National Institute for Health Research

NIHR Research Design Service Final Progress Report
(1 April 2017 – 30 September 2018)

A. Introduction and strategic update (Maximum 2 page).

This report describes the work of the NIHR Research Design Service for the South West for the period 1 April 2017 to 30 September 2018. As such, it covers the final period of the second contract with DHSC for the provision of the service, and includes reflections on the whole five-year period of that contract, 1/10/2013 to 30/9/2018.

The role of the RDS is to support investigators developing grant applications to national peer-reviewed funding competitions, giving priority to submissions to NIHR funding streams. As the name suggests, this mainly relates to providing advice on research design and methods, but in reality extends to include all aspects relevant to preparing a competitive proposal. This includes direct advice and practical support on issues such as Public and Patient Involvement, refining the research question, building a comprehensive team and conducting pre-submission reviews. It also includes acting as a broker to facilitate contact with other sources of advice and support, for example a local CLAHRC, R&D and finance departments, Local Clinical Research Networks, research ethics services etc.

Support takes a number of forms but the core activity is meeting with individual (or a team of) investigators to discuss their proposal. There is considerable variation in the stage at which investigators approach us, from simply having an initial idea through to having a near-final draft. Whatever the stage, the RDS endeavours to provide the necessary support to help produce as high a quality proposal as possible. However, we are also honest and provide the appropriate feedback in those cases where it is considered unlikely that an idea is ever going to result in a competitive proposal.

The structure of the RDS SW remained stable during the reporting period, with staff based at eight sites: Bath, Bournemouth, Bristol, Exeter, Gloucester, Plymouth, Salisbury and Taunton. However, the last six months of the contract period were essentially treated as a “transition” period, looking forward to the changes proposed for the third RDS contract. We were keen to make gradual rather than abrupt changes, and introduced new ways of working over the months in anticipation of the new structure so that it was fully implemented by the start of RDS3. This included moving towards a new “hub and spoke” structure (the four new hubs based at Exeter, Bristol, Plymouth and Bournemouth), giving increasing levels of responsibility to the new director and moving forward on new appointments.

In our large geographical patch it can be a challenge to ensure support is provided equally to all investigators, no matter where they are based. For the sake of efficiency, RDS staff are naturally based at the most research-active sites, but we are keen to ensure that the service does not concentrate on “the usual suspects” at the expense of less experienced investigators – indeed we aim to give priority to non-academic clinicians (as well as social care and public health professionals) who are often based away from the academic centres. Accordingly we provide “outreach” through regular visits and/or ad hoc visits as required, to investigators across the entire region.

In general there has been considerable stability in the staffing of the RDS over the years, although there has been some turnover in the Bristol and Bath offices over the reporting period. There have been leavers, and corresponding starters, in the fields of health economics, qualitative expertise, systematic review expertise and administrative support. The opportunity was taken throughout to

move toward the new structure, for example replacing a qualitative researcher leaving Bath with one based in Bristol.

The RDS SW has continued to play a key role in working with other RDS regions to pursue a national strategy for the RDS. The outgoing director, joined in the latter months by the incoming director, have attended RDS SG meetings and contributed to its work in a number of different ways. The outgoing director continued to serve as the deputy chair of the RDS SG, working with the chair and the National Business Manager on the Operational Programme Group to plan SG meetings and the follow-up of actions resulting from them. He continued to provide a service of collating the metrics data from all 10 regions and the "outcomes" data from NIHR agencies.

Other RDS SW staff have also been very active in supporting national working, with representatives on the PPI, Comms and CPD communities, and with involvement in various Task and Finish Groups. More detail of the RDS SW support for national work is provided in other sections of this report.

The RDS SW has delivered on its contract in accordance with the bid originally submitted, with no significant deviations from the strategic aims expressed there.

B. Highlights on local work (Maximum 3 pages).

The metrics covering the period 1/4/2018 – 30/9/2018 are reported with accompanying commentary elsewhere in this report, while the corresponding numbers for 1/4/2017 – 31/3/2018 were reported previously in a brief report covering that year. For completeness the table below summarises the main "headline" metrics for each period in the RDS2 contract.

