# Agenda

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| **Group Name:** | **Trust Board – Open Session** |
| **Date of Meeting:** | **30 April 2019** |
| **Venue:** | **Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH** |
| **Time:** | **9.00am** |
| **Apologies to:** | Sue Diduch, Corporate Affairs Administrator |

| Time | Item | Description | |
|---|---|---|---|
| 9.00 | 1. | Chair's Welcome, Apologies and Declarations of Interest | |
| | 2. | Minutes of Previous Meeting held on 28 March 2019 | |
| | 3. | Matters Arising/Summary of Agreed Actions | |
| | 4. | **Quality, Performance and Finance** | |
| 9.15 | 4.1 | Patient Story<br>**(Derek Sandeman, Medical Director)** | Oral |
| 9.30 | 4.2 | Briefing from Chair of Quality Committee for review<br>**(Mike Sadler, Chair QC)** | Oral |
| 9.35 | 4.3 | Briefing from Chair of Strategy & Finance Committee for review<br>**(Jane Bailey, Chair S&FC)** | Oral |
| 9.40 | 4.4 | Integrated Performance Report for Month 12 including Quarterly Patient Safety Report (QIF) for review<br>**(Jane Hayward, Director of Transformation & Improvement)** | |
| 10.25 | 4.5 | Guardian of Safe Working Hours Quarter Report for review<br>**(Derek Sandeman, Medical Director/Kathryn Nash, Consultant Hepatologist and Guardian of Safe Working Hours)** | |
| 10.35 | 4.6 | Maternity Services Annual Report 2018 for review<br>**(Gail Byrne, Director of Nursing & Organisational Development/ Suzanne Cunningham, Director of Midwifery & Professional Lead for Neonatal Services)** | |
| 10.45 | 4.7 | CRN: Wessex 2018/19 Q4 Performance/Annual Report for review<br>**(Derek Sandeman, Medical Director/Rebecca McKay, Chief Operating Officer, CRN: Wessex)** | |
| 10.55 | 4.8 | Finance Report for Month 12 for review<br>**(David French, Chief Financial Officer)** | |
| | 5. | **Chair's and Chief Executive's Reports** | |
| 11.05 | 5.1 | Chief Executive's Report for review and Chair's actions for ratification **(Paula Head, Chief Executive/Peter Hollins, Trust Chair)** | |
| | 6. | **Strategy and Business Planning** | |
| 11.10 | 6.1 | CRN: Wessex 2019/20 Annual Plan for approval<br>**(Derek Sandeman, Medical Director/Rebecca McKay, Chief Operating Officer, CRN: Wessex)** | |
| 11.20 | 7. | Any other business | |

8. To note the date of the next meeting: Thursday 30 May 2019 in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH.

**In attendance:** Kathryn Nash, Consultant Hepatologist and Guardian of Safe Working Hours
Suzanne Cunningham, Director of Midwifery & Professional Lead for Neonatal Services
Rebecca McKay, Chief Operating Officer, CRN: Wessex

**EXCLUSION OF PRESS, PUBLIC AND OTHERS**
The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows "that representatives of the press, and other members of the public, be excluded from the remainder of this meeting as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted"

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|---|---|
| 11.30-11.45 | Follow-up discussion with governors |

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| 11.45-1.00 | Clinical Visit – Dementia-friendly care |

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| 1.00-1.30 | Lunch |

**Items Circulated:**
The following items have been circulated to the Board since the last meeting. Executive directors are happy to take questions from individual members, before the meeting, by e-mail or telephone, or to meet separately to discuss in more detail.

*22 March 2019*
Press Release: Southampton surgeon helps create 'IKEA clinic' for global health disasters

*27 March 2019*
Press Release: Current screening programme for baby hip problems has "failed" (embargoed)

*2 April 2019*
Press Release: Hospital trust's women's and maternity care rated among best in the world

*9 April 2019*
Press Release: Southampton's 'twin surgeon' model revolutionises children's kidney stone treatment

*16 April 2019*
Doctors pioneer enhanced MRI scan for babies with brain injury
Hospital trust rated 'good' by health watchdogs following inspection

University Hospital Southampton
NHS Foundation Trust

# Trust Board Minutes – Open Session

**Minutes of the Open Trust Board meeting held on Thursday, 28 March 2019, in the Conference Room, Heartbeat Education Centre, North Wing, University Hospital Southampton, commencing at 09:00 and concluding at 11:15.**

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| **Present:** | **Mr P Hollins, Trust Chair** | **PTH** |
| | **Mrs P Head, Chief Executive** | **PHe** |
| | **Mr D French, Chief Financial Officer & Deputy Chief Executive** | **DAF** |
| | **Mrs G Byrne, Director of Nursing & Organisational Development** | **GB** |
| | **Ms J Hayward, Director of Transformation & Improvement** | **JH** |
| | **Dr C Marshall, Chief Operating Officer** | **CM** |
| | **Dr D Sandeman, Medical Director** | **DS** |
| | **Mr S Porter, Senior Independent Director/Deputy Chair** | **SP** |
| | **Ms J Bailey, Non-Executive Director** | **JB** |
| | **Prof C Cooper, Non-Executive Director** | **CC** |
| | **Ms C Mason, Non-Executive Director** | **CMa** |
| | **Dr M Sadler, Non-Executive Director** | **MS** |
| **In Attendance:** | **Mr C Helps, Interim Company Secretary and Associate Director of Corporate Affairs** | **CH** |
| | **Mr A Byrne, Director of Informatics** | **AB** |
| | **Mr S Harris, Director of Human Resources** | **SH** |
| | **Ms V Boland, Corporate Affairs Manager** (minutes) | |
| | **Ms V Havercroft-Dixon, Head of Patient Relations** (shadowing GB) | |
| | 3 governors | |
| | 3 members of staff | |
| | 1 member of the public | |

**34/19 Apologies**

Apologies were received from Ms J Douglas-Todd, Non-Executive Director.

Action By

**35/19 Chair's Welcome, Opening Comments and Declarations of Interest**

The Chair welcomed everyone to the meeting.

There were no declarations of conflicts of interest with any items on the agenda.

**36/19 Minutes of Previous Meeting** *(Agenda item 2)*

The minutes of the meeting held on 28 February 2019 were **AGREED** as an accurate record subject to the following amendments:
24/19b should state that the item would be discussed at the April Quality Committee not March.
24/19g 2nd paragraph first sentence – need to remove duplicate 'a'.
24/19b sentence incomplete.

**37/19 Matters Arising/Summary of Agreed Actions** *(Agenda item 3)*

*37/19* a) *Minute Ref 24/19g)* Integrated Performance Report for Month 10 Cancer – PHe reported that a new national cancer target would be introduced from May 2019.

*37/19* b) *Minute Ref 27/19a)* CRN: Wessex 2018/19 Quarter 3 Performance Report – DS confirmed future reports would include the outcome of NIHR review.

37/19 c) *Minute Ref 31/19a)* Revised Equality, Diversity and Inclusion (EDI) Strategy – GB confirmed this action had been completed.

## Quality, Performance and Finance

**38/19 Patient Story** *(Agenda item 4.1)*

DS introduced the patient and his companion dog to the Board. The Board heard a first-hand account of their positive experience of the Trust's services and what compelled the patient to become a volunteer with Pets as Therapy (PAT). The patient described the voluntary service he provided and the popularity of this service across the hospital.

The Board thanked the patient and his PAT dog for attending and providing this positive view of UHS and its volunteers.

**39/19 Briefing from Chair of Audit & Risk Committee** *(Agenda item 4.2)*

SP summarised the items considered at the March Audit and Risk Committee:

- Internal audit progress report
- Internal audit plan for 2019/20 and draft internal audit opinion for 2018/19
- Data Protection update
- Annual data quality assurance framework.
- Review of Board Assurance Framework (BAF) report priority 1 in relation to hospital flow

**40/19 Briefing from Chair of Quality Committee** *(Agenda item 4.3)*

MS summarised the items considered at the March meeting of the Quality Committee:

- Review of quality improvement framework priority on end of life care
- Draft Quality Improvement Framework (QIF) for 2019/20
- Draft Quality Account 2018/19
- Review of rising caesarean section rates
- Impact analysis against Care Quality Commission (CQC) Under Pressure document
- Serious Incidents Requiring Investigation (SIRI) and Never Event Trust Board and Committee 'touch points'
- Clinical effectiveness and outcomes for critical care, theatres and anaesthetics, cancer care and radiology
- Review of committee effectiveness, terms of reference, and business programme for the forthcoming year

PTH noted the recent issues in closing of SIRIs and queried the Committee's discussion in relation to this. MS advised that the Committee reviewed the 'touch points' and noted that reporting was sporadic therefore a regular six month update would be provided going forward. The Committee was assured of the effectiveness of the SIRI process.

**41/19 Briefing from Chair of Strategy & Finance Committee** *(Agenda item 4.4)*

JB summarised the items considered at the March Strategy & Finance Committee:

- Review of Committee effectiveness and business programme 2019/20
- Operational planning 2019/20 including finance regime
- Informatics Update
- Strategic Business Case for the Transfer of Hampshire Hospitals Radiotherapy Service to UHSFT
- Review of latest financial position and Cost Improvement Programmes (CIPs)

**42/19 Integrated Performance Report for Month 11** *(Agenda item 4.5)*

a) CM introduced the report noting an error within the report: 'flow' is read rated, not amber.

*42/19* b) Safe

GB provided an update noting the failure to achieve the target percentage of patients receiving Thromboprophylaxis assessments. An IT alert system within ePrescribing had been piloted and was demonstrating an improvement. Trust-wide rollout was discussed at the Thrombosis Committee.

MS highlighted that with the current level of Clostridium Difficile cases it would be likely that the ceiling of 39 would be exceeded. This was attributed to an increase in testing which had resulted in identifying an increased number of instances.

JB queried why the purchase of pressure-relieving mattresses had not apparently reduced the level of pressure ulcers. GB advised that there were a number of factors that contribute to development of pressure ulcers however an evaluation of the mattresses had been requested. DAF confirmed that it had proven more cost effective to purchase mattresses than lease them. It was noted that the national targets for pressure ulcers were to change in April.

PTH sought clarification as to whether the number of high-harm insulin-related medication errors was indeed zero. DS advised that this was a very specific metric and agreed to confirm this.

**Action: Data validity in relation to high harm insulin related medication errors to be checked.** DS

*42/19* c) Caring

GB provided an update in relation to complaints.

PTH sought clarification as to when the nutrition metric would be achieved. GB provided an update on actions being taken to address this.

**Action: Update to be provided on when nutrition (c1.6) will return to plan.** GB

*42/19* d) Effective

DS provided an update highlighting the increasing number of specialities that have produced outcome measures. The total was below the Trust's ambition for all specialties to have at least one outcome measure. An annual plan had been developed to improve this.

CMa requested that the report include specific updates on the outstanding actions from national reports. DS advised that at present quarterly updates were received. However, in future these will be reported in the outcomes report to the Quality Committee. DS assured the Board that these reports were closely monitored by the Clinical Effectiveness Team.

42/19 e) Responsive

CM summarised Trust performance noting:

- Activity – there had been a significant increase in Emergency Department (ED) attendances in line with national trends
- Flow – this had been challenging during February due to the increase in emergency attendances, high numbers of Delayed Transfers of Care (DTOCs) and increased Length of Stay
- Emergency Access – the increase in emergency attendances and high levels of DTOCs had negatively impacted upon the Trust's ability to achieve the Emergency Access targets
- Referral to Treatment (RTT) and Diagnostics – progress continued to be made in reducing the total number of breached patients. Two patients who had waited over 52 weeks had been treated in early March. The diagnostics target had been achieved for the first time in a number of months

MS noted that alongside the continuing increase in ED referrals, urgent cancer referrals had increased by 6.7% for the year-to-date. The Board requested an update on the quality impact of not achieving "constitutional targets" on the quality of care.

**Action: That the Director of Nursing & Organisational Development, with the Medical Director, bring a quality impact assessment regarding failure of "constitutional targets" to the Quality Committee.** GB

The Board requested that planned activity be included within the report.

**Action: Planned activity to be included within the IPR.** JH

42/19 f) Cancer

CM provided an overview of the work ongoing to improve cancer performance noting that this had not yet reflected the data reported. It was expected that the urgent GP referrals seen within two weeks target would be achieved by the end of March 2019. An overview of Urology referrals and capacity was provided which had impacted on the 62 day target (RC1.3). All breaches in the 62 day target (RC.14) related to difficulties with capacity in breast surgery.

PTH queried whether there was any further potential for outsourcing of robotic prostate cancer work. CM advised that this had been considered with NHS England but was not an option at present.

SP queried whether there were plans to use robotic surgery other than for prostate cancer. CM provided an overview of the advantages of this surgery and hence the patient preference for this method. Robotic surgery was being used within the private sector particularly for head and neck surgery with good outcomes for patients however this was not presently covered under the NHS tariff.

42/19 g) Research and Development (R&D)

JB highlighted the need to ensure the data provided was meaningful and allowed for Board discussion. DS provided an overview of plans to update the information provided within the performance report to ensure there were both Clinical Research Network (CRN) and UHSFT-specific metrics.

DAF confirmed that a recent change in account standards had been discussed with Christine McGrath, Director of R&D.

*42/19* h) Staffing

GB provided an overview of ongoing changes to the quality as well as quantity of appraisals completed and the plans in place to achieve this target.

MS acknowledged the decrease in the sickness absence and turnover rates, noting this as positive given the current challenges to the organisation.

**43/19 Informatics Update** *(Agenda item 4.6)*

AB presented the update providing an overview of progress for the Global Digital Exemplar (GDE) programme and plans to achieve HIMSS level 7. An initial HIMSS assessment had been completed and UHS is currently at level 2. Plans were in place to reach level 5.

PTH asked if there were any metrics outlining satisfaction with the services provided by Informatics. AB advised that some surveys had been completed but additional work was required to develop measurements for user satisfaction with systems and infrastructure. JH advised that a survey of junior doctors and consultants had been completed alongside regular meetings with junior doctor representatives to obtain feedback and focus projects going forward.

**Action: Review informatics report including progress against HIMMS level 7 and strategy, as well as providing a continuing assessment of user satisfaction.** — JH

**44/19 2018 NHS National Staff Survey Results** *(Agenda item 4.7)*

SH presented the report highlighting:

- The Trust was ranked 7th in Acute Trusts for staff engagement overall
- Significant improvement in the quality of appraisal theme
- The proportion of staff believing that the Trust took positive action on health and wellbeing had decreased significantly
- The experience for Black, Asian and minority ethnic (BAME) and disabled staff groups remains an area of some concern

PHe added that the Trust would be aiming to increase the participation rate going forward as this was not at an optimum level. However this would be dealt with sensitively given forthcoming challenges in relation to finance and the NHS Forward Plan.

JB noted recent discussions she had with staff which highlighted health and wellbeing specifically excess hours, and time to make improvements and reasons for change. SH summarised the continued initiatives to improve health and wellbeing for staff and the work to improve quality of communications between management and staff.

MS highlighted the diversity results in appendix C of the report noting the lack of improvement for BAME staff. SH acknowledged that additional work was required to understand the issues for BAME staff alongside the Freedom to Speak Up agenda.

DS noted the decline in the quality of care score from frontline staff. GB identified areas of particular focus as bullying and harassment for nursing staff and violence by patients

CC asked whether there was any way of identifying how well-led staff felt the organisation was. PTH advised that this would be drawn from the CQC well-led review.

PTH highlighted the 'prefer not to say' group as particularly unhappy. SH advised that some staff were concerned about anonymity therefore way of addressing this were being considered.

SH noted that the 16-20 and 21-30 age groups had a slightly lower level of staff engagement. PHe advised that this was being addressed through the Trust's long-term vision work.

**45/19** **Finance Report for Month 11** *(Agenda item 4.8)*

DAF presented the month 11 Finance report, noting for January:

- The Trust delivered a control total deficit excluding Provider Sustainability Fund (PSF) of £1.5m. Year to date the Trust was £0.1m better than plan
- In month once non-recurrent items were excluded was a £3.1m deficit, against a Plan target of £1.6m deficit. £1.5m worse than Plan
- Under the single oversight framework the Trust delivered a score for Finance and Use of Resource of a '1'
- Cost Improvement Plan (CIP) delivery in the month was £2m against a target of £2.9m.
- Pay had increased by £0.2m compared to January 2019 and was £1m above Plan
- An additional cost pressure of £1m related to the pay award for Serco staff was expected noting that previous central funding for this would not be received

DAF stressed the level of non-recurrent measures used in achieving the Control Total for 2019/20 and that this therefore could not be used to achieve the Control Total during 2020/21.

MS queried why capital expenditure was behind plan, noting that the Board had determined the schemes as priorities. DAF attributed this to capacity within the estates team as well as the ability to gain access to and/or closed areas.

GB noted the impact of the agenda for change pay award per ward. This was a national award that the Trust had committed to and therefore could not be influenced.

## Chair's and Chief Executive's Reports

**46/19** **Chief Executive's Report** *(Agenda item 5.1)*

a) PHe advised that there was nothing specific to highlight from her report.

PTH highlighted the agenda pay gap noting the lack of improvement in this. PHe advised that the Trust was taking proactive action to improve this however this would take time to have a positive impact.

*46/19* b) **Items for Ratification**

Actions taken by the Chair as set out in paragraphs 2.1 – 2.2 were **ratified**.

## Corporate Governance, Risk and Internal Control

**47/19** **Feedback from Council of Governors' meeting 12 March 2019** *(Agenda item 6.1)*

PTH summarised the items discussed at the March meeting of the Council of Governors, including:

- NED question and answer session
- Chief Executive's update
- Review of governor working groups and structure
- Governor elections
- Governor nominations committee

**48/19** **Any Other Business**

None.

**49/19** **Date and Time of Next Meeting**

Tuesday, 30 April 2019 commencing at 0900 in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH.

| Meeting Date | Agenda Item | Title | Action | Action By | Date Due | Status | Comment | Status Date |
|---|---|---|---|---|---|---|---|---|
| 28/03/2019 | 4.5 | IPR | Data validity in relation to high harm insulin related medication errors to be checked | Medical Director | 30/04/2019 | Completed | As reported | 23/04/2019 |
| 28/03/2019 | 4.5 | IPR | Update to be provided on when nutrition (c1.6) will return to plan | Director of Nursing & Organisational Development | 30/04/2019 | Completed | Compliance has been reached at 95%. We have simplified the assessment and I have written to ward leaders and matrons who were not achieving the risk assessment or having the nutritional action plan in place asking for focus and we will continue to monitor compliance to ensure this is sustained. | 23/04/2019 |
| 28/03/2019 | 4.5 | IPR | Director of Nursing & Organisational Development, with the Medical Director, bring a quality impact assessment regarding failure of "constitutional standards" to the Quality Committee. | Director of Nursing & Organisational Development | 29/04/2019 | Completed | This will be on June quality Committee agenda. In terms of progress we have been meeting with the Commissioners to agree definitions of harm and the process for 104 day (62 day target) and have asked Division B to review impact of the ED target. We will also be discussing this at our external Quality Summit to be held in May / June. | 23/04/2019 |
| 28/03/2019 | 4.5 | IPR | Planned activity to be included within the IPR | Director of Transformation and Improvement | 29/04/2019 | Completed | This will be incorporated into the new IPR format for 19/20. | 23/04/2019 |
| 28/03/2019 | 4.6 | Informatics Update | Review informatics report including progress against HIMMS level 7 and strategy, as well as an assessment of user satisfaction | Director of Transformation and Improvement | 27/06/2019 | In process | | 23/04/2019 |

<table>
<tr><td colspan="4">Cover sheet for a report to the Trust Board of Directors dated Tuesday, 30 April 2019</td></tr>
<tr><td colspan="4">Title: Integrated Performance Report Month 12</td></tr>
<tr><td>Category</td><td colspan="3">Quality, Performance, and Finance</td></tr>
<tr><td>Agenda item</td><td colspan="3">4.4</td></tr>
<tr><td>Sponsor</td><td colspan="3">Director of Transformation and Improvement</td></tr>
<tr><td>Author</td><td colspan="3">Trust Performance Manager</td></tr>
<tr><td>Provenance</td><td colspan="3">Report to the Board provided by the Trust Executive.</td></tr>
<tr><td>Purpose</td><td colspan="3">The paper is presented for the Board for Review<br>The Board is requested to consider the performance metrics provided, identify any elements, trends or emerging themes it wishes to pursue further.</td></tr>
<tr><td rowspan="2">Relevant to Board goals</td><td>✓ Goal 1: Improving patient journeys.</td><td>✓ Goal 2: Delivering value-based health and care.</td><td>✓ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>✓ Goal 4: Building an expert and inclusive workforce.</td><td>✓ Goal 5: Being agile in meeting people’s needs.</td><td>✓ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Board Assurance Framework links</td><td colspan="3">This report relates to all of the aims and objectives contained in the Board Assurance Framework.</td></tr>
<tr><td>Equality Impact Assessment</td><td colspan="3">The Trust aims to ensure that any change in performance does not affect one or more cohorts of people with specific protected characteristics. This equality monitoring is conducted operationally.</td></tr>
<tr><td>Other standards affected</td><td colspan="3">• NHS Provider Licence and regulatory standards</td></tr>
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## Annual Review of the Trust KPIs

### Introduction

The Trust Integrated Performance Report is presented to the Trust Board each month. The KPIs are linked to the Board objectives and the Care Quality Commission domains. This is an annual review of progress throughout the year.

These are the highlights for the year.

- The Trust maintained very good performance on the Hospital Standardised Mortality Ratio. The standard is 100 and we are consistently below this. This measure includes all patients in England with the same condition and compares those that have died with those that have survived. Being below 100 is a strong indicator of good care.
- We continue to receive very positive feedback from patients and have reduced the number of formal complaints in year.
- We have reduced bed occupancy to below 95% for the first time. This has been a long held goal as it allows patients to be treated in a timely manner whether they need emergency care or planned care. This is through a combination of indicators but linked to a reduction in length of stay. This has been achieved while the Hospital has been extremely busy and has seen more patients than ever before. As a consequence we have been able to reduce the number of patients waiting for planned care against a national increase in the size of the NHS waiting list. We also continue to deliver chemotherapy and radiotherapy in a timely manner for patients with Cancer.
- Our staff continue to recommend UHS as a good place to work and receive care and we are fully recruited on Health Care Support Workers for the first time.
- We continue to be strong on research and development and remain in the top 3 for weighted national ranking. This is a fantastic achievement.
- Our commitment to safer patient care remains as a strong thread through our reports and we have seen real improvement in patients with avoidable high harm falls, medication errors and screening for sepsis.

There are other areas where we have not made the required progress or performance has deteriorated. We will put in improvement plans to improve performance in 19/20.

