



## **National Institute for Health Research**

### **NIHR Research Design Service Annual Report 2015-16 Period ending March 2016**

#### **Research Design Service – South West**

#### **A. Introduction and strategic update (Maximum 2,500 characters).**

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This report describes the work of the NIHR Research Design Service for the South West for the period 1 April 2015 to 31 March 2016.

Our overall role is to support investigators developing grant applications to national peer-reviewed funding competitions, giving priority to submissions to NIHR funding streams. This is mainly based on face-to-face work with teams of investigators, with RDS advisers providing advice at all stages and on all aspects of the process.

The RDS SW maintains its disseminated structure with staff based at eight sites: Bath, Bournemouth, Bristol, Exeter, Gloucester, Plymouth, Salisbury and Taunton. “Outreach” is provided to other research-active sites through regular visits and/or ad hoc visits as required, for example Truro is covered from our Plymouth office. Our model continues to provide local accessibility with staff from further afield becoming involved as and when necessary.

A number of new staff started with us during the year. Jeff Round was appointed as a health economist in Bristol from December 2015. Jeff will conduct a lot of RDS work himself, but will also be a liaison person to help involve professorial level health economic staff from the University of Bristol whenever appropriate. Christie Cabral also joined the Bristol office, providing 0.2 WTE qualitative expertise. The Bath office has also seen two new members of staff: Paula Smith is a health psychologist at the University of Bath and has joined us for 0.2 WTE, while Ruth Riley brings 0.7 additional qualitative expertise. These appointments were made possible by previous departures of staff from the Bath, Bournemouth and Truro offices - as always, such departures led to consideration of appropriate distribution of resource, leading to an increase in WTE at Bristol in particular.

The RDS SW plays an enthusiastic part in the work of the ten RDS regions working together at national level. More detail of this is provided in other sections, but includes in particular the involvement of SW staff in the work of national groups, including the RDS Strategy Group and its various “communities”, and ad hoc groups undertaking specific tasks. As Director, Paul Ewings plays an active part in the RDS Strategy Group and takes on specific roles such as being the link person with NETSCC and co-ordinating the aggregation of datasets including RDS annual report data, RDS monitoring data and NIHR outcomes data.

## B. Highlights on local work (Maximum 5,000 characters).

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As detailed in the relevant section, the main “headline” metrics for 2015/16 are that the RDS SW:

- advised on 261 new projects;
- supported 42 outline applications;
- supported 101 full/one-stage applications;
- learnt the outcomes for 47 outline applications: 22 (47%) were shortlisted;
- learnt the outcomes of 106 full/one-stage applications: 41 (39%) were funded;
- out of 75 relevant submitted full projects, 65 (87%) had some form of clinical co-applicant.

Our Project Review Committee (PRC) continues its work as a “mock funding committee” providing constructive advice on draft applications before submission to the intended funder. In order to provide a responsive service, it is scheduled to meet every month, but in practice there are often an insufficient number of projects to justify the resource involved in bringing all RDS advisers and public contributors together; on those occasions, individual reviews are provided for any projects that have been submitted, but without the benefit of full PRC discussion. Each project is reviewed by two RDS staff and a lay person; at the meetings these three people lead discussion, with the local RDS lead adviser taking notes and feeding back to the investigators within a day or two. The PRC met 5 times during the year. At those meetings, and adding in the ad hoc reviews, 31 studies in total were reviewed. The service is valued by investigators for its ability to simulate as far as possible the process of a funding panel (including lay input) looking at a proposal without any prior knowledge of the clinical field or the proposed research.

We ran our regular Residential Research Retreat (RRR) in June 2015, involving six teams of three investigators. We are delighted that a national Retreat is planned for June 2016 (now completed), drawing heavily on the experience from the South West. This first national version is essentially considered to be a “pilot”; a decision about whether to repeat it is pending while a detailed evaluation is undertaken, and the outcome will inform our own decisions about what specific events to run in the South West in the future.