	1/10/13-31/3/14*	1/4/14-31/3/15	1/4/15-31/3/16	1/4/16-31/3/17	1/4/17-31/3/18	1/4/18-30/9/18*
New projects	96	202	261	298	261	100
Outline applications	14	41	42	68	77	39
"Full" applications	51	74	101	117	63	49
% outlines shortlisted	69%	39%	47%	42%	44%	58%
% fulls funded	42%	35%	39%	35%	36%	38%

* Note – 6-month period only

Although there are inevitably some year-on-year variations, the general trend has been one of increasing activity over the five-year period. Dividing the 5-year period into two periods of two and a half years each, there has been an increase in the number of new projects from 559 in the first such period to 659 (18% increase) in the more recent period. The total number of applications (outline and full combined) has increased from 323 to 413 (28% increase). Consideration of outline and full applications individually is potentially misleading because of the changes in processes for two of our most commonly supported funding sources – RfPB and NIHR Fellowships; both schemes moved from a single-stage to a two-stage process during the five-year period, resulting in increasing outline applications and smaller numbers for full proposals. These increases were achieved without additional funding and, importantly, without any notable effect on success rates; gratifyingly the percentages of outlines shortlisted and fulls funded have remained fairly stable over the period.

As detailed later in this report, the ten regional RDSs share good practice and innovations developed in one region often spread to others. One such innovation pioneered in the south west at the start of the RDS was the idea of a "mock funding panel" to review proposals before submission to the real thing. Our Project Review Committee continues to meet monthly to provide constructive feedback on draft applications. If there is an insufficient number of proposals in any one month to justify bringing all the members together, a more *ad hoc* arrangement is used, for example providing individual written reviews but without the benefit of committee discussion.

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. 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 66 such proposals – 42 during 2017/18 and 24 during the last six months of the contract.

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 feedback, eg from Professor John Campbell in Exeter in August 2018: "*EVERY time we get stuff back from you it's helpful; this one is no exception. These are enormously useful reviews – please thank your whole team very sincerely. We will be looking at these comments very carefully and amending the whole thing in the light of the comments*".

We have continued with our one-day workshops, essentially covering aspects of "grantsmanship" and additionally providing an opportunity for a project-specific discussion with an RDS consultant. These remain a popular event: we ran five such workshops over the reporting period, involving a total of 120 participants – 97 in four workshops during 2017/18 and 23 for one workshop in the last six months. In order to ensure access for busy clinicians, these workshops are held in different parts of the region. The morning session involves a series of short talks and the afternoon session is devoted to optional one-to-one meetings. When possible we involve the regional manager from the RfPB Programme, who gives a talk and also participates in the one-to-one sessions.

We have also started to deliver a similar workshop aimed specifically at potential candidates for fellowship awards. The first such event was run in Exeter in November 2017, and involved talks from TCC, local panel members and local successful candidates, as well as optional one-to-one sessions. The event attracted 58 delegates.

We have continued 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 the reporting period a total of 17 candidates took advantage of this opportunity – six in 2017/18 and eleven in the last six months.

Our annual reports give numbers of projects supported, submissions and outcomes. We also take the opportunity here to report on one of the many successfully funded studies in a little more detail, highlighting the RDS input and the potential impact of the study. The SUMS study – Standing Up in Multiple Sclerosis – was a trial to assess the clinical and cost effectiveness of a home-based self-management standing frame programme in people with progressive MS. It was funded by NIHR RfPB and the final report was submitted in 2018. The RDS SW was involved at an early stage when the lead investigator approached us in 2013. It was recommended to the investigator that the team might benefit from attending one of our Residential Grant Writing Retreats (details of which are provided later in this report), and three of the team did so that year. Beyond the Retreat, a number of RDS staff were involved in providing advice, on general methodological issues as well as specialist methodologies such as statistics and health economics. Two of the staff were asked to be co-applicants on the application and have been involved in supporting the delivery of the study as researchers in their own right.

