record payscales/ increment date/ payment basis 6) Creating one source data file incorporating all Trusts in order that the contingency is available to view at any one time	Finance Manager	Creation of one source data file for all Trusts Separation of source data file into Q1 template to be circulated to Trusts	30 May 18
2.1.3	Finance Tool Development	Finance Manager to continue to support the Finance Tool Working Group	Coordinating Centre	Finance tool to be fit for purpose and to incorporate useful reporting features	March 2019
2.1.4	Review of Cost Attribution-Service Support and Excess Treatment costs	Ensuring public spend is utilised appropriately to benefit delivery of research for patients	Finance Manager	The Finance and SSS team began an exercise in 2017/18, which will continue in 2018/19 and will work closely with LCRN partners to ensure that service support requests are closely monitored in line with study delivery and attributed appropriately. The Management Team will await the outcome of the ETC consultation and will ensure that appropriate arrangements are put in place quickly to execute duties if required to do so	Ongoing Q1-4

3. High Level Objectives					
3.1.1	CRN: GM Partner Trust & Specialty Lead Engagement (all HLOs)	Ensure that CRN: GM achieve strong performance across all NIHR HLOs	COO/ Management Team	RDMs/ARDMs/Clin Res Ops Manager/Industry Lead to have key partner Trusts and specialty leads, which they will continue to work closely with throughout 2018/19. Trust recruitment targets and specialty recruitment targets will be set at year start Performance across the portfolio of studies will be continually monitored and individual Trust staffing structures continually assessed so that they remain fit for purpose. The newly established Lead Nurse and Lead Research Practitioner roles together with the Workforce Lead will also link in with partners to ensure that the correct mix of research delivery staff is in situ and are appropriately trained. Research delivery support can be provided from the core team when required and we will continue to support key areas including primary care, social care, mental health and paediatrics. Value for money will be monitored across organisations and within specialties, and shared with partners	Q1 18/19 Ongoing Q1-4
3.1.2	Specialty meetings	Collaboration with all relevant stakeholders to ensure delivery of our portfolio	Divisional Leads/ Specialty Leads/ RDM	Regular divisional meetings and specialty meetings will take place when appropriate supported by the Joint Specialty Lead meetings, which are held three times per year as outlined. This work also will be underpinned by the PPIE programme within specialties as we continue to ensure that all our work has a strong patient voice	Ongoing Q1-4
3.1.3	RTT achieving 80%	80% RTT achieved across non-commercial and commercial portfolio	Management Team	Management team will review studies via RAG reports on a regular basis. CRN: GM will work with the Research teams to ensure recruitment is on track and assist with solutions to ensure recruitment is met to time and target. This will be supported by the merger of SSS & Industry teams (Appendix 6.1) Appendix 6.1 GM Research Support & I	Ongoing Q1-4

3.1.4	Appointment of NIHR GM CRN Clinical Leads (NGMCL)	Supporting high quality delivery of research where needed across all specialties	Divisional Leads/ Specialty Leads/ RDM	Following the completion of an exercise to reallocate funding for medical PAs across the 6 Divisions in accordance with activity, new appointments of the clinical leads have taken place and performance will be closely monitored throughout the year. Encouraging enhanced activity within their specialism, linking with colleagues across Trusts within and outwith GM in order to support new research activity and support for delivering for the life sciences are all key indicators of success. A year 1 review of each of the NGMCL will take place in March 2019 to ensure refunding for 19/20 (Appendix 6.3) Appendix 6.3 Appointment letter N(	Q4 18/19
3.1.5	Support of HLO7 related activities	Enabling increased participation to DeNDRoN studies – recruiting 2,400 participants in 2018/19	RDM Div 4/ Clin Res Ops Manager	A number of interlinked projects will be taking place throughout 2018/19, which will support and enhance recruitment to DeNDRoN studies. There have been successful NGMCL appointments to all specialties within DeNDRoN (Dementia, PD, HD and MND) and they will be working closely with the RDM to deliver a balanced portfolio for our patients Clinical Leads within DeNDRoN will continue to support national groups Building on strong foundations, recruitment to JDR will be increased following the establishment of the ERICA exemplar within GM (Appendix 6.4) CRN: GM will partner with primary and secondary care, charities, patients and the public, and key community based organisations including Manchester United and Dementia United in order to undertake a number of JDR information sharing and training exercises. These will include a mixture of public facing events and healthcare professional events Appendix 6.4 ERICA Project Brief_templat(	Ongoing Q1-4

				A newly established Dementia Research Centre will open in 18/19 led by Greater Manchester Mental Health and supported by the CRN. This will ensure a cohesive and collaborative approach to building and delivering a broad portfolio of dementia research	
4. LCRN Specialty Activities					
4.1.1	Research for the Future	Work closely with RftF to continue to knowledge-build research partners in the benefits of using RftF as both a recruitment tool and as an expansion to the RftF database itself	RftF Team	The merged SSS and Industry team will aim to have RftF as a high importance discussion point in all early contact and engagement meetings with researchers, sponsors and industry companies alike The potential benefits to RftF to deliver studies effectively and efficiently is significant and if we can contribute to having that initiative used as common practice across all appropriate research projects in Greater Manchester then that will be of massive benefits to our patients As well as RftF benefitting research delivery, we must also demonstrate how researchers can help expand RftF as part of their day-to-day work on research by having RftF sign up part of their study consenting process. RftF plans for 18/19 are outlined in Appendix 6.5 and further described in the Renal Specialty Objective Appendix 6.5 Research for the Futu	Ongoing Q1-4
4.1.2	Primary Care Hybrid Model	Utilise the unique opportunity that Primary Care provides in terms of feasibility and set-up, and use to implement across GM and present nationally	Industry Team	Due to the unique way that Primary Care contractors work collaboratively across GM, we have been able to develop not only a hub and spoke contracting service, but also a hub and spoke feasibility service. The feasibility service enables a Primary Care area to assess a study's design to then decide on an appropriate GP site 'Hub'. This service combined with the contracting service ensures that we are implementing continuous improvement across Primary Care research	Ongoing Q1-4

				Our aim for 2018/19 is to expand and develop this service across the whole of GM An evaluation can then be completed to demonstrate success and potential steps for future improvement	
4.1.3	'Rising Stars' programme	Develop new PIs across both Primary and Secondary care and look for the CIs of tomorrow	Industry Team	This project will involve the local specialty leads working with new PIs to mentor and develop their investigator portfolio. This local programme supports new PIs to deliver commercial research studies and looks at opportunities to promote experienced PIs to the CI role. This will be supported by the PI training as outlined in the Workforce projects 2.8.1 onwards	Ongoing Q1-4
4.1.4	Division 4 PI 'Buddy' Programme	Enhancing skill mix of the Research Delivery team	RDM Div 4/ Clin Res Ops Manager	To complement the 'Rising Stars' programme and building on the PI training programme delivered across Division 4 in previous years, two GPs are currently working with Old Age Psychiatry Consultants and associated Research Delivery team to deliver dementia research across the commercial and non-commercial portfolio Study by study training will be delivered Ongoing knowledge exchange across primary and secondary care will support enhanced recruitment and encourage collaboration. Roll out of this model across mental health is anticipated in 2018/19 Evaluation of the initiative will take place at the end of 2018/19	Ongoing Q1-4 Ongoing Q1-4 Q4

4.1.5	Specialty Lead Support Programme	Specialty Leads discharge their duties in relation to both local and national requirements in support of the CRN	Divisional Leads/ Management Team	Specialty Leads are all appointed and currently in post until the end of the current contract (2019/2020) which will be reviewed mid-year and extended in line with new CRN arrangements. All specialty leads are funded appropriately for the specialty they support. This enables attendance at meetings both locally and nationally Support will continue to be provided by the appropriate member of the CRN: GM Management Team and their Divisional Lead – support can include attendance at national specialty lead meetings to ensure GM is represented, performance reports and support with review of feasibilities if required. Specialty leads are expected to attend the local specialty meeting, which will take place three times within the FY, and this enables pan GM performance to be reviewed at key points throughout. Divisional leads will monitor specialty lead performance in conjunction with the Management Team	Ongoing Q1-4
4.1.7	National Lead Support Programme	Clinical leaders from across GM are encouraged and supported to participate in National Groups	COO/CD	A number of GM clinical leads are leaders within the Coordinating Centre. The LCRN team will provide support to these leaders if required to enable them to fulfil their national roles	Ongoing Q1-4
5. Research Delivery					
5.1.1	Merger of GM LCRN Industry and Study Support Service teams	Successful placement of Commercial and Non-commercial studies within GM. Industry and Study Support Services to create one parallel approach to research set-up and delivery across Greater Manchester sites	IOM	A large scale programme review will take place in 2018-19 to look at each of the study support service elements and seek to capture the added value of both services to create a combined, inclusive service structure with a clear local offering for all stakeholders The next twelve months will require a period of team learning and development, to build relationships and understand the wider team skills and abilities. The project will systematically look at each of the national service offerings for both academic and commercial partners, and will look to test the new strategy and approach locally (Appendix 6.6) Appendix 6.6 Gannt Chart for GM Researc	Ongoing Q1-4