Our Grant Application Workshops have also continued to be popular. This is a one-day event and is fundamentally about “grantsmanship”: how to make a persuasive case, what to cover in the research plan and how to demonstrate feasibility. We aim to run three per year, although our third fell just outside the reporting period on this occasion. For the two we ran during 2015/16, a total of 53 participants attended, working on 33 separate projects. We have adapted the workshop over the years to enable some discussion about participants’ own projects, and we are currently expanding on that theme; for the coming year we are including one-to-one sessions to allow detailed discussion with an RDS adviser on individual projects. We also intend to develop a similar day targeted specifically at people interested in applying for training awards.

On 29 October 2015 we ran our first ever session of “mock interviews” for candidates shortlisted for a NIHR Fellowship award. Four candidates each gave their draft presentation, followed by questions from the mock panel. The panel (without the candidate present) then discussed both presentation and answers given, and provided detailed feedback directly to the candidate. All candidates found the experience very helpful and declared that it made them much better prepared for the “real thing”. We will repeat this event to give candidates for doctoral fellowships the opportunity for such an experience; depending on demand, we will schedule two such events per year (one for general fellowships, one for clinical fellowships) and also provide mock interviews on an ad hoc basis where appropriate.

In the last annual report we gave an example of a project looking at pain control in the Emergency Department (ED) - supported by the RDS during development and concluding with two BMJ publications. We are delighted to report here another success story with a lot of similar ingredients. Again a clinically-led project from another ED, this time looking at a modification to a physical treatment for patients attending with supraventricular tachycardia, followed a similar course: the team attended one of our Residential Research Retreats, secured funding from RfPB for the trial (on the second attempt), and involved two RDS staff as co-applicants. The project actually over-recruited, established the clear superiority of the new technique and was published in the Lancet. Implementation of the results should lead to direct patient benefit in the UK and indeed across the world. One of the successes in our metrics for 2015/16 is yet another clinically-led ED project involving a full trial funded by RfPB - for which we have high hopes of further success in the field.

### C. Contribution to national work (Maximum 5,000 characters)

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The RDS SW plays an active part in working for appropriate consistency across the ten regional RDSs, encouraging the sharing of good practice and implementing such practice locally. The main vehicle for supporting this work is the RDS Strategy Group (SG) through its regular meetings, away days and its “task and finish” groups. The national work is facilitated through the National Business Manager, for which the RDS SW has made a full contribution in funding, and through active support from key staff at a number of levels.

Specific support from the RDS SW for RDS national work comes through membership of the RDS Strategy Group (Director, Deputy Director as appropriate) and its subgroups: PPI group (Deputy Director/PPI lead), Communications Community (Knowledge Manager), CPD Community (Business Manager) and Business & Operations Management Community (Business Manager). RDS SW staff have also been members of a number of task and finish groups, for example concerned with core datasets, staff training and development, national Grant Writing Retreat. The RDS SW Director is the RDS link person with NETSCC. He has also been elected to become the RDS Strategy Group Deputy Chair.

Specific examples of SW contributions to national RDS working include:

- The RDS SW Knowledge Manager manages the national RDS Twitter account. Twitter is a key communications channel which we use to keep researchers up-to-date. We have over 3,442 followers, a number that continues to grow.
- Having initiated a pilot for RDS staff to observe NETSCC funding panels, the RDS SW Director has continued to be involved in the process, although it is now a rolling programme co-ordinated by the National Business Manager.
- The routine collation of RDS data from the ten regions and production of a national dataset. This is useful in terms of having an aggregated national picture for summarising overall RDS achievements and examining trends over time, and also for regional RDSs for comparison purposes.
- The collation of RDS “monitoring” data into a cumulative dataset. The RDS SW Director works with CCF, NETSCC and CCF to obtain summary information from the views of grant applicants about RDS support, again to monitor trends over time and facilitate regional comparisons.
- The collation of NIHR “outcome” data into a single dataset. CCF, NETSCC and TCC send us raw data on individual grant applications, when their outcomes become known, to collate into a single dataset with additional useful fields (eg RDS region of application), which is then sent to other RDS regions. This is proving extremely useful for “local intelligence” purposes, identifying organisations applying to NIHR with and without RDS help, facilitating updating of databases etc.
- The RDS SW Knowledge Manager plays a key role in helping to maintain the national RDS website as co-manager and (for example) taking responsibility for updating the funding webpages and funding opportunities calendar.
- The RDS SW Deputy Director and Business Manager both contributed to an activity-mapping exercise (led by London RDS) to identify and summarise the work done by all ten RDS regions on various issues (events, communications, mechanisms for providing advice etc).
- The RDS SW Knowledge Manager maintains and distributes to other RDS regions an Excel finance template for RfPB applications.
- The RDS SW Business Manager supported the National Lead Link Director in developing a workforce template for completion by all ten regions.
- Work continued on the planning of the first national RDS Grant Writing Retreat (which has now been delivered). This is based largely on the successful model used by the SW over many years. The RDS SW Director and Business Manager were heavily involved in the work to translate this to a national event.
- The RDS SW Director attended and supported activities at the RDS NE Away Day
- The RDS SW Director gave a talk on the RDS at the Emergency Medicine Clinical Studies Group in

Birmingham.

The RDS SW also supports other NIHR activities beyond those specific to the RDS, for example:

- The RDS SW Director facilitated the planning and RDS involvement in the delivery of the themed call workshop for obesity.
- We supported the planning and delivery of NIHR roadshow events, including a workshop on efficient study design in Bristol and an RfPB information event in Exeter.
- The RDS SW Knowledge Manager is a member of the NIHR Website 2.0 Project Team. He is owner of the “How the NIHR can help” section and co-owner (with INVOLVE) of the “How to involve patients and public” section.
- The RDS SW Director continues to facilitate two-way communications between the RDS and NETSCC
- The RDS SW Knowledge Manager is a member of the “NIHR Digital Engagement Group”, which has NIHR-wide oversight in this area to bring the work together and agree a shared set of principles and ways of working.

## D. Regional implementation of national initiatives (Maximum 7,500 characters)

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As is evident from the previous section, the RDS SW promotes the philosophy of national working, backed up with practical support and resource to ensure its implementation. Within the SW region we therefore ensure we have processes for adopting nationally agreed recommendations and for considering other initiatives for possible implementation locally.

There are a number of mechanisms in place to ensure such recommendations and initiatives are considered and implemented where appropriate within the SW. Most recommendations come through the national RDS Strategy Group, with the RDS SW Director ensuring they are adopted locally. Minutes from the RDS SG meetings are made available to all RDS SW staff, and issues arising from RDS SG meetings are discussed at our own RDS SW Senior Management Team (which meets every two months), our annual staff “away day” and any other staff “update days”. Important issues that arise needing more urgent communication are of course relayed through email and a staff section of our website.

The RDS Strategy Group is naturally the main source of these new recommendations, but some recommendations come from elsewhere, in particular directly from DH / NIHR / CCF. An obvious example is the feedback on annual reports, where generic feedback is discussed at the RDS SG while our specific SW feedback is discussed within our Senior Management Team. Other initiatives at a sub-national level are also considered for implementation. For example, the RDS SW Director is a member of the RDS SC Advisory Group, and (jointly with the Deputy Director) also the equivalent group for the Cardiff-based RDCS, which both provide useful fora for cross-fertilisation of ideas for local consideration. We routinely access information from other RDS regions – eg from websites, newsletters – in order to identify any other new initiatives for consideration.

The RDS SW also plays a full part in responding more generally to requests from NIHR that are not specific to the RDS, in particular where the RDS is well-placed because of its local links to facilitate two-way communication between the NIHR and the research community.