The study randomised participants to receive the Standing Frame programme or not. The Standing Frame enables people to stand – for those of us not confined to a wheelchair that may not sound life-changing but the testimonies of those involved suggest otherwise, as evidenced on the study website https://www.plymouth.ac.uk/research/sums. Indeed, the study was able to show a statistically significant improvement in functional ability, and an economic evaluation suggests that the intervention would easily meet NICE thresholds for recommendation to the NHS. Study results have been presented at a number of conferences and there has been considerable interest globally, for example the results are likely to inform European guidelines for the treatment of people

with severe MS, and there is also considerable interest from the MS Society in America. The study is currently being written up for publication, and a broader dissemination strategy is under consideration to ensure the maximum benefit for patients and the NHS is derived from the research findings. Such implementation should lead to an improvement in function and quality of life for a large number of patients across the NHS with advanced multiple sclerosis.

C. Contribution to national work (Maximum 3 pages).

The RDS SW has continued to play a very active part in national working alongside other RDS regions. Together, the ten regions make up a national RDS that is greater than the sum of its parts, supporting NIHR in the delivery of its strategy and constantly seeking ways to improve the RDS at national and regional levels. This is facilitated through the national RDS Strategy Group, its Communities and Task and Finish Groups. Throughout the reporting period the national work has been supported by the National Business Manager, for which the RDS SW has made a full contribution in funding.

The RDS SW has always been represented at Strategy Group meetings by one or two members of staff. This has usually been the Director, and the Deputy Director on occasion, but over the last year of the contract the incoming Director (for RDS3) has also (or instead) attended. Throughout the reporting period the RDS SW director has been the deputy chair of the Strategy Group, working closely with the Chair and National Business Manager to plan meeting agendas, prepare papers and monitor the progress of the operational work of the TFGs.

In addition to involvement in the Strategy Group, RDS SW staff have been involved in the various communities through the Deputy Director/PPI lead (PPI, deputy chair), our Knowledge Manager (Communications) and our Business Manager (CPD and Business & Operations Management); similarly we have also contributed to TFGs working on such issues as the national Residential Grant Development and Writing Retreat.

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. A presentation is made to Strategy Group each year highlighting the latest data and trends as well as drawing out interesting issues from comparative regional data.

- The collation of RDS “monitoring” data into a cumulative dataset. The RDS SW Director has worked 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. During the reporting period this activity has actually come to an end, since data about the use of the RDS has now been removed from the NIHR standard application form.

- 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. In the 2017 presentation to the Strategy Group, data were presented at the level of individual institutions (suitably anonymised) with a suggestion that such an analysis might be useful in local discussions; we provided specific regional analyses for a number of regions interested in taking this further.

- The RDS SW Business Manager again provided SW data for the national RDS ‘activity mapping/consistency project’ (Peter Lovell) and the ‘workforce exercise’ (Wendy Baird) during the reporting period.

- 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.

- The RDS SW Business Manager, with the Director, produced an adviser induction/ongoing CPD checklist for use in the SW which was then shared with other regions via the CPD Community. This work was extended to design of an induction/ongoing CPD checklist for administrative RDS staff, which the Business Manager initiated with the RDS EM Director, also involving other administrative staff from other regions, notably RDS North East and RDS East of England. Both checklists were shared with regions via the CPD Community and have received very positive feedback.

- 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.

- We supported the development of the second RDS Residential Grant Development and Writing Retreat, which was held in September 2018. The RDS SW director was a member of the TFG planning the event and, together with another SW member of RDS staff, attended the event itself in Canterbury to help in its delivery. Planning for the event drew heavily on the experience of the RDS SW, as we have delivered a similar residential event on numerous occasions. The Retreat was based largely on the model used by the SW over many years.

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

- The RDS SW Director continued to be involved in working with NETSCC staff facilitating the organisation of events around themed calls and highlight notices.

- 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 6,100 followers, a number that continues to grow.

- 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 3 pages).

As is hopefully clear 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.