5.1.2	Life Science & Industry Costing Service	Continuation and development of CRN Industry Study Costing service	Industry Team	Development of a service offered by the LCRN to SMEs and Industry Companies new to NHS research. A number of studies piloted this service last year, which encompassed very early contact & engagement, site identification and full study costing to ensure a smooth study set-up and successful study delivery. More pilot testing will take place across the next 3-6 months before an evaluation takes place to assess next steps and development	Q1-Q2
5.1.3	Non-commercial Grant Input	Full evaluation of LCRN Study Support Services' Grant input project	Industry Team	Across the last 24 months of the SSS existence, GM has focused a lot of time and effort into first promoting the SSS and the support it provides. As a result of these, CRN: GM has had input into around 50 plus grant applications. As these grant applications are now being announced, a full evaluation into whether or not LCRN input had an effect to grant application success can be undertaken within 2018-19	Q2
5.1.4	Utilisation of newly available technology as part of accelerating Digital	Use of NIHR/Google provided technology to ensure an efficient and streamlined service provided by CRN teams	ALL	CRN: GM has begun to adopt technology such as Kanbanchi into their work streams. As an example, the newly merged SSS and Industry teams will strive to undertake the necessary training and development in order to further streamline our service. Initial pilot project and internal evaluations will be set up at specific time points as part of continuous improvement. The first element for consideration will be feasibility. Together with the LCRN Information team, the Greater Manchester Research Support & Industry Services, will seek to consider more effective communications and recording of local reviews, which will require less daily administrative support	Q1-4
5.1.5	Care Home development and the ENRICH national initiative	Full LCRN engagement with ENRICH, with the aim of having ENRICH as a main talking point when discussing research design at an early stage	ENRICH Delivery Team	The aim of ENRICH is that by 2020 they would wish to see more research being conducted in and disseminated through, care homes with a majority of care homes signed up to the NIHR ENRICH 'Research Ready Care Home Network'. Our aim as a merged Industry and SSS team is to link with fellow LCRN staff currently engaged with ENRICH to continue their great work in signing care homes up to the ENRICH network	Ongoing Q1-4

				We will aim to attend events and to always be available to assist and contribute to effective research design and delivery in a care home setting. The baseline is 50 care homes signed up to ENRICH in 17/18. This work links to Ageing Specialty and PPIE Programme	
5.1.6	Collaborations with NRES, local Charities and non-NHS funders	Continue the success of last year's Early Contact & Engagement initiative, aiming to expand to more and more outlets of research	SSS Team	Over the last 12-18 months, the Study Support Service has focused on spreading the word of what support the LCRN can offer in research design, set up and delivery. This has been done by engaging with NHS Trusts, University Research departments, University Research Teams, SMEs and Industry Organisations. The next step is now to expand that knowledge building exercise outside of the 'normal' research cycle We will aim (via presentation, meeting and events) to target those who may not already have knowledge of what the LCRN has to offer. This will include local charities both experienced and naïve in NHS research, along with other non-NHS funders Work is also being planned with NRES to build knowledge in LCRN processes and to collaborate to see how working together at an early design stage can ensure a smooth IRAS application process and NHS REC review	Ongoing Q1-4
5.1.7	Close links with the Universities in partnership with Health Innovation Manchester and the AHSC	Continuation of recent success in linking in to HInM and the MAHSC. Making CRN: GM involvement in research design and grant application standard practice	SSS Lead	Over the last 12-18 months, the Study Support Service has strived to be involved in the grant application process as early as possible. It is hoped that the more input CRNs can have in a grant application, the more likely that it will be to recruit to time and target Building on MAHSC screen, LCRN linkage with HInM is planned and will look at LCRN and local Trust Research teams' joint input into research design at an early stage to ensure smooth set up and delivery	Ongoing Q1-4

5.1.8	Collaborative working across the NHS	In times of changing patient pathways, the location of a potential research participant often changes across primary & secondary care sectors. Our goal is to ensure that study design can be adapted to cope with patient pathway and service delivery changes	IOM	We intend to engage with our secondary care sites to work collaboratively with primary care clinicians in the delivery of research studies including real world and vaccine studies. Integration of NHS services between primary, secondary and community care services provides world class facilities for early phase clinical trials and the acute teaching Trusts who host late phase clinical research facilities are happy to collaborate to support specialist areas including mental health, dementia and primary care led studies We have continued to explore new models for research delivery in PC including hub and spoke models, models based in extended hours centres and federation led models. In addition, in Salford, Pennine and Wigan, we are supporting PC/SC joint working and hope to develop 'hybrid' models for research delivery, either in the community or at a CRF depending on study requirements. There are a number of complex studies in place across multiple areas in GM	Ongoing Q1-4
5.1.9	JDR Promotion	Increase JDR registrations and maintain matching rates of volunteers to studies	Clin Res Ops Manager/ RDM	JDR/ERICA GM programme – Appendix 6.4 - will support increased JDR Registrations Appendix 6.4 ERICA Project Brief_templat Membership of the 'Dementia United' Implementation Group; 'Making Greater Manchester the best place to live with dementia' is one of the key ambitions of the Greater Manchester Health & Social Care Partnership. CRN: GM is members of this group and this will enable greater exposure of JDR to all key stakeholders across GM. It is hoped that JDR will be part of the Dementia United Performance metrics for the year 2018/19 will have a 'Healthy Brain Focus' and there will be a number of PPIE events where JDR will be promoted and explained. There will be a suite of activities around Dementia Action week in May	Ongoing Q1-4

5.1.10	RATER Programme	Maintain rater expertise with dementia, neurology and mental health specialties	Clin Res Ops Manager/ RDM	PANSS Rater Training will be led by the CRN: GM Mental Health Specialty lead in 18/19 for colleagues with GM and across partner networks – increase in commercial activity within mental health is highlighting this training need that needs to be addressed Dementia Rater Training in-house rater training sessions will be facilitated by the Practice Lead Facilitators in order to maintain the pool of expertise Neurology Leads will support neurological assessment training (UPDRS, HD, MND & MS assessments)	Q2 18/19 Ongoing Q1-4 Q3
5.1.11	Changing Futures Programme	To contribute to the future direction of the NIHR CRN ensuring its development and working towards truly embedding research within care	COO/RDMs/ OM	Three of the Senior management team of CRN: GM will through the Changing Futures Programme, look to support three key national projects - HLOs - Workforce - Funding Model The group will connect with colleagues across the CRN in order to support these programmes of work	Ongoing Q1-4
5.1.12	National Lead GCP Facilitator Contribution	The Life Science Industry Delivery Lead will be one of three national lead GCP facilitators who will form part of the national GCP working group and will organise and deliver the national GCP facilitator development programme	IOM	The three national facilitators are a new group of experienced GCP leaders and have planned two national dates for further GCP facilitator development. They will also run national meetings and teleconferences with the GCP leads from each LCRN	Ongoing Q1-4
6. Information and Knowledge					
6.1.1	Successful delivery of the LPMS system 'R-PEAK'	Creating a single intelligence system for the CRN and its stakeholders	IM&T Team/ Host	R-Peak is the local portfolio management system (LPMS) for NIHR CRN: GM and is used to record research capacity & capability data (project set up) and research activity data (project recruitment) including the relevant National CRN CC MDS data items across all 14 NHS Trusts in the Greater Manchester region Latest R-Peak progress update as of February 2018 • Get study details is live with CPMS • Send site capacity and capability details is live with CPMS • Send site research activity is in current development for all 4 LPMS providers	Ongoing Q1-4