The RDS SW works with other components of the NIHR in order to promote efficient working and also to facilitate easier processes for investigators interacting with the NIHR infrastructure. We have excellent working relationships with the CLAHRCs, AHSNs and the three UKCRC-registered clinical trials units in the region. Indeed, we have joint appointments of staff with one CTU, and work closely with all three units to ensure extensive collaboration and cross-referring as appropriate. We also work with the new CTU in Exeter that hopes to become officially registered at the next opportunity. The RDS SW Director chairs the Plymouth-based PenCTU Advisory Group. In Bristol, RDS SW staff co-ordinate the process for a single point of entry for investigators to access services of the various agencies able to provide support in developing proposals.

The RDS SW Director is involved with two specific groups within the Peninsula area, one led by the AHSN and involving a wide range of NHS and academic bodies, the other a smaller group of NIHR-funded groups, in particular the CLAHRC, CTU, CRF, LCRN and RDS. The groups are at early stages of their development but should prove useful for co-ordinating activities, considering joint working and shared resources etc.

The NIHR is promoting greater engagement with the NHS and the RDS SW is very well placed to facilitate this. Indeed, many of our staff are based in the NHS and we have strong relationships with all the research-active NHS Trusts in the region. The large majority of projects we support involve clinical input - from a clinician or clinical academic (or both). We give priority to clinical staff with research questions originating from the “coalface” of the NHS, with the potential to benefit patients the driving motivation; in particular, we dedicate more resource to such projects since they often require more support. Indeed, full submissions led by a clinician involved twice as many consultations with the RDS than those led by clinical academics or academics.

As mentioned earlier, we work closely with other agencies supporting NHS-driven research, eg the CLAHRCs and AHSNs. We make regular presentations to the R&D Boards (and indeed other committees and conferences) within NHS Trusts and we are actively involved in working with them in the disbursement of NIHR Research Capability Funding, in most cases involving sitting on the committees considering applications. Although it is not something we “count” in our metrics, we do advise investigators applying for RCF, since by definition they are on a trajectory toward making a full application to a NIHR funding body and they are often clinicians requiring the support we can offer to help them along that path.

The annual Residential Research Retreat (now a national event) is by its nature targeted at NHS researchers. Providing dedicated time for developing a grant proposal, with input from RDS methodologists,

it is of particular appeal to clinicians who would otherwise struggle to find the time to spend with other members of their research team to develop their proposals.

Another aspect of the wider support for NIHR is the specific involvement in the various research programmes. Several RDS SW staff review for a number of the NIHR funding streams, while our Director is a member of the HTA CET Board and another adviser is a member of the RfPB SC and Doctoral Fellowship panels. Staff are also involved in supporting NIHR-funded studies through membership (and chairing) of various Trial Steering Committees and Data Monitoring Committees.

In the SW we have recently looked at the events run in other regions and are currently formulating our own revised programme of events. This will include a revamped Grants Application Workshop, another similar event specifically targeted at Fellowship applicants and two “mock interview” events. Depending on the evaluation of the national pilot Grant Writing Retreat and consideration of whether to repeat it, we will decide whether to return to running our own such event or some other similar event.

## **E. Patient and Public Involvement (Maximum 5,000 characters)**

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The PPI lead for the RDS SW, Julie Hapeshi, is an active member of the national RDS PPI Community. This group has had shared objectives for PPI since 2013 and this year has revised the RDS PPI strategy. This is to reflect the changing landscape brought about by the Going the Extra Mile (GtEM) report and the partnership between the RDS and Wessex Institute, which was successful in obtaining the contract to run the INVOLVE Co-ordinating Centre.

The RDS believes that strong public involvement strengthens both the quality and relevance of health research and its mission for Public Involvement is to promote active and meaningful Public Involvement in the research that it supports. The objectives of the new strategy are all linked to the goals and recommendations of the GtEM report.