- We have continued to struggle to consistently diagnose, treat and admit or discharge patients from our emergency department within 4 hours of arrival. This is a main area of focus and we have sought advice from a national expert on how to deliver this more consistently. It must be noted this is against a significant increase in attendances to ED in line with a national trend.
- Similarly we haven't always been able to deliver care within the required constitutional standard for every patient with suspected cancer or with cancer. Again this is against a backdrop of increased referrals and care delivered but our performance dropped in year and dropped lower than the national figures. We have started to improve our performance towards the end of the year, and meet some individual standards, and have detailed plans to redesign pathways and increase capacity during 19/20.
- We are not able to recruit enough staff with the right skills and to retain all of those staff when they have started with us. This means we cannot always treat patients within the constitutional standards as above. We will continue to focus on creating the right culture , creating interesting roles linked to research, creating new roles e.g. apprentices, on our undergraduate and post graduate training and recruiting staff from across the globe.
- We continue to prioritise safe and consistent care. We have a series of safety and outcomes measures that are not meeting the target or not improving as quickly as we would wish. In particular we have had 3 never events and we have created new systems and communication channels to reduce the chance this will happen again. We continue to deliver safer and more consistent care through the use of IT systems to ensure we get it right first time for patients.
- Delays for patients with onward care needs (so rehabilitation or nursing home or rest home care) continue to dominate. There has been definite improvement in year but we still need to see patients move to other care settings more quickly.

Lastly we couldn't finish a review of the year without acknowledging the CQC review. We remain rated as providing GOOD care against a set of national standards. This is a significant achievement.

Safe

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| S1.1 Never Events | 0 | 3 | Missed | |
| S1.2 Avoidable High Harm Falls | <=7 | 0 | Met | |
| S1.3 MRSA bacteraemia infection and contaminants | 0 | 1 | Missed | |
| S1.4 Cumulative Clostridium difficile (Confirmed lapse in care) | <=42 | 40 | Met | |
| S1.5 Grade 2 Pressure Ulcers (avoidable in dark blue). | <=92 | 110 | Missed | Month in arrears |
| S1.6 Avoidable Hospital Acquired Grade 3 and 4 Pressure Ulcers | <=14 | 20 | Missed | |
| S1.7 Diabetes: High harm insulin-related medication errors | <3.5 | 0 | Met | 18/19 Q1&2 |
| S1.8 Medication Errors (severe/Moderate) | <=36 | 26 | Met | |
| S1.10 Number of overdue SIRIs | 0 | 3.3 | Missed | Month in arrears. Monthly Target (Average of Performance) |
| S1.11 Safety Express Thermometer | >=95% | 98% | Met | Most recent month |
| S1.12 % Thromboprophylaxis Patients Assessed | >=95% | 93% | Missed | Month in arrears |
| S1.13 Patients appropriately screened for sepsis | 90% | 98% | Met | Up to and including Dec |
| S1.14 Sepsis Patients Treated in a timely manner | 90% | 85% | Missed | Up to and including Dec |

Within the Safe domain UHS has not met some KPI's but has seen good performance in others. There were 3 never events reported in year (2x Ophthalmology and 1x CV&T), the Never Event Scrutiny Meeting (now renamed as Safety Always Group) has been restarted to review processes and to ensure the learning is shared. The Clostridium difficile target has been met (Year to Date). The Trust has not met the planned reduction in the number of grade 3 and 4 pressure ulcers but is below the number for the previous year. Thrombolysis risk assessments have remained an area of challenge all year but the new IT solution being piloted in AMU, Surgery and T&O in January -March 2019 has initially yielded improved results. The Healthcare Safety Investigation Branch (HSIB) commenced their investigations into cases meeting the 'Each Baby Counts' criteria, of these cases one was SIRI reportable and the report is still awaited.

Caring

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| C1.1 FFT response rate - Inpatients | >=20% | 13% | Missed | Monthly Target (Yearly Total Average) |
| C1.2 FFT Negative Score - Inpatients | <=5% | 1% | Met | Monthly Target (Yearly Total Average) |
| C1.3 Maternity FFT response rate | >=20% | 35% | Met | Monthly Target (Yearly Total Average) |
| C1.4 Maternity FFT Negative Score | <=5% | 1% | Met | Monthly Target (Yearly Total Average) |
| C1.5 Same Sex Accommodation (Non Clinically Justified Breaches) | <=240 | 127/767 | Met /Missed | Monthly Target * 12, actual excluding endoscopy and including endoscopy |
| C1.6 Nutrition: % Patients with a care plan in place | >=95% | 92% | Missed | Monthly Target (Yearly Total Average) |
| C1.8 Complaints per 1000 units | <1.2 | 0.034% | Met | Monthly Target (Yearly Total Average) |
| C1.10 Bereavement Survey Core Questions - % Negative Score | <=5% | 4.40% | Met | Up to and incl Jan. Monthly Target (Average of Performance) |

Finalised end-of-year data is not available for the **inpatient Friends & Family Test** at time of writing. However, up until the end of February the trust received a total of 13,632 responses from inpatients, with 129 of those being negative scores (0.9%). The **maternity friends & family test** saw equally high positive feedback, with 97% of patients recommending the service (1835 positive responses) compared to 1.32% not recommending (25 negative responses). This is broadly in line with the previous two years.

The Trust reported cases of **mixed-sex accommodation** in line with Department of Health Guidance. We saw an increased number of patients sharing accommodation in July to October 2018 due to planned building works in endoscopy. On the rare other occasions where we report mixed sex breaches these are in areas where it is clinically justified for patients to share accommodation for a period of time while they require stay in an enhanced clinical environment e.g. Hyper-acute stroke Unit or Coronary Care Unit. Once the patient no longer requires this level of care but they cannot be moved downstream they become reportable breach of the standard. UHS has been working with NHSI to support review and standardisation of the guidelines for reporting mixed sex breaches. This guidance is due to be issued in April and will necessitate UHS reporting all breaches in delayed stepdown to level 1 care from ICUs and HDUs. This is likely to significantly increase the number of reported breaches.

The percentage of patients with a **nutrition** care plan improved to above 90% in the year with the target rate of 95% being achieved in March. Some focused work is being done with individual ward areas that are not achieving the target rate.

The Trust received slightly fewer **formal complaints** in 2018/19 compared to the previous year and resolved more complex concerns informally. Complaints per 1000 units of patient activity remained relatively consistent and well below the trust target.

The **Bereavement survey** provided to bereaved relatives at the time of their bereavement meeting continues to provide assurance that overall satisfaction with the provision of care at end of life remains high, based on a response rate of around 23%. The percentage of those who expressed satisfaction with the care provided ranged from 92% to 96% depending on the question, although this dropped to 88% with respect to privacy, due to the lack of side rooms available for the provision of end of life care.

Effective

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| E1.3 Cumulative Specialities with Outcome Measures Developed | 50 | 46 | Missed | up to and incl Dec 18. Monthly Target * 9 |
| E1.6 HSMR - UHS | <100 | 86.6 | Met | up to and incl Dec 18 |
| E1.6 HSMR - SGH | <100 | 79.8 | Met | up to and incl Dec 18 |

**Quality Accounts:**
During the 2018-19 reporting period, UHS participated in 98% (54/55) of national clinical audits and 100% of national confidential enquiries of which it was eligible to participate in. The one audit we did not participate in was BAUS Female Stress Urinary Incontinence audit as due to the service alignment in UHS, we contribute data instead to the BSUG - British Society of Urogynaecology.
**Outcomes**: (data only up to and including Q3)
48% (46/96) of specialities are now reporting outcomes.
Overall there are now 218 outcomes being reported to TEC of which 78% are graded green and 7 % are graded red. Of those graded as red, these relate to: Emergency surgery - post op assessment by elderly care, Theatres - Compliance with stop points for safety in theatres, Diabetes mealtimes and choice and IV insulin (although the IV insulin was deemed appropriate therefore no risk), Rheumatology – Compliance with NICE Quality Standard relating to referral, Respiratory Medicine – COPD readmission rates and smoking cessation, Ophthalmology routine screening, Pathology - turnaround times for specimen reporting, Pharmacy – Discharge medicines turnaround times, Trauma and Orthopaedics – knee revision rates and major trauma PROMS / consultant on arrival. All areas which have a red outcome have actions in place. Further information can be found in the Q3 18-19 effectiveness report.
**Areas identified as having exceptional outcomes**
There have been 8 COSG meetings during 2018-19, where each care Group is invited to present their outcomes on an annual basis. As well as identifying areas requiring improvement, it is also a way of celebrating the really great practice our services deliver. Some of these are listed below:

- Southampton General Hospital is currently in the top 5 hospitals in the UK for survival from in-hospital cardiac arrest.
- There are only 2 Major Trauma centres in England which are performing better than UHS.
- Major Trauma Centre Mortality following major trauma is better than predicted and falls within expected limits.
- The Stroke door to needle time for thrombolysis rates is consistently good; the results are good largely due to the implementation of having Consultants on site from 8am to 8pm 7 days a week.
- UHS are 100% for Stroke patients discharged with a joint health and social care plan booklet

Flow

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| RF1.5 Delayed Transfer of Care Census average | <=38 | 94 | Missed | Monthly Target (Average of Performance) |
| RF1.6 Delayed transfers of care (CQC Calculation) | <=3.50% | 7% | Missed | Monthly Target (Average of Performance) |
| RF1.7 Extended LOS Census average (Patients with LOS >=21days) | 200 | 246 | Missed | Monthly Target (Average of Performance) |
| RF1.9 Early discharge on day (pre-midday) | >=30% | 23.88% | Missed | Monthly Target (Yearly Total Average) |
| RF1.10 Weekend Discharge (EL & NEL Combined) | >=80% | 63.01% | Missed | Monthly Target (Yearly Total Average) |
| RF1.11 Adult midday bed occupancy | 90-95% | 93.47% | Met | Month in arrears |
| RF1.15 % elective operations cancelled and not readmitted within 28 days | <=5% | 9.07% | Missed | Monthly Target (Yearly Total Average) |

There has been a significant improvement in flow with individual targets being met for certain periods in the year. In particular length of stay, delayed transfers of care, and the extended LOS metrics were met in the pre-Christmas period. This led to a reduced occupancy levels across the year but all standards need to be met throughout the year to improve patient care. The Trust does very well on the weekend discharge rates when compared to all other Trusts nationally.

Emergency Access

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| RE1.4 UHS Total | 91% | 86.3% | Missed | Average for the year |
| RE1.5 Local Delivery System Total | 92% | 89.8% | Missed | Average for the year |
| RE.16 % patients who left the department before being seen UHS Total | <5% | 6.40% | Missed | Monthly Target (Yearly Total Average) |
| RE1.8 Time to treatment – Percentiles UHS Total | < 1hr for 50th | 00:01:23 | Missed | |
| RE1.9 Total time spent in ED - Percentiles UHS Total | < 4hrs for 95th | 00:04:01 | Missed | Monthly Target (Average of Performance) |

The Trust has not met the targets for emergency access in all quarters but did meet the target as a local delivery system in Q1 and 2 and on a year to date basis in Q3. A focused action plan is in place and is overseen by an internal team, the Commissioners and the Trust has been supported by a national expert. A number of changes are being made that should lead to an improvement in performance.

RTT and Diagnostics

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| RR1.1 % Patients on an open 18 week pathway (within 18 weeks ) | >=92% | 87% | Missed | Monthly Target (Yearly Total Average) |
| RR 1.3 Patients waiting >52 weeks for treatment | 0 | 0 | Met | Year End |
| RR1.4 Total number of patients on an incomplete pathway | 31297 | 30633 | Met | Year End |
| RR1.7 % of Patients waiting over 6 weeks for diagnostics | <=1% | 0.97% | Met | Year End |

The Trust met the main standard linked to the number of patients on the pathway and no patients were waiting more than 52 weeks on the 31st March 2019. Diagnostics has not been met throughout the year but improvement in pathways and new capacity means this has been achieved for the last 2 months of the year.

Cancer

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| RC1.1 Urgent GP referrals seen in 2 weeks | =>93% | 86.1% | Missed | Up to and incl Feb 19. Monthly Target (Yearly Total Average) |
| RC1.2 Breast symptoms referral seen in 2 weeks | =>93% | 50.4% | Missed | Up to and incl Feb 19. Monthly Target (Yearly Total Average) |
| RC1.3 Treatment started within 62 days of urgent GP referral | =>85% | 74.4% | Missed | Up to and incl Feb 19. Monthly Target (Yearly Total Average) |
| RC1.4 Treatment started within 62 days of referral (Breast, Cervical & Bowel Screening) | =>90% | 80.4% | Missed | Up to and incl Feb 19. Monthly Target (Yearly Total Average) |
| RC1.5 62 Day - Consultant Upgrades | =>86% | 85.6% | | Up to and incl Feb 19. Monthly Target (Yearly Total Average) |
| RC1.6 Treatment started within 31 days of decision to treat | =>96% | 93.2% | Missed | Up to and incl Feb 19. Monthly Target (Yearly Total Average) |
| RC1.7 Second or subsequent treatment (surgery) started within 31 days of decision to treat | =>94% | 84.8% | Missed | Up to and incl Feb 19. Monthly Target (Yearly Total Average) |
| RC1.8 Second or subsequent treatment (anti cancer drugs) started within 31 days of decision to treat | =>98% | 99.5% | Met | Up to and incl Feb 19. Monthly Target (Yearly Total Average) |
| RC1.9 Second or subsequent treatment (radiotherapy) started within 31 days of decision to treat | =>98% | 99.5% | Met | Up to and incl Feb 19. Monthly Target (Yearly Total Average) |

The Cancer targets have not been met consistently throughout the year but some improvement has been made in the later months of the year. These improvements are linked to an investment in new endoscopy facilities, an investment in a surgical robot and the recruitment, after multiple attempts, of a new Breast Radiologist. The Trust is currently working on pathway redesign to ensure patients are offered a diagnosis with an agreed treatment plan as soon as possible.

Research and Development

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| WR1.1 Participants Recruited | 16282 | 13668 | Missed | Up to and include Dec 18 (YTD Target) |
| WR1.2 Weighted Recruitment | 67745 | 67165 | Missed | Up to and include Dec 18 (YTD Target) |
| WR1.3 Weighted National Ranking | Top 5 | 3 | Met | Up to and include Dec 18. Average of Performance. |
| WR1.5 Papers published in partnership with UOS | 400 | 385 | Missed | Up to and include Dec 18 (YTD Target) |

Complexity weighted recruitment for year is on target and the Trust is consistently ranked in top 5 for this metric. Actual recruitment is below target. These two metrics together reflect a shift in the Trusts research portfolio to more complex studies which is in line with the research strategy, protects CRN funding but results in lower absolute recruitment. The metric for specialties recruiting has proved challenging to measure however alternate intelligence suggests that all UHS specialties are now research active. Annual BRC metrics will be reviewed and compared to previous years following submission of the BRC annual report. There is concern that the loss of Professorial capacity due to retirements will impact BRC performance metrics.

Staffing

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| WS1.1 HR - Turnover - Rolling 12-months | <=12% | 13.43% | Missed | End of Year position |
| WS1.2 HR - Sickness absence - Rolling 12-months | <=3.4% | 3.32% | Met | End of Year position |
| WS1.3 HR - Appraisals completed (non-medical) - Rolling 12-months | =>92% | 87.79% | Missed | End of Year position |
| WS1.4 Nursing Vacancies (Total Clinical Wards) | <=12.00% | 14.56% | Missed | Monthly Target (Average of Performance) |
| WS1.5 Nursing Vacancies (Registered Nurse only in clinical wards) | <=15.00% | 18.82% | Missed | Monthly Target (Average of Performance) |
| WS1.6 Staff FFT - % of staff recommend UHS as a place to work. (Quarterly) | >=76% | 78.74% | Met | Monthly Target (Average of Performance) |
| WS1.12 Quality of practice experience for doctors in training (annual report with quarterly qualitative updates) | No Risk | Minor Risk | Missed | Monthly Target |

**Appraisal**: Non-medical appraisals have varied through the year, although the trend has been strongly positive with steady increases in the numbers achieved. Target has not been achieved this year.
**BAME Band 7+ %**: There has been an increasing trend in this indicator over the year and at its highest level in February, the percentage was 8.28%. The Trust staffing strategy (2018) suggests a target of 15% be achieved by 2023.
**FFT (recommended)** : This quarterly indicator has remained above target of 76% all year.
**Nursing Vacancy**: The strategy of over-recruitment of unregistered staff has led to a fall of 3.53% in total nursing vacancy rates this year. The target of 12% was not achieved; however the vacancy rate was only 0.13% above target in March.
**RN Vacancy**: Although there has been a trend in RN vacancy rates declining over the year the target was never achieved. Even at the lowest point in the year (with newly qualified nurses joining UHS in September), target was 2.2% above the actual rates. Overseas nurse pipelines have improved with new systems and this has made the difference in reduction of RN vacancies. Work on retention will continue.
**Sickness**: This has steadily decreased over the financial year; the target was achieved in October and exceeded every month since.
**Turnover**: There has been considerable variation in total turnover this year however the target of 12% was never achieved. Reasons for leaving UHS are variable and unknown for some staffing groups. Feedback includes relocation to be nearer family, retirement, pay levels, work-life balance, promotions and career prospects.
**Statutory & Mandatory Training**: There are currently 12 elements with performance indicator targets. At end of financial year, UHS has met or exceeded 6 of these.

Estates

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| PE1.1 Number of defect work orders and percentage completed on time | >85% | 88.3% | Met | Monthly Target (Yearly Total Average) |
| PE1.2 Number of statutory maintenance jobs planned and percentage completed on time | >95% | 98.9% | Met | Monthly Target (Yearly Total Average) |
| PE1.3 Number of mandatory maintenance jobs planned and percentage completed on time | >95% | 99.6% | Met | Monthly Target (Yearly Total Average) |
| PE1.4 Number of routine maintenance jobs planned and percentage completed on time | >85% | 98.9% | Met | Monthly Target (Yearly Total Average) |
| PE1.5 Number of Help desk requests and percentage completed on time | >85% | 81.4% | Missed | Monthly Target (Yearly Total Average) |
| PE1.6 Unresolved help desk requests | <1000 | 736 | Met | End of Year |
| PE1.7 Unresolved help desk requests (over 30 days old) | <200 | 192 | Met | End of Year |

The Estates team met all of the targets in year except help desk queries completed on time.

Digital

| KPI Name | YTD Target | Achieved | Met Missed | |
|---|---|---|---|---|
| SD1.3 Percentage specimens requested through eQUEST - rolling 3M | >=95% | 89.5% | Missed | Up to and incl Feb 19 Monthly Target (Average of Performance) |
| SD1.4 Percentage specimens available for acknowledgment through eQUEST - rolling 3M | >=95% | 91.5% | Missed | Up to and incl Feb 19 Monthly Target (Average of Performance) |

The digital team continued the roll out of a number of new systems including the electronic document management system and the closure of the notes library. Usage of the new systems continues to increase and the aim is to ensure we reach 100% update. A new system in Endoscopy will help increase the percentage update on the two measures above.

# Integrated KPI Board Report

covering up to

Mar 2019

Executive Sponsor - Jane Hayward, Director of Transformation
Jane.Hayward@uhs.nhs.uk

# April 2019 Overview

| Area | Commentary |
|---|---|
| Safe<br>Amber | Safe remains amber this month as UHS has failed some KPI's yet we have seen continued good performance in other areas. There were no never events reported in March. There were no avoidable high harm falls or MRSA infections/contaminants in February. C.Diff performance ended the financial year on target, but note the Norovirus outbreaks may have increased the number of C/dif identified as colonised. In 18/19 the Trust planned to reduce pressure ulcers by 20% compared to last year, this trajectory has not be met in 18/19, however to date the number of pressure ulcers is very similar year on year. The themes are being collated and the learning is being shared through Pressure Ulcer Panel. VTE risk assessments remain an area of focus for the Trust with the new IT solution being piloted in AMU, Surgery and T&O in January -March 2019. |
| Caring<br>Green | The rate of complaints against activity level remains consistent and within target range. Overall, we have received approximately 9% less formal complaints in 2018/19 compared to 2017/18. Negative ratings through the FFT are under the trust threshold with patients continuing to rate their experience positively. Same Sex Accommodation breaches remain under the trust target. Nutrition: % Patients with a care plan in place continues to improve and we have achieved the target in March. |
| Effective<br>Green | There were four national reports published and reviewed in March, of these reports none raised an area of concern. There are 218 outcomes being reported to TEC from 46 specialities. Of these the majority are green (78%) and only 7% graded red. Emergency readmissions was at 10.8% in December which is just below the average of last 2 years (11%). HSMR reduced in December and remains well below the national benchmark and crude mortality dropped slightly to 3.6% |
| Activity<br>Red | New referrals recieved are following expected seasonal variation but continue to be higher than 18/19 in the month, quarter and year to date. New urgent cancer referrals in February did not decrease as seen last year instead are showing a 19.5% increase in the month. Main ED attendances remain exceptionally high in March compared to previous years. This is contrary to the normal seasonal trend which sees a reduction in the volume but not complexity of attendances. There have been a number of changes year on year in services provided and how services are recorded that make year on year comparison difficult, this includes the Lymington surgical services and outpatients (up from August 17, impacts electives and outpatients), the change in recording CDU chairs (down from September 17, impacts on non electives), the recording of the respiratory centre |
| Flow<br>Amber | The average number of Delayed Transfers of Care in the Trust in February reduced to 84. The number of patients who have been in hospital for greater than or equal to 7 days / 21 days also increased yet remained lower than February 2018 by 4% and 8% respectively. |
| Emergency Access<br>Amber | Main ED (Type 1) performance improved in March to 75.7%, yet remains below the equivalent month in 2018 and our expectations. Performance continues to be impacted by attendances to main ED significantly exceeding attendance volumes expected / experienced in previous years (March 7.5% increase, Quarter 9.9% increase compared to 2018). Further changes in care pathways / patient flow are being implemented in response. |
| RTT & Diagnostics<br>Red | RTT and diagnostic performance remained stable in March. The Trust has finished the financial year with no patients waiting greater than 52 weeks, and a total rtt waiting list lower than in March 2018. Diagnostic performance achieved the target in March, this is the second month in a row achieving target for diagnostic 6 week waits and the number of patients waiting is the lowest since July 2018. The Average weeks waited for first outpatient appointment continues to reduce. |
| Cancer<br>Red | Cancer performance is currently rated red as we are not achieving a number of measures. Recovery of the Treatment started within 62 days of urgent GP referral wait, is likely to be slow and significant challenges are being experienced linked to significant growth in referrals and the number of additional cancers being treated (181 year to date). Improving trends in waiting times for initial appointment, waiting times for radiology and patients waiting for treatment are encouraging. A wide ranging improvement plan has been refreshed, and includes actions to improve waiting times performance in Breast, Skin and Urological cancers. |
| Research & Dev<br>Green | Research and Development has been rated Amber this month. October recruitment benefitted from activity on a high recruiting meningitis prevention study. Whilst recruitment to this study has ended recruitment projections to year end are satisfactory. Complexity (weighted) performance is also satisfactory with UHS ranked 2nd in the UK for a number of consecutive months. |
| Staffing<br>Amber | This month staffing remains amber overall because some key targets have been missed including those for turnover ( total & RN/RM rates have increased) and vacancy rates for total nursing and registered nurses. Rates of employment for BAME Band 7+ have also worsened. However, UHS has seen improvements in the following: sickness absence (exceeding target), FFT (exceeding target), training (8 of 12 measures have exceeded target). In addition, CHPPD for total and in-patient nursing staff has improved partly due to reductions in patient numbers. |
| Estates<br>Green | Estates has been rated green this month as we are meeting all targets in March. The target was missed in month for percentage of help desk requests completed on time. |
| Digital<br>Green | DigiRounds has demonstrated both time saving in reviewing the patient record during ward rounds, but also the quality of the review that is carried out, as clinicians are able to easily see all the significant elements of the record. It saves junior doctors time in preparing information for consultants (transcribing relevant results etc) prior to the ward round. Records accessed using Digirounds increased to 121,1485 in March. Also in March the number of alerts sent using Medxnote increased again to 5079. |