				Development of systems and processes will continue through 2018/19	
6.1.2	GM App Development on ODP	Support partners within GM to review activity and performance across the Network	IM&T Team	Live with various bespoke tabs/reports to enable our research colleagues more pertinent insight Next phase development May 2018 is for cross-referencing R-Peak data	Ongoing Q1-4
6.1.3	NIHR Google Hub new GM site	Support information sharing through the digital space	IM&T Team/ Workforce Lead	Develop a platform akin to a CRN: GM 'intranet' to support and promote information and expertise sharing	Ongoing Q1-4
6.1.4	Google Big Data	Enable leaner reporting mechanisms through the Google ecosystem and support information reporting through the digital space	IM&T Team	Google Big Data Query – explore & test May 2018 – develop a platform to possible replace current CRN: GM internal reporting system which uses Microsoft SQL server to improve leaner reporting mechanisms support and promote information sharing	Ongoing Q1-4
7. Stakeholder Engagement and Communications					
7.1.1	Support all national CRN Research awareness campaigns, local PPIE campaigns as well as International Clinical Trials Day (ICTD)	To ensure that the GM population are aware of research opportunities across the NHS and across specialties	PPIE/Comms/ Div 4 Team	Support of national campaigns including ICTD including ICTD, League Table Campaign and Our Stories Local support for JDR this will include supporting ERICA (Embedding Research in Care) which aims to embed JDR locally and increase sign up to the initiative. Local promotion for the UK Clinical Trials Gateway (UKCTG) and support of the impending changes to the managed service Support for Research for the Future (RtF) Appendix 6.5 Appendix 6.5 Research for the Futı Continue active membership of North West Communications Leads group, membership includes CLAHRC, RDS NW from GM and NWC, meetings held quarterly	Ongoing Q1-4

				Group main objective include: Outlining where there might be overlap, avoiding replication of work, defining audience groups and identifying opportunities to work together. Outcomes include group set up on hub to share materials and ideas, joint newsletter, sharing stories on each other communications channels and plans for a joint 'Roadshow' event date tbc Continue to work with NWPIR, BRC and CRF & CLAHRC to share news stories and publish on newsletters Link with Comms Teams across GM to support Trust activity through attendance at events/provision of materials	
7.1.2	Support all NHS wide awareness campaigns	To reinforce that the CRN is the Research Delivery arm of the NHS and celebrate the strides that have been made through research	PPIE/Comms Team	NHS at 70 Raise awareness in all NIHR and NHS funded organisations in GM Cascade information to Trusts on branding and ensure brand awareness Be aware of events taking place in GM (e.g. Tea Party) assist where required Monitor event taking place in GM and provide appropriate feedback and monitoring recommendations to CRN CC	Q2, Q3
7.1.3	Patient Research Ambassador Initiative (PRAI) & JDR Ambassador Initiative	Actively promote and facilitate CRN partners in supporting Patient Research Ambassadors/JDR Ambassadors and recruit new individuals to support this work	PPIE/Comms Team/Div 4 Team	Mapping of PRAs in each Trust and ensure data protection form is completed Signposting to PRAI website learning opportunities including MOOC, PRAI learn zone and other training opportunities Clarify PRA's role through individual contact to discuss opportunities to get involved Contact specialty leads to encourage PRAs to sign up to newsletter Contact Trusts to encourage them to signpost PPIE lead Publish regular stories on PRAs' newsletter and stakeholders' newsletters Attend JDR events with Division 4 team and encourage Ambassador to sign up	Ongoing Q1-4

7.1.4	Work with other local research organisations (e.g. CLAHRC, BRC, BRU, INVOLVE, RDS) to provide accessible coherent and consistent local patient offer of information about access to and involvement in clinical research	To work closely with the NIHR family and support research, enabling research opportunities for patients	PPIE/Comms Team	Maintain contact with PPIE leads in CLAHRC, MAHSC and RDS and continue with regular meetings/ collaborative working Continue to contribute to RDS communications forum including ongoing discussions for NW wide event Continue to participate in regional INVOLVE forum and conference	Ongoing Q1-4
7.1.5	Annual Surveys	Ensure that CRN: GM are collecting feedback from patients, customers and clients	PPIE/Comms Team/Host	Use knowledge from pilot Patient Experience Survey to inform larger survey to include additional Trusts Feedback information showing analysis of results with action points for change implementation Circulate surveys at critical time points throughout the year	Ongoing Q1-4
7.1.6	Host a series of events across GM to bring key stakeholders together including PPIE representatives	Support delivery of HLOs	PPIE/Comms Team	GM wide practitioner/nurses event Annual Research Awards event (Nov) Trust Engagement Events	Ongoing Q1-4
7.1.7	Continue to develop the PPIE presence on CRN: GM website	Ensure patients have a strong voice throughout all CRN activities	PPIE/Comms Team	CRN: GM PPIE microsite signposts resources for GM patients and will continue to be linked with key PPI stakeholder websites Will be updated on a regular and timely basis	Ongoing Q1-4
7.1.8	Comms support to CRN: GM stakeholders	Enhancing communication across GM in order to recognise hard work and celebrate achievements	Comms Team	To continue to support specialty leads by utilising a mixture of tools to keep stakeholders informed and engaged in issues and activities, such as general news and updates on training, events and other opportunities Developed newsletter template for metabolic endocrine and children's that will be replicated for other specialties including haematology and stroke Continue to work collaboratively with the 14 GM Trusts, and specialty leads with communications support and advice including press releases, newsletters, initiatives and campaigns e.g. events to raise awareness and improve recruitment into clinical trials Establish links with CCGs' communications functions across the locality to enable mutual working relationships	Ongoing Q1-4

8. Organisational Development					
8.1.1	To refresh training programme information to reflect proportionate approach to training, ensuring high quality delivery while commensurate to level of research involvement (Proportionate training pathway developed Q4, 17-18, drawing down from CRN Delegation & Training Aid). See Appendix 6.7 Appendix 6.7 Proportionate training	To have training information that gives key messages about our approach to both adult learning and the proportionate training we offer for Sponsors and Employers Our proportionate training pathway has been developed and disseminated to research delivery leads with positive feedback. However, we will need to ensure the guidance and training programme information are consistent as this is a huge change for most delivery staff who are likely to give advice to research novices. Therefore, we will also need to visit organisations/ teams/ areas to explain this approach and allow for Q&A	WFD Lead	Training brochure by end of Q1 Quality checks between brochure & CRN Learn by Q1 Information will be updated as needed throughout the year	Q2 Q2 Q4
8.1.2	Launch of CRN Integrated Workforce Framework CRN: GM WL&D Team (Appendix 6.11 and Wellbeing Programme 6.12) will continue to promote use of the Integrated Workforce Framework as an assessment took for a range of activities Once an electronic version is launched, we aim to plan an approach that will include cross-referencing of training materials and other resources with indicators in the IWF to assist use of the tool in practice Appendix 6.11WL&D Plan 18-19.docx	To ensure that the GM workforce feel able to utilise the IWF where appropriate	WFD Lead	Start date is dependent upon CRN CC launch of electronic tool This will be a continuous programme of work	Ongoing Q1-4

8.1.3	LCRN Host Organisations will ensure that an awareness of clinical research is provided to staff at induction There needs to be some focus/attention given to this from a LCRN perspective At the core of these activities will be CRN CC created materials such as CRIEF In addition, CRN: GM will ensure that there is a range of materials/activities that can be utilised to raise research awareness CRN: GM will work with research delivery leads and OD&T teams in Partner Organisations with the aim that research awareness becomes part of the corporate induction for that organisation In organisations where this cannot be arranged, the CRN: GM facilitation team will aim to deliver sessions in a variety of settings i.e. lunchtime drop ins, bite-sized sessions at Trust events, departmental induction, resources to be put inside an induction pack	To enable each Partner Organisation to promote a 'research aware' culture, in line with their mission statements, aims & objectives	WFD Lead	Continuous throughout 18-19	Ongoing Q1-4
8.1.4	CRN: GM induction pathway via CRN Learn This forms part of the NWILD Work plan for 18-19 – Appendix 6.8 Appendix 6.8 NWILD Workplan2018-19.do At the moment, we encourage use of a CRN: GM induction programme/ portfolio for those who sit within the umbrella of Research Practitioner roles and ask others to consider using these materials. We will investigate the development of using CRN Learn to a 'common core' of learning activities	We aim to provide a more consistent approach and encourage all those delivering research to work through an induction or orientation programme that is easily accessible	WFD Lead	Work with NWILD group to create plan of work	Ongoing Q1-4

	As per NWILD Workplace, we aim to also target specific parts of the research community within this work – PIs, CIs, URiCH				
8.1.5	Workforce engagement with CRN strategic priorities. The WL&D team acknowledge that there could be some disconnect across the network – in some key research leadership roles – with regards to strategic priorities. The project focusing on induction will aim to address some of this – but only for those who relate to it and complete it In addition we plan to: • work with others responsible for engagement, such as specialty leads, to ensure they engage with CRN WL&D on behalf of their workforce • encourage those in leadership roles to engage with CRN priorities and help their workforce understand the 'One NIHR' approach	We aim to reach all staff across the CRN to ensure CRN strategic priorities are clear and encourage a one team approach to research delivery In addition, we aim to ensure a joined up approach to some specialty objectives that have been set around developing PIs and early career research involvement	WFD Lead	Continuous throughout 18-19	Ongoing Q1-4
9. Business Development and Marketing					
9.1.1	Business development and marketing plan for 18/19	Development and implementation of the LCRN Industry Business Development and Marketing Plan for 18/19	Industry Team	A full outline of CRN: GM's business development and marketing profile for 2018/19 can be found in Appendix 6.9 Appendix 6.9 TOR NWILD updatedDec17	Ongoing Q1-4

