



National Institute for Health Research

NIHR Research Design Service Annual Report 2016-17 Period ending March 2017

A. Introduction and strategic update (Maximum 1 page).

This report describes the work of the NIHR Research Design Service for the South West for the period 1 April 2016 to 31 March 2017.

Our 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.

We continue with our disseminated structure and have 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 any particular project, staff from more than one site are often involved as may be necessary.

There have been no staff changes during 2016/17. Since the end of the reporting period we have had a small number of changes, which we shall report in detail next year. We continue to take opportunities to review the appropriate distribution of staff across the region, and this has taken on a new impetus following our bid for a third contract. In particular, we are looking to consolidate staff on fewer sites, although we will continue to ensure that investigators can gain ready access to our service wherever they are based.

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 the RDS Strategy Group, its various "Communities", and ad hoc groups undertaking specific tasks. In particular, the RDS SW made significant contributions to the planning and delivery of the first national Residential Grant Writing Retreat.

B. Highlights on local work (Maximum 2 pages).

As detailed in the relevant section, the main “headline” metrics for 2016/17 are that the RDS SW:

- advised on 298 new projects;
- supported 68 outline applications;
- supported 117 full/one-stage applications;
- learnt the outcomes for 66 outline applications: 28 (42%) were shortlisted;
- learnt the outcomes of 106 full/one-stage applications: 37 (35%) were funded;
- out of 94 relevant submitted full projects, 79 (84%) 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. The main use is for proposals that are thought to be “near final”, having been supported by RDS staff to a stage where “fresh eyes” can bring another perspective. However there are other study types: the Committee will also provide advice on ideas at an earlier stage where perhaps the RDS staff involved are themselves unsure about certain aspects of the research question or design; the Committee also considers rejected studies and their feedback, to advise on possible redevelopment and possible resubmission. In order to provide a responsive service, it is scheduled to meet every month, but in practice there are sometimes 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 public contributor; 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. During the reporting period the Committee considered a total of 48 such proposals. The service is valued by investigators for its ability to simulate as far as possible the process of a funding panel (including public contributor input) looking at a proposal without any prior knowledge of the clinical field or the proposed research. We have many examples of positive experiences, eg from Dr Angus Jones in Exeter: *“These are hugely helpful comments - I think we will have a much stronger project for the next deadline. It is fantastically helpful to be able to have a review of a proposal pre-submission in this way.”*

For the first time since the RDS started, we did not run a regional Residential Research Retreat (‘RRR’) during 2016/17, instead we played a substantial part in organising and running a national version, based in the South West (as reported later).

We ran three of our regular one-day workshops which continue to be popular, with just under 100 participants attending the three events. The event is fundamentally about “grantsmanship”: how to make a persuasive case, what to cover in the research plan and how to demonstrate feasibility. We have now implemented a change in the format of the event, with the morning consisting of a series of short talks and the afternoon session devoted to optional one-to-one meetings. The latter enables people to discuss their project ideas in depth. We are currently planning for 2017/18 a similar approach targeted specifically at people interested in applying for training awards.

We have continued through 2016/17 to provide “mock interviews” for candidates shortlisted for a NIHR Fellowship award. We arrange these routinely for people shortlisted for doctoral awards (general and clinical fellowships), while for higher-level awards we arrange ad hoc versions according to demand. We mirror the format of the real interviews, with the same timings for presentation and questions. The panel (without the candidate present) then discusses both the presentation and the answers given, and provides detailed feedback directly to the candidate. During 2016/17 a total of seven candidates took advantage of this opportunity.

Our annual report naturally reports on the projects we have supported throughout the year, together with the outcomes of grant applications where known. However, after the many years we have been operating, many of the projects we supported in earlier years have now been completed. An example we report on here is a long history of support for work to assess frenotomy for babies with tongue-tie, in particular to aid successful breastfeeding. The RDS SW provided considerable support for a successful RfPB application, and three members of staff continued to be involved with the project (as independent researchers). Three papers have been published in open access journals (Archives of Disease in Childhood Fetal & Neonatal and in Midwifery), reporting on the feasibility trial and on novel breastfeeding and tongue assessment tools that were developed during the project.