# Report Guide

| Chart Type | Example | Explanation |
|---|---|---|
| Cumulative Column | | A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates. |
| Cumulative Column Year on Year | | A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly. |
| Line Benchmarked | | The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month). |
| Line Percentiles | | A line percentiles chart is used to represent the distribution of a variable. The 50th percentile shows the median value, we also show the 5th, 25th (lower quartile), 75th (upper quartile) and 95th centiles. |
| Control Chart | | A control chart shows movement of a variable in relation to it's control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they<br>-Go outside control limits<br>-Have 6 points in a row above or below the mean,<br>-Trend for 6 points,<br>-Have 2 out of 3 points past 2/3 of the control limit,<br>-Show a significant movement (greater than the average moving range). |
| Variance from Target | | Variance from target charts are used to show how far away a variable is from it's target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving it's target. |

# Safe

Amber

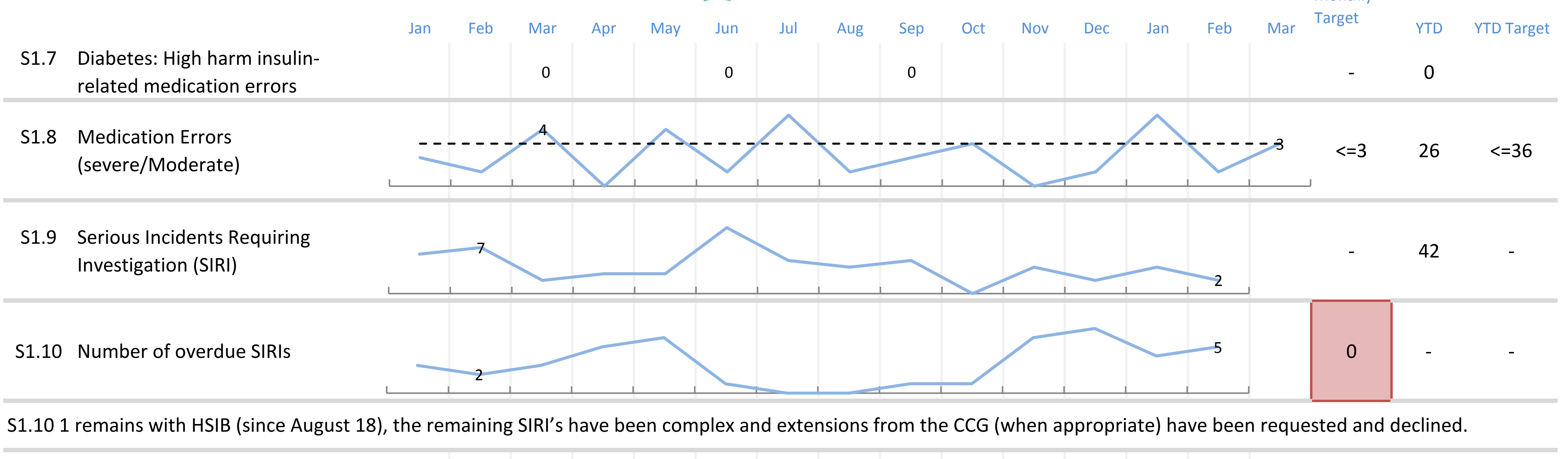
Safe remains amber this month as UHS has failed some KPI's yet we have seen continued good performance in other areas. There were no never events reported in March. There were no avoidable high harm falls or MRSA infections/contaminants in February. C.Diff performance ended the financial year on target, but note the Norovirus outbreaks may have increased the number of C/dif identified as colonised. In 18/19 the Trust planned to reduce pressure ulcers by 20% compared to last year, this trajectory has not be met in 18/19, however to date the number of pressure ulcers is very similar year on year. The themes are being collated and the learning is being shared through Pressure Ulcer Panel. VTE risk assessments remain an area of focus for the Trust with the new IT solution being piloted in AMU, Surgery and T&O in January -March 2019.

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Monthly Target | YTD | YTD Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S1.1 | Never Events | | | | | | | 1 | | | | 1 | 1 | | | | - | 3 | 0 |
| S1.2 | Avoidable High Harm Falls | | | | | | | | | | | | | | | | <=1 | 0 | - |
| S1.3 | MRSA bacteraemia infection and contaminants | | | 1 | | | | 1 | | | | | | | | | 0 | 1 | 0 |
| S1.4 | Cummulative Clostridium difficile (Confirmed lapse in care) | | | | | | | | | | | | | | | 34 / 40 | 3 | 40 | <=42 |
| S1.5 | Grade 2 Pressure Ulcers (**avoidable in dark blue**). | 5 / 1 | 3 / 1 | 15 / 6 | 4 / 4 | 5 / 1 | 7 / 4 | 7 / 8 | 7 / 2 | 6 / 3 | 10 / 6 | 5 / 5 | 7 / 2 | 7 / 0 | 8 / 2 | | <=10 | 110(37) | <=92 |
| S1.6 | Avoidable Hospital Acquired Grade 3 and 4 Pressure Ulcers | 3 | 3 | 4 | 2 | 1 | 1 | 3 | 2 | 1 | 2 | 4 | 1 | 3 | | | 2 | 20 | <=14 |

Current Data | Benchmark | Previous Year | Target

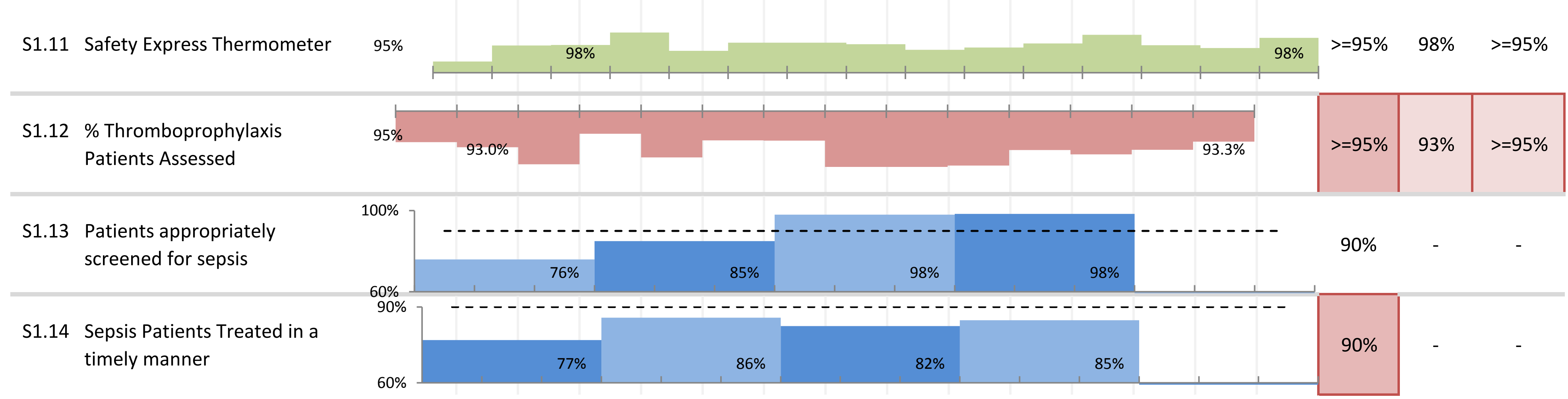
# April 2019

# Safe




| | Measure | Monthly Target | YTD | YTD Target |
|---|---|---|---|---|
| S1.7 | Diabetes: High harm insulin-related medication errors | - | 0 | |
| S1.8 | Medication Errors (severe/Moderate) | <=3 | 26 | <=36 |
| S1.9 | Serious Incidents Requiring Investigation (SIRI) | - | 42 | - |
| S1.10 | Number of overdue SIRIs | 0 | - | - |

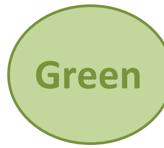
S1.10 1 remains with HSIB (since August 18), the remaining SIRI's have been complex and extensions from the CCG (when appropriate) have been requested and declined.




| | Measure | Monthly Target | YTD | YTD Target |
|---|---|---|---|---|
| S1.11 | Safety Express Thermometer | >=95% | 98% | >=95% |
| S1.12 | % Thromboprophylaxis Patients Assessed | >=95% | 93% | >=95% |
| S1.13 | Patients appropriately screened for sepsis | 90% | - | - |
| S1.14 | Sepsis Patients Treated in a timely manner | 90% | - | - |

Current Data
Previous Year
Benchmark
Target

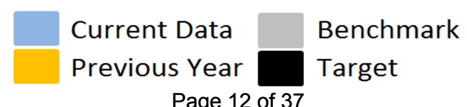
# April 2019




The rate of complaints against activity level remains consistent and within target range. Overall, we have received approximately 9% less formal complaints in 2018/19 compared to 2017/18. Negative ratings through the FFT are under the trust threshold with patients continuing to rate their experience positively. Same Sex Accommodation breaches remain under the trust target. Nutrition: % Patients with a care plan in place continues to improve and we have achieved the target in March.

| Indicator | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Monthly Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C1.1 FFT response rate - Inpatients | | | 7% | | | | | | | | | | | | 13% | >=20% |
| C1.2 FFT Negative Score - Inpatients | | | 1.1% | | | | | | | | | | | | 1.2% | <=5% |
| C1.3 Maternity FFT response rate | | | 28.7% | | | | | | | | | | | | 29.5% | >=20% |
| C1.4 Maternity FFT Negative Score | | | 0.0% | | | | | | | | | | | | 1.6% | <=5% |
| C1.5 Same Sex Accommodation (Non Clinically Justified Breaches) Endoscopy Breaches in dark blue - agreed change in practice with CCGs to accommodate essential building works. | 5 | 9 | 4 | 15 | 27 | 4 | 4 / 157 | 168 | 6 / 244 | 5 / 71 | 11 | 2 | 21 | 9 | 5 | <=20 |

Chart axis labels: C1.1 0%–27%; C1.2 5%; C1.3 15%–55%; C1.4 5%.



# April 2019

| | Indicator | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Monthly Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C1.6 | Nutrition: % Patients with a care plan in place | | | 87.5% | | | | | | | | | | | | 95.9% | >=95% |
| C1.7 | Total Complaints Received | 48 | 40 | 33 | 44 | 37 | 43 | 44 | 44 | 32 | 50 | 28 | 29 | 32 | 37 | 38 | - |
| C1.8 | Complaints per 1000 units | | 0.38 | | | | | | | | | | | | | 0.33 | <1.2 |
| C1.9 | Bereavement Survey Response Count | | | | | | | | | | | | | | | | - |
| C1.10 | Bereavement Survey Core Questions - % Negative Score | | | | | | | | | | | | | | | | <=5% |



Current Data  Benchmark
Previous Year  Target

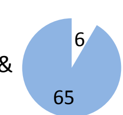
# April 2019

# Effective

There were four national reports published and reviewed in March, of these reports none raised an area of concern. There are 218 outcomes being reported to TEC from 46 specialities. Of these the majority are green (78%) and only 7% graded red. Emergency readmissions was at 10.8% in December which is just below the average of last 2 years (11%). HSMR reduced in December and remains well below the national benchmark and crude mortality dropped slightly to 3.6%

**Quality Accounts 18/19**

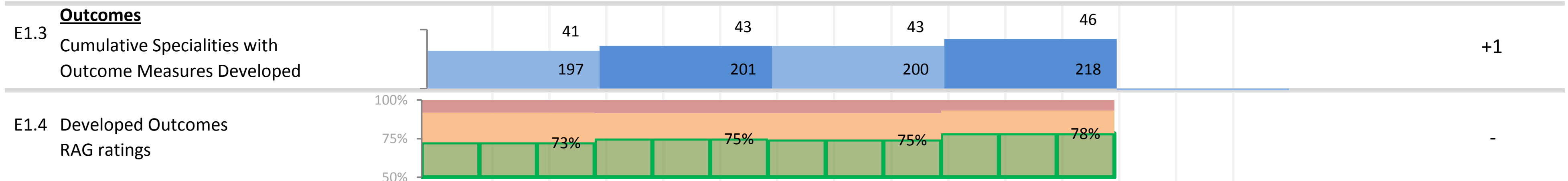
E1.1 Participation in eligible National Audits & NCEPOD* studies




UHS do not participate in the BAUS stress Urinary Incontinence audit as this service sits in Gynae rather than Urology. 3 audits listed on the QA are not undertaking data collection during 18/19 and these are National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI), National Diabetes Audit – in patient and National Mortality Case Record Review Programme. We are awaiting confirmation as to whether National audit of Intermediate Care (NAIC) is applicable to UHS as it was deemed N/A in 2014

**National Reports**

E1.2 Number of recently published National Audit reports (with areas of concern - dark blue)




(1)The 2017 Annual Shot Report (2018), (2) National Maternity and Perinatal Audit - Technical Report (Linking the National Maternity and Perinatal Audit Data Set to the National Neonatal Research Database for 2015/16), (3) National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) BPT Report 2019 Q3 (Mar 19), (4) Society for Acute Medicine Benchmarking Audit (SAMBA) 18 National Report

**Outcomes**

E1.3 Cumulative Specialities with Outcome Measures Developed — +1

E1.4 Developed Outcomes RAG ratings — -

There are now 218 outcomes being reported to TEC from 46 specialities (out of a total of 96 specialties). Out of 218 graded outcomes 78% are green and 7 % are graded red. Of those graded as red, these relate to: Emergency surgery - post op assessment by elderly care, Theatres - Compliance with stop points for safety in theatres, Diabetes mealtimes and choice and IV insulin (although the IV insulin was deemed appropriate therefore no risk), Rheumatology – Compliance with NICE Quality Standard relating to referral, Respiratory Medicine – COPD readmission rates and smoking cessation, Ophthalmology routine screening, Pathology - turnaround times for specimen reporting, Pharmacy – Discharge medicines turnaround times, Trauma and Orthopaedics – knee revision rates and major trauma PROMS / consultant on arrival. All areas which have a red outcome have actions in place. Further information can be found in the Q3 18-19 effectiveness report.

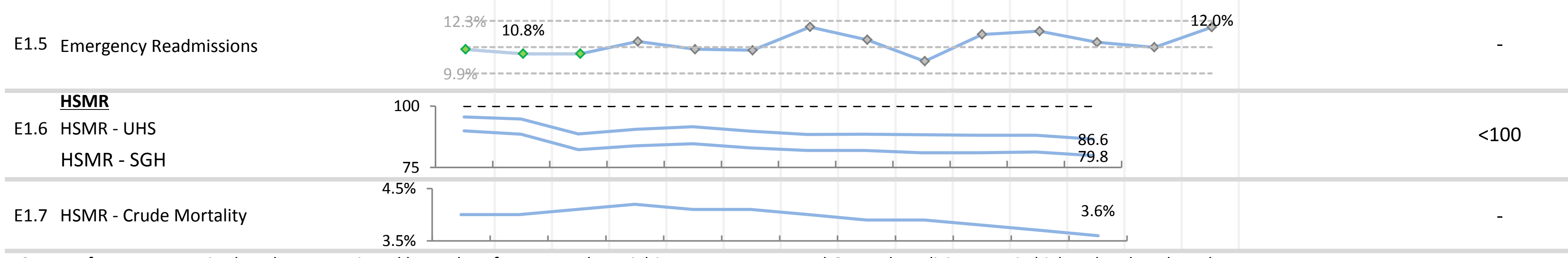
E1.5 Emergency Readmissions — -

**HSMR**

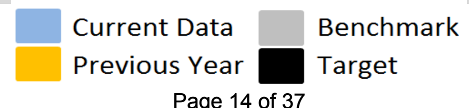
E1.6 HSMR - UHS

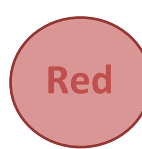
HSMR - SGH — <100

E1.7 HSMR - Crude Mortality — -




HSMR performance remains low due to continued low values from several specialties. Neurosurgery and General Medicine remain higher than benchmark.

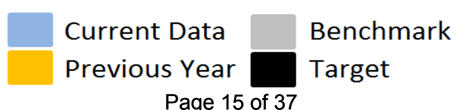





New referrals recieved are following expected seasonal variation but continue to be higher than 18/19 in the month, quarter and year to date. New urgent cancer referrals in February did not decrease as seen last year instead are showing a 19.5% increase in the month. Main ED attendances remain exceptionally high in March compared to previous years. This is contrary to the normal seasonal trend which sees a reduction in the volume but not complexity of attendances. There have been a number of changes year on year in services provided and how services are recorded that make year on year comparison difficult, this includes the Lymington surgical services and outpatients (up from August 17, impacts electives and outpatients), the change in recording CDU chairs (down from September 17, impacts on non electives), the recording of the respiratory centre (April 18, daycases to outpatients).

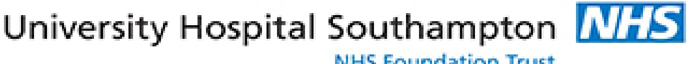
| Ref | Measure | Chart (Apr–Mar) | Month | QTD | YTD |
|---|---|---|---|---|---|
| RA1.1 | New referrals received | 15,000–24,000; 18785 / 17520 | +1265<br>+7.2% | +2133<br>+5.9% | +9687<br>+4.9% |
| | RA1.1 Referrals relating to non face to face outpatient appointments have been removed from the data above. | | | | |
| RA1.2 | Urgent cancer referrals (2 week wait) | 1,000–1,700; 1572 / 1316 | +256<br>+19.5% | +468<br>+17.9% | +1223<br>+7.7% |
| RA1.3 | Number of first cancer treatments (i.e. 31 day treatments) | 200–500; 320 / 302 | -18<br>-5.6% | -63<br>-8.8% | +181<br>+4.7% |
| RA1.4 | Main ED attendances (Type 1 and UCH) | 7,000–9,600; 9764 / 9080 | +684<br>+7.5% | +2542<br>+9.9% | +6001<br>+5.7% |
| RA1.5 | Other ED attendances incl Eye Unit & Lymington MIU | 1,000–4,000; 3414 / 2828 | +586<br>+20.7% | +1001<br>+11.7% | +10369<br>+34.5% |
| | RA1.5: Lymington MIU included from August 2017. | | | | |
| RA1.6 | Non-elective Spells (incl. CDU) | 5,000–6,700; 6535 / 6264 | +271<br>+4.3% | +1197<br>+6.7% | +1224<br>+1.7% |

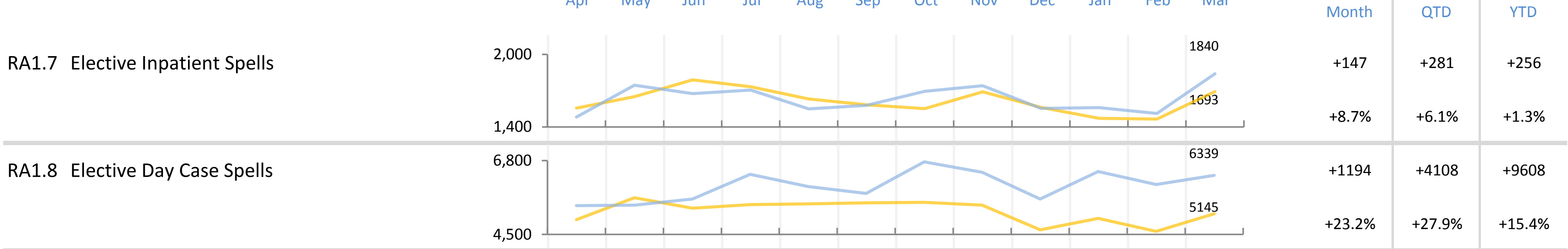
RA1.6: Operational practice change in counting and coding means that patients who move from ED to the CDU chair area only (not passing through CDU ward areas), are no longer being counted or billed as non-elective spells, resulting in a reduction in approx. 400 spells a month from August 17.



# April 2019

# Activity

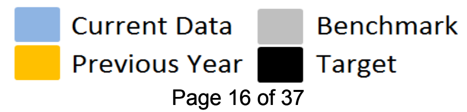



| Indicator | Chart axis | Chart labels | Month | QTD | YTD |
|---|---|---|---|---|---|
| RA1.7 Elective Inpatient Spells | 1,400 – 2,000 | 1840 / 1693 | +147 | +281 | +256 |
| | | | +8.7% | +6.1% | +1.3% |
| RA1.8 Elective Day Case Spells | 4,500 – 6,800 | 6339 / 5145 | +1194 | +4108 | +9608 |
| | | | +23.2% | +27.9% | +15.4% |

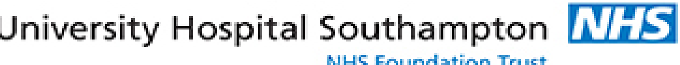
RA 1.8 and RA 1.9: Recent increases in elective day case activity relate mainly to Haematology and other Cancer Care specialities, this relates to chemotherapy recording practices which historically have shifted between both outpatient episodes and daycases. A plan to standardise recording will be implemented from 1st April 2019. There has also been an increase in chemotherapy attendance due to the use of a new drug that has better outcomes but requires more attendances in the protocol.