9.1.2	Medtech LCRN support offering in collaboration with Trustech and MIMIT	To enhance engagement with Medtech and build upon the collaboration with Trustech and MIMIT to offer further support across Greater Manchester Clinical Research Network	Industry Team	The Industry team will continue to grow their knowledge and expertise to support companies who have a focus on Medtech and digital technologies, recognising the pivotal role technology will play in modern healthcare. The Industry team will continue to collaborate with organisations such as the Greater Manchester AHSN, Trustech and MIMIT to build on relationships and aim to fully understand their roles with Medtech companies and understand how the CRN: GM can offer further support. Within CRN: GM, Medtech processes will be implemented, which includes a dedicated industry support to focus on the delivery of Medtech and local SME engagement	Ongoing Q1-4
9.1.3	Actively seeking our opportunities to link with real world organisations	Encourage more real world capabilities across GM and having studies places that use real time data as evidence for faster analysis and implementation	Industry Team	The Industry team will work alongside the business development manager to encourage more real world opportunities within Greater Manchester. There will be a scoping exercise where local investigators with an interest in this area will be identified and will assist in developing this project further. CRN: GM will work alongside secondary and primary care sites as well as industry to ensure real world studies such as vaccine studies as well as respiratory real world studies are placed in Greater Manchester	Ongoing Q1-4
9.1.4	GM CRN to participate in local innovation scheme awards with CCGs, AHSN & CLAHRC	Aim to continue to build on existing communication work, and be a contributing partner in Greater Manchester's many innovations	Industry Team	A joint SSS and industry venture, as skills and qualities from each can have a positive effect. The SSS has been a regular attendee at CLAHRC intern events, providing a valuable background into study support available to all interns, this has been really well received and means that this collaboration will continue and develop over the next 12 months. Explanatory plans to look into CCGs and AHSNs will also fall under this remit. Early Contact & Engagement improvement across the board	Ongoing Q1-4
9.1.5	Close working with HInM and MIDAS	HInM and MIDAS promoting CRN support to SMEs and Life Sciences organisations they work with locally	Industry Team	HInM and MIDAS are locally based organisations, which seek to develop the investment of life science organisations to the local area. The Life Sciences Delivery Lead for the CRN in GM will seek to gain close working relationships with these organisations to promote the services through the NIHR CRN. This will encourage more early engagement to better deliver to time and target locally	Ongoing Q1-4

9.1.6	Collaboration with locally based SMEs	Following extensive review, engagements with SMEs continue to be a priority area for CRN: GM. This aim of continued SME partnerships remains an essential part of business development. This support will ensure local SMEs are directed to the support most appropriate for their need	Industry Team	Within GM CRN, we are confident in gaining more access to the different types of companies, which are for example based at Alderly Park, Daresbury and Manchester Science Park. The business development team are planning to continue to be involved with Northern based BIONOW training and conference events	Ongoing Q1-4
10. Life Sciences					
10.1.1	2018-19 planned activity for Life Science and Academic provision	Following initial scoping exercises and feasibility reviews, CRN: GM decided in late 2017 to start work on a merger of the SSS and Industry services. Taking the best of both services to then in turn provide one streamlined support service covering all aspects of research	Industry Team	A 'business plan' has been created to appropriately present the planned merger. It can be found on Appendix 6.1 Appendix 6.1 GM Research Support & I	Ongoing Q1-4
10.1.2	Northern Health Science Alliance GI collaboration	Following recent collaboration with the NHSA, continue to develop links to implement key success points across the entire North of England	Industry Team	A new project is now underway that links all the LCRNs across Northern England. This involves collaboration between the LCRNs and the NHSA to quickly and effectively be able to set up and deliver GI studies. Using this as an exemplar study, this will demonstrate to a national audience how collaborative working can lead to better treatments for patients. This study will be led by Professor Yan Yiannakou and Professor John McLaughin	Ongoing Q1-4
10.1.3	CRF industry link	An industry facilitator attends meetings monthly with the CRFs and the IDL meets with Professor Jacky Smith (Industry lead for CRFs) to increase collaboration across services and offer support for set up and delivery	Industry Team	As well as GM CRFs, there are also the Clinical Research Facility (CRF) Service based at: • Salford Royal Foundation Trust • Fairfield General Hospital • Wigan, Wrightington and Leigh As part of our unique Primary Care Feasibility and Contracting project (see 4.1.2), our collaboration work with GM CRFs has meant opportunity for Primary Care contractors (such as GPs) to conduct research sessions at CRFs. This has led to expanded knowledge of our contractors but also the opportunity to centralise more studies in a Primary Care setting, using CRFs for outsourced interventions	Ongoing Q1-4

10.1.4	BRC industry steering group	Work closely with the BRC to encourage best practices and sharing of local initiatives	Industry Team	The Industry Delivery Lead sits on the BRC industry steering group, which meets every other month. This is an important opportunity to support research teams holistically across GM and with input from the AHSN offers a combined mechanism to offer infrastructure from bench to bedside	Ongoing Q1-4
10.1.5	Bi-monthly performance review	Continuation of industry study bi-monthly reviews, with the aim of incorporating non-commercial studies too	Industry Team	Bi-monthly reviews of all GM industry studies has proved hugely beneficial in ensuring GM remain as national leaders when it comes to commercially led studies. These meetings have enabled the identification and resolution of any potential problems in delivery before they become major issues, therefore meaning increased efficiency in delivery. It has also meant that we can identify really well performing teams and disseminate success accordingly. Our plan for 18/19 is to incorporate the SSS non-commercial performance monitoring aspect into these meetings with the aim of achieving the same success in non-commercial delivery, as we have already achieved on the commercial side	Q1-2
10.1.6	SIV & SSV attendance	Further increase CRN: GM representation at Trust based SSVs and SIVs. Therefore leading to even more effective delivery performance , as well has an 'on tap' knowledge base for NHS Research teams	Industry Team	As part of the SSS and industry team merger, the increased number of team members has given the opportunity for a wider representation of the LCRN at industry SSVs and SIVs. The aim for 18/19 is to expand the number of SSVs and SIVs attended by the LCRN, as well as exploring the option of expanding the service to non-commercial studies where a SSV or SIV would be best practice. This would give the opportunity to mirror the success of LCRN attendance at Industry meetings across the board	Q1-2
10.1.7	National Working Groups	Joint project lead with Joanna Knee on the national improvement plan for the delivery of the study support service for commercial studies	Industry Team	The overall objective of this project to achieve greater customer satisfaction with respect to delivery of the study support service for commercial contract studies to continue to attract new research for NHS patients to participate in. Also, membership of the research delivery steering group feeds into the same objective	Ongoing Q1-4

10.1.8	Feasibility and Target Setting	Working collaboratively with sites in CRN: GM to understand the importance and delivery of a robust feasibility, ensuring that realistic targets are decided to ensure delivery of time and target	Industry Team	The Industry team/study support team will work directly with sites to ensure that the feasibility process is maintained and embedded within CRN: GM. The industry facilitators and sites will work seamlessly together to focus on setting realistic targets, which are achievable to ensure sponsors' expectation is met and time and target is maintained. The industry team/study support team will work with sites to produce a research CV which will be provided to sponsors at feasibility to showcase and demonstrate the sites' strengths. The industry team will continue to attend site selection visits at all sites within CRN: GM where the study requirements and delivery are discussed with the delivery team, sponsor and CRN: GM – the industry team will remain crucial in this process. A feasibility tool within CRN: GM will also be used to ensure a robust feasibility to provide anonymised patient data who may be suitable and the CCG area where these patients sit	Q1-2
10.1.9	Society for Clinical Research Sites Engagement	GM sites liaising with more life science companies are delivering more commercial research to local patients	Industry Team	The industry team have been supporting sites to register and engage with the national society for clinical research sites initiative. The team will help Trusts with developing their site priorities and will ensure they have access to events and key pieces of information. The team will also promote this across primary care, as well as secondary care	Q1-2

Section 3: High Level Objective Targets		
HLO	**LCRN Target**	**CRNCC Target**
1	**46,000**	
7	**2,400**	