To date the breastfeeding tool is being used in Turkey, Brazil, Australia, Philippines, India, Thailand, China and USA as well as other cities in the UK. Six centres are using it in their clinical practice to assess breastfeeding and help women feed more efficiently and 3 countries have translated it into their own language (Turkish, Thai, Chinese). In the US (Wisconsin) it has been added to the EPIC software system which is widely used across the US for over 50% of patients.

The tongue assessment tool is being used in New Zealand, USA, Finland and several centres in the UK. All are using it in clinical practice to identify and assess tongue-tie for frenotomy. It has been integrated into protocol-driven care pathways for local hospitals and translated into Finnish for use throughout the country.

At the time of writing we are awaiting the outcome of an application to HTA to fund a definitive trial.

C. Contribution to national work (Maximum 2 pages).

The RDS SW plays an active part in national working through the RDS Strategy Group, its Communities and Task and Finish Groups. It works with other regions to support the maxim “consistency where possible, flexibility where necessary”, sharing good practice and implementing such practice locally. 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 and its Communities and Task and Finish Groups. The Strategy Group has been attended by one or two of the SW Director, Deputy Director and more recently the Director Designate (becoming Director for the next contract). Membership of Communities includes the Deputy Director/PPI lead (PPI), our Knowledge Manager (Communications) and our Business Manager (CPD and Business & Operations Management). RDS SW staff have also continued to be members of a number of Task and Finish (‘TFG’) Groups; examples include the TFG for the first RDS national Residential Grant Writing Retreat, and the group considering a national RDS database. The RDS SW Director is the RDS Strategy Group Deputy Chair, a position held throughout 2016/17. The RDS SW Deputy Director is Deputy Chair of the PI Community.

Specific examples of SW contributions to national RDS working include:

- 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 Business Manager provided SW data for the national RDS ‘activity mapping/consistency project’ (Peter Lovell) and the ‘workforce exercise’ (Wendy Baird).
- The RDS SW Business Manager has contributed to the ‘qualities of an adviser’ CPD project (Jorg Huber).
- The RDS SW Business Manager provided maternity leave cover for the Chair of the national RDS Induction Pack Task & Finish Group and fully updated the Induction Pack, which is available via the NIHR Hub.
- As approved by the SG, the RDS SW Business Manager designed and produced a new national repository of regional RDS events materials such as event programmes/agendas, leaflets, flyers, etc. Although still in its infancy this has been positively received and it is hoped that, longer term, this will provide a useful source of information for anyone planning an event and will avoid local ‘reinventing the wheel’. The events repository is available via the NIHR Hub.

- Work continued on the planning of the first national RDS Residential Grant Writing Retreat and this was successfully delivered in June 2016. The Retreat was based largely on the 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, and both were members of the Task and Finish Group which organised and delivered the Retreat. In addition, the SW provided a number of RDS staff to help deliver the week-long Retreat event including adviser and administrative staff from across the SW.

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

- The RDS SW Director continues to be involved in working with NETSCC staff facilitating the organisation of events around themed calls and highlight notices.
- Two members of RDS staff contributed to the delivery of a NIHR/HEE integrated clinical academic careers engagement workshop.
- 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.
- The RDS SW Knowledge Manager is a member of the NIHR Social Media Management Team.
- The RDS SW Knowledge Manager is a member of the NIHR email marketing group, which includes being the editor of the “NIHR Funding and Support” eBulletin.
- 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 4,500 followers, a number that continues to grow.
- The RDS SW Knowledge Manager was a member of the NIHR Website 2.0 Project Team and played a key role in redesigning the NIHR website. He also undertook the migration of the national RDS website into the new NIHR website.
- The RDS SW Knowledge Manager is a member of the NIHR Website Management Group and plays a key role in helping to manage and maintain the new NIHR website.
- The RDS SW Knowledge Manager is a member of the NIHR Web Development Team and works as part of a small group of web developers from across NIHR offering support and development work to support the new NIHR website.

D. Regional implementation of national initiatives (Maximum 2 pages).

As is evident from the previous section, the RDS SW strongly 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”. In September 2016 we commenced a weekly “staff digest” sent as an e-bulletin to all staff to ensure they are up to date with the latest developments arising from the national RDS or more generally NIHR. Important issues that arise needing more urgent communication are of course relayed through ad hoc email and a staff section of our website.