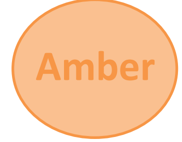
| Indicator | Chart axis | Chart labels | Month | QTD | YTD |
|---|---|---|---|---|---|
| RA1.9 Combined Elective Spells | 6,000 – 8,500 | 8179 / 6838 | +1341 | +4389 | +9864 |
| | | | +19.6% | +22.7% | +12.0% |
| RA1.1C Adult Critical Care Bed Days | 2,000 – 2,500 | 2444 / 2400 | +44 | -39 | +246 |
| | | | +1.8% | -0.5% | +0.9% |
| RA1.11 New outpatient appointments | 14,000 – 24,000 | 18884 / 18532 | +352 | +1008 | +18330 |
| | | | +1.9% | +1.8% | +8.3% |
| RA1.12 Follow-up outpatient appointments | 28,000 – 42,000 | 35751 / 34387 | +1364 | +6691 | +20080 |
| | | | +4.0% | +6.4% | +5.0% |
| RA1.13 GP referrals via e-referral | 0% – 100% | 88.5% | | | |



# April 2019

# Flow

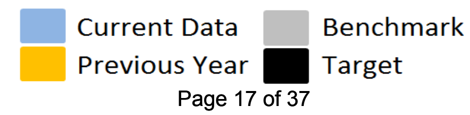



The average number of Delayed Transfers of Care in the Trust in February reduced to 84. The number of patients who have been in hospital for greater than or equal to 7 days / 21 days also increased yet remained lower than February 2018 by 4% and 8% respectively.

| | | Jan–Mar (chart) | Monthly Target | YTD |
|---|---|---|---|---|
| RF1.1 | Assessment Unit Downstreaming to an inpatient ward by 10am | 7.7% … 8.4% (11.8%, 8.9%, 5.9%) | - | - |
| RF1.2 | Elective LOS Rolling 12 months | 4.3 … 4.1 (4.0–4.5) | - | - |
| RF1.3 | Non Elective LOS Rolling 12 months | 7.1 … 6.5 (6.5–7.5) | - | - |
| RF1.4 | Paediatric LOS Rolling 12 months | 2.4 … 2.5 (2.0–3.0) | - | - |
| RF1.5 | Delayed Transfer of Care Census average | 115 … 84 (0–130) | <=38 | 94 |
| RF1.6 | Delayed transfers of care (CQC Calculation) | 8.2% … 5.9% (0%–10%) | <=3.50% | 7.41% |
| RF1.7 | Patients with LOS >=7days Census average | 653 … 624 (550–700) | - | - |
| RF1.8 | Extended LOS Census average (Patients with LOS >=21days) | 270 … 249 (150–300) | 200 | - |

Chart months: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar



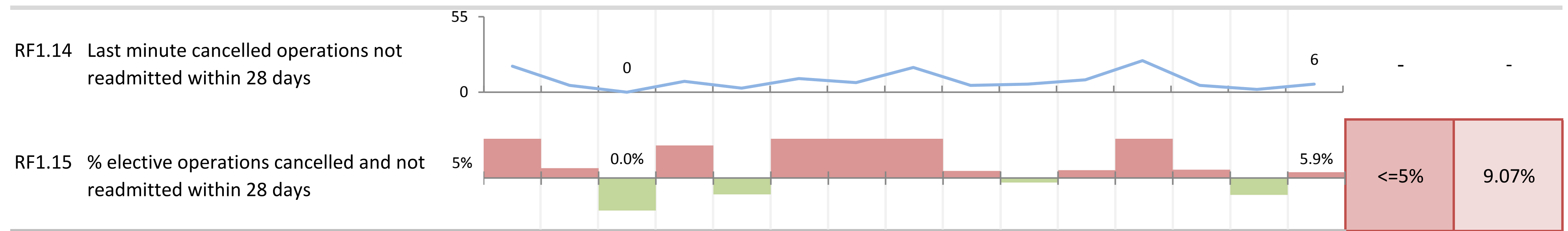
# Flow

University Hospital Southampton NHS Foundation Trust

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Monthly Target | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RF1.9 | Early discharge on day (pre-midday) | | | 24.4% | | | | | | | | | | | | 23.7% | >=30% | 23.88% |
| RF1.10 | Weekend Discharge (EL & NEL Combined) | | | 60.3% | | | | | | | | | | | | 61.3% | >=80% | 63.01% |
| RF1.11 | Adult midday bed occupancy | | | 96.5% | | | | | | | | | | | 96.6% | | 90-95% | - |
| RF1.12 | Red and Black Alerts | 46 / 8 | 44 | 41 / 4 | 19 | 42 | 1 | 12 | 15 | 29 | 32 | 8 | 3 | 40 | 56 | 45 | - | - |
| RF1.13 | Last minute cancelled operations | | | 101 | | | | | | | | | | | | 101 | - | - |

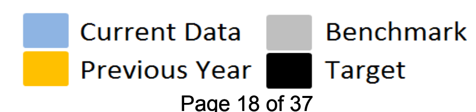
RF1.9 axis: 16% – 32%. RF1.10 axis: 50% – 85%. RF1.11 reference lines: 99.8%, 94.6%, 89.4%. RF1.13 axis: 0 – 150.

RF1.13 - currently undertaking investigation to understand cancelled operations figures

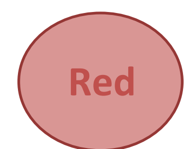


| | | Mar | Mar (latest) | Monthly Target | YTD |
|---|---|---|---|---|---|
| RF1.14 | Last minute cancelled operations not readmitted within 28 days | 0 | 6 | - | - |
| RF1.15 | % elective operations cancelled and not readmitted within 28 days | 0.0% | 5.9% | <=5% | 9.07% |

RF1.14 axis: 0 – 55. RF1.15 axis: 5%.



# Emergency Access




Main ED (Type 1) performance improved in March to 75.7%, yet remains below the equivalent month in 2018 and our expectations. Performance continues to be impacted by attendances to main ED significantly exceeding attendance volumes expected / experienced in previous years (March 7.5% increase, Quarter 9.9% increase compared to 2018). Further changes in care pathways / patient flow are being implemented in response.

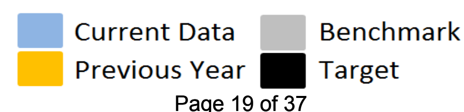
**Percentage of patients spending less than 4 hours in ED**

| Ref | Measure | QTD | Q Target |
|---|---|---|---|
| RE1.1 | SGH Main ED (Type 1 and UCH) / Local Acute Peer Group (Type 1) | 76.5% | - |
| RE1.2 | Eye Casualty (Type 2) | 91.4% | - |
| RE1.3 | Lymington MIU (Type 3) | 99.6% | - |
| RE1.4 | UHS Total | 81.3% | >=95% |
| RE1.5 | Local Delivery System | 85.9% | >=95% |

Rank of 7-> (Jan–Mar, Jan–Mar): 1, 4, 4, 4, 5, 2, 2, 4, 6, 4, 1, 1, 4, 6, 5

Chart labels: RE1.1 Mar 77.5%, latest 80.0% / 75.7% (axis 70%–100%); RE1.2 Mar 95.7%, latest 93.2% (axis 85%–100%); RE1.3 Jan 99.6%, latest 99.6% (axis 95%–100%); RE1.4 Mar 95.0% / 82.3%, latest 95.0% / 81.1% (axis 70%–100%); RE1.5 latest 95.0% / 85.9% (axis 80%–97%).

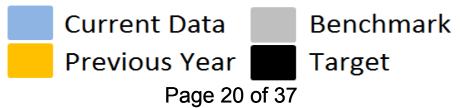
UHS Total (RE1.4) includes SGH all types and lymington. Local Delivery System (RE1.5) is UHS Total and Southampton Treatment Centre (RSH MIU).



# Emergency Access

| Metric | Description | Chart data | Target | R-3M |
|---|---|---|---|---|
| RE1.6 | % patients who left the department before being seen UHS Total | 5%; 4.9%; 6.8% | <5% | 6.7% |
| RE1.7 | Time to initial assessment - 95th Centile UHS Total | Metric in development | | - |
| RE1.8 | Time to treatment - Percentiles UHS Total | 95th, 4:07; 75th, 2:34; 50th, 1:18; 95th, 4:45; 75th, 2:44; 50th, 1:38 | < 1hr for 50th | - |
| RE1.9 | Total time spent in ED - Percentiles UHS Total | 95th, 6:54; 75th, 3:56; 50th, 2:56; 95th, 7:01; 75th, 3:56; 50th, 2:52 | < 4hrs for 95th | - |
| RE1.10 | Emergency reattendance within 7 days (Type 1) | 9%; 4%; 8.1%; 6.9% | - | - |
| RE1.11 | ED Conversion (Type 1) | 33%; 25%; 30.3%; 28.0% | - | - |

Months: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar

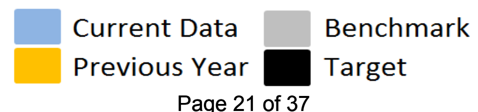


# April 2019

RTT and diagnostic performance remained stable in March. The Trust has finished the financial year with no patients waiting greater than 52 weeks, and a total rtt waiting list lower than in March 2018. Diagnostic performance achieved the target in March, this is the second month in a row achieving target for diagnostic 6 week waits and the number of patients waiting is the lowest since July 2018. The Average weeks waited for first outpatient appointment continues to reduce.

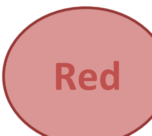
| | | Axis range | Jan – Mar (chart labels) | Target |
|---|---|---|---|---|
| RR1.1 | % Patients on an open 18 week pathway (within 18 weeks ) | 80% – 95% | Mar: 86.2%; Mar: 86.7% | >=92% |
| RR1.2 | Total patients waiting over 18 weeks (in backlog) | 1700 – 4700 | Mar: 4316; Mar: 4061 | - |
| RR1.3 | Patients waiting >52 weeks for treatment | | Feb: 2; Mar: 0 | 0 |
| RR1.4 | Total number of patients on an incomplete pathway | 26000 – 36000 | Mar: 31297; Mar: 30633 | 31297 |
| RR1.5 | Patients on a surgical waiting List | 5900 – 6900 | Feb: 6653; Mar: 6597 | - |
| RR1.6 | Patients waiting for diagnostics | 5,500 – 7,700 | Feb: 6813; Mar: 6941 | - |
| RR1.7 | % of Patients waiting over 6 weeks for diagnostics | 0% – 4% | Feb: 2.96%; Mar: 0.97% | <=1% |
| RR1.8 | Average weeks waited for first outpatient appointment | 6.5 – 9.5 | Feb: 8.34; Mar: 7.52 | - |

Months: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar



# April 2019

# Cancer




Cancer performance is currently rated red as we are not achieving a number of measures. Recovery of the Treatment started within 62 days of urgent GP referral wait, is likely to be slow and significant challenges are being experienced linked to significant growth in referrals and the number of additional cancers being treated (181 year to date). Improving trends in waiting times for initial appointment, waiting times for radiology and patients waiting for treatment are encouraging. A wide ranging improvement plan has been refreshed, and includes actions to improve waiting times performance in Breast, Skin and Urological cancers.

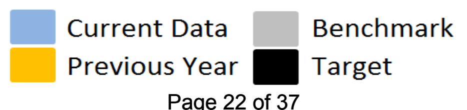
| Measure | Chart (Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb) | Monthly Target | no.patients to recover target | QTD |
|---|---|---|---|---|
| RC1.1 Urgent GP referrals seen in 2 weeks | Axis: 97.2%, 90.3%, 83.4%; latest 91.7% | =>93% | 21 of 1572 | 91% |
| RC1.2 Breast symptoms referral seen in 2 weeks | Axis: 67.5%, 24.7%; latest 52.3% | =>93% | 45 of 111 | 52% |

RC1.1 & RC1.2 - Performance has improved significantly in January and February following commencement of a new Consultant Radiologist in post in January. Further improvement will be demonstrated when March results are published, with achievement of RC1.1 already confirmed.

| Measure | Chart (Jan–Feb) | Monthly Target | no.patients to recover target | QTD |
|---|---|---|---|---|
| RC1.3 Treatment started within 62 days of urgent GP referral | Axis: 88.9%, 79.6%, 70.2%; latest 69.8% | =>85% | 22 of 142.5 | 70% |
| RC1.4 Treatment started within 62 days of referral (Breast, Cervical & Bowel Screening) | Axis: 87.1%, 71.5%; latest 81.25% | =>90% | 1 of 16 | 80% |

RC1.4 - All 5 January breaches related to breast surgery. In February 2 out of 3 breaches related to breast surgery.

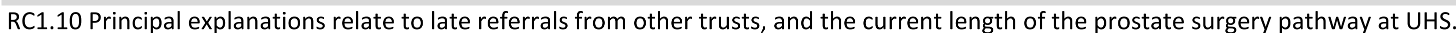
| Measure | Chart (Jan–Feb) | Monthly Target | no.patients to recover target | QTD |
|---|---|---|---|---|
| RC1.5 62 Day - Consultant Upgrades | Axis: 86.00%, 51.2%; latest 66.67% | =>86% | 1 of 7.5 | 73% |



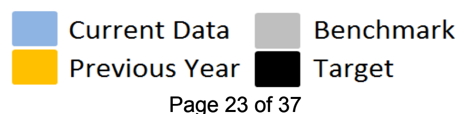
| | Measure | Target | no. patients to recover target | QTD |
|---|---|---|---|---|
| RC1.6 | Treatment started within 31 days of decision to treat (Feb: 91.06%) | =>96% | 15 of 302 | 89% |
| RC1.7 | Second or subsequent treatment (surgery) started within 31 days of decision to treat (Feb: 74.23%) | =>94% | 19 of 97 | 77% |
| RC1.8 | Second or subsequent treatment (anti cancer drugs) started within 31 days of decision to treat (Feb: 99.24%) | =>98% | 0 of 132 | 100% |
| RC1.9 | Second or subsequent treatment (radiotherapy) started within 31 days of decision to treat (Feb: 99.42%) | =>98% | 0 of 173 | 99% |
| RC1.10 | 104 day waits (treated in month) | - | - | - |

RC1.6 The number of breaches was significantly reduced compared to January, there were no breaches for breast surgery in February, over half the breaches related to Urology (mainly Prostate).

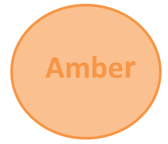
RC1.7 - Breaches were almost entirely relating to skin surgery and to prostate surgery



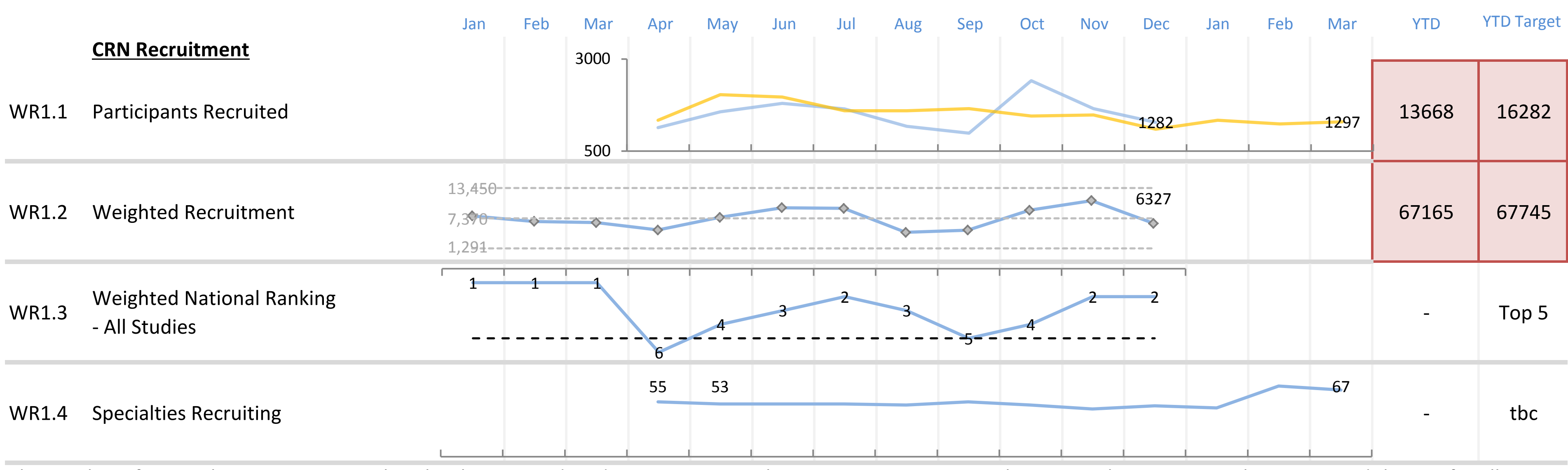
RC1.10 Principal explanations relate to late referrals from other trusts, and the current length of the prostate surgery pathway at UHS.



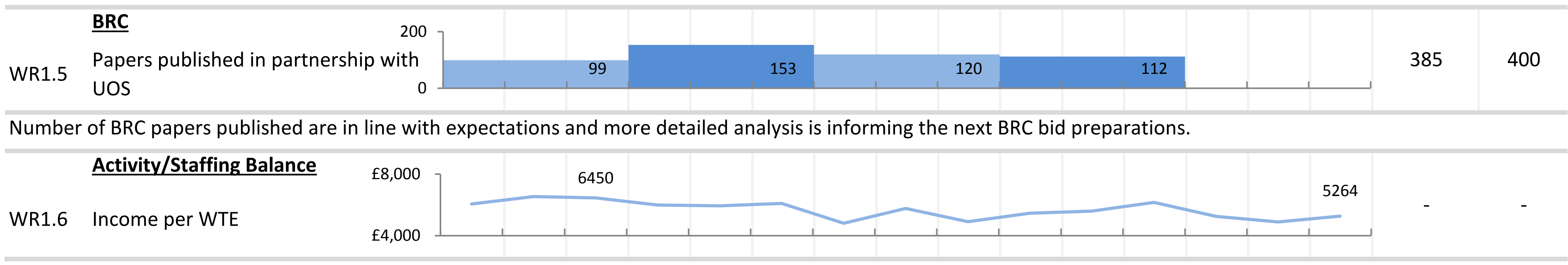
# April 2019



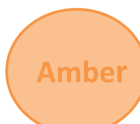

Research and Development has been rated Amber this month. October recruitment benefitted from activity on a high recruiting meningitis prevention study. Whilst recruitment to this study has ended recruitment projections to year end are satisfactory. Complexity (weighted) performance is also satisfactory with UHS ranked 2nd in the UK for a number of consecutive months.




The number of research active UHS specialties has been introduced as a new metric this year in response to implementing the new research strategy and the aim for all specialties to be research active. Having identified whether a specialty is research active or not, we are now trying to understand levels of activity in relation to size of department for this to be more meaningful.



# April 2019

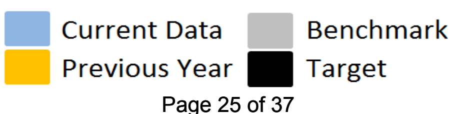



This month staffing remains amber overall because some key targets have been missed including those for turnover ( total & RN/RM rates have increased) and vacancy rates for total nursing and registered nurses. Rates of employment for BAME Band 7+ have also worsened. However, UHS has seen improvements in the following: sickness absence (exceeding target), FFT (exceeding target), training (8 of 12 measures have exceeded target). In addition, CHPPD for total and in-patient nursing staff has improved partly due to reductions in patient numbers.

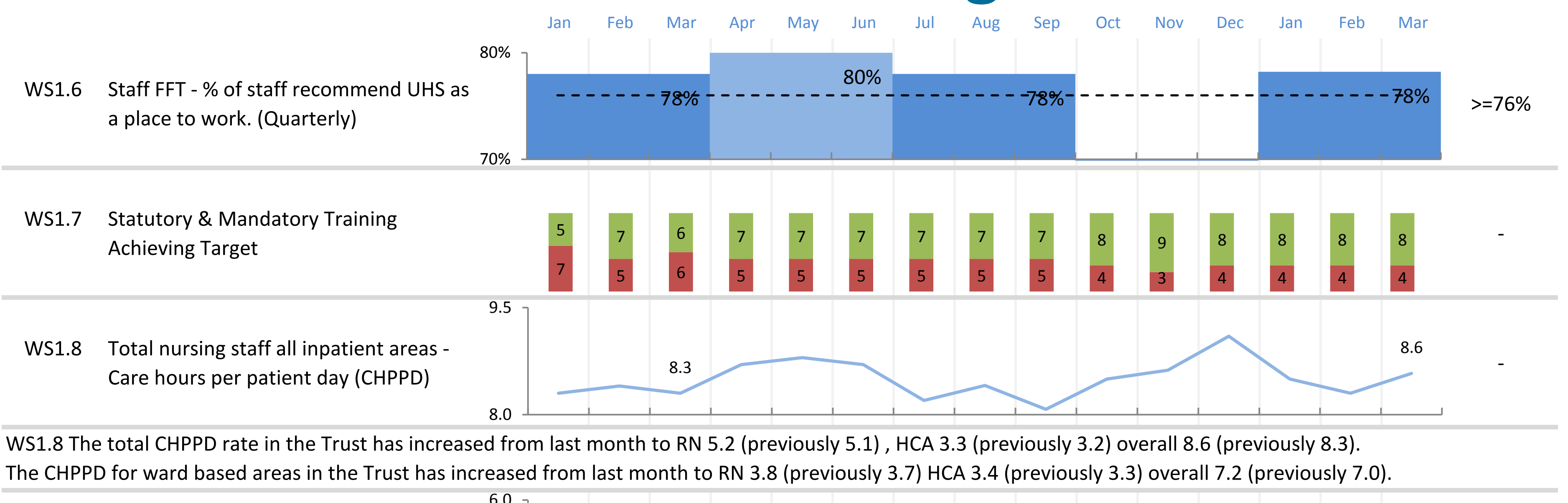
| | Measure | Jan – Mar (chart labels) | Monthly Target |
|---|---|---|---|
| WS1.1 | HR - Turnover - Rolling 12-months | 13.72%; 13.20%; 12.68%; 13.1%; 13.4% | <=12% |
| WS1.2 | HR - Sickness absence - Rolling 12-months | 3.65%; 3.25%; 3.54%; 3.32% | <=3.4% |
| WS1.3 | HR - Appraisals completed (non-medical) - Rolling 12-months | 95%; 75%; 78.62%; 87.79% | =>92% |
| WS1.4 | Nursing Vacancies (Total Clinical Wards) | 19%; 11%; 13.23%; 12.13% | <=12.00% |
| WS1.5 | Nursing Vacancies (Registered Nurse only in clinical wards) | 22%; 15%; 17.65%; 17.84% | <=15.00% |

Months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

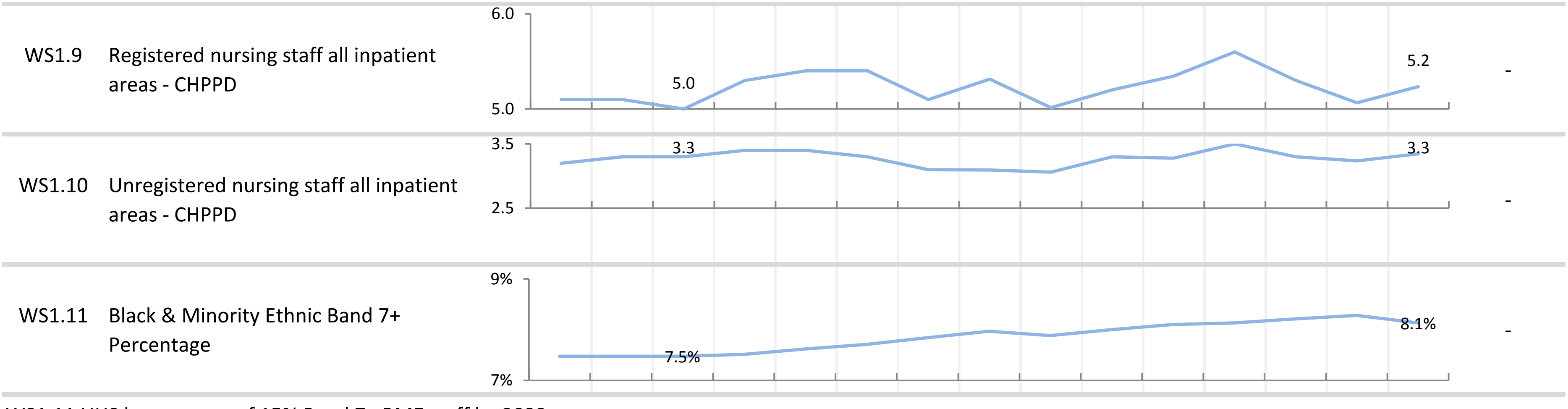
WS1.4/1.5 In UHS clinical areas, there has been a slight increase in total nursing staff vacancies by 0.06% since last month but a decrease of 1.1% since March 2018. Registered nurse vacancies have worsened since last month (an increase of 0.17% ) and since March 2018 (an increase of 0.19%). Changes are due to relocation of RNs, over-recruitment of unregistered staff and successful overseas RN registration.