Section 4: Specialty Objectives		
Ref	**Specialty**	**Local activities to achieve the national objective**
1	**Ageing**	In 17/18, specific ageing specialty recruitment was low however; we co-supported delivery of 15 studies recruiting over 450 participants across GM. Based on this and recognising that we must be able to respond to the delivery of ageing specific research for our ageing population. In 2018/19 an early career consultant geriatrician who is community based has been allocated some dedicated PA time to enable their involvement within clinical research. Supported by Professor Pendleton as the ageing lead the GMNCL has a unique opportunity to enable research across primary and social care sectors. Employed through an acute organisation but delivering community based services in partnership with one primary care provider and a cohort of care and nursing homes, it is anticipated that this coherent clinical delivery model will enable effective and efficient delivery of both commercial and non-commercial studies encompassing a number of specialties including ageing, dementia and HS & DR. The clinical team and the newly appointed GMNCL will be supported by the core CRN delivery team
2	**Anaesthesia, Perioperative Medicine and Pain Management**	The specialty lead continues to engage with all GM CRN sites by holding regular meetings of the research leads, research active clinicians and linked research nursing staff every 2-3 months. These will be supported by the RDM. These have proven successful throughout 17/18 and enable improvements in local engagement at each site. Through the GMNCL appointments, an anaesthesia/critical care joint proposal was submitted and PAs have been distributed across GM. This will enable PI opportunities across GM and support trainee engagement at sites in order to support the objective
3	**Cancer**	• Work collaboratively with research leads in the main cancer trust on research trials in non-teaching hospitals to ensure patients keen to be involved in research have the opportunity • Develop oncology mapping tool which will provide key information for each Trust and cancer subspecialty investigator, the aim of which is to assist in expanding research in DGHs and to enable the mapping of future research opportunities • Develop and continually update an Oncology Research CV to showcase research activity within Greater Manchester • To engage more specialists in research through regular research meetings and research engagement awareness sessions at Trusts. Promotion and engagement via research champions. Regional meetings will be held for established and new investigators to understand the importance of Oncology research. This will provide opportunity for investigators to showcase their portfolio of studies as well as understanding CRN support • Engage with GP investigators and HCP in Living with and Beyond Cancer GM to ensure research reaches and improves the quality of life for cancer survivors • Build on existing links with palliative care and further develop opportunities in this area to allow research to reach the wider community GM CRN Cancer Target for 2018/19: 8,259 The recruitment from District General Hospitals, SRFT, MFT and non-NHS sites will be: 6,672

		The remaining recruitment will take place at The Christie and will be broken down across the subspecialty groups as follows: a. Breast: 110 b. Brain: 21 c. Upper GI: 80 d. Renal: 95 e. Gynaecology: 32 f. HPB: 38 g. Lower GI: 53 h. Haematology: 132 i. Lung: 51 j. Melanoma: 7 k. Urology: 71 l. Head and Neck: 68 m. Sarcoma: 40 n. Observational: 213
4	**Cardiovascular Disease**	We have two cardiothoracic surgical centres in GM, which fall under one Trust following a hospital merger in October 2017. The CV leads and RDM will arrange a meeting with the cardiothoracic surgeons to discuss research interests so that we can assist with sourcing portfolio studies, which will be relevant to their patient population, working with the Trust R&I department to discuss supporting infrastructure as needed. The RDM and leads will continue to link in with national teams and national/local systems to identify potential studies for cardiothoracic surgery as well as other cardiovascular areas in GM, working closely with our study support and industry teams. We plan to continue with our bi-annual local research meetings, where we can have a second focused on cardiothoracic study potential. We will also link in with our GM surgery lead to help to discuss how we can work together to facilitate studies for this area. We will aim to formulate a written plan by mid-year. From a GM wide perspective we will continue to support our local consent to approach database 'Help Beat Heart Disease' to give patients greater opportunities to be approached about research and facilitate recruitment to portfolio studies
5	**Children**	We currently have 81% of our Trusts recruiting to children managed and supporting studies. As a GM children's specialty we will continue to hold twice-yearly meetings inviting all NHS Trust sites involved in looking after children to encourage participation in children's studies. At the meetings, we look at performance, aiming to help trouble shoot issues as appropriate as well as looking at the study pipeline. We also aim to share results of studies the teams have worked on, which they always find interesting and often encouraging. The majority of GM sites involved in recruiting to children studies have GM CRN paediatric support at site, which permits flexibility and provides expertise for delivering across a range of studies. We also have some flexibility in the local children workforce to support research naïve/low volume sites to participate in children's studies, allowing research nurses to work at across sites if needed. We will encourage the teams to use the GM ODP app, which has a horizon scanning tabs to facilitate looking for new studies available for DGHs continues to be challenging. We have recently employed a vaccine nurse to our core GM team, this nurse will provide expertise and support to secondary sites as well as primary care sites which will help increase the proportion of studies available to children in GM in this area
6	**Critical Care**	The specialty lead for critical care is engaging with research nurses and potential PIs from all the hospitals in Greater Manchester to increase intensive care unit participation in NIHR CRN portfolio studies. The bi-monthly CRN critical care specialty meeting is held in Trusts around the region with local PIs and research nurses invited to each meeting. The RDM and industry team will link in with the specialty lead to determine where to place studies across GM. We will also work to promote the GM OPD App with Trusts which facilitates horizon scanning to enable teams to look for upcoming studies they may be interested in

7	**Dementia and Neurodegeneration**	CRN: GM is constantly trying to grow and support new PIs in order to deliver clinical research across the DeNDRoN specialty. PI training for the Division will be carried out in 2018/19 to bring new researchers to the frontline. The Clinical Research Ops Manager has been involved with the National Office of Dementia Research assisting with the early career research podcasts. In particular, servicer user-led podcasts will be facilitated in Greater Manchester by the Clinical Research Ops Manager linking patients and carers with the Early Carer Researchers programme. Trainees are always given opportunities to support the research delivery team and the GP Buddy programme has enabled these primary care practitioners to begin to deliver NIHR portfolio clinical research (Section 4.1.4) CRN: GM are named collaborators with the new Greater Manchester Dementia Research Centre (GMDRC), launching in April 2018. The team will help the GMDRC to develop the unit as a leading national and international centre of excellence for dementia clinical research, which will be fully embedded within clinical service. GM: CRN are leading the Greater Manchester ERICA JDR Exemplar project, commencing 01 April 2018 (seen Appendix 6.4) Appendix 6.4 ERICA Project Brief_templat
8	**Dermatology**	At our main dermatology site via the Biomedical Research Centre a new senior band 7 nurse appointment is being made with a view to optimisation of portfolio studies, taking ownership of specific studies with the potential for Nurse PI roles as new studies are taken on. This nurse will not only optimise existing studies but will look to bring new activity, including generating his/her own ideas on dermatology studies to be run in GM. Following a review of our research PAs with our specialty and divisional lead we have been able to provide some support to 2 consultants in different Trusts with the aim to develop portfolio activity within GMCRN by both leading studies and encouraging other clinicians within their area to become more research active. This is for a two year period initially with a review after 12 months
9	**Diabetes**	For 2018/19 diabetes research will focus on secondary and primary care clinical landscapes to access patients when service provision across Greater Manchester is changing and work collaboratively with all services within the NHS and diabetologists to encourage primary/secondary care collaboration in the delivery of diabetes research and reach a target of an overall 5% national increase from the baseline. CRN: GM recognise that although patients with type 1 diabetes remain within specialist secondary care services, an increasing number of type 2 patients with diabetes are managed in primary care, therefore it is essential that CRN: GM engage with these primary care services to establish relationships CRN: GM will raise the profile of NIHR initiatives including Research for Future and encourage clinicians to promote this to patients and encourage sign up to the consent to approach database within departments and Primary Care. 'Research for the Future' is a consent for approach cohort for patients with diabetes across Greater Manchester. This currently has 5500 patients who are keen to be involved in diabetes research and contacted about active research studies taking place within Greater Manchester healthcare services. We have been working very closely with this initiative and we hope to engage further with key stakeholders within GM to ensure an increase in the number of patients registered onto the volunteer database. CRN: GM will work collaboratively with this initiative to develop and enhance new recruitment strategies and increase recruitment to diabetes portfolio to achieve the 18/19 objectives The CRN will meet regularly with secondary care diabetologists and colleagues to understand the needs of the service and how the CRN might support the delivery of the diabetes research. This will focus on NHS Foundation Trusts, North Manchester General, MFT and SRFT and the engagement with research teams and established principal investigators at these sites. Engagement meetings will be held on site to scope the current research opportunities at these sites and a development plan will be established to ensure that the objectives are achieved. The specialty lead will work with CRN: GM to ensure that challenging and complex studies are available to patients at these sites and attract Life Sciences Industry/Academics to select these sites for recruitment