National initiatives, and our encounter of them, may arise in a number of different ways. For example, we may have direct communications from DHSC / NIHR / CCF, such as the feedback on our annual reports. More often we learn of initiatives and recommendations through the RDS Strategy Group. For example, we may hear of an NIHR initiative from the SG Chair feeding back from NIHR Strategy Board meetings. We often hear about new initiatives from an individual region at SG or through other mechanisms. For example, the RDS SW Director has been 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.

There are a number of mechanisms in place to ensure such recommendations and initiatives are considered and implemented where appropriate within the SW. 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, our annual staff "away day" and any other staff "update days". A weekly "staff digest" is 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 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 respond with enthusiasm to requests to host any events often organised as part of a national "roadshow", for example we hosted one of four information events on the Public Health Research scheme in July 2017.

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 enjoyed excellent working relationships with the CLAHRCs, AHSNs and the clinical trials units in the region. Indeed, we have joint appointments of staff with one CTU, and work closely with all the units to ensure extensive collaboration and cross-referring as appropriate. The RDS SW Director served as the chair of 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. In Exeter (where the CTU achieved UKCRC registration during the reporting period), we have adopted a similar system of single point of entry, and RDS and CTU staff meet regularly to discuss requests for support. In our sites without a CTU, collaborations are formed to ensure appropriate access, eg in Bournemouth the RDS team collaborates with PenCTU, Exeter CTU and Southampton CTU.

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 a NIHR Strategy Group within the University of Exeter Medical School.

As mentioned earlier, the collation of NIHR "outcomes" data from the relevant three agencies has

enabled detailed analysis of volume of activity and success rates at different levels, including the level of individual institution. There was great interest in this locally and two presentations were made in Exeter, and one each in Bristol and Plymouth. The organisations found it very useful to see how they compared with national averages and other (anonymised) institutions, and provided ideas for future strategy.

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. A strength of our model is the support provided to clinicians wherever they are based, with RDS staff travelling as necessary to a meeting place at their convenience.

As mentioned earlier, we work closely with other agencies supporting NHS-driven research, eg the CLAHRCs and AHSNs. We take the opportunity to present on the RDS at various fora and to obtain feedback on how to make our service as accessible as possible to NHS staff. In one particular trust (the Royal Devon & Exeter) we have worked with the R&D department to visit all departments in the hospital to ensure people know about the RDS and the potential opportunities for obtaining research funding; we also run regular "drop-in" sessions based in the hospital to provide maximum convenience for busy clinicians. We have worked closely with NHS R&D services to support their 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.

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 outgoing Director is a member of the HTA CET Board and our incoming Director is a member of the 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.

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 the projects once funded. We are committed to ensuring that public involvement is at the centre of our work and that this is reflected in the advice we provide to the research teams we support.

Standard 1 - Inclusive opportunities. 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 public involvement networks. We always promote PI early on in our consultations with project teams and have a mechanism to review this 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 most readily achieved by the locality based RDS teams who are well placed to understand the needs of the area. Sometimes we can draw on existing groups for PI support but we also support groups that are created especially for the project.

Standard 2 - Working together. We provide support to research teams and to members of the public who are working with us and aim to provide clear outlines of the expectations for each aspect of work.

Standard 3 - Support and Learning. Julie Hapeshi is the RDS SW lead for PI and this is publicised via our website. She attends the National RDS PIC group which provides a forum for communication with the other RDS PI leads, the INVOLVE team and the INVOLVE advisory group members, via the RDS nominated directors, giving an opportunity to share and develop good practice.

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 (www.phwe.org.uk) is co-chaired by Julie Hapeshi. The group provides access to public contributors and shared training for public contributors and staff. JH has also collaborated with other RDS PI leads to a wider debate and development of practical materials to enable researchers to consider the ethical issues relating to PI which included workshops at the INVOLVE conference and at the RDS staff training day.

Standard 4 – Communications. We aim to use plain English for all of our communications and to encourage the research teams that we engage with, to do the same. We provide support for writing plain English summaries and involve the public contributors that we work with through our project review committee to support this.