# April 2019

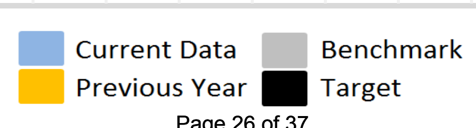


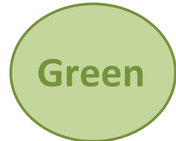

WS1.8 The total CHPPD rate in the Trust has increased from last month to RN 5.2 (previously 5.1) , HCA 3.3 (previously 3.2) overall 8.6 (previously 8.3).
The CHPPD for ward based areas in the Trust has increased from last month to RN 3.8 (previously 3.7) HCA 3.4 (previously 3.3) overall 7.2 (previously 7.0).




WS1.11 UHS has a target of 15% Band 7+ BME staff by 2023.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| WS1.12 | Quality of practice experience for doctors in training (annual report with quarterly qualitative updates) | Minor Risk | Minor Risk | Minor Risk | Minor Risk | Minor Risk | No risk |





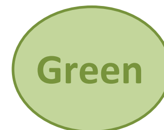

Estates has been rated green this month as we are meeting all targets in March. The target was missed in month for percentage of help desk requests completed on time.

| Ref | Measure | Jan – Mar (chart) | Monthly Target | R-3M |
|---|---|---|---|---|
| PE1.1 | **Reactive Maintenance**<br>Number of defect work orders and percentage completed on time | 2500 / 1300; 2195; 2044 | - | - |
| | | 86.2%; 74.41%; 87.4% | >85% | 89.3% |
| PE1.2 | **Preventative Maintenance**<br>Number of statutory maintenance jobs planned and percentage completed on time | 200 / 50; 147; 195 | - | - |
| | | 98.7%; 94.76%; 100.0% | >95% | 99.2% |
| PE1.3 | Number of mandatory maintenance jobs planned and percentage completed on time | 600 / 250; 331; 413 | - | - |
| | | 99.1%; 97.09%; 99.8% | >95% | 99.6% |
| PE1.4 | Number of routine maintenance jobs planned and percentage completed on time | 125 / 75; 82; 87 | - | - |
| | | 97.8%; 92.55%; 95.1%; 100.0% | >85% | 100.0% |
| PE1.5 | Number of Help desk requests and percentage completed on time | 2500 / 1000; 1806; 1666 | - | - |
| | | 100% / 50%; 85%; 76.5%; 83.1% | >85% | 85.0% |
| PE1.6 | Unresolved help desk requests | 1500 / 500; 1000; 789; 736 | <1000 | 629 |
| PE1.7 | Unresolved help desk requests (over 30 days old) | 600 / 0; 200; 311; 192 | <200 | 170 |

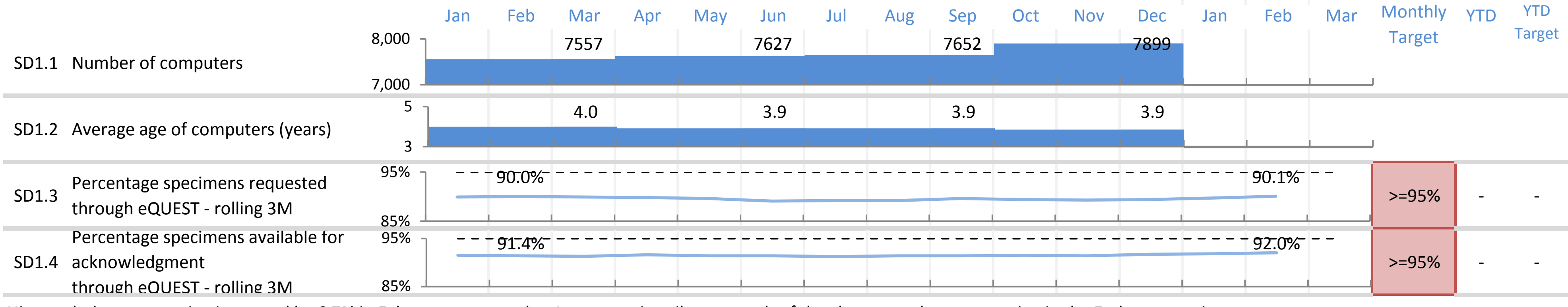
Chart months: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar

Legend: Current Data, Benchmark, Previous Year, Target

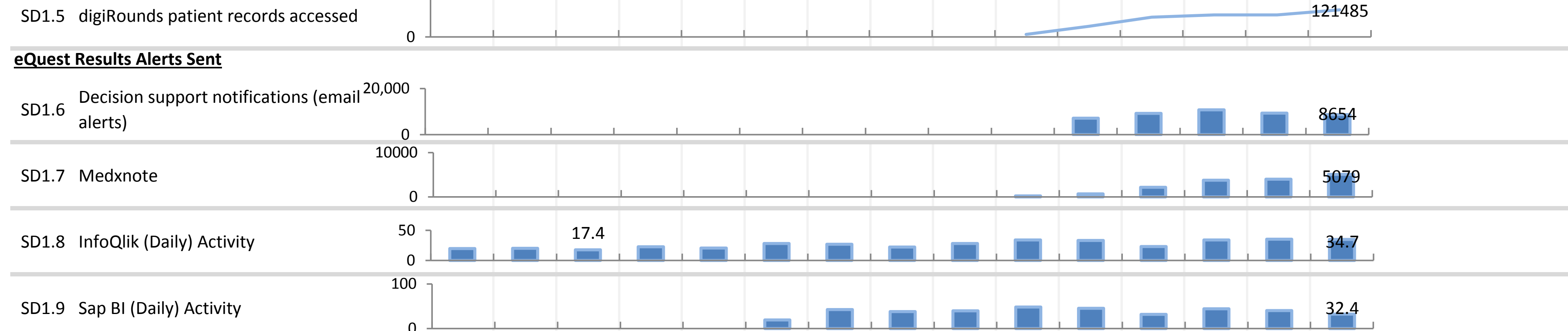
# April 2019



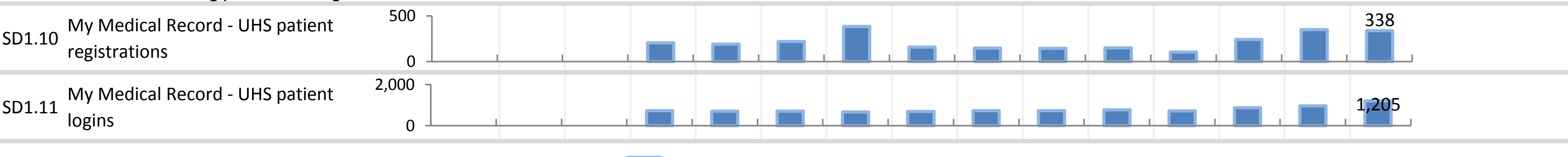

DigiRounds has demonstrated both time saving in reviewing the patient record during ward rounds, but also the quality of the review that is carried out, as clinicians are able to easily see all the significant elements of the record. It saves junior doctors time in preparing information for consultants (transcribing relevant results etc) prior to the ward round. Records accessed using Digirounds increased to 121,1485 in March. Also in March the number of alerts sent using Medxnote increased again to 5079.

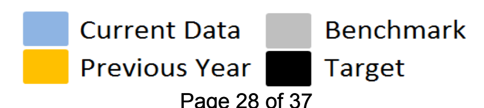



Histopathology requesting increased by 6.7% in February compared to January, primarily as a result of the change made to requesting in the Endoscopy unit.
Virology acknowledgment increased by 7.2%, attributable to the work being done between Informatics and Pathology to review the set-up of the pathology tests in eQuest.




SAP BI logins have drop likely due to the migration of the 'PAS patient checker tool' for RTT validation away from BI into a WebApp in order to support more users. InfoQlik numbers up due to the trail use of a new clinical coding persistent diagnosis tool.



# Changes and Corrections

| Page | KPI | KPI Name | Type | Detail |
|---|---|---|---|---|
| No changes this month. | | | | |
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## Executive Summary

1.1 Following the Department of health's update to the Child death review: statutory and operational guidance (England), UHS have reviewed our current position and whilst robust processes are in place to review unexpected child deaths the new guidance requires a 'key worker'. The child death leads are working to identify appropriate administration support, the 'key worker' and appropriate time in job plans to support this work.

1.2 The use of O positive blood for males over 18 will rolled out trust wide in December following a successful pilot in the emergency department. This will help to mitigate the national shortage of O negative blood for use in emergencies.

1.3 Two Never Events reported in this quarter, a retained instrument post cardiac surgery and an incorrect intraocular lens placed during cataract surgery. The never event oversight group has been reformed chaired by medical and nursing directors and has now been renamed as the Safety Always Group.

1.4 In June NSHI released recommendations on Pressure ulcers: revised definition and measurement. UHS are broadly compliant currently, and the Lead Tissue Viability Nurse (TVN) and Div. A Divisional Head of Nursing (DHN) attended a Wessex wide meeting to ensure all local trusts are working collaboratively and ensuring a consistent approach to reporting pressure ulcers. The new terminology will be implemented in April 2019.

1.5 SISG escalations to QGSG included the time pressures on clinicians whilst trying to access documents in the electronic document management system (EDMS)

1.6 There were 11 new SIRI cases reported to SISG and no infection prevention SIRIs

1.7 The trust continued to not meet the 95% target for VTE assessments. An IT solution to remind and assist doctors to complete the VTE risk assessment to allow an easy access opportunity to JAC from Charts has been implemented in AMU and T&O. After this intervention both T&O and AMU achieved 95% in February and should see further improvement in March. There are plans to roll this out trust wide which should see the compliance approve across the organisation and allow us to reach our contractual target of 95%

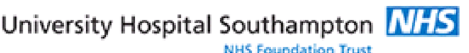
**1.8** Work is underway to develop guidance to standardise the definition of harm for patients on RTT or cancer pathways who are waiting for treatment outside of agreed national standards.

1.9 A Lying and standing blood pressure (BP) audit has been completed and changes to the safetrack system to ensure the 'clinical reasons' option for not completing a lying and standing BP are legitimate. Divisions are asked to ensure that all areas have sufficient equipment e.g. stethoscopes to undertake lying and standing BP's.

1.10 Updated NICE VTE prophylaxis guideline with significant changes to recommendations was published in March 2018. Several changes in the guideline are being challenged on a national level. Gap analysis completed and draft UHS guidance in is out for consultation.

1.11 The pharmacy team have been relatively consistently reconciling greater than 80% of patients within 48 hours. This can partly be attributed to the increase in the ward based service at the weekends and during bank holidays. Alongside service to new areas such as maternity

1.12 There is a continuing risk that the sepsis 2018/19 CQUIN for delivery of antibiotics may not be fully achieved. Whilst we currently only have 85% compliance within 1 hour, the majority of the patients received antibiotics within 2 hours. At present there is limited evidence to support antibiotics within 60 minutes, but as an organisation we continue to strive to achieve this.




1.13 Southampton City CCG are funding a Acute Kidney Injury (AKI) nurse led follow up clinic as one of their 2019/2020 QUIPP. This should support reducing readmissions and improve safety netting for those with AKI stage 2 and 3.

1.14 Incident report rates have dropped below the 35 per 100 bed days, this is under review to identify reasons behind this drop.

1.15 KPI targets for 19/20 to be reviewed and will be presented in the next report for approval.

1.16 UHS are over trajectory on C/dif and this is in part due to a number of Norovirus outbreaks in February 2019 a number of patients colonised with C.difficile were identified during the testing process this resulted in an increase in UHS C.diff cases.

## Patient safety dashboard

| Work Stream | Indicator | Annual Target | Dec-18 | Jan-19 | Feb-19 | QTD | YTD |
|---|---|---|---|---|---|---|---|
| High Harm Falls | High Harm Avoidable Falls | 3 | 0 | 0 | 0 | 0 | 0 |
| | Total High Harm Falls | 55 | 2 | 4 | 2 | 6 | 26 |
| Pressure Ulcers | Avoidable grade 3 & 4 pressure ulcers | 30 | 1 | 3 | 0 | 3 | 20 |
| | Grade 2 pressure ulcers | 156 | 9 | 6 | 9 | 15 | 108 |
| VTE | % of patients that have a VTE risk assessment upon admission | >=95% | 92.61% | 92.82% | 92.90% | 92.86% | 92.52% |
| | % of patients that receive appropriate thromboprophylaxis (taken from Safety Thermometer) | >=95% | 91.29% | 91.77% | 92.23% | 91.99% | 92.64% |
| Safety Thermometer | Harm Free Care | >=95% | 98.44% | 97.49% | 97.24% | 97.37% | 97.62% |
| Medication Errors | 80% of medicine reconciliations within 48 hours of admission | 80% reduction | 93 | 81.6 | 81.5 | | |
| | Decrease of inappropriately omitted doses to less than 3% | <=3% | 2.53 | 2.5 | 2.45 | | |
| Infection Prevention & Control | MRSA post 48 hour cases | 0 | 0 | 0 | 0 | 0 | 1 |
| | C difficile cases | 43 | 5 | 1 | 6 | 7 | 37 |
| SIRIs | Never Events | 0 | 1 | 0 | 0 | 0 | 3 |
| | 95% SIRIs Reported within 2 working days | >=95% | 50.00% | 23.53% | 84.62% | 50.00% | 75.68% |
| | SIRIs overdue by 60 days | 0 | 7 | 4 | 5 | 9 | 36 |
| Incident Reporting | Incidents per 1000 bed days | >35 | 34.67 | | | | |
| | % of incidents identified as moderate and over | <=4% | 5.21% | 4.19% | 6.61% | 5.33% | 4.05% |

| | | | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|---|---|
| Sepsis | 90% of patients appropriately screened on admission in ED, AMU, ASU and PAU. | 90% | 94% | 99% | 97% | |
| | 90% of patients with red flag sepsis in ED, AMU, ASU and PAU receive intravenous antibiotics within 60 minutes of admission diagnosis. | 90% | 92% | 80% | 85% | |
| | 90% of patients who meet criteria for sepsis screening were screened for sepsis for all acute inpatient wards. | 90% | 76% | 97% | 100% | |
| | 90% of patients with red flag sepsis receive antibiotics within 60 minutes of diagnosis. | 90% | 76% | 86% | 84% | |

## Nursing and midwifery staffing hours - March 2019

**Report notes**
Our staffing levels are monitored daily and we will risk assess and fill any gaps to ensure that safe staffing levels are always maintained

The total hours planned is our planned staffing levels to deliver care across all of our areas but does not represent a baseline safe staffing level. We plan for an average of one registered nurse to every five or seven patients in most of our areas but this can change as we regularly review the care requirements of our patients and adjust our staffing accordingly.

Staffing on intensive care and high dependency units is always adjusted depending on the number of patients being cared for and the level of support they require. Therefore the numbers will fluctuate considerably across the month when compared against our planned numbers.

Enhanced Care (also known as Specialling)
Occurs when patients in an area require more focused care than we would normally expect. In these cases extra, unplanned staff are assigned to support a ward. If enhanced care is required the ward may show as being over filled.
If a ward has an unplanned increase or decrease in bed availability the ward may show as being under or over filled, even though it remains safely and appropriately staffed.

CHPPD (Care Hours Per Patient Day)
This is a measure which shows on average how many hours of care time each patient receives on a ward /department during a 24 hour period from registered nurses and support staff - this will vary across wards and departments based on the specialty, interventions, acuity and dependency levels of the patients being cared for.

The maternity workforce consists of teams of midwives who work both within the hospital and in the community offering an integrated service and are able to respond to women wherever they choose to give birth. This means that our ward staffing and hospital birth environments have a core group of staff but the numbers of actual midwives caring for women increases responsively during a 24 hour period depending on the number of women requiring care.