		The Industry team/business development/study support team will focus on collaborations within primary care. There are currently 14 research active GP practices with the ability to deliver more complex studies within the Greater Manchester primary care setting in 2018-19. These research active sites within CRN: GM are keen to provide opportunities for their diabetes population and deliver less challenging commercial studies in diabetes including using technology which will provide patients with further opportunities to engage with clinical research National and regional meetings will be held for both established and new investigators, this will give opportunities for investigators to showcase their portfolio of studies and enable the CRN to showcase the infrastructure and how they can support the delivery of clinical trials The CRN will engage with colleagues in academic leads within universities to develop new research opportunities for the diabetes population. The diabetes specialty lead and study support team will engage with specialty departments of academia including MRes/MD and PhD students who are in the process of designing their research proposal as well as academics who have established ongoing research. This will build relationships with the local universities as well as increase on the number of up and coming principal investigators within Greater Manchester
10	**Ear, Nose and Throat**	The GM specialty lead and deputy lead are working to increase trainee involvement by integrating through our newsletter the activities of the regional trainee collaborative, encouraging trainees to become involved with current portfolio trials and encouraging trainees in developing new research, which can be added to the portfolio. The lead advocates trainees to become GCP trained. The GM ENT leads and RDM hold local ENT research network meetings inviting trainees to attend as well as inviting them to participate in the programme. The lead is currently requesting expressions of interest from the trainees to be the GM trainee lead for the specialty and we hope to fill this position in time for the start of 18/19. The leads engage with the SAC (Specialist Advisory Committee) and at trainee ARCPs (annual review of competency progression), the participation of trainees in NIHR research is recorded on the electronic system called ISCP More generally, we will promote the GM ODP App to Trust teams, which has a horizon-scanning tab to facilitate looking for new studies as well as continue working closely with the study support, and industry team regarding new studies coming through. However the number of ENT studies available for teams to get involved with continues to be challenging
11	**Gastroenterology**	Greater Manchester has a recruitment target, which is aligned to the national target. The specialty lead will continue to engage with National meetings and where possible bring potential new studies to Greater Manchester. We have comfortably exceeded this in 2017-18 and plan to sustain this high performance status within the network. We will also maintain our success story that every Trust with a gastroenterology department actively recruits to portfolio studies. The RDM will liaise closely with the Study service support team as well as the Industry team to enhance recruitment and deliver to time and target. The lead and RDM will also continue to engage with the research teams across GM
12	**Genetics**	Greater Manchester Genetics already has a programme in place to increase early career researcher involvement in the NIHR CRN portfolio studies and we will strive to maintain this involvement in 18/19. During mid 17/18, the lead conducted a benchmark survey with trainee Genetic consultants, geneticists and clinical scientists. It looked at GCP training, portfolio research involvement and time available for research. We plan to relook at this in 18/19 with the hope to repeat 12 months later with the same individuals. More generally the CRN core team will continue to work with the GM genetics team to support the 100,000 genomes project

13	**Haematology**	The lead is continuing to work towards increased haematology trainee involvement for portfolio studies and we are hopeful that we have identified a trainee for the HaemaSTAR project, which we will aim to confirm soon. The RDM with the lead will offer to attend haematology meetings to link in with trainees and provide information including an introduction to the CRN and portfolio research. The lead will continue to engage with national meetings and where possible bring potential new studies to Greater Manchester. The RDM will liaise closely with the Study service support team as well as the Industry team to enhance recruitment and deliver to time and target. We will also continue to use the GM ODP App, which has horizon-scanning tabs to facilitate looking for new studies, which would be suitable for GM sites. We are currently working with our local communications team to implement a non-malignant haematology newsletter, with the aim of increased engagement with GM haematology sites
14	**Health Services Research**	Professor Pete Bower remains both the national lead and GM specialty lead for Health Services and is aware of newly funded projects that potentially offer opportunities for local networks including GM. HS & DR portfolio studies tend to span a number of specialties including primary care and ageing. We will endeavour to ensure that we deliver any HS & DR projects in the coming year to time and target. If necessary we will utilise CRN core team resources to support recruitment, in addition in 2018/19 all appropriate acute sites across GM will fully support the delivery of the HiSLAC study
15	**Hepatology**	The 2018-19 national target is for all 15 LCRNs to recruit to studies on the Hepatology NIHR CRN portfolio in the disease areas of cirrhosis and its complications and/or non-alcoholic fatty liver disease (NALFD) or non-alcoholic steatohepatitis (NASH). This was achieved last year and will be our key target again. More locally, the challenge is that we need to activate the small number of specialist hepatologists who work in Greater Manchester to become engaged in portfolio clinical research. Given the burden of liver disease in Greater Manchester, there is a historically untapped potential here. Following a review of our research PAs, with our specialty and divisional lead, we have been able to provide some support to a hepatology consultant in one of the Trusts with the aim to develop portfolio activity within GMCRN by both leading studies and encouraging other clinicians within their area to become more research active, this is for a two year period initially with a review after 12 months
16	**Infection**	We are in discussions with primary care centres and the primary care specialty lead about collaborating on projects where they have the patients but we have the expertise. The GM CRN have a core team workforce whose help can be requested to support the delivery of studies within primary care and secondary care, and they have already provided some support to one of the teams delivering the PrEP IMPACT study. PrEP IMPACT has also helped sexual health clinics that were not research active previously to get involved, and we hope to build on this in 18/19 and help the teams identify other studies, which they could get involved with. We have a GM Sexual Health Champion Dr Gabriel Schembri, a consultant in one of our local Trusts. Our GM specialty lead Dr Andrew Ustianowski will be the stratified medicine lead for the infection specialty group. The specialty lead and the RDM are actively sourcing studies, and will continue to engage with national meetings, pharma and other stakeholders to bring potential new studies to Greater Manchester
17	**Injuries and Emergencies**	GM has recruited well to pre-hospital studies in 17/18 and aim to continue this in 18/19. We have identified a representative for pre-hospital care at NWAS (North West) and will participate in the PRESTO (Pre-hospital Evaluation of Sensitive Troponin) study. We have planned another joint meeting with NARSG (National Ambulance Research Steering Group). The lead will continue to attend the NSG meetings as well as work closely locally with the Critical Care lead and Division 6 lead. The RDM will liaise closely with the sites across GM, the Study service support team as well as the Industry team to enhance recruitment and continue to deliver to time and target

18	**Mental Health**	During 17/18, Greater Manchester appointed a CAMHS champion (unfunded) to specifically support growth in this area. She has been committed to encouraging recruitment to existing NIHR portfolio studies as well as championing clinical research across clinical services and has now identified a champion in each service to support this work. There are a number of initiatives planned within 18/19, which will build upon these foundations. A proportion of the PA allocation for the Division will be supporting CAMHS clinicians across GM and it is hoped this will also enable the portfolio to grow. Two Children & Adolescent Mental Health research units funded through Greater Manchester NHS Foundation Trust will open in 18/19 with different areas of focus. CAMHS.Digital will set out to deliver interventions within the digital space driven by a children and young persons' group who will be central to all the units' activities. The other unit will be looking at supporting young people in driving up mental health awareness. Through development of these units it is hoped that new portfolio research will be generated and enable growing opportunities for this group. Furthermore the CRN team and the CAMHS champion are planning a 1 week roadshow in June where each CAMHS service will be visited – a different one each day – and research explained. Materials for this event are being drafted to be displayed at the units together with some age appropriate materials for patients and their families. The PPIE team will link in with the research units to take every opportunity to support clinical research when public facing events are taking place. CAMHS champion in every service – link in with voluntary sector/charity
19	**Metabolic and Endocrine Disorders**	We currently have three Trusts in GM, which recruit to studies managed by the metabolic and endocrine disorders, which increases to six if supporting studies are included. The lead and RDM will work together to scope the potential workforce support across GM, engaging with sites to look at their capacity and patient population to help identify studies which can be delivered locally. Following a review of our research PAs with our specialty and divisional leads we have been able to provide some support to one of the local consultants in metabolic medicine with the aim to develop portfolio activity within GMCRN by both leading studies and encouraging other clinicians within their area to become more research active, this is for a two year period initially with a review after 12 months
20	**Musculoskeletal Disorders**	We continue to have out list of orthopaedic champions in place for Greater Manchester at the local Trusts as well as an overall champion who is based at Wrightington Hospital. We will continue to work with the champion to advise on where studies can be delivered in GM and support engagement with sites. Physiotherapists' engagement in portfolio research continues to grow, with the RDM linking in with orthopaedic research meetings bi-monthly. Finding new studies can still be a challenge as the studies may fall within children, surgery, injuries and emergencies as well as MSK. More generally, the GM MSK lead will also continue to engage with colleagues nationally to ensure that GM is well informed of all potential studies open to new sites. We will also continue to ensure that orthopaedic research has a section within the local MSK meetings which are held six monthly and within the local MSK newsletter
21	**Neurological Disorders**	GM CRN continue to deliver a strong MS portfolio both commercial and non-commercial at the Greater Manchester Neuroscience Centre – further investment within early career researchers within the MS team will enable that support to continue. Support will also continue to be provided to the Epilepsy teams and collaboration with colleagues nationally will hopefully ensure further delivery of NIHR portfolio research. Migraine is also an area of continued research interest in GM. The ND specialty lead continues to attend national meetings
22	**Ophthalmology**	In 18/19, the specialty lead and RDM plan to look to increase the range of ophthalmology subspecialties within GM. GM has a good track record with medical retina studies; we plan to broaden this by looking to increase research within glaucoma and acute services for example. The recent local GM research PA review supports this. We also plan to visit the DGHs within GM to explore with sites their current capacity for research, assisting with study support service team in placing studies and building the commercial and non-commercial portfolio, within Manchester Royal Eye Hospital as well as the DGHs. We will also look to work with the multidisciplinary staff in increasing their involvement in research for example optometry (hospital and community), orthoptists The GM lead will also continue to engage with colleagues nationally to ensure that GM is well informed of all potential studies open to new sites. We will continue to work with the GM communications team to highlight research sites' achievements