Standard 5 – Impact. Much of the impact that we observe is via feedback from researchers at a project level. One team consulted with a local group and presented an outline of the project. The presentation was useful for highlighting areas which they thought were straightforward (the term end of life care) but were understood differently by members of the public. Participants were also able to comment usefully on the proposed research questions and research design. The group gave some useful suggestions about when it would be most appropriate to sample participants entering homes and identified some of the practical difficulties which would have to be overcome when interviewing participants. Changes were made to the design on the basis of this which strengthened their bid to Alzheimer's UK. Another project also took a group approach. Their feedback suggested:

> "the PPI support definitely made a big difference, and was greatly appreciated. We made some tweaks to the study design for participant comfort, and in other ways this further justified what we already proposed. The application has recently been reviewed by Diabetes UK, and they commented on the strength of the lay summary and information, so I think it helped there."

The results of PI are almost always encouraging and even if the projects are not ultimately funded, lasting partnerships are created for future endeavours.

We have a number of public contributors who support the work of the RDS SW Project Review Committee by providing lay 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 for the RDS advisors. We have extended the inclusion of lay contributors into our provision of mock interview panels for NIHR academy applicants and also to our interview panel for the new PI specialist posts.
Governance - The SW RDS is an active member of the National RDS PI Community (PIC). We are implementing, locally, the National RDS PI strategy that was agreed in April 2016 (www.rds-sw.nihr.ac.uk/dloads/RDS-PI-Strategy.pdf). This strategy 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 Public Involvement strategic objectives can be summarised in four key areas: support for PI, staff development, communication and networking and impact. The strategy will be revised early in the new contract to more closely reflect the National PPI Standards and a local operational plan developed to implement it.

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 to ensure people can contribute regardless of their means. We had eleven requests for PI funds in the reporting period, but only seven resulted in claims which totalled just under £750.

We are currently considering PI representation in our management team meetings.

Staff development and resources - The team is supported by the PI lead (also Deputy Director) as 0.3WTE with three other members of staff with enhanced PI roles (0.2WTE each). This will change for the new contract from October 2018 as we will enhance the PI team with two part time PI specialists based in Bristol and Exeter. The resource to support PI will remain integrated into the role of the RDS advisors based in the local sites as they have a well-developed understanding of the local communities. RDS-SW advisors 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 PRC. We provide an annual update for the public contributors who work with us. Additional training opportunities are offered in conjunction with other NIHR /NHS partners.

Future developments – the next year will be spent focussing on the development of the new National PI strategy and the development of our regional implementation plan. The new PI specialist role will be critical to the success of the delivery of the plan and to provide an enhanced operational capacity in PI across the RDS SW. Julie Hapeshi will remain as PI lead until March 2020 when clear succession plans will have been put in place.

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 during the last six months of the RDS2 contract, ie 1 April 2018 to 30 September 2018. Data for the financial year 2017/18 were provided earlier this year, but without any accompanying commentary; hence reference is also made to that period here.

During 2017/18 we saw 261 investigators with new project ideas, with a further 100 in the last six months. Outline submissions numbered 77 for 2017/18 and 39 for the last six months. There were 63 full submissions supported during 2017/18 and 49 in the last six months.

In terms of outcomes that we have become aware of since the 2016/17 annual report, we supported 29 outline submissions that were successfully shortlisted in 2017/8 and 28 in the last six months. These correspond to success rates of 44% and 58% respectively. For full submissions, we were successful in obtaining funding for 33 applications in 2017/18 and 13 in the last six months, giving success rates of 36% and 38% respectively.

It is difficult to comment on the metrics in the usual way – comparing to previous years – firstly because the most recent data relate to six months only, and secondly because of changes to funding programmes, in particular RfPB and fellowships moving from single stage to two-stage schemes. With those caveats in mind, we can make the following observations:

- The number of new projects for 2017/18 (261) was a reduction on 2016/17 (298), but the latter was our highest ever year and the figure for 2017/18 is in fact the same as for 2015/16, which are jointly the second highest years. The last six months has seen 100 new projects; the equivalent six months in 2017/18 had 118 projects, so the recent period is a small reduction.

- Outline applications increased from 68 in 2016/17 to 77 in 2017/18, with a similar high level of 39 for the most recent six months. We would expect to have seen such an increase because of the changes mentioned above. Conversely, the number of full applications correspondingly dropped, from 117 in 2016/17 to 63 in 2017/18, but with 49 in the last six months.