| WARD | | Registered nurses Total hours planned | Registered nurses Total hours worked | Unregistered staff Total hours planned | Unregistered staff Total hours worked | Registered nurses % Filled | Unregistered staff % Filled | CHPPD Registered midwives/ nurses | CHPPD unregistered staff | CHPPD Overall | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| C4 (Solent ward) | Day | 1408.0 | 1365.9 | 1081.5 | 1191.4 | 97.0% | 110.2% | 3.9 | 3.8 | 7.7 | Safe staffing levels maintained. |
| C4 (Solent ward) | Night | 1079.8 | 955.8 | 724.5 | 1104.6 | 88.5% | 152.5% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| C6 | Day | 2832.9 | 2520.0 | 149.7 | 141.7 | 89.0% | 94.7% | 7.3 | 0.5 | 7.8 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| C6 | Night | 2040.5 | 1866.5 | 0.0 | 132.0 | 91.5% | Shift N/A | | | | Safe staffing levels maintained. |
| C6 (Teenage Cancer Trust unit) | Day | 693.4 | 710.4 | 379.5 | 164.7 | 102.5% | 43.4% | 7.6 | 1.1 | 8.8 | Safe staffing levels maintained. |
| C6 (Teenage Cancer Trust unit) | Night | 683.3 | 628.3 | 0.0 | 33.5 | 92.0% | Shift N/A | | | | Safe staffing levels maintained. |
| D2 | Day | 1369.1 | 1195.6 | 1308.7 | 1259.9 | 87.3% | 96.3% | 3.8 | 4.0 | 7.8 | Band 4 staff working to support registered nurse numbers. |
| D2 | Night | 1043.0 | 1033.3 | 1058.0 | 1075.8 | 99.1% | 101.7% | | | | Safe staffing levels maintained. |
| D3 | Day | 1615.0 | 1501.9 | 805.6 | 830.8 | 93.0% | 103.1% | 3.9 | 2.6 | 6.5 | Safe staffing levels maintained. |
| D3 | Night | 1047.6 | 1036.6 | 692.5 | 868.8 | 98.9% | 125.5% | | | | Safe staffing levels maintained. |
| Surgical high dependency unit | Day | 2183.3 | 1932.2 | 362.9 | 394.2 | 88.5% | 108.6% | 15.3 | 3.1 | 18.4 | Safe staffing levels maintained; Beds flexed to match staffing. |
| Surgical high dependency unit | Night | 2104.5 | 1863.3 | 356.5 | 379.5 | 88.5% | 106.5% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| Cardiac intensive care unit | Day | 5358.1 | 5128.8 | 1233.0 | 623.5 | 95.7% | 50.6% | 23.8 | 2.8 | 26.6 | Safe staffing levels maintained; Beds flexed to match staffing. |
| Cardiac intensive care unit | Night | 5223.8 | 4833.5 | 881.0 | 540.5 | 92.5% | 61.4% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| General intensive care unit A | Day | 4513.8 | 4139.5 | 973.3 | 691.8 | 91.7% | 71.1% | 25.1 | 3.7 | 28.7 | Safe staffing levels maintained; Beds flexed to match staffing. |
| General intensive care unit A | Night | 4261.3 | 3862.0 | 712.0 | 476.8 | 90.6% | 67.0% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| General intensive care unit B | Day | 4072.6 | 3618.4 | 570.9 | 498.4 | 88.8% | 87.3% | 32.8 | 3.6 | 36.4 | Safe staffing levels maintained; Beds flexed to match staffing. |
| General intensive care unit B | Night | 3902.8 | 3718.0 | 379.5 | 309.5 | 95.3% | 81.6% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Neuro intensive care unit | Day | 4836.4 | 4543.6 | 763.3 | 628.2 | 93.9% | 82.3% | 26.1 | 3.6 | 29.7 | Safe staffing levels maintained; Beds flexed to match staffing. |
| Neuro intensive care unit | Night | 4245.0 | 3927.5 | 650.0 | 524.0 | 92.5% | 80.6% | | | | Safe staffing levels maintained; Beds flexed to match staffing. |
| E5A | Day | 1265.5 | 1053.7 | 684.4 | 803.5 | 83.3% | 117.4% | 3.4 | 2.6 | 6.0 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| E5A | Night | 713.0 | 690.0 | 356.5 | 530.5 | 96.8% | 148.8% | | | | Safe staffing levels maintained; Support workers used to maintain staffing numbers. |
| E5B | Day | 1372.9 | 1117.5 | 808.5 | 835.5 | 81.4% | 103.3% | 3.7 | 2.6 | 6.2 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| E5B | Night | 709.8 | 700.3 | 359.5 | 427.5 | 98.7% | 118.9% | | | | Safe staffing levels maintained; Support workers used to maintain staffing numbers. |
| E8 | Day | 2086.0 | 1509.7 | 1622.5 | 1822.5 | 72.4% | 112.3% | 3.0 | 3.7 | 6.6 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| E8 | Night | 1006.5 | 1059.5 | 937.0 | 1347.0 | 105.3% | 143.8% | | | | Safe staffing levels maintained; Support workers used to maintain staffing numbers. |
| F11 | Day | 2114.2 | 1221.6 | 792.7 | 721.3 | 57.8% | 91.0% | 4.2 | 2.8 | 7.0 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| F11 | Night | 1055.5 | 929.0 | 356.5 | 701.5 | 88.0% | 196.8% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| F6 | Day | 2204.0 | 1777.9 | 686.5 | 1050.3 | 80.7% | 153.0% | 3.4 | 2.7 | 6.1 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| F6 | Night | 1065.8 | 966.8 | 701.5 | 1075.9 | 90.7% | 153.4% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| F5 | Day | 1998.6 | 1283.0 | 949.9 | 1490.5 | 64.2% | 156.9% | 2.9 | 3.5 | 6.4 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| F5 | Night | 1046.0 | 919.7 | 707.0 | 1135.5 | 87.9% | 160.6% | | | | Band 4 staff working to support registered nurse numbers; ; ; Support workers used to maintain staffing numbers. |
| Acute medical unit | Day | 3843.7 | 4307.4 | 4103.9 | 4348.9 | 112.1% | 106.0% | 5.2 | 4.8 | 10.0 | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| Acute medical unit | Night | 3549.0 | 3390.3 | 2006.5 | 2651.8 | 95.5% | 132.2% | | | | Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| D5 | Day | 1533.7 | 1101.0 | 1366.5 | 1562.3 | 71.8% | 114.3% | 2.3 | 3.2 | 5.4 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained. |
| D5 | Night | 1068.5 | 852.5 | 723.5 | 1125.5 | 79.8% | 155.6% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained. |
| D6 | Day | 1122.9 | 1120.1 | 1470.0 | 1574.7 | 99.7% | 107.1% | 2.5 | 3.4 | 5.9 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained. |
| D6 | Night | 726.5 | 725.5 | 944.5 | 938.0 | 99.9% | 99.3% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained. |
| D7 | Day | 731.7 | 717.9 | 1087.0 | 1008.5 | 98.1% | 92.8% | 3.3 | 3.1 | 6.5 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D7 | Night | 654.5 | 781.5 | 355.8 | 401.8 | 119.4% | 112.9% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D8 | Day | 1100.0 | 1139.2 | 1515.0 | 1319.7 | 103.6% | 87.1% | 2.6 | 3.1 | 5.7 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D8 | Night | 1069.5 | 762.0 | 943.8 | 955.8 | 71.2% | 101.3% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D9 | Day | 1280.0 | 1246.7 | 1643.5 | 1621.6 | 97.4% | 98.7% | 2.4 | 3.4 | 5.8 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| D9 | Night | 1068.0 | 803.5 | 842.0 | 1207.5 | 75.2% | 143.4% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| E7 | Day | 1355.3 | 1080.4 | 982.0 | 1528.0 | 79.7% | 155.6% | 2.6 | 3.8 | 6.5 | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| E7 | Night | 713.0 | 787.5 | 713.0 | 1201.0 | 110.4% | 168.4% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| Respiratory high dependency unit | Day | 2339.6 | 1361.5 | 276.0 | 717.2 | 58.2% | 259.9% | 11.4 | 4.8 | 16.3 | Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients; Safe staffing levels maintained. |
| Respiratory high dependency unit | Night | 2130.3 | 1368.0 | 361.0 | 440.5 | 64.2% | 122.0% | | | | Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients; Safe staffing levels maintained. |
| C5 | Day | 1096.5 | 904.2 | 720.5 | 601.5 | 82.5% | 83.5% | 3.8 | 2.3 | 6.1 | Safe staffing levels maintained. |
| C5 | Night | 712.0 | 702.5 | 345.0 | 372.0 | 98.7% | 107.8% | | | | Safe staffing levels maintained. |
| D10 | Day | 1324.5 | 832.5 | 1133.2 | 1281.5 | 62.9% | 113.1% | 2.8 | 3.6 | 6.5 | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained. |
| D10 | Night | 714.0 | 714.0 | 908.5 | 701.5 | 100.0% | 77.2% | | | | Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained. |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| F7 | Day | 736.3 | 743.3 | 1295.1 | 1163.7 | 101.0% | 89.9% | 2.4 | 3.0 | 5.4 | Safe staffing levels maintained. |
| F7 | Night | 689.0 | 724.5 | 713.0 | 701.5 | 105.2% | 98.4% | | | | Safe staffing levels maintained. |
| G5 | Day | 1091.3 | 1102.9 | 1779.9 | 1645.2 | 101.1% | 92.4% | 2.1 | 3.2 | 5.3 | Safe staffing levels maintained. |
| G5 | Night | 700.5 | 689.0 | 713.0 | 1057.0 | 98.4% | 148.2% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| G6 | Day | 1047.4 | 1080.1 | 1835.5 | 1757.5 | 103.1% | 95.8% | 2.3 | 3.6 | 5.8 | Safe staffing levels maintained. |
| G6 | Night | 713.0 | 714.0 | 1063.5 | 1057.0 | 100.1% | 99.4% | | | | Safe staffing levels maintained. |
| G7 | Day | 710.7 | 747.7 | 1452.9 | 1342.5 | 105.2% | 92.4% | 3.4 | 5.7 | 9.1 | Safe staffing levels maintained. |
| G7 | Night | 712.0 | 723.5 | 1062.0 | 1119.5 | 101.6% | 105.4% | | | | Safe staffing levels maintained. |
| G8 | Day | 1080.0 | 1084.0 | 1787.2 | 1560.8 | 100.4% | 87.3% | 2.1 | 3.0 | 5.2 | Safe staffing levels maintained; Staffing appropriate for number of patients. |
| G8 | Night | 713.0 | 724.5 | 1067.5 | 998.5 | 101.6% | 93.5% | | | | Safe staffing levels maintained. |
| G9 | Day | 1085.5 | 1075.1 | 1756.9 | 1702.2 | 99.0% | 96.9% | 2.3 | 3.6 | 6.0 | Safe staffing levels maintained. |
| G9 | Night | 713.0 | 725.5 | 1000.5 | 1094.5 | 101.8% | 109.4% | | | | Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers. |
| Paediatric high dependency unit | Day | 1592.3 | 1203.2 | 0.0 | 0.0 | 75.6% | Shift N/A | 13.1 | 0.0 | 13.1 | Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained. |
| Paediatric high dependency unit | Night | 1069.5 | 1086.0 | 0.0 | 0.0 | 101.5% | Shift N/A | | | | Safe staffing levels maintained. |
| Paediatric medical unit | Day | 2269.5 | 1853.0 | 383.7 | 644.4 | 81.6% | 167.9% | 7.0 | 3.0 | 10.1 | Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Patient requiring 24 hour 1:1 nursing in the month. |
| Paediatric medical unit | Night | 1837.8 | 1543.4 | 341.0 | 806.0 | 84.0% | 236.4% | | | | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained. |
| Paediatric assessment unit | Day | 1321.0 | 1215.0 | 466.0 | 275.5 | 92.0% | 59.1% | 11.2 | 1.7 | 12.9 | Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained; HCA's not always required. |
| Paediatric assessment unit | Night | 1069.5 | 1046.0 | 137.0 | 76.5 | 97.8% | 55.8% | | | | Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; ; HCA's not always required. |
| Paediatric intensive care unit | Day | 6173.5 | 5161.6 | 680.5 | 398.0 | 83.6% | 58.5% | 27.0 | 2.0 | 29.0 | Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained. |
| Paediatric intensive care unit | Night | 5704.0 | 5042.0 | 517.5 | 364.5 | 88.4% | 70.4% | | | | Beds flexed to match staffing; Safe staffing levels maintained. |
| Piam Brown ward | Day | 2959.4 | 2778.3 | 141.0 | 150.0 | 93.9% | 106.4% | 12.8 | 0.5 | 13.3 | Safe staffing levels maintained. |
| Piam Brown ward | Night | 1058.0 | 1091.3 | 0.0 | 0.0 | 103.1% | Shift N/A | | | | Safe staffing levels maintained. |
| E1 | Day | 2134.5 | 1728.0 | 723.5 | 388.0 | 81.0% | 53.6% | 6.5 | 1.5 | 8.0 | Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe Staffing. |
| E1 | Night | 1450.8 | 1383.8 | 379.5 | 333.0 | 95.4% | 87.7% | | | | Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained. |
| G2 | Day | 777.3 | 773.1 | 0.0 | 0.0 | 99.5% | Shift N/A | 8.2 | 0.0 | 8.2 | Safe staffing levels maintained. |
| G2 | Night | 741.8 | 729.5 | 0.0 | 0.0 | 98.3% | Shift N/A | | | | Safe staffing levels maintained. |
| G3 | Day | 2385.7 | 1768.7 | 1198.5 | 722.5 | 74.1% | 60.3% | 6.4 | 2.1 | 8.5 | Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Beds flexed to match staffing. |
| G3 | Night | 1703.0 | 1454.5 | 682.0 | 341.0 | 85.4% | 50.0% | | | | Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained. |
| G4 | Day | 2425.8 | 2148.0 | 1243.5 | 842.3 | 88.5% | 67.7% | 6.7 | 2.4 | 9.2 | Band 4 staff working to support registered nurse numbers; Beds flexed; Non-ward based staff supporting areas; Safe staffing levels maintained. |
| G4 | Night | 1684.0 | 1554.7 | 683.0 | 507.0 | 92.3% | 74.2% | | | | Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained. |
| Bramshaw women's unit | Day | 1469.0 | 1143.5 | 1216.8 | 1028.8 | 77.8% | 84.5% | 4.0 | 3.8 | 7.7 | Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained. |
| Bramshaw women's unit | Night | 712.0 | 716.0 | 712.0 | 735.0 | 100.6% | 103.2% | | | | Safe staffing levels maintained. |
| Neonatal unit | Day | 5452.1 | 3796.9 | 1538.5 | 745.5 | 69.6% | 48.5% | 7.8 | 1.3 | 9.2 | Safe staffing levels maintained; Cots adjusted to match staffing. |
| Neonatal unit | Night | 4111.5 | 4227.7 | 869.0 | 621.0 | 102.8% | 71.5% | | | | Safe staffing levels maintained; Cots adjusted to match staffing. |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Maternity service | Day | 8404.3 | 7599.1 | 3341.0 | 2364.8 | 90.4% | 70.8% | 5.2 | 1.8 | 7.0 | Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource. |
| Maternity service | Night | 5236.3 | 4603.8 | 2040.5 | 1866.5 | 87.9% | 91.5% | | | | Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource. |
| Cardiac high dependency unit | Day | 5029.5 | 4099.3 | 1499.5 | 1019.0 | 81.5% | 68.0% | 13.3 | 2.8 | 16.1 | Beds flexed to match staffing. |
| Cardiac high dependency unit | Night | 3741.8 | 3714.1 | 682.0 | 638.3 | 99.3% | 93.6% | | | | Beds flexed to match staffing. |
| Coronary care unit | Day | 1983.2 | 1626.2 | 734.0 | 871.5 | 82.0% | 118.7% | 6.2 | 3.2 | 9.5 | Band 4 staff working to support registered nurse numbers. |
| Coronary care unit | Night | 1358.0 | 1183.0 | 341.0 | 572.0 | 87.1% | 167.7% | | | | Increased night staffing to support raised acuity; Band 4 staff working to support registered nurse numbers. |
| D4 | Day | 1878.5 | 1165.8 | 891.3 | 935.8 | 62.1% | 105.0% | 2.9 | 2.5 | 5.4 | Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers. |
| D4 | Night | 786.0 | 686.8 | 692.0 | 701.0 | 87.4% | 101.3% | | | | Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers. |
| E2 | Day | 1578.3 | 1124.8 | 745.5 | 826.5 | 71.3% | 110.9% | 3.6 | 2.4 | 5.9 | Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers. |
| E2 | Night | 725.0 | 743.8 | 341.0 | 402.8 | 102.6% | 118.1% | | | | Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers. |
| E3 | Day | 2815.2 | 1642.5 | 1269.3 | 1891.0 | 58.3% | 149.0% | 2.5 | 3.0 | 5.5 | Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers. |
| E3 | Night | 1337.0 | 1079.5 | 1363.0 | 1417.5 | 80.7% | 104.0% | | | | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers. |
| E4 | Day | 2180.9 | 1745.4 | 737.7 | 901.9 | 80.0% | 122.3% | 3.5 | 2.8 | 6.3 | Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers. |
| E4 | Night | 1012.0 | 1047.2 | 681.0 | 1293.7 | 103.5% | 190.0% | | | | Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers. |
| F4 | Day | 1507.0 | 1019.0 | 852.5 | 803.5 | 67.6% | 94.3% | 3.3 | 3.2 | 6.5 | Safe staffing levels maintained. |
| F4 | Night | 868.0 | 678.0 | 538.0 | 851.8 | 78.1% | 158.3% | | | | Safe staffing levels maintained. |
| Acute stroke unit | Day | 1562.0 | 1533.0 | 2337.0 | 2594.0 | 98.1% | 111.0% | 2.8 | 4.9 | 7.7 | Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| Acute stroke unit | Night | 1023.0 | 913.0 | 1364.0 | 1626.0 | 89.2% | 119.2% | | | | Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers. |
| Regional transfer unit | Day | 1842.1 | 1321.4 | 383.5 | 857.5 | 71.7% | 223.6% | 9.4 | 7.5 | 16.8 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| Regional transfer unit | Night | 682.0 | 638.0 | 682.5 | 704.5 | 93.5% | 103.2% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| E Neuro | Day | 1977.5 | 1508.0 | 1045.5 | 1666.0 | 76.3% | 159.3% | 3.5 | 4.1 | 7.6 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| E Neuro | Night | 1379.0 | 1050.5 | 1023.0 | 1386.5 | 76.2% | 135.5% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| Hyper acute stroke unit | Day | 1134.0 | 996.5 | 477.0 | 785.8 | 87.9% | 164.7% | 6.3 | 5.8 | 12.1 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| Hyper acute stroke unit | Night | 677.0 | 659.5 | 677.0 | 737.0 | 97.4% | 108.9% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| D neuro | Day | 1950.2 | 1641.4 | 1531.8 | 1745.5 | 84.2% | 114.0% | 3.6 | 4.2 | 7.8 | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers. |
| D neuro | Night | 1355.0 | 1243.0 | 1355.0 | 1546.8 | 91.7% | 114.2% | | | | Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers. |
| F4 Neuro | Day | 1603.9 | 1556.2 | 686.0 | 1137.7 | 97.0% | 165.8% | 3.9 | 3.6 | 7.5 | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| F4 Neuro | Night | 1024.5 | 985.8 | 1022.5 | 1182.5 | 96.2% | 115.6% | | | | Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month. |
| Brooke ward (trauma and orthopaedics) | Day | 1216.0 | 980.0 | 594.5 | 736.0 | 80.6% | 123.8% | 3.3 | 2.8 | 6.2 | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| Brooke ward (trauma and orthopaedics) | Night | 1068.5 | 715.0 | 356.5 | 700.3 | 66.9% | 196.4% | | | | Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit. |
| Trauma Assessment Unit | Day | 551.8 | 592.5 | 416.8 | 555.5 | 107.4% | 133.3% | 4.5 | 4.4 | 9.0 | Non-ward based staff supporting areas; Safe staffing levels maintained by sharing staff resource. |
| Trauma Assessment Unit | Night | 341.0 | 352.0 | 341.0 | 363.3 | 103.2% | 106.5% | | | | Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards. |
| F1 | Day | 2458.2 | 1782.1 | 1471.4 | 2125.3 | 72.5% | 144.4% | 3.5 | 4.1 | 7.6 | Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards. |
| F1 | Night | 1782.5 | 1524.0 | 1063.5 | 1829.5 | 85.5% | 172.0% | | | | Non-ward based staff supporting areas; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource. |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| F2 | Day | 1651.3 | 1238.8 | 1336.0 | 2151.0 | 75.0% | 161.0% | 2.8 | 5.2 | 8.0 | Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource. |
| F2 | Night | 1012.0 | 908.0 | 1023.0 | 1860.3 | 89.7% | 181.8% | | | | Non-ward based staff supporting areas; Safe staffing levels maintained by sharing staff resource. |
| F3 | Day | 1664.0 | 1091.8 | 2372.8 | 2019.0 | 65.6% | 85.1% | 2.8 | 5.0 | 7.8 | Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource. |
| F3 | Night | 1033.0 | 907.3 | 2034.0 | 1608.8 | 87.8% | 79.1% | | | | Non-ward based staff supporting areas; Patient requiring 24 hour 1:1 nursing in the month. |

| Cover sheet for a report to the Trust Board of Directors dated Tuesday, 30 April 2019 | | | |
|---|---|---|---|
| **Title:** Guardian of Safe Working Hours Quarterly Report | | | |
| **Category** | Quality, Performance, and Finance | | |
| **Agenda item** | 4.5 | | |
| **Sponsor** | Medical Director | | |
| **Author** | Kathryn Nash, Consultant Hepatologist, and Guardian of Safe Working Hours | | |
| **Provenance** | The Guardian role is integral to the 2016 Junior Doctors Contract with the fundamental remit to provide assurance to the Trust Board that doctors' working hours are safe.<br>Kate Nash was appointed to the Guardian role, June 2018. | | |
| **Purpose** | The paper is presented for the Board for Review | | |
| **Relevant to Board goals** | ☐ Goal 1: Improving patient journeys. | ☐ Goal 2: Delivering value-based health and care. | ✓ Goal 3: Supporting healthy lives. |
| | ✓ Goal 4: Building an expert and inclusive workforce. | ☐ Goal 5: Being agile in meeting people's needs. | ☐ Goal 6: Creating leading-edge research, education, and innovation. |
| **Board Assurance Framework links** | 2019-20 Assurance Framework Goals 3 and 4 will apply once approved. | | |
| **Equality Impact Assessment** | The Trust aims to ensure that any change in performance does not affect one or more cohorts of people with specific protected characteristics. This equality monitoring is conducted operationally. | | |
| **Other standards affected** | • NHSI compliance<br>• CQC Well-led Framework | | |

## Guardian of Safe Working Hours Quarter Report

### Main issues / Executive Summary

***Employment and expenditure***

All Junior Doctors in Training employed by the Trust are now working on the new contract.

278 non-training Fellows are employed, 91% on 2016 UHS local terms and conditions.

Vacancy rate is 11.75%. Targeted recruitment activities are taking place in the emergency department and O&G. Medical HR are exploring a number of alternative options to traditional recruitment

Locum spend via the internal bank has risen significantly this quarter (Appendix 1), likely reflecting winter pressure.

***Exception reporting***

- 1353 episodes received since 01 March 2017
- 377 Doctors have submitted exceptions
- 1391 exception reports received since implementation of Junior Doctor Contract in October 2016
- The most common reason is additional working hours and the most common resolution is additional payment
- No reports deemed "immediate safety concern" in the last quarter.
- To date no exception report has been a breach incurring a financial penalty
- Cost to the organisation of exception reporting is currently low, but could increase if reporting is embedded fully.

### Activity summary

Junior doctor executive, led by the chief registrar, continues to meet quarterly with increasing representation from across the specialities.

Consultant Rota Leads aim to meet quarterly to share good practice, turnout is variable.

***Ophthalmology registrar experience:***

Previous concerns regarding working patterns and poor training experience triggered a Deanery visit November 2018. Only a few exception reports have been submitted since and informal feedback suggests trainees are happier. Mechanism now created to allow trainees from over Trusts undertaking sessions in UHS to exception report sessions and be paid by UHS. More formal feedback through monitoring the exception reporting system and the future GMC survey is awaited.

***Obstetrics and gynaecology registrar rota:***

National shortage of registrars and consultants mean the registrar rota remains at risk. Work schedule review constantly in progress. Recent successful appointment to consultant posts with resident on call commitment should alleviate some of these concerns

***Urology/vascular FY1 post:***

Plans on course to split this on call rota from August 2019

***Palliative care registrar rota:***

Concerns raised by trainees regarding hours worked, payment and on call arrangements. Work schedule review in progress. Guardian and Medical HR visit to CMH planned in May

***Change in rostering rules:***

Anticipated change in the junior doctor contract will mean that doctors working week will be counted as 168 consecutive hours rather than 7 consecutive days. Approximately 10% of UHS rotas will need rewriting to comply with this regulation. Plan to undertake this work to roll out in August 2019 rotas.

***IT concerns:***

Further exception reports received this quarter directly citing IT systems and facilities as a cause for overtime.

- Introduction of new JAC prescribing system mid post required 2 hours of training for every user (limited computer availability to do this)
- Trainees find the new system slower and more cumbersome to use
- Insufficient laptops/ipads mean that it takes longer to do jobs, leading to doctors working late and delaying patient flow.

IT working-party have met and are working on addressing hardware issues, specifically acquiring more laptops. Progress on this is slow and is a source of frustration.

Chief registrar has led on a project to overhaul and improve the discharge summaries. Pilot project underway to review this.

Workload is intense in many areas and there remains ongoing need for wider overview of the workforce, use of junior doctors, advanced nurse practitioner roles etc across the organization to help with planning for future staffing.

Doctors are spending much time undertaking “non-medical” tasks, often at the expense of the medical training they should be receiving.

***Implications***

The Guardian remains concerned over the issue of rota gaps and the safety of areas of the hospital

Engagement with the exception reporting system remains variable; whilst it has highlighted some areas that need review, the Guardian currently does not have the confidence that this system is reflecting the true situation across the hospital. The Guardian’s awareness of most of the areas of concern highlighted in this report has come from groundwork and direct discussion with departments rather than the exception reporting system.

The overall impact of the new contract financially and on service provision remains unclear and difficult to quantify currently:

- Many factors which impact rota gaps
- Under usage of exception reporting system

## Action Required

The Board is invited to note the report and ongoing concerns regarding work intensity, exception reporting and rota gaps.

## Next Steps

Next quarterly report due July 2019

**Appendix 1:** Summary of junior doctor vacancies across work and total internal locum usage.

*(a) This quarter Dec 18 – Mar 19*

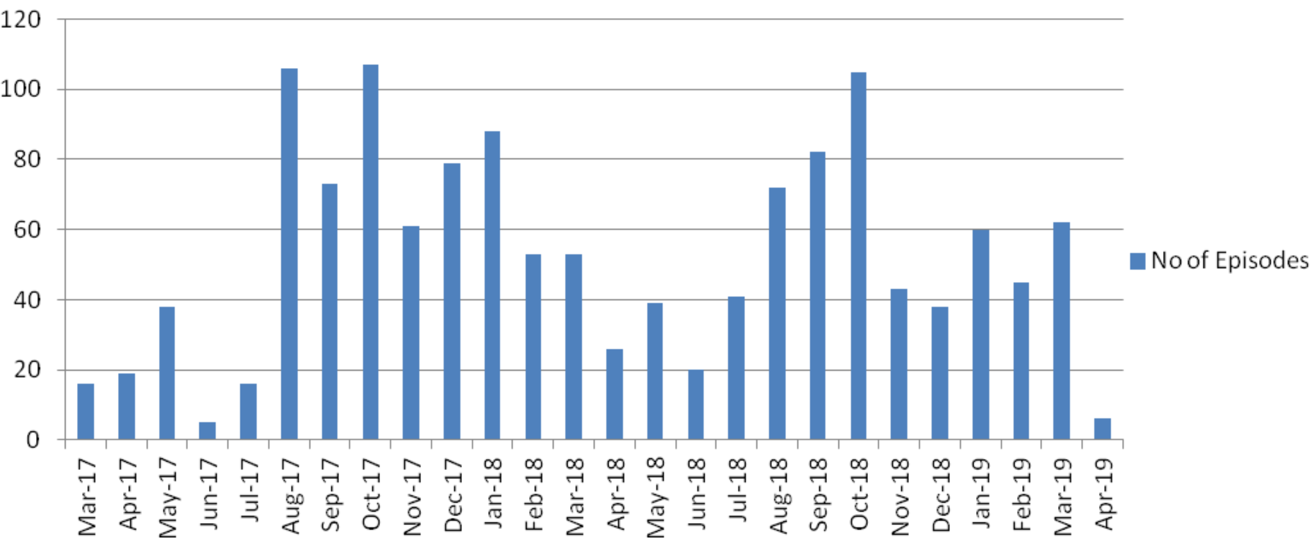
| Area | Total Current Vacancies | Total hours booked via the bank (Mar 19) | Total bank spend (Mar 19) |
|---|---|---|---|
| Anaesthetics | 7 | 272 | 18887 |
| Intensive Care (All) | 12 | 25 | 1060 |
| Cancer Care | 3 | 635 | 31093 |
| Surgery (inc ENT) | 4 | 473 | 24118 |
| Emergency Care (inc AMU) | 18 | 1482 | 84304 |
| Pathology | 2 | 15 | 467 |
| Specialist Medicine and MOP | 8 | 240 | 13607 |
| Ophthalmology | 1 | 428 | 32556 |
| Child Health | 14 | 272 | 14768 |
| O&G / Neonates | 4 | 220 | 12063 |
| T&O | 5 | 338 | 14789 |
| Neurosciences | 7 | 312 | 14,961 |
| CV&T | 9 | 294 | 14158 |
| Total | 94 | 5006 | 276831 |

- Overall vacancy rate is ~11.75%.
- August rotations are being finalized by HEW, fill rate will be clear in the coming weeks and local recruitment can commence.
- All doctors in training are now contracted under the 2016 terms

*(b) Data from last quarter Oct – Dec 2018 displayed in this Board report for comparison*

| *Area* | *Total Current Vacancies* | *Total hours booked via the bank (Dec 18)* | *Total bank spend (Dec 18)* |
|---|---|---|---|
| *Anaesthetics* | *4* | *75.5* | *5604* |
| *Intensive Care (All)* | *6* | *48* | *2136* |
| *Cancer Care* | *1* | *275* | *15096* |
| *Surgery (inc ENT)* | *4* | *395* | *20936* |
| *Emergency Care (inc AMU)* | *14* | *787.5* | *47780* |
| *Pathology* | *3* | *32* | *1024* |
| *Specialist Medicine and MOP* | *9* | *213* | *11146* |
| *Ophthalmology* | *1* | *287* | *22956* |
| *Child Health* | *13* | *171* | *8921* |
| *O&G / Neonates* | *4* | *271* | *14500* |
| *T&O* | *4* | *504* | *23176* |
| *Neurosciences* | *8* | *17* | *760* |
| *CV&T* | *7* | *307* | *15195* |
| *Total* | *78* | *3383* | *189230* |

**Appendix 2.1:** Number of exception reports Mar 2017 – Apr 2019 (data extracted from eRota 09.04.19)




**Appendix 2.2:** Reason for exception

| | Division A | Division B | Division C | Division D | THQ |
|---|---|---|---|---|---|
| Hours | 438 | 561 | 74 | 125 | 1 |
| Education | 41 | 25 | 16 | 5 | 0 |
| Pattern | 12 | 20 | 3 | 12 | 0 |
| Support | 5 | 7 | 1 | 7 | 0 |

**Appendix 2.3:** Exception report outcome:

| Outcome of exception report | |
|---|---|
| Compensation: Time off in lieu | 197 |
| Compensation: Overtime Payment | 845 |
| No further action | 194 |
| Pending | 38 |
| Work schedule review | 35 |

**Appendix 2.4:** Exception report summary and future work

- There remains variable engagement with the exception reporting system:
  - Only ~ 20% of doctors have submitted a report
- Solutions will require ongoing education about the system and support across the hospital
- Without robust use of the exception reporting system it is difficult to have confidence in the safety of current junior doctor working and to plan future staffing
- Assuming that information is incomplete it is difficult to predict the future financial risk to the hospital
- Few junior doctors are managing to take their allocated 2 hours SPA time a week.