The RDS Strategy Group is naturally the main source of 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 and, as appropriate, our staff away day. 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 Research Design and Conduct Service, 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. We also strive to support NIHR guidelines, for example the NIHR Carbon Reduction Guidelines; staff in our Bristol office have engaged in a number of initiatives to reduce their carbon footprint, and Rosemary Greenwood has been given the “Special Award for Environmental Hero” from the University Hospitals Bristol NHS Foundation Trust.

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 CTU in Exeter that has recently applied to become an officially registered unit. 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 continues to be involved with specific groups involving local NIHR infrastructure, for example a group looking at the co-ordination of PPI activities within the Peninsula area (involving the CLAHRC, CTU, CRF, LCRN and RDS), and another group set up within the University of Exeter Medical School to consider its strategic approach to NIHR funding opportunities.

In accordance with NIHR's desire to promote greater engagement with the NHS, we continue to provide considerable support to "coalface" clinicians and other professionals who do not necessarily have a track record in research. Many of our staff are based in the NHS and we have strong relationships with all the research-active NHS Trusts in the region. We give priority to clinical staff wanting to provide answers to research questions with the potential to benefit patients, and we dedicate more resource to such projects since they often require more support.

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 (held as a national event in 2016/17) 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 our Director Designate 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.

During 2016/17 we updated our Grants Application Workshop, largely based on ideas garnered from events run in other regions, and we are currently planning specific Fellowship events following a similar format.

E. Patient and Public Involvement (Maximum 2 pages).

The RDS SW plays a key role in promoting and facilitating the involvement of users, carers and the public in the development of research funding applications through to the delivery and dissemination of funded projects. We are committed to ensuring that public involvement is at the centre of our work and reflected in the advice we provide to the research teams we support.

The RDS SW is an active member of the National RDS PI Community ('PIC'), with the RDS SW Deputy Director and Public Involvement ('PI') Lead acting as Deputy Chair of the group. We are committed to implementing the [National RDS PI Strategy](#) that was agreed in April 2016. This is linked to the recommendations in the *Going the Extra Mile* report (2015) and provides a framework to help us improve quality and assess impact. RDS PI strategic objectives can be summarised in four key areas: support for PI; staff development; communication and networking; impact.

PI Activities and Support for PI - As a team, we support PI by facilitating access to appropriate groups and to individual users/carers. Due to the geography of the region this will often be via local support groups, charities or by using existing networks. We always promote PI early on in our consultations with project teams and at each senior management meeting we review all studies where involvement has not been recorded on the project database within the first 3 consultations. This enables us to ensure that sufficient time is given to developing meaningful PI for projects. Our ability to engage with the diverse population of the South West is more readily achieved by the locality-based RDS teams who are well placed to understand the needs of the area. We describe two particularly notable experiences in the case studies below.

Case study 1: Peer Group support for adults with ADHD

There were a number of issues in securing engagement. Timing and location of meetings were particular issues, the best solution being to hold them in the early evening in the town centre; this minimised as far as possible problems with driving and using public transport, and led to high turnout. We had considerable diversity, including at least three racial groups and someone who was currently homeless.

It appeared that what those with lived experience of ADHD wanted differed according to whether their issues were activities of daily living relating to their home life or relating to work life. Some people wanted information on ADHD and what was considered to be "reasonable adjustment" and what were the benefits to employers of employing someone with ADHD. We discovered that there was funding for psychological therapies available outside the NHS through employment services to help people fit into work.

Those not in work found it very hard to access any psychological therapies through the NHS. They advised that they would be happy to be in a trial with a waiting list control but not happy to be in a control group with no chance of the therapy. Having waited up to two years for their diagnosis appointment in the NHS, they felt it would be reasonable to wait (in the control) group for one year providing they then got an intervention. They advised that one of the key issues they wanted help with was procrastination, or both starting things and finishing things. They told us that therapy that had homework would not be easy and would need additional support to supervise or facilitate that process. They suggested a one to one buddy system had helped some of them in the past and wondered whether we could use something similar. This was not something we had thought of before which is now being considered. This project is due to be submitted later this year.

Case study 2: BuRN-Tool project (to identify children at risk of non-accidental injury)

Several consultations with parents/carers were undertaken to obtain views about the use of the BuRN-Tool in Emergency Departments. Group meetings included parents whose children had recently sustained a burn/scald injury and parents whose child had not. They agreed that children

at greater risk could be identified using this tool and it could also be used to promote improved safeguarding assessments and to target interventions to protect these children from future harm. The parents confirmed that the BuRN-Tool would be acceptable to them if they attended ED with their child who had a burn/scald. These findings were used to support 2 NIHR applications – an HTA trial (which was unsuccessful) and an RfPB application which was successful.