23	**Oral and Dental Health**	Manchester are playing a significant role in the JLA Priority Setting Partnership, leading on the analysis of the data We will also be running training sessions aimed at Junior Clinical Academics, highlighting the importance of research, identifying research opportunities and different career pathways Manchester will be participating fully in the development of the LCRN survey which will likely be distributed following the completion of the JLA priority setting exercise
24	**Primary Care**	See Appendix 6.13. The CRN: GM has appointed their first five GPs to work with CRN: GM to increase engagement and research opportunities within primary care. We may appoint the 2nd first in Q1 18/19. However Salford CCG are looking to appoint a GP into a 50:50 research post with the aim to develop more research opportunities in an area that has already delivered a variety of successful research projects starting 01 April 2018. Whoever is appointed will champion GP research within Salford as well as receiving training and support from CRN: GM team in all aspects of research delivery. The first in five GPs will engage with colleagues across GM developing relationships and reviewing and encouraging trainee GPs to consider a career in research or contribute to an aspect of research delivery, the CRN is committed to building capacity and capability in primary care research, the pressures surrounding general practice are well recognised. Lack of time/resource remains a significant barrier to practices engaging in research. As a cohort, GP Academic Clinical Fellows (ACFs) are well placed to support the delivery of research in practice their research interests and being based at a single practice as GP Registrar for two years part time. Whilst some ACFs pursue a formal academic career conceiving and delivering their own research, others have expressed an interest in research delivery. The CRN aims to devise a pilot experiential training programme for ACFs to gain insight and experience into all aspects of study delivery including protocol review, patient recruitment and delivery to time and target. As a first step to this, we will meet with the GP ACF Programme lead to explore different training programme models and draw up plans for pilot programme delivery and evaluation. The CRN will continue to engage with ACF and collaboration to enable trainees to access information within their training programme about NIHR research and the benefits, the first planned session due at Pennine Acute NHS Trust in first quarter of 2018 Appendix 6.13 Primary Care CRN GM CRN: GM has a NIHR Pharmacy Research Champion. The CRN will proactively engage with pharmacies to become Research Ready, offering Research Site Initiation Funding for pharmacies. The CRN will network with Academia and the Royal Pharmaceutical Society to promote the pharmacy setting as a place to deliver research, building on the recent success of the Salford Lung Study. We will collaborate with colleagues and attend meetings to promote research ready practices. Nationally we will commence work with pharmacies on the GM ERICA exemplar project (Appendix 6.4) engaging pharmacies to increase numbers that sign up to the Joint Dementia Research. The pharmacy champion will speak to individual pharmacies to understand capabilities and interest Appendix 6.4 ERICA Project Brief_templat
25	**Public Health**	CRN: GM are committed to supporting all domains of the NIHR portfolio and through the CRN core team infrastructure with both research practitioners

26	**Renal Disorders**	Unfortunately, we have not met the objective for 17/18 in GM however; we do have studies, which are currently in set up so hope to reach this objective early in 18/19. The RDM and speciality leads for renal and urology will continue to work with the Industry team to identify new PIs from urology/renal teams, identifying studies appropriate for new investigators and the patient attending sites across GM. The RDM and lead will continue to work with the Industry team to showcase new PIs to potential sponsors. The RDM and leads will continue to link in with national meetings to ensure GM has the opportunity to submit feasibilities for pipeline studies, which can be delivered locally. More generally, we are due to launch a new initiative for GM renal studies with research for the future 'Help Beat Renal Disease'. It is a consent to approach database which the research teams will be able to access for support with recruitment
27	**Reproductive Health and Childbirth**	As Greater Manchester continues to undergo reproductive service re-organisation, we will expand the number of hospitals engaging with CRN portfolios within the envelope of multisite R&D services. GM is a deprived urban area and recruitment primarily takes place within the larger Trusts centred in this region, although we will continue to engage closely with all sites to promote research and recruitment to portfolio studies. The RDM and lead will continue with site engagement activities through visits, telephone conference and six monthly local specialty meetings. Through the national meetings, the lead and RDM will provide feedback on the objective progress and maintain engagement with regards to potential studies, which can be delivered across GM. The lead and RDM will continue to work closely with the study support service and Industry team to ensure that potential commercial and non-commercial study opportunities are sent to all sites. The RDM and lead will also work with the CC through their national meetings looking at how to provide a baseline for growth of recruitment within the GM CRN geography as a proportion of infant mortality data for the region
28	**Respiratory Disorders**	CRN: GM recognise that although some respiratory patients remain within specialist secondary care services, an increasing number are discharged back to primary care or enter into nursing and care home communities. Therefore, it is critical that CRN: GM engages with these primary care services to establish relationships and place respiratory where appropriate. This strategy has been proven to work in Greater Manchester in 2016-2017 with the DeNDRoN studies and CRN: GM feel that this method will also enhance delivery for respiratory studies 2018-19. CRN GM will be working collaboratively with both secondary and primary care for the recruitment and delivery of respiratory research. This will predominantly focus on District General Hospitals (North Manchester General, East Lancashire and Stepping Hill) and the engagement with the research teams as well as established principal investigators at these sites. Engagement meetings will be held on site to scope the current research opportunities and a development plan will be established to ensure that the objectives are achieved Further work will be undertaken with teaching hospitals such as Manchester Foundation Trust to establish, set up and deliver more complex research studies. The specialty lead will work with CRN: GM to ensure that challenging studies are accessible to these sites, to attract Life Sciences Industry/Academics and a GM respiratory CV will be updated and disseminated The Industry team/business development/study support team will focus on collaborations with primary care GP neighbourhoods and secondary care research facilities to maintain and develop the current hybrid service model. This will ensure patients have access to research studies through their GP provision and that the Life Sciences Industry will have studies supported with experienced research staff and dedicated research equipment in place in hospitals In 2018/19 there are plans to continue to develop real world studies Regional meetings will be held for both established and new investigators to understand the enthusiasm for respiratory research. This will give opportunity for investigators to showcase their portfolio of studies as well as understanding CRN support 'Research for the Future' – supports respiratory patients across Greater Manchester (Appendix 6.5) Appendix 6.5 Research for the Futu

		Collaboration and further engagement with universities to enhance the awareness of CRN: GM and the support, which is made available. The respiratory specialty lead as well as the industry/study support team will engage with specialty departments of academia as well as MRes/MD and PhD students who are in the process of designing their research proposals as well as academics who have established ongoing research. This will build relationships with the local universities as well as increase on the number of up and coming principal investigators within Greater Manchester
29	**Stroke**	It is evident that the stroke specialty objective will not be met in 17/18 nationally. It will also be a challenge to reach this objective in 18/19 however; within GM, we continue to support the delivery of stroke research across the region. PA allocations either through the Trusts or via CRN are enabling the three hyper acute centres to grow their infrastructure to support the research portfolio. Specialty meetings across GM are enabling closer communication and cross working and the stroke specialty have increased their recruitment compared with the previous year. We will continue to support both rehab and hyper acute studies offering opportunities to patients
30	**Surgery**	1. The surgery specialty objective for 18/19 is to increase the number of LCRNs recruiting into at least 12 of the 14 subspecialties AND recruit at least two patients/100,000 population, the CRN will achieve this by continuing to engage with colleagues/consultants in the surgical field holding events to raise awareness within surgical discipline of NIHR portfolio and benefits of research, this collaboration we hope will encourage new principal investigators within this specialty 2. The specialty lead will attend national meetings and disseminate relevant information to colleagues, the CRN will support colleagues to deliver to surgical trials on portfolio and continue to support departments to develop further and build on current profile. Building on the recent collaboration and success of 2017/18 where CRN: GM recruited into 14 of the 15 subspecialties in surgery, 10 of which had >1/100k, the CRN will continue to work with the surgical specialty lead to identify suitable trials for colleagues working within the NHS across the breadth of the surgical subspecialties of which there are 14 including breast, cardiac, colorectal, general, head and neck, hepatobiliary, neurosurgery, orthopaedics, plastics and hand, transplant, trauma, upper GI, urology and vascular specialties