#### PPI Activities

PPI activity in the RDS SW is a disseminated model. All of the locally based advisers are trained to provide PPI advice and support to researchers and their teams. Regular PPI updates are provided to advisors and public reviewers at the Project Review Committee meetings (PRC) and the ability to share strategic information is through a standing item on the Senior Management Team (SMT) meeting agenda.

The recording of project-related PPI at first consultation on the database of projects allows the SMT to review the PPI activity of all new projects soon after their first consultation. This promotes (and prompts) the importance of early engagement with patients or members of the public in the planning and design of studies and enables the RDS SW PPI Lead to identify projects where PPI may be more difficult or need more support.

The role of the public reviewers in the PRC adds particular value to the service we provide to researchers; each project receives a written review from a public contributor, and the PRC benefits from the contributions that the public members make to the discussion during the meeting. All of this raises awareness of the importance of alternative perspectives when planning future research.

#### Partnerships / Collaborations

The partnership between the RDS PPI group and INVOLVE through the new contract is an important development that will make the support of local partnerships more efficient and effective. The geographical spread of the RDS SW area lends itself to forming more localised partnerships and collaborations. These are focussed on the two main areas linked to the boundaries of the West of England and South West Peninsula NIHR Clinical Research Networks, CLAHRCs and AHSNs. The small part of our area that falls into the Wessex region is less well connected.

This year, the RDS SW has been involved in 'Building Research Partnerships' (BRP) workshops. BRP is an exploration of healthcare research and how the public can become involved and work with professionals in the research process. Two sessions have been run in Exeter and in Plymouth. Sessions are run collaboratively with SWP CRN, RDS SW and PenCLAHRC. The NIHR CRN provided full documentation and initially the support of a trained facilitator. An evaluation framework is managed by the NIHR CRN. Two RDS SW members contributed to these sessions: Roy Powell from the Exeter office and Helen Allen from Bournemouth. As a result of the BRP program in the South West, we have been able to facilitate lay involvement in research with 6 acute Trusts and 2 Partnership Trusts. BRP training has also supported attendees going on to work with AHSN and the RDS SW and to develop further work with PenCLAHRC. The feedback from participants was overwhelmingly positive.

The Building Research Partnerships programme has also been run in the West of England network area led by the People in Health West of England group <http://www.phwe.org.uk/>. They have a learning and development programme to help members of the public and professionals develop the skills needed to ensure there is a strong public voice in health research and evidence-based practice. Where possible the RDS SW refers members of the public or researchers to these training opportunities. This shared approach is both an efficient and an effective mechanism for building collaborations and delivering the service. The RDS SW PPI Lead is a member of the PHWE Strategy Group which allows for purposeful joint working across the West of England AHSN, CLAHRC and CRN.

#### Resources

The PPI lead (also Deputy Director) has 0.3WTE set aside in her role to co-ordinate the strategic PPI activity across the RDS SW. Her role is supported by three members of staff with dedicated time funded to provide enhanced support for PPI in their areas. However, much of the resource to support PPI is embedded in the advisory team and not in specifically nominated PPI staff. The RDS SW provides PPI funds to support project-related PPI activities that would not otherwise receive support. Bids for funding are mainly for reimbursement of travel costs and refreshments at meetings.



## **F.1. Metrics on supported applications (Maximum 2,500 characters)**

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The metrics section should cover the period between 01 April 2015 and 31 March 2016.

The tables provided in the metrics spreadsheet summarise the work that the RDS SW has undertaken in supporting investigators developing grant proposals through 2015/16.

The first sheet indicates that, during the reporting period, we saw 261 investigators with new project ideas, our highest ever annual figure by far - the next highest being 202 (last year); this represents a 29% increase on that previous 12-month period.

The second tab reports 42 outline submissions (up from 41 last year) and 101 full/one-stage submissions supported. The latter is a 36% increase on the 74 submitted last year. The same table also reports on outcomes that have become known since the last report; there were 22 outline submissions successfully shortlisted and 41 full/one-stage submissions successfully funded. These numbers are also the highest ever, up 47% and 32% respectively on last year. Success rates remain high with 47% of outlines shortlisted and 39% of full submissions funded. The 41 funded applications were for a total of nearly 19 million pounds. Success rates for proposals submitted to NIHR funding streams were particularly high, with 49% of outlines being shortlisted and 46% of fulls being funded.