We provide funding to support PI where funds are not available locally. These usually cover the costs of room hire, where reasonable locations are not accessible, and public contributor expenses.

Communication and Networking - Membership of the National RDS PIC group provides a forum for communication with the other RDS PI leads and an opportunity to share and develop good practice. It also provides a link with the INVOLVE team via the RDS nominated directors. Work with our partners at INVOLVE to provide local knowledge, intelligence and access to some well-established networks of local partners is forming. We held an initial regional network PI meeting in October 2016 (organised by the RDS SW) to map the existing established PI networks and to explore the potential structures of a wider regional network. Working with the established groups is a key factor in moving forward.

We have a number of well-developed networks across the SW region via links with our local offices and other NIHR organisations, including regional relationships beyond NIHR with AHSNs, Healthwatch, NHS Trusts, academia, charities and others. The PI collaborative group, [People in Health West of England](#), is co-chaired by our Deputy Director, Julie Hapeshi, and provides access to public contributors and shared training for public contributors and staff. Julie Hapeshi has also made contributions to a wider debate and development of practical materials for the improvement of PI in the design and conduct of commercial studies via a meeting organised by Parkinson's UK and the [Patient Focussed Medicines Development project](#).

Staff development and resources - The team is supported by the PI lead (also Deputy Director) at 0.2wte with three other members of staff with enhanced PI roles across the region (at 0.2wte each). The key resource to support PI is integrated into the role of the RDS advisers based in the local sites. They have a well-developed understanding of the requirements of PI and are able to provide a high standard of project-related PI advice to support the design of studies. RDS SW advisers are skilled in the many aspects of developing a research proposal and PI advice is viewed as a fundamental aspect of project support. They are trained as part of their induction programme and regular PI updates are provided for staff and public contributors at the monthly Project Review Committee ('PRC'). We provide an annual update session for the public contributors who work with us attending and writing reviews for the PRC. Additional training opportunities are offered in conjunction with other NIHR/NHS partners.

Impact and continuous improvement – We have a number of public contributors who support the work of the PRC by providing reviews of draft proposals and actively participating in discussions. This is a highly valued partnership both in its own right and as a mutual learning experience. This meeting is seen as an important mechanism for assessing PI input to proposals that would not otherwise be available to the RDS advisers individually. We reviewed the membership of PRC to ensure a wider representation of public contributor views and to reduce the burden of attending meetings on one or two individuals. Each project submitted to PRC receives two written reviews from RDS advisers which are complemented by a public contributor review. These are presented in the meeting by one of two attending public contributors. We fund the public contributor costs of providing written reviews for our PRC and also reimbursement for travel costs if they attend the meetings, thus enabling participation across all socio-economic boundaries. Our [reimbursement and payments policy for public contributors](#) was updated earlier this year.

F.1. Metrics on supported applications (Maximum 1 page).

The tables provided in the metrics spreadsheet summarise the work that the RDS SW has undertaken in supporting investigators developing grant proposals through 2016/17.

The first sheet indicates that, during the reporting period, we saw 298 investigators with new project ideas, our highest ever annual figure; it is a 14% increase on the previous 12-month period, which itself had been a record high.

The second tab reports 68 outline submissions, again a record high and 62% higher than last year; much of this increase is due to the effects of the RfPB scheme introducing a two-stage application process. The tab also shows 117 full/one-stage submissions supported, again our highest recorded annual figure, despite the introduction of the two-stage RfPB process. The latter represents a 16% increase on last year.

The same table also reports on outcomes that have become known since the last report; there were 28 outline submissions successfully shortlisted (highest ever) and 37 full/one-stage submissions successfully funded (slightly down from the high of 41 last year). Success rates remain high with 42% of outlines shortlisted and 35% of full submissions funded, although these are a little lower than last year perhaps because of the greater number of submissions supported to a finite funding pool. Success rates for proposals submitted to NIHR funding streams remain high, with 47% of outlines being shortlisted and 41% of full applications being funded.