Section 5: Financial Management		
5.1	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)	It is anticipated that 2018/2019 will be another challenging year despite a budget increase of 2.92%. We will continue to work with our Partner Organisations although many already have a workforce that is at capacity. This remains the biggest impact on our recruitment, as there is very little slack in the system. We will continue to look at developing the most flexible workforce utilising the full skill mix from across the network to deliver the studies to one of the most deprived areas in the country. Unfortunately, the vacancy freeze will continue into 2018, allowing us to discuss the urgency of the replacement post. currently we are unaware of any large studies that may require service support and we continue to evaluate studies as they present
5.2	In respect of the LCRN 2018/19 local funding model, please complete the following table by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to 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 Funding Budget 2018/19 Budget**
Host 'Top sliced' element	Core leadership team, Host support costs, LCRN centralised research delivery team	The Top sliced element comprises of Leadership & Management, Host supporting costs and LPMS	5.25%

Block allocations	Primary care, Clinical support services (i.e. pharmacy)	Block allocations are used in the local funding model and comprises of allocations for Pharmacy, radiology and pathology. The amounts are reviewed annually. Primary care per patient activity is allocated on activity taken from the contingency pot	2.10%
Activity Based	Recruitment HLO1, number of studies	An activity based element is used and based on forecasted research activity	19.00%
Historic allocations	PO funding previously agreed	Partner Organisations allocation is calculated by taking the list of existing staff funded. The level of funding is then reviewed against performance i.e. recruitment	72.75%
Performance based	HLO performance, green shoots funding	N/A – the performance based element is not used in the local funding model however performance is reviewed throughout the year and redistribution of funding takes place if required	
Population based	Adjustments for NHS population needs	N/A – there are no population elements in the local funding model	
Project based	Study start up	N/A – the project based element is not used in the local funding model	
Contingency/strategic funds	Funds held centrally to meet emerging priorities during the year	A contingency element does exist and reviewed regularly	0.91%
Cap and Collar	Please provide your upper and lower limits if applicable	N/A – a Cap and Collar is not used in the local funding model. Allocations are based on partner organisations hitting the target recruitment levels	
Other funding allocations		N/A	100.00%
Comments	The contingency % has reduced from 1.64% in 17-18 to 0.91% however; £196k of 17-18 contingency was used for Primary & Secondary ad hoc service support. The 18-19 model plans for these costs, rather than assuming there will be enough within the contingency. Hence the contingency need not being of the same magnitude as 17-18 as it's need is only to cover costs arising from large studies that arise which are currently unknown		

*Notes	1. It is assumed that the Local Funding Model is net of any National Top Slice as these are passed through costs 2. If the funding element category is not applicable to your Local Funding Model, please enter 0% 3. The percentage (%) entered in the table should equate to 100%

5.3	If the 2018/19 local funding model methodology has changed since 2017/18 please give a brief description of the changes	N/A	
5.4	Please confirm whether monitoring visits will be taking place over the course of 2018/19. If yes, please provide details of which partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion of your partner organisations are being monitored (Category A Partners)	Further to LCRN Minimum Financial Controls, GM CRN has devised the below rationale for monitoring partners including the rationale for monitoring visits: The proportion of partners receiving a financial control visit on an annual basis is 59.85%; the proportion visited on a bi-annual (i.e. every 2 years) is 80.97%. Please see below details of the partners within each % category	
5.5	**What are the key financial risks and mitigations for 2018/19?**	**Key financial risks**	**Mitigations**
	Risk 1	Delays when filling vacant posts creating in year slippage	Continued development of relationships between R&D managers at Trusts, RDMs, and finance managers at GM CRN and the PO enable robust monitoring of developments in the recruitment process. This ensures underspends are highlighted in good time to allow the funds to be re-allocated to other areas
	Risk 2	Unallocated funds are defined as funds held in reserve to meet as yet unknown costs. For GM CRN the unknown costs are in the main those arising from successful service support allocations. Unallocated funds enables flexibility to meet emerging priorities during the year however, this set up also poses some risk as the expenditure plan against this funding is unknown	The 18-19 planning exercise has been extended to incorporate forecasts for service support requests in both Primary & Secondary Care. Previously this area of expenditure has been expected to be wrapped up within the unallocated funds however it was not known with certainty whether the expected costs could exceed the available funds. The 18-19 plan has been formalised to incorporate more certainty around this area of spend. Hence the contingency need only to cover costs arising from large studies that arise which are currently unknown
	Risk 3	Changes within the Finance Tool system which impact on 'off-line' financial management systems for controlling both financial and non-financial information. The risk is that without the right level of detailed information, GM CRN are less able to influence and improve the efficiency of funded staff and this impacts on the equitable distribution of funding	See Key Financial Management Projects 2.2.3. This describes how we will mitigate against this risk

5.6	Please provide details of any planned audit of the LCRN Host Organisation in 2018/19	An internal audit of GM CRN was completed during 17-18. Initial face-to-face feedback reported no findings of concern. We are awaiting the final audit report. The next audit will be planned within the three year cycle as per the requirements of the POF

Appendices		
Ref	**Title**	**Link**
6.1	GM Research Support & Industry Service Redesign	https://drive.google.com/open?id=1ykXnF67fNkypLtDcOHuopg28hDp9NJ
6.2	CRN GM Organogram	https://drive.google.com/open?id=0B8i6pWQMg1tpZFIK2tWLWJzRm04dzhpUzJzYUhfVldWeUZF
6.3	NGMCL Appointment Letter	https://drive.google.com/open?id=1gg2wZGaYNOArH32Xrx4IPAa8E4lnohUo
6.4	CRN GM Erica Project Brief	https://drive.google.com/open?id=15xrkaU1b0zeWd9tzUAyFpyuG-pZowUA52rK82D3Jj-0
6.5	Research for the future	https://drive.google.com/open?id=1pmOSRSk3nx1Qali8onieRnfN01YXlogW
6.6	SSS & Industry Gannt	https://drive.google.com/open?id=12C7YJRLKzxtoSbylCYwiOHrt5KSB1m5q
6.7	Proportionate training pathway	https://drive.google.com/open?id=1jEUSX0mMXYXHgPzmgkh0bhb8Mtgs6-uRa
6.8	NWILD Work plan	https://drive.google.com/open?id=1Dxa7uvfzbudEWk8W2yBywqdl6H0wPl5txgMrSjs7UVs
6.9	TOR NWILD	https://drive.google.com/open?id=13BhuUoz_9PmLx7EYHTV8V8xy9YlapACb4U1r1HigxEY
6.10	CRN GM Business Development & Marketing profile	https://drive.google.com/open?id=2wEBCiDJhBgo4U4vJoA8PwSqDPjViQ0J5
6.11	Workforce learning and development plan	https://drive.google.com/open?id=1TWSTgsIX_EhOEvAhGk0P46uidehCw03N
6.12	GM CRN Health & Wellbeing plan	https://drive.google.com/open?id=19g_1ty_CGTgBh9pzlHVvQUjoAQr60bkDkurgEEXL9us
6.13	Primary Care CRN GM Plan	https://drive.google.com/open?id=1wAKtsBK13IISNdgCMngl1A13eCVJbd8z
6.14	CRN GM risk register	https://drive.google.com/open?id=1zoFN8gBrxbstOMLj-uVN9pLhbFCOTncDxHkgP4HyrxE

Abbreviations	
Abbreviation	**Definition**
CI	Continuous Improvement
CPMS	Central Portfolio Management System
CRN CC	CRN Coordinating Centre
DH	Department of Health
HLO	High Level Objective
LCRN	Local CRN
LSL	Local Specialty Lead
PPIE	Patient Public Involvement & Engagement
SSNAP	Sentinel Stroke National Audit Programme
PRA	Patient Research Ambassador
CI	Chief Investigator
PI	Principal Investigator