Actions:

- Presentations given at induction and foundation doctor training days
- Feedback session undertaken with junior doctors
- Continue to work with consultants and junior doctors to promote exception reporting and the benefits of this
- Further work planned to explore reasons for perceived under reporting at junior doctor meetings and with local departments
- Publicise outcomes and changes that result from exception reporting – e.g. work schedule and rota changes
- Continue to work with rota leads to embed SPA time in weekly rotas and encourage juniors to exception report where this is not happening

<table>
<tr><td colspan="4">Cover sheet for a report to the Trust Board of Directors dated Tuesday, 30 April 2019</td></tr>
<tr><td colspan="4">Title: UHS Maternity Services Annual Report 2018</td></tr>
<tr><td>Category</td><td colspan="3">Quality, Performance, and Finance</td></tr>
<tr><td>Agenda item</td><td colspan="3">4.6</td></tr>
<tr><td>Sponsor</td><td colspan="3">Director of Nursing and Organisational Development</td></tr>
<tr><td>Author</td><td colspan="3">Suzanne Cunningham, Director of Midwifery</td></tr>
<tr><td>Provenance</td><td colspan="3">Division C Divisional Board, 26 March 2019<br>Trust Executive Committee, 17 April 2019<br>Maternity Services continues to engage with staff excellent engagement scores in the staff survey.<br>Maternity Services continues to strive to maximise engagement with all stakeholders.</td></tr>
<tr><td>Purpose</td><td colspan="3">The paper is presented for the Board for Review<br>This report constitutes the 2018 annual update to Trust Board regarding Maternity Services.<br><br>• Status and Provision of Maternity Services<br>• Quality and Safety of Maternity Services<br>• Future Challenges<br><br>That the Trust Board:<br><br>• Notes and recognises that the service remains under pressure from peaks of activity, increased complexity and an increasing public health agenda<br>• Recognises there is regular review and planning regarding staffing and safety to ensure an effective and safe service<br>• Acknowledges the current achievements, challenges and future developments of the Maternity Services.<br><br>The budget in 18/19 for Obstetric Services was £15.1m and 333 WTE. It is forecast to be overspent by £0.6m in light of falling birth rate due to pay and non-pay including one off equipment costs setting up Maternity hubs.<br><br>The service was challenged especially in the latter part of 2018 and early 2019 by levels of sickness, maternity leave and vacancies. This improved with a cohort of new midwives starting at UHS in March 2019. This once again will ensure a maternity service at full establishment.<br><br>The main issue facing Maternity Services is a falling birth rate continues to provide a challenge for Maternity Services despite an increase in complex medical and obstetric conditions within the pregnant population.</td></tr>
<tr><td>Relevant strategic goals</td><td>✓ Goal 1: Improving patient journeys.</td><td>✓ Goal 2: Delivering value-based health and care.</td><td>✓ Goal 3: Supporting healthy lives.</td></tr>
</table>

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| | ✓ Goal 4: Building an expert and inclusive workforce. | ✓ Goal 5: Being agile in meeting people's needs. | ✓ Goal 6: Creating leading-edge research, education, and innovation. |
| **Board Assurance Framework links** | There are a number of key Risk Register entries in relation to Maternity Services. | | |
| **Equality Impact Assessment** | | | |
| **Other standards affected** | The legal issues regarding Maternity Services nationally are in relation to the impact of litigation and how this is managed through NHS Resolution. | | |

## 1. Introduction and Background

1.1 The purpose of this paper is to provide an annual update to members of the Trust Executive Committee on the status and provision of University Hospital Southampton (UHS) Maternity Services during 2018. It is a requirement for the service that we have in place a safe and sustainable, reliable and high quality Maternity Service which is responsive to the needs of all women and babies in the local community and the wider Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Maternity System (LMS) whilst also providing access to a range of specialist services for our regional referrals. There are opportunities on a quarterly basis for the service to present to members of the Board on safety and quality. However, this report whilst including the safety and quality data also addresses more general information about the service achievements and areas of development.

1.2 This report constitutes the annual update to the Trust Executive Committee regarding Maternity Services and provides an update on:-

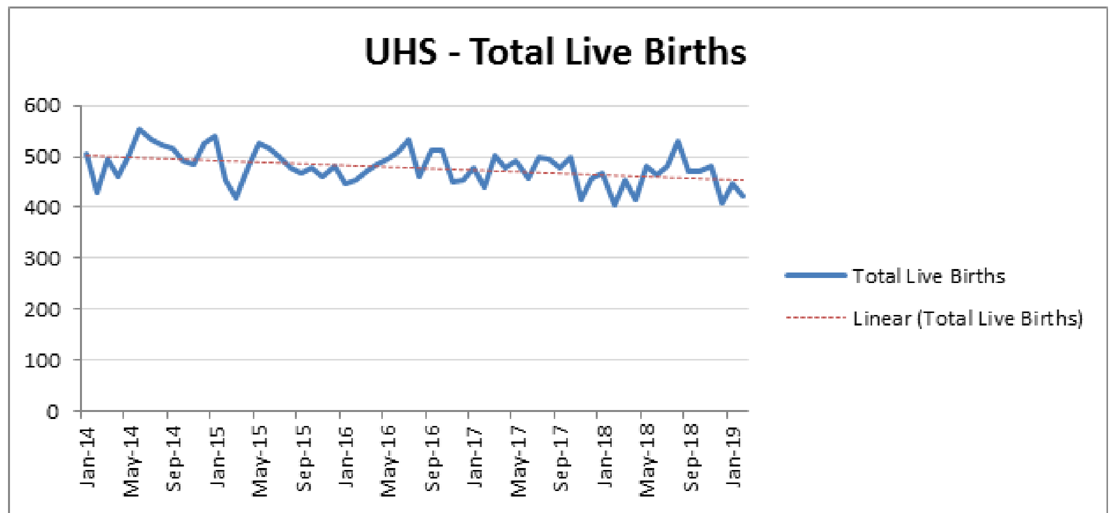
- Status and provision of Maternity Services
- Quality and safety of Maternity Services
- The achievements, challenges and future developments of Maternity Services

## 2. Key Issues

2.1 Maternity Services is a large tertiary provider of the most complex maternity and neonatal services including high risk maternal and fetal medicine and the delivery of extremely premature infants and infants with complex medical and surgical needs from birth.

2.2 In 2018 there were 5479 births, down from the 2017 total of 5626. Maternity Services spans the acute hospital (Princess Anne Hospital (PAH)) and community setting ensuring that women receive care across the continuum of antenatal, intrapartum and postnatal periods including a prenatal diagnostic service comprising fetal medicine, screening and the obstetric sonography service. 75% of the service is delivered within a community setting with approximately 50,000 antenatal contacts and 17,000 postnatal contacts delivered in 11 community hubs. Births occur in four locations: Labour Ward (based at the PAH), which caters for obstetric-led complex births, the midwifery-led low risk birthing areas in the co-located Broadlands Birth Centre (BBC), stand-alone New Forest Birth Centre (NFBC), and the home setting. All women booking for maternity care in Hampshire have detailed information of all the maternity services with details of facilities and choice of place of birth. It has been difficult to assess the effect of this information as births have declined across Hampshire.

The chart below shows the number of live births per annum on a rolling quarterly basis.




2.3 All pregnant women require support from a midwife and some will also need the skills of an obstetrician and a smaller proportion will need the skills of the neonatal team so the development of pathways and multi-professional working is an essential part of our strategy to deliver seamless and high quality care. Midwives are considered to be ideally placed to deliver key health and lifestyle messages. The need for this continues to increase with 24% of women booking into the service declaring a mental health difficulty, 140 of which report a serious mental health issue and a similar proportion of women booking with a BMI greater than 30. The increasing numbers of women presenting with these pre-existing medical conditions, which impact significantly on pregnancy childbirth and early parenting, continues to contribute significantly to the rise our acuity levels.

2.4 This year we have collected data which reflects the acuity of our case mix in labour. This ensures that the workforce can respond flexibly to the demands of the service and maintain the skills of the midwifery staff working within each pathway. The focus is to ensure 1:1 care in labour and in achieving this we recognise that there are times now when women require this for longer after birth than we have felt in the past.

## WORKFORCE

### 2.5 Midwifery Staffing

There continues to be a transient movement of staff within the maternity workforce, due to a number of factors including a predominantly young team, with the vast majority of workers being female. As a result, we have adopted a complimentary recruitment cycle to allow new staff to join the Trust as existing team members take periods of absence, including maternity leave and secondments.

2.6 Staff retention is good with a change in culture from previous years where junior members of the team exit after consolidation of preceptorship. Indeed, these staff members are now keen to stay and remain committed to optimising upon the opportunities for personal and professional development within the Trust. Alongside this, staff are not leaving the organisation readily, there is a new trend for a number of employees requesting periods of leave for career breaks and/or a reduction in contracted hours. For these reasons, as well as a high level of short term sickness across the service, we have experienced a winter season with staffing numbers often falling to substandard levels. This was countered and managed accordingly, through a sharing of staffing resources across the midwifery pathways and the supernumerary status of the labour ward lead and operational coordinator, to ensure that care provided to women and babies remained safe at all times. A cohort of new starters commenced March 2019 including newly qualified and experienced

staff members thus seeing a workforce at full establishment once more. Staff have shown great commitment and dedication to maintaining quality for service users.

2.7 In line with national guidance recordings for activity in relation to midwifery staffing ratios, we have engaged and implemented the Birthrate Plus workforce tool and a report was submitted in March 2018. The report suggests that with level of acuity we experience we would need 1 midwife to every 24 births. We are currently funded to 1:26 and have provided a safe service with these ratios. What is evident from the findings and discussions generated so far is that the challenge going forward will be to match a midwifery workforce against the unpredictability that pregnancy and childbirth dictate. For the 4th year running the number of births has declined and this reflects a national trend, although the long term prediction is that the births will increase by 5% by 2030. The birth rate is notoriously difficult to predict and the increase of 1000 births throughout 2000-2010 was not predicted. Meeting these challenges against a backdrop of national agendas for continuity and personalised care for women as outlined within 'Better Births' and 'The NHS 10 Year Plan' make for an exciting year ahead where some intelligent planning regarding staffing models for the future remain essential.

2.8 During 2016-2017 a reconfiguration of staff in response to Better Births with community midwifery teams moving away from GP surgeries and into community hubs. The pathways of care also altered to ensure that women received appropriate care in relation to midwifery-led or obstetric-led services, dependent on a risk assessment of their individual health and wellbeing.

This determined a change in the midwifery leadership of both the NFBC and the co-located BBC ensuring that both remained firmly within the pathway of midwifery-led care. The maternity service has introduced an intrapartum acuity tool in November 2018. The system provides detailed information on activity and acuity collected every 4 hours within birthing environments. From this information the service can record 'red flag' situations i.e. delays in care or detection of deteriorating clinical situation. The tool helps us to understand and respond to the daily fluctuations in acuity and adds to the checkpoints we would need to ensure that the staffing model is responsive and the care is safe.

2.9 The next phase saw a recent restructure within the midwifery leadership team and successful appointments to senior leadership positions. It is essential to have in place a Midwifery leadership structure that will enable the Maternity Service to become the 'leading edge' provider within the region in line with the Trust's vision.

2.10 The restructure will provide the midwifery leadership team with the opportunity to perform to the best of their ability and be better at what they do every day. The two deputy roles have remained but with a split between operational, business and professional leadership. Both roles will be engaged in the regional Director of Midwifery programme to ensure that succession planning is in place for the Director of Midwifery (DoM).

2.11 The DoM will set the strategy for the service and influence the future direction for the integration of maternity services in line with the national Maternity Transformation Programme. The DoM role aims to provide strategic leadership and maintain an overarching internal and external focus, working with partners in the widest possible sense; a clear purposeful supportive leadership structure has been created. The ambition is to always improve the quality and safety of the maternity service through developing innovative solutions to deliver care more efficiently and making best use of resources and capacity. As a result of this new leadership team, we are aligned in our commitment and remain confident of the future investment towards promoting and supporting a happy and healthy workforce.

## 2.12 Medical

Obstetrics and Gynaecology has experienced ongoing difficulties in staffing its junior medical workforce. This has been due to a combination of Deanery gaps, maternity leave and sickness.

2.13 The full complement should include a 3 FTE FY1 rota, 9 FTE FY2/ST1-2 rota and a 14 FTE middle grade rota. The shortages primarily affect the middle grade rota though more recently the FY2/ST1-2 rota has also been affected. Over the past year the middle grade gaps have ranged between 0.2 FTE during a period of over-recruitment to 3.3 FTE.

2.14 Strategies to manage these gaps include a review of medical workforce across consultant and junior levels, expanding the Resident On-Call Consultant numbers, over-recruiting with Trust Fellow posts, short-medium term agency locums, internal locums and where no other alternative is available; consultants have acted down to cover out of hours shifts and maintain a safe service.

2.15 The aim to over-recruit to Trust fellow posts, with the support from the Care Group Management team, is in order to manage the inevitable but unpredictable changes in the workforce due to the afore mentioned causes. This has successfully covered the majority of gaps within the FY2/ST1-2 rota. This strategy has been previously successful for the middle grade rota when there were suitable applicants, however once again the quality of applications has declined. Of the 7 posts advertised, only 3 had applicants that were suitable to proceed to interview (1 post recruited and 2 in the process). Current gaps are therefore being filled by a combination of internal and external agency locums. Engagement of suitable short-medium term agency locums is complicated by the variable standard with low numbers of high quality locums available. A further solution currently being attempted is the recruitment of international speciality doctors for 2+ year contracts. These individuals have no previous UK/ NHS experience and will require a period of supernumerary working to adjust.

2.16 The quality of training has been maintained with the 2018 General Medical Council (GMC) trainee survey reporting 86% overall satisfaction and all indicators being neutral or positive outliers (28%). However, 19% disagreed (none strongly) with the statement 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota'.

To optimise training opportunities, these are now prioritised and are second only to emergency cover. Pathways are in place to reduce outpatient clinics and utilise surgical assistants in theatre to facilitate this. We will await results from the 2019 survey as this will cover our period with the more significant workforce gaps.

## 2.17 Obstetric

There are 13 consultant obstetricians that contribute to the rota which includes 4 that provide resident on-call (ROC) for labour ward. There are a further 2 ROCs starting in the spring of 2019. This will bring the consultant Labour Ward cover to102 hours. The new consultant appointments are not adding to the obstetric out of hours cover but rather maintain daytime service in the face of lost junior doctor daytime cover due to new contract and gaps.

## 2.18 Anaesthetic

The anaesthetic cover for the service has been reviewed recently and we have assurance that we meet the Anaesthesia Clinical Services Accreditation (ACSA) standards. The hours required to ensure there is safe handover of care and cover between PAH and Southampton General Hospital (SGH) sites is being considered and a key part of our NHS Resolution (NHSR) standards.

2.19 **Fetal Medicine**

We continue to offer women with complex pregnancies or fetal abnormalities high quality multidisciplinary care. 14 units around the Wessex region and further afield refer women to us. This year has seen significantly increased activity in terms of the number of scans performed with a more modest rise in the number of referrals. This may represent increased complexity of referrals and changing patterns of surveillance of growth restricted babies, and possibly the change in neonatal unit thresholds throughout the region. **Appendix A** shows the Fetal Medicine Unit (FMU) activity 2008 to 2018.

2.20 For the period April 2017-March 2018 Wessex Fetal Medicine Unit performed 60% of all invasive procedures and 80% of Chorionic villus sampling (CVS), within the region. Previously there had been a gradual decline in invasive procedures, probably due to privately funded Non-Invasive Perinatal Testing (NIPT). There has been a sharp increase in activity in 2018, probably linked to capacity and expertise in referring units. The expected national roll-out of nationally funded NIPT may well reduce invasive procedures and increase women's options. A number of hospitals in Wessex have reduced or lost their obstetric ultrasound consultant support over the last few years (Portsmouth, Dorchester, Salisbury, Isle of Wight) which has resulted in increased referrals for clinical advice, ultrasound scans and needling procedures previously performed locally. We have also seen an increase in new cardiac referrals from hospitals outside Wessex including Yeovil, Plymouth, Oxford and Reading.

2.21 There has been an increased demand for fetal medicine ultrasound scan training at PAH with more deanery trainees undergoing the Fetal Medicine Advanced Skills Module as well as our usual sub-specialty Fetal Medicine trainee. This is to increase the numbers of Consultant Obstetricians with obstetric ultrasound skills in the region. There continues to be major pressures on ultrasonographer staffing so the majority of fetal medicine ultrasound training is provided by Fetal Medicine consultants.

2.22 We were successful in a bid to the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Maternity System (LMS) for financial support to offer consultants and midwives working in screening and fetal medicine the opportunity to work with Fetal Medicine Unit (FMU) on a regular basis, to improve consistency of pathways, appropriate use of resources and women's experience.

2.23 **Safeguarding**

An increasing number of escalations to Southampton Children's Social Care are featuring in our workload.

Predominately our escalations have been as a result of delays in receiving pre-birth plans and assessments of which Children's Social Care are the lead professionals. The delay creates uncertainty for the woman and for the midwifery service. We have worked in partnership with our designated nurse and Children's Social Care to improve this delay, by attending a monthly tracking meeting with Children's Services.

We also have a link social worker within Children's Social Care whom we can now directly liaise with to resolve issues, to reduce the need for escalation. We are continuing to observe this closely.

2.24 The number of midwifery safeguarding concern forms raised by Maternity Services and sent to the safeguarding team has leveled from previous years. Between April 2018 and February 2019 the safeguarding team received 759 maternity liaison forms from midwives and 176 Multiagency Safeguarding Hub (MASH) referrals were completed, 99 of these cases were allocated to a social worker.

## QUALITY AND SAFETY

2.25 The aim of safety within Maternity Services is to ensure all women, babies and families across care settings have a safe, reliable and quality healthcare experience. To support this aim the service is involved in a number of national strategies/programmes of work that reduce the risk to women, families and staff. This has increased the reporting and uploading of data into national databases. The following section is expanded in this report to highlight the new systems that support the quality and safety agenda and include the following:

### 2.26 Perinatal Mortality Review

Maternity Services has had a multidisciplinary monthly meeting for the review of stillbirths for a number of years. Within the Trust there is a process for the review of perinatal mortality cases (**Appendix B**). An Outcome matrix is completed for each case to grade the care. Since May 2018 the Perinatal Mortality Review Tool (PMRT) has been used to further review all suitable babies from 22 weeks gestation. These reviews have all been started within 4 months of the babies' death. The initial data is generally input into the PMRT within a 7 day timeframe prior to a more in depth review by the risk co-ordinator prior to a multidisciplinary review. The reviews are mainly conducted within the 4 month timeframe suggested by NHSR. The stillbirths that have occurred since December 2018 have all been entered on to the PMRT and will all receive a full multidisciplinary review within the 4 month timeframe suggested by NHSR.

2.27 32 cases were reviewed by the multidisciplinary team from January 2018 - January 2019 compared to 30 in 2017. The Bereavement Team have a significant involvement in this process and also encourage parental involvement. The parents are advised that the review will take place and are supported to give their perspectives of the care that they have received and will follow-up care to the parents until support is no longer required, which generally is parent-led.

### 2.28 Each Baby Counts

This is the Royal College of Obstetricians and Gynaecologists (RCoG) National Quality Improvement Programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour. The Each Baby Counts Programme brings together the results of local investigations into stillbirths, neonatal deaths and brain injuries occurring during labour to understand the bigger picture, share the lessons learned and prevent babies from dying or experiencing brain injuries in the future by ensuring each baby receives the safest possible care during labour.**12** cases were reported this year of which **9** were HSIB cases. Previously in 2017 we had reported **9** cases.

### 2.29 Saving Babies Lives

Saving babies' Lives is designed to tackle stillbirth and early neonatal death. It brings together four elements of care that are considered as evidence-based and/or best practice including reducing smoking in pregnancy; risk assessment and surveillance for fetal growth restriction; raising awareness of reduced fetal movement and effective fetal monitoring during labour.

2.30 The recommendations have been considered by the service, each of the elements is supported in practice or there is an alternative intervention. All of the recommendations of the bundle are in place or alternative action, with compliance being submitted as required and there is an action plan in place to further risk reduces.

## 2.31 Sign up to Safety

In support of the national ambition to halve the rates of stillbirths, neonatal or maternal deaths the Maternity Service has in place a bespoke 'Safety Improvement Plan' (**Appendix C)** The safety plan builds on our current approaches to improving care, whilst ensuring there is significant and sustainable progress through scrutiny and monitoring. In order to achieve these improvements it is vital to recognise that an open culture facilitates learning and that implementation of our safety plan requires strong leadership and commitment from everyone. The safety plan will ensure that Maternity Services do what we know works to give women and their families the safest pregnancy and birth experience by:

- Building strong leadership.
- Clarifying roles and responsibilities of staff and provide clarity on their role
- Improving the overall quality of care, safety and patient experience
- Improve the quality of care to mothers, babies and their families by a process of early identification and analysis of potential and actual adverse events/incidents
- Build capability of staff and promoting staff development and the uptake of learning of multi-professional opportunities
- Building mechanisms for the accurate capture of data and improving outcomes for mothers and babies
- Ensure there are processes and pathways in place to assist clinicians in the early detection of risk for women with perinatal mental health concerns
- Minimise costs both in human and financial terms.

## 2.32 NHS Resolutions' Early Notification Scheme (ENS)

From 1 April 2017 all Trusts have been required to report within 30 days all maternity incidents of potentially severe brain injury (in line with the criteria used by the Each Baby Counts). **12** babies were reported to NHSR ENS in 2018 compared with 3 in 2017. Each case is reviewed through a multidisciplinary review to determine if there is any immediate learning and whether further investigation is required. Out of the 12 cases reported in 2018, 9 of these were also reported to HSIB the other 3 were before HSIB had started**.** All babies fitting the Early Notification criteria have been reported to the NHSR Early Notification Team.

## 2.33 Healthcare Safety Investigation Branch (HSIB)

The Maternity Service is working collaboratively with the 'Healthcare Safety Investigation Branch' (HSIB) who provide an independent review of identified cases. The team are funded by the Department of Health (DoH) to ensure that learning from safety incidents are shared both locally and more widely. HSIB are currently investigating 9 cases, since August 2018, where babies have undergone a therapeutic cooling procedure within the NNU. We are currently reviewing the first of these reports in March 2019. While HSIB discourage the Trust from undertaking their own investigation, a parallel multidisciplinary clinical events review meeting, involving a consultant obstetrician, consultant neonatologist and a senior midwife, was held for each of these cases to ensure any immediate learning and actions required were identified. A thematic review was also presented to the Quality Governance Steering Group to assure that any immediate changes or specific learning was identified and implemented.

## 2.34 NHS Resolution

The National Maternity Safety Strategy 2017 supports NHS Resolution in the Clinical Negligence Scheme for Trusts (CNST) which incentivise local services for taking steps to improve the delivery of best practices linked to safety in maternity and neonatal services. In 2018 the maternity service was successful in the delivery of the 10 Criteria NHS Resolutions' Early notification scheme which brought a discount of over £600k to the Trust's CNST premium. This scheme is occurring again in 2019.

2.35 **Maternity Incidents**

It is essential that we also report incidents and near misses as this information provides evidence that will improve safety for patients, staff and visitors. All staff are encouraged to complete incident reports and to be actively involved in any subsequent investigations and learning. Openness and honesty at the point of incident occurring will help prevent such events becoming complaints or litigation claims.

2.36 There were **2116** incidents reported during 2018, of which **22** were rated moderate or above and therefore subject to Duty of Candour disclosure. **10** serious incidents were reported and subject to a Root Cause Analysis (RCA). Previously In 2017, there were **1867** incidents reported, **35** rated moderate or above and **27** subject to a Root Cause Analysis (RCA). This demonstrates a continued reduction in moderate or above harm incidents, as well as demonstrating that the service has a good reporting culture.

2.37 **Clinical Events Reviews**

We have a system for rapidly reviewing clinical events that do not fit the EBC criteria but benefit from rapid clinical review. **95** cases that had either been reported via Adverse Event Report (AER) or by Hospital Integrated Clinical Support System (HICSS) management report were reviewed in 2018 by a multidisciplinary team. These cases were discussed and afforded some further scrutiny by the team. Positive feedback and development support is given to staff as required. Cases may then have been presented at Maternity Quality Education Safety Together (MQUEST) meetings to disseminate any learning from the specific cases to the wider group of staff. **44** cases were reviewed in 2017.

2.38 **Risk Register**

The Maternity Service maintains a local risk register which is reviewed monthly by the care group manager and risk lead and on a quarterly basis and at the Maternity and Neonatal and Women's Services Risk and Patient Safety Group **(Appendix D)**. There is also a divisional risk scrutiny group which meets quarterly. The top risks within Maternity Services are:

- Capacity in NNU Red 16
- General security within the Princess Anne Hospital- Red 15
- Insufficient capacity in Maternity Induction of Labour suite (IOL) and Maternity Day Assessment Unit (MDAU) – Red 15
- Obs & Gynae junior medical staffing cover -Red 15
- Swipe card secure access to PAH Theatres – Red 15

2.39 **Claims**

23 new clinical obstetric claims and **4** neonatal were received in 2018. Of these obstetric cases, **9** were reported to NHSR in accordance with the early notification scheme. They are logged as claims due to the need to report rather that the parents actually making a claim. Since June 2018 a total of £30,000 was paid out for **2** claims for a stillbirth and Erb's Palsy and a further £37,100 was paid out to a staff member for employer's liability.

2.40 **Complaints**

Maternity Services want to ensure that the women and families accessing the service have a positive experience; therefore feedback is actively sought from service users. This is consistently reviewed to further develop the service so that it meets the needs and expectations of women. In 2018 there have been a total of **23** complex concerns and complaints. The response times have improved significantly this year and in the last 2 quarters of 2018 all complaints were responded to in less than 35 days. The Birth

Afterthoughts Service continues to support the parents to quickly clarify uncertainty and communication issues to avoid complaints.

2.41 **Safety Champions**
Safer Maternity Care (2016) called on maternity providers to designate and empower three individuals to champion maternity safety in their organisation: a board-level maternity champion as well as one obstetrician and one midwife to be jointly responsible at unit level.

The board-level maternity safety champion acts as a conduit between the board and the obstetric and midwifery champions providing support to the maternity safety champions in ensuring safer outcomes for pregnant women and babies. The safety champions meet bi-monthly with the Director of Nursing to discuss current and ongoing Safety and Quality Improvement issues. The Maternity Safety Champions have instigated a rising concerns process for all staff which is monitored by the Maternity Risk Team and actions taken to address are shared within newsletters.

2.42 **Quality Improvement**
The 2017 launch of the Maternal and Neonatal Health Safety Collaborative (MNHSC) the nominated local improvement leads attended three learning sets which supported maternity services in co-ordinating the local improvement activity, oversee the improvement plan and coach the team using their newly acquired improvement skills. The Maternity Service has an agreed quality improvement plan in place (**Appendix E**), which support and enhance the national Quality Improvement drivers from the MNHSC:

- Improve the prevention, early recognition and management of sepsis, fetal hypoxia and maternal haemorrhage during and immediately after labour
- Improve the detection and management of diabetes
- Improve the detection and management of neonatal hypoglycaemia
- Improve the optimisation and stabilisation of the very preterm infant
- Improve the proportion of smoke free pregnancies

2.43 **Avoidable Term Admissions to the Neonatal Unit (ATAIN)**
It is the priority of the NHS to reduce avoidable harm that can lead to full term babies being admitted to NNU. In response to this, NHS improvement issued a patient safety alert in February 2017, along with online resources, to support organisations to reduce the number of term admissions that could have been avoided. To give local context, the current rate of unexpected term admissions to the NNU, over the last 12 months, has fluctuated between 4.9 to 5.2% of term live births. Whilst the overall figures for unexpected term admissions are slightly higher than comparable units across Wessex and Thames Valley, since August 2017, UHS Maternity and Neonatal Services have been working together to improve the safety of care and keep mothers and babies together, whenever it is safe to do so.

2.44 A multi-professional team has been established to lead on this patient safety initiative and they have achieved the following this year:

- An audit of babies admitted to NNU for respiratory concerns with ongoing action plan
- Red Hat project to identify babies that are vulnerable and require extra support to avoid deterioration
- Implementation of an e-learning package for all staff
- UHS-led Wessex wide study
- Ongoing surveillance and quarterly reporting to NHS England (NHSE)

## STAKEHOLDER ENGAGEMENT

### 2.45 Social Media

Social media activity has developed hugely over the last year. We now have 3 Facebook pages connected to our birthing areas, New Forest Birth Centre, Broadlands Birth Centre and Labour Ward, where we can share up-to-date information and educate women allowing interactive conversations to take place. New Forest Birth Centre now has 3538 likes and 3578 followers. Broadlands Birth Centre has 1379 likes and 1379 followers and Labour Ward has 2264 likes and 2317 followers. We also have our own Twitter account to share up-to-date relevant information.

### 2.46 Maternity Friends and Family Test

The Friends and Family Test has been established in Maternity Services from October 2013. Maternity Services are required to seek feedback on 4 points of care: antenatal period; intrapartum (labour/birth); postnatal hospital and postnatal community. The Trust target response rate is 20%

2.47 New for this year we have added a Quick Response (QR) code to our discharge envelopes which will take women directly to our Survey Monkey as an alternative method for women to give their feedback. We also promote the use of the Survey Monkey via our Facebook pages which has helped to increase the response rate. We collate the responses monthly and publish on our website and display boards around the PAH Hospital. Our average response rate for 2018 was 29.6% with 95.5% of women saying they would recommend our service.

### 2.48 Birth Afterthoughts Service

Birth Afterthoughts is a debriefing facility where women can consider their experience on a confidential, one-to-one basis. The feedback from this service is consistently used to support and improve on mothers' care and also to provide praise and learning opportunities for staff.

2.49 Our Birth Afterthoughts Service had 291 requests for visits in 2018. In more complex cases women continue to be seen jointly with a consultant obstetrician. Women whose baby was admitted to the Neonatal Unit are seen jointly with the family support sister and a Birth Afterthoughts team member.

2.50 Women self-refer, but referrals also come from our Patient Support Service who we closely work with as often a face-to-face consultation will resolve the concerns that women have. Positive feedback is also given face-to-face, via email or a thank you card from the DoM to congratulate staff of all levels with a job well done.

2.51 The service has changed over the last year with the introduction of a paper light system. This means that most visits now take place at the PAH. This is working well however visits do take slightly longer as the information required is on multiple systems. New midwives have also joined the Birth Afterthoughts Team who need training and support.

### 2.52 Picker Survey

Findings of the Maternity Survey carried out by Picker on behalf of the Care Quality Commission (CQC) in February 2018 showed that we had an above average response rate of 44% (average Picker response was 36%). We ranked $19^{th}$ (previously $26^{th}$) out of the 69 Trusts that took part. Areas for potential improvements have been identified which we are currently addressing.

| | Most improved from last survey |
|---|---|
| 93% | Offered a choice of where to have baby |
| 93% | Given enough information about where to have baby |
| 96% | Found midwives asked how mother was feeling emotionally |
| 89% | Felt midwives aware of medical history |
| 98% | Had enough time to ask questions during check-ups |

2.53 The main area for improvement is in our postnatal care where it is clear that women would like their partners to stay with them longer. Last year we extended visiting times but this has only marginally improved scores so there are plans to explore partners staying overnight.

2.54 **Maternity Voices Partnership (MVP)**
Maternity Voices Partnership is a team of women and their families, commissioners and providers working together to review and contribute to the development of local maternity care. We have recently obtained funding to advertise for a chair for UHS MVP and be part of the wider SHIP partnerships. Unlike the more traditional maternity user engagement strategies the MVP particularly looks to seek the voices of women who use the maternity services locally. The team have recently used the NHSE 'Fifteen Steps for Maternity' toolkit which has been helpful for us to improve the first impressions women have of the service as they arrive.

**STAFF ENGAGEMENT**

2.55 **Score Survey**
As part of the NHS Improvement Programme of support to improve safety in maternity services staff completed a culture survey to support creating the conditions for continuous improvement. Participation in the survey has helped us identify strengths and areas where we need to do more work to ensure leaders act, teams function and how as an organisation we learn and improve.

We had a 52% response rate and each ward has had the opportunity to review the results as a team and create their own improvement plan. The feedback from our facilitator is that the overall results were positive in the safety and engagement domains (**Appendix F**) and there are key areas for us to concentrate on in terms of culture and advancement domains. The staff are in the process of developing their own quality improvement plans at ward and team level. The survey will be repeated in the spring of 2020.

2.56 **Professional Midwifery Advocate (PMA)**
Professional Midwifery Advocates provide a mechanism for support and guidance to every midwife practicing in the UK. The Maternity Service continues to have a proactive and engaged group of PMAs. In May 2018 the Supervisors completed the conversion course from supervisors of midwifery to the role of PMAs. This year the PMAs have concentrated on building resilience within the workforce, embedding learning from clinical incidents and supporting midwives in practise. PMA training is currently being undertaken by a further 5 midwives.

2.57 Every midwife has a named PMA for support and there is a 12 hour support line for midwives. The PMAs have received Trauma Risk Management (TRM) training and are joining the wider UHS team to support staff following traumatic incidents. The team have led the development of the 'Work Afterthoughts' initiative which allows staff time and a

supportive environment to reflect on the highs and lows of working in the current Maternity Services. There is also mindfulness sessions led by the Chaplaincy Team.

2.58 The service received a letter through the 'speak out' process and the CQC with very specific concerns about the midwifery rotas. The comments related to the mixture of day and night duty and the hours between shifts. An audit of the e-roster and requesting process was conducted and minor alterations were made to a small number of rotas to shifts to rectify the situation. The wider issue that this event raised for the team was how confident staff feel about raising concerns. As a result 4 members of staff have been trained as 'speak out' advocates and requests for off-duty have been reviewed and now have an email trail for audit. A number of opportunities have been implemented in consultation with staff, to ensure that everyone can raise concerns not only with their line manager but also with the Director of Midwifery.

### 2.59 Achievements

Over the last year there has been a wide range of achievements in advancing clinical practice, quality and safety within the Maternity Service. **Appendix G** describes in detail these achievements.

## 3. Challenges

### 3.1 Estates

There have been some improvements in the PAH estates in that the planned work to the bathrooms has started and the lifts have now been replaced. The windows are no longer on the Trust risk register but the maternity wards are still awaiting replacement as windows are very draughty and some allow water ingress in wet weather.

### 3.2 Information Technology

This has been embraced by all staff however, as anticipated with any roll out there have been some issues raised, in particular the Electronic Document Management System (EDMS) team are now aware that where a clinical risk is noted in their issue log, this should be raised with care group management at the earliest opportunity.

3.3 There was some initial confusion in finding scanned documents as they were available in two places (EDMS and eDocs). One of the major concerns for Maternity Services has been around the scanning of Cardiotocography's (CTG). This was not being carried out to agreed standards, at the request of the lead obstetrician for risk CTG scanning was stopped and CTGs have been retained until scanning is undertaken to a standard that would preserve this vital piece of evidence in case of litigation. We have expanded the electronic storage of CTGs this year but it has been very difficult to source a scanning solution and the search continues. There are a number of challenges still to be overcome but the teams are working together to move this forward.

### 3.4 Continuity of Care

Better Births, the report of the National Maternity Review, set out the vision for maternity services in England. At the heart of this vision is the idea that women should have continuity of the person looking after them during their pregnancy, through their labour and after their baby is born. We have been at the forefront of delivering continuity of care since 2000. The national trajectory is for 20% of women to be booked onto a pathway that provides continuity of care by March 2019, 35% by October 2019 and 51% by March 2020. UHS registered 50% women booked on a continuity of care pathway in March 2019, but this is unlikely to translate into the same number of women *receiving* continuity. The challenge of reaching the targets that are laid out in the NHS contract is recognised nationally and will be a significant challenge locally.

3.5 Evidence suggests, that the women with complex social needs are a cohort that are most likely to benefit from this model of care. In response to this, Maternity Services have developed the Needing Extra Support Team (NEST) that aims to provide continuity of the midwife providing care to the woman, throughout the antenatal, intrapartum and postnatal period. Continuity of care is associated with 16% less likely to lose their baby, 24% less likely to have a preterm birth, 15% less likely to have an epidural and 16% less likely to have an episiotomy; strong economic and long term health gain reasons for this pursuing these goals. Moving the community midwifery services in to community hubs and the model of care makes us confident that we can meet the 35% target with current staffing ratios however the 51% target remains a challenge. We will be piloting a number of schemes this year and will be conducting a review of the current models to explore transformation towards these goals.

## 3.6 Finance

The budget in 18/19 for Obstetric Services was **£15.1m and 333 WTE**. It is forecast to be **overspent by £0.6m** due to pay and non pay including one off equipment costs setting up Maternity hubs.

The service was challenged especially in the latter part of 2018 and early 2019 by levels of sickness, maternity leave and vacancies. This improved with a cohort of new midwives starting at UHS in March 2019. This once again will ensure a maternity service at full establishment.

The main issue facing Maternity Services is a falling birth rate continues to provide a challenge for Maternity Services despite an increase in complex medical and obstetric conditions within the pregnant population.

## PARTERNSHIP WORKING

## 3.7 Local Maternity System (LMS)

The leadership Team at UHS provide the chair and clinical director for the LMS and the system together has delivered it objectives for the first two years and the funding to support the year three objectives is now confirmed.

3.8 The Maternity Services of Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) alongside the Strategic Clinical Network, commissioners, service users and partners have now delivered the first two years of the Transformation Plan for the implementation of Better Births (2016) which set out the Five Year Forward View for Maternity Services in England.

The SHIP LMS vision and plan details how the LMS proposes to deliver the following national recommendations and ambitions by the end of 2020/21:

- Reduce the rates of stillbirth, neonatal death; maternal death and brain injury during birth by 20% are on track to make a 50% reduction by 2025
- Improving choice and personalisation of maternity services so that:
    - Most women receive continuity of the person caring for them during pregnancy, birth and postnatal
    - More women are able to give birth in midwifery settings (at home and in midwifery units)
    - All pregnant women have a personalised care plan
    - All women are able to make choices about their maternity care during pregnancy, birth and postnatal.

3.9 The Maternity Transformation work is supported by and accountable to the NHS Sustainability and Transformation Plans (STP) and there is a vision that the SHIP Maternity Services work as one and the pathways for women between the services are seamless. The long term (2019) plan reiterates the principles of the maternity transformation (**Appendix H**).

### 3.10 Research and Development

The midwifery research team is now well established and oversees a number of research projects including multi-centre trials. Not only does this mean that we contribute to new knowledge, but midwives' development in research methods is enhanced and multi-professional relationships are strengthened. These include links with gynaecology, paediatrics, health visiting, and medical science, as well as national centres such as the National Perinatal Epidemiology Unit.

3.11 Strong links have been formed between maternity and Bournemouth University to jointly fund midwives doing research under the Clinical Academic Careers Research Programme. These fellowships enable local, population-specific research to be carried out and the research midwife has the opportunity to develop research and leadership skills.

### 3.12 Long Term Plan

Maternity Services feature strongly in the section of the plan that focuses on care quality and outcomes improvement. There is a reaffirmation of support for the current Maternity Transformation Programme which will now be underpinned by a new set of ambitions and deliverables. The plan reaffirms the Secretary of State's ambition for a 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025 and then sets out a series of actions intended to accelerate delivery of this goal all of which UHS is currently engaged in. The report highlights that continuing with its ambitions surrounding perinatal mental health services, in particular, focussed on the mild to moderate mental health difficulties and personality disorders. The public health elements of maternity care are highlighted including, smoking cessation, postnatal care, breastfeeding, diabetes and continence and perineal trauma. There is an expectation that all women will have a personalised care plan by 2021 and this is being delivered with the LMS. There is a planned expansion of the maternity care budget pilot schemes. These are designed to support continuity of carer schemes. UHS has just reported 50.3% of women booked at UHS in March were booked onto a continuity of care scheme.

## 4. Recommendations

4.1 The Maternity Services have a number of operational and strategic challenges and opportunities that will be of increasing importance in the forthcoming year. They are presented in turn.

- Develop a service that can respond safely to the increase in acuity in the context of a falling birthrate and share more widely the model used at UHS whilst exploring all avenues to provide flexible staffing – September 2019
- Develop and deliver a service where 35% of women receive continuity of care target and plan for the 50% by March 2020
- Deliver the NHSR 10 criteria for Safe Maternity Care – August 2019
- Work with IT to ensure the community infrastructure is supported and develop the MyMaternity record package – April 2020
- Work with estates to improve the environment for women and their families at PAH – September 2019
- Deliver the year 3 objectives of the LMS work programme
- Responding to the NHS long term plan – March 2020.

4.2 It is recommended that the Trust Executive Committee members:

- Notes and recognises that the service remains under pressure from peaks of activity, increased complexity and an increasing public health agenda in the context of a falling birth rate
- Recognises there is regular review and planning regarding staffing and safety to ensure an effective and safe service
- Acknowledges the current achievements, challenges and future developments of the Maternity Services.

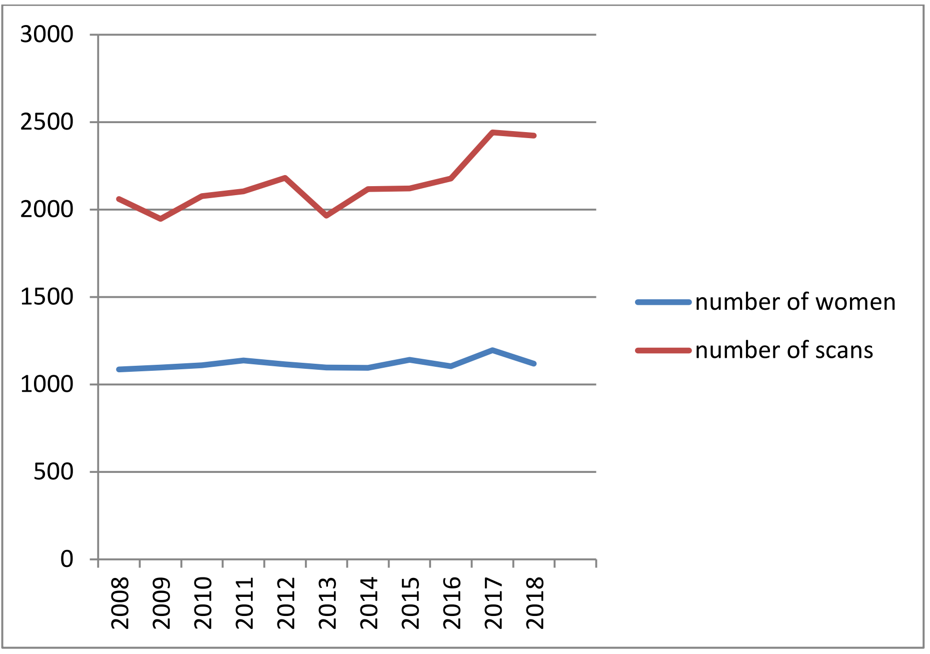
## 5. Appendices

Appendix A Fetal Medicine Unit activity 2008 – 2018
Appendix B Process for the review of perinatal mortality cases and significant incidents
Appendix C Maternity Safety Improvement Plan
Appendix D The top risks within Maternity Services
Appendix E Maternity Quality Improvement Projects 2017/18
Appendix F Culture survey
Appendix G Achievements
Appendix H SHIP LMS Maternity transformation

**Appendix A**