The next tab gives some information on the types of investigators and teams supported, new tables for this year. The first table classifies the lead applicant for the 101 full submissions supported. The second table attempts to capture what types of investigators are included in the whole team, but excludes fellowships. We have entered a denominator in each case, which varies because we have omitted cases where we are unsure whether a particular investigator type was involved. The final table shows that there was clinical input into 65 out of 75 full submissions.

We continue to receive feedback on the RDS "monitoring data", capturing the views of applicants to NIHR funding streams regarding RDS involvement. For RfPB competitions 26 and 27 combined, 22 of 23 applications to the South West funding panel made use of the RDS and all 22 were "very satisfied" or "satisfied" with our input while 21 felt that, as a result of RDS input, the quality had been improved "very much" or "quite a lot". We are also now receiving data for other NIHR funding programmes, and similarly high figures can be seen across the board; of those applicants using RDS SW, 99% of applicants to NETSCC and 100% to TCC w

## **F.2. Metrics on RDS workforce (Maximum 2,500 characters)**

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During this reporting period the RDS SW has successfully appointed additional and much needed staff in the fields of health economics and qualitative research, thus expanding the provision of high quality support across RDS SW's large geographical 'patch'. The majority (29) of RDS SW staff are advisers; having an extensive range of methodological skills and experience, most advisers are generalists who also have a specialist area of expertise such as statistics, health economics or qualitative research; this enables the RDS SW to provide immediate assistance to local researchers whilst also being able to call upon RDS SW colleagues for further specialist advice and expertise. All advisers work part-time for the RDS SW, which allows them to continue to work as researchers in their own right, an important part of maintaining credibility with local researchers.

Most of the management functions of the RDS SW are centralised and are carried out at the Co-ordinating Centre in Taunton on behalf of the region, with each site also having its own administrative support for local office support.

Advice on patient and public involvement is an integral part of the support given to researchers by the RDS SW. The RDS SW's Deputy Director is also the nominated Lead for PPI for the region and is actively involved in national PPI initiatives and activity. Additional, more local PPI advice and support is available to researchers and other RDS SW staff from 3 local PPI Leads operating out of the Exeter, Bournemouth and Bristol offices.

Several staff within the RDS SW have been heavily involved in national RDS work during this reporting period, contributing to the Strategy Group, the Business & Operational Management Community, the Communications Community, the CPD Community, the PPI Community and the Grant Writing Retreat Task & Finish Group, as described in more detail in section C above.

Staff are supported and encouraged to attend all relevant training/update events, both external and internal. Monthly Project Review Committee meetings (which acts as a 'mock funding committee' for project applications), and the annual staff "away day", bring staff together on a regular basis and are seen as key elements of ongoing staff learning and development; they also provide ideal opportunities for sharing good practice as well as local and national developments.

NB: the workforce spreadsheet shows the average FTE for each member of staff during the reporting period.

## **G. Finance report commentary (Maximum 5,000 characters).**

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During the reporting period a total of £1,058,222 was received from the Department of Health to fund the RDS SW. Details of expenditure during this period, together with projected expenditure for the RDS SW for the 2016/17 financial year, are provided separately via the ASTOX return.

The vast majority (85.4%) of RDS SW total expenditure in 2015-16 consists of pay costs, reflecting the continuing commitment and focus of the RDS SW to ensure high quality and accessible support to researchers within its broad catchment area. Our commitment to high quality PPI support for researchers across the region has continued in 2015-16, costs for this including both public contributor fees and a significant amount of staff time (6.2%).