- Success rates have remained stable, in fact improving slightly: the percentage of outline submissions successfully shortlisted rose from 42% in 2016/17 to 44% in 2017/18 and 58% in the recent six months; the corresponding figures for successfully funded full submissions are 35%, 36% and 38%. It is worth noting that for the last 18 months the successful funding rate for NIHR submissions was 52%.

As noted earlier in the report, the overall picture across the five years of RDS2 is one of increasing activity while maintaining high success rates.

The metrics tables also include detail about the types of investigators and teams supported, specifically there is a table classifying the lead applicant for the full submissions supported and another table which attempts to capture what types of investigators are included in the whole team. We have given a numerator and denominator for this purpose, since we have omitted cases where we are unsure whether a particular investigator type was involved.

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

During this reporting period the RDS SW had a slightly increased workforce (34 members of staff), a small increase from the previous reporting period. There was some turnover including leavers/starters and also some staff retirement at the period end. The majority (24) 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. We have found this a good model which permits advisers to focus their time and efforts on the core business of the RDS – advising researchers.

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 as well as the second national RDS Grant Writing Retreat ('GWR') which took place in 2018.

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. A regional induction/ongoing CPD checklist was also developed for adviser and administrative staff, as detailed in section C above.

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 (April 2017 – September 2018) a total of £1,588,528 was received to fund the RDS SW. Details of expenditure during this period, together with expenditure for the entire RDS SW contract period 2013-18, are provided separately via the FSTOX return.

The vast majority (86%) of RDS SW total expenditure in this reporting period 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, 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 (6%) and equipment (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 provided generous contributions to the post of National RDS Business Manager pay and non-pay costs. A total of £26,000 has been provided, covering SW costs to the end of the contract period.

The end contract position of the RDS SW budget is a negligible underspend of £32 (around 0.0006% of total income for the contract).

H. Conclusion **(Maximum 1 page)**.

The RDS SW is pleased to be able to report on another successful 18 months, running an effective and efficient service with a balanced budget at the end of the contract for RDS2.

We maintained a high level of activity in terms of numbers of projects supported and submissions made, while also maintaining a high rate of success for those submissions, in particular for submissions to NIHR.

We continue to be fully engaged with 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 the start of a new 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. Summary of progress made 2013 – 2018 (Maximum 2 pages).

In 2012 we submitted an application to provide a RDS in the south west of England, continuing a service we had already run for five years. We were awarded a second contract and have successfully delivered on it through 2013-2018. To a large extent we continued with the existing structure and systems that had proved successful, updated to reflect changing NIHR priorities and developments within the RDS itself.

One particular area of change was an increased emphasis on national working – the ten RDS regions coming together to deliver national work and to learn from each other in order to drive forward improvements in service delivery. The national work has been reflected in annual reports, including this end of contract report. The RDS SW has played a very active part in national developments, with staff involved in the various committees, communities and projects delivered by task and finish groups. Individuals have contributed to a large number of national activities, including work directly for (and with other parts of) NIHR in addition to national RDS work. Such contributions to national work has not been at the expense of regional activities in the south west; as evidenced earlier, we have seen increases in activities over the five years while maintaining similar success rates, without any additional resource.

The RDS SW has delivered according to the original application, fulfilling the objectives as specified with little deviation. Some lessons have been learnt and have led to some small changes during the period and/or some larger changes for the third contract period:

- The overall structure has remained largely unchanged through the second contract, although we did reduce from 9 to 8 sites during this period. This reduction followed the retirement of our RDS lead for Truro, when it was considered more efficient to serve Cornwall from our Plymouth office rather than reappoint at the same site. A continuing priority has been that we should provide a flexible service able to reach out in particular to clinicians – we have strived to be responsive and supportive for non-academic investigators, visiting at their convenience and avoiding any sense of the RDS being an “ivory tower”. However, we have always been mindful of the potential disadvantages of spreading staff thinly across many sites – their potential isolation and potential inefficiency if demand at a site is relatively low. We have reported in the past how we have worked hard to mitigate those potential disadvantages, but it was felt that the end of RDS2 was the right time to consider further consolidation on to a smaller number of sites, as reflected in the bid to run RDS3.

- The team has remained fairly stable over the contract period, with relatively few staff leaving the service. As has always been the case, whenever a member of staff has left (or reduced hours, eg due to success in securing grant funding), replacement at the same site is not automatic: consideration is always given to whether resource should be redirected elsewhere, both in terms of the site and any specific type of expertise. This has been particularly important as we moved towards a new contract with a reduced number of sites. In fact, the transition from RDS2 to RDS3 has seen the largest single change in staffing, as a number of experienced people have considered the end of RDS2 a natural time to retire, providing opportunities for consolidation of sites and new appointments in PPI in particular.

- The consultancy service has remained largely unchanged. It is the core service and we have continued to work flexibly with individuals and teams of investigators to support their needs and aspirations. We generally have face-to-face meetings but in the interest of efficiency we also collaborate through electronic media as appropriate.

- Other initiatives to support investigators have been delivered largely as proposed in our RDS2 bid. Our Project Review Committee has continued to be a popular resource, and investigators with a wide range of experience have accessed this service to obtain objective

pre-submission advice. Our one-day Grants Application Workshop has likewise continued to be popular and we have delivered 3-4 per year to meet the demand. Our Residential Retreat, which we continued to deliver annually, developed into a national event in 2016. In addition to those planned events, we have delivered ad hoc events (in particular to support national initiatives such as programme-specific roadshows) and we introduced a regular series of mock interviews for candidates shortlisted for NIHR fellowships.

- PPI has continued to be an important part of our service and we are always mindful of ensuring it has properly been considered by investigators. Our large geographical patch and our distributed service based in eight sites has meant that all RDS advisors advise on PPI as part of their general role. However, we have come to recognise the disadvantage of not having dedicated PPI advisers, which has now been rectified as part of the introduction of the third contract.

- Relationships with other parts of NIHR infrastructure have continued to be strong. We have particularly good working relationships with the Local Clinical Research Networks and the CTUs in the region. We work closely with all the CTUs to ensure efficiency in supporting investigators, involving cross referrals and joint collaboration as appropriate. We always encourage investigators to engage with their LCRN at an early stage to consider aspects of delivery and appropriate allocation of funding. We additionally continue to have good working relations with other local NIHR structures, eg the CLAHRCs and AHSNs.

In terms of highlights from the five years, we would again reiterate the figures presented in section B, highlighting the increased activity over the time period while maintaining success rates. For our staff, a particularly gratifying aspect of the work comes from the numerous positive comments we receive from grateful investigators, whether for general RDS input to a project, for the feedback provided from our Project Review Committee, or following one of our workshops or other events.

However, the best reward for staff comes from hearing that a team we have supported has received the news of being successfully funded. Although it is a challenge to evidence the attribution of success to the RDS, staff are generally aware of those occasions where it is hard to envisage that the same success would have been achieved without RDS input. It is difficult to choose one such success from the numerous potential examples over the five years, but one particular highlight is the REVERT trial led by Andy Appelboam at Exeter. At the time Andy and his co-investigators were non-academic clinicians with a simple idea that might improve the lives of people attending emergency departments with supraventricular tachycardia. This received considerable RDS input over an extended period from a number of advisors; the team attended our Residential Research Retreat; they asked two RDS staff to be co-applicants on their application; they successfully obtained funding from RfPB at the second attempt; the study was successfully delivered to time and target (over-recruiting in fact) and was published in the Lancet. Since then it has quite rightly been used as an exemplar to highlight the work of the RDS, our residential event, the RfPB scheme and indeed NIHR itself. As Andy himself says: “Without a doubt, the time spent with the RDS on the initial research retreat and the subsequent support we received, was a major factor in the success of our trial. Ensuring the methodology and many other facets of the research had been thought through in such detail meant our trial was designed fit for purpose and with the greatest chance of successful recruitment and high quality conduct”.