The next tab gives some information on the types of investigators and teams supported. The first table classifies the lead applicant for the 116 full submissions supported. The second table attempts to capture what types of investigators are included in the whole team, but excludes fellowships. We have given a percentage in each case, which are based on varying denominators, since 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 84% of 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 28-30 combined, 13 of 16 applications to the South West funding panel made use of the RDS and all 13 were “very satisfied” or “satisfied” with our input and felt that, as a result of RDS input, the quality had been improved “very much” or “quite a lot”. Similarly high figures can be seen for other NIHR funding programmes across the board, with 100% of applicants to NETSCC and 97% to TCC (using RDS SW) very satisfied or satisfied. Almost all applicants would recommend use of the RDS to others.

F.2. Metrics on RDS workforce (Maximum 1 page).

During this reporting period the RDS SW maintained the same workforce. The majority (26) of RDS SW staff are advisers who have 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 further afield 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 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 Public Involvement Lead for the region and is actively involved in national public involvement initiatives and activity. Additional, more local PI advice and support is available to researchers and other RDS SW staff from three local PI 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 national RDS Strategy Group, the Communications Community, the CPD Community, and the PI Community. Additionally, the Director and Business Manager were heavily involved in the organisation and delivery of the first RDS national Grant Writing Retreat ('GWR'), both being members of the GWR 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, as appropriate. Monthly meetings of the Project Review Committee 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 updates on 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 2 pages).

During the reporting period a total of £1,058,535 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 2017/18 financial year, are provided separately via the ASTOX return.

The vast majority (87%) of RDS SW total expenditure in 2016-17 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 large catchment area. Our commitment to high quality Public Involvement support for researchers across the region has continued in 2016-17, costs for this including both public contributor fees and a significant amount of staff time (6%).

The remaining expenditure falls within the areas of travel, subsistence and conference fees (2%), consumables (2%) and equipment (less than 1%). Travel/subsistence costs are an important area of expenditure for the RDS SW as it strives both to make its service available to researchers and to encourage the involvement of public contributors 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 remain low. Equipment costs also remain very low, the result of ongoing investment in good quality equipment. Indirect/overhead costs are, likewise, minimal (3%).

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 significant amount 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 both financially and operationally.

The year-end position of the RDS SW budget at 2016/17 was a negligible in-year underspend of £22 (around 0.002% 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 2017/18 financial year.

H. Conclusion (Maximum 1 page).

The RDS SW has had another successful year, running an effective and efficient service with no staff turnover and a balanced budget at the end of the period.

We continued our upward trajectory on numbers of projects supported and applications submitted. 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.

We also continue to be strongly engaged with NHS organisations and individual clinical researchers. An appropriate number of events help us to promote awareness of the RDS support available and opportunities to engage with NIHR more widely.

All milestones specified in the previous report have been met.

With just over a year to the end of the current contract, we are in a strong position to continue to deliver our valued service and respond to new opportunities and challenges in support of NIHR and the NHS.

I. Milestones for 2017/18 (Maximum 2 pages).

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 regions
- Issue e-bulletin
- Director to attend hangouts/meetings of RDS Strategy Group

Every other month:

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

2017**April**

- Collate "outcomes" data from NETSCC, CCF and TCC and provide to other regions
- Collate "monitoring" data from NETSCC, CCF and TCC and provide to other regions
- Run grant applications seminar & support event, Bristol

May

- Run training/update session for public contributors to the Project Review Committee
- Mock fellowship interview session, Bristol

June

- Submit ASTOX return
- Run grant applications seminar & support event, Bournemouth

July

- Run Public Health Research event, Bristol

August

- Compile annual report data from all RDS regions and distribute
- Submit Annual Report

September

- Run training/update session for public contributors to the Project Review Committee

October

- Collate outcomes data from NETSCC, CCF and TCC and provide to other regions
- Collate "monitoring" data from NETSCC, CCF and TCC and provide to other regions
- Mock Fellowship interview session, Exeter or Taunton
- Annual Staff Away Day

November

- Regional public involvement staff to attend national annual INVOLVE Conference
- Staff to attend national RDS staff day
- Fellowship event, Exeter
- Run grant applications seminar & support event, Plymouth

2018**March**

- Run grant applications seminar & support event (Exeter)
- Agree and issue variations to contract for all RDS offices in the South West for the 2017-18 financial year
- Close budget for the year ensuring a balanced year end position