The remaining expenditure falls within the areas of travel, subsistence and conference fees (2.3%), consumables (2.2%) and equipment (0.3%). Travel/subsistence costs are an important area of expenditure for the RDS SW as it strives both to make its services available to researchers and to encourage the involvement of lay members in its work across the entire region. Notwithstanding, the NIHR Hub via "hangouts" now offers an opportunity for online rather than face-to-face communication which has positively impacted on travel costs and so, despite the large geographical area covered by the RDS SW, travel/subsistence costs are low. Equipment costs remain very low, the result of ongoing investment in good quality equipment. Indirect/overhead costs are, likewise, minimal (3.6%).

The continuing - and increasing - contribution of RDS SW staff to national work has inevitably involved additional costs including travel and subsistence costs, telephone, stationery and printing costs, in addition to a considerable portion of staff time (detailed in the workforce spreadsheet).

The RDS SW has previously provided generous contributions to the post of National RDS Business Manager pay and non-pay costs (a total of £26,000 has so far been provided, covering SW costs to the end of the 2016/17 financial year). We will continue to support this important post.

The year-end position of the RDS SW budget at 2015/16 was a negligible in-year underspend of approx. £7 (less than 0.0007% of total income for the year).

For the next financial year, expenditure is expected to continue with a similar pattern, with the bulk of expenditure funding pay costs. A balanced position is anticipated for the end of the 2016/17 financial year.

## **H. Conclusion (Maximum 2,500 characters).**

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The RDS SW has engaged with more teams developing projects in 2015/16 than in any previous year. Not all of these will necessarily progress to a submission, but our numbers of submissions are also up on previous years. Success rates remain high, particularly for submissions to NIHR funding streams.

We are fully engaged with progressing national RDS working, to ensure a consistent high quality service across the country. RDS SW staff are at the forefront of such work in a number of examples, and providing support across several other areas.

Opportunities have been taken to align resource (specifically staff) with demand, so that researchers throughout the South West have local access to a RDS point of contact while being able to draw on the expertise that exists throughout the region. In particular, we have managed to expand the service in Bristol where demand is particularly high. This includes the expansion of health economic expertise which is very welcome given the known frequent difficulty in this area.

All milestones specified in the previous report have been met.

## I. Milestones for 2016/17 (Maximum 5,000 characters).

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### Every month:

- Project Review Committee scheduled to meet on the third Tuesday of every month
- Update interactive NIHR Funding Deadline Calendar on RDS SW website and distribute to other
- Issue e-bulletin

### RDS regions for local use

- Issue e-bulletin
- Regional representatives to attend National Grant Writing Retreat hangouts/meetings
- Director to attend hangouts/meetings of RDS Strategy Group

### Every other month:

- Senior Management Team to meet
- Regional representative to attend CPD Community hangouts/meetings
- Regional representative to attend hangouts/meetings of NIHR Website Oversight Group
- Regional representative to attend hangouts/meetings of NIHR Digital Engagement Group

## 2016

### April

- Collate "outcomes" data from NETSCC, CCF and TCC and provide to other regions

### May

- Run Grant Applications Workshop, Taunton
- Run training/update session for public contributors to the Project Review Committee

### June

- Five RDS SW staff (advisor and admin) to attend first national RDS Grant Writing Retreat at Bath
- Mock fellowship interview session, Exeter
- Review RDS SW events and communications strategy
- Submit Annual Report
- Submit ASTOX return

### July

- Rotate public contributor membership of PRC

### September

- Annual Staff Away Day
- Fellowship event

### October

- Introduce new public contributors (attending members) to Project Review Committee
- Collate outcomes data from NETSCC, CCF and TCC and provide to other regions
- Mock Fellowship interview session
- Regional PPI networking event with Involve and PPI leads from other regional parts of NIHR

### November

- Run Grant Applications Workshop, Taunton
- Regional PPI reps to attend national annual INVOLVE Conference
- Director and Deputy to attend National RDS Away Day

2017

March

- Run Grant Applications Workshop
- Agree and issue variations to contract for all RDS offices in the South West for 2017-18 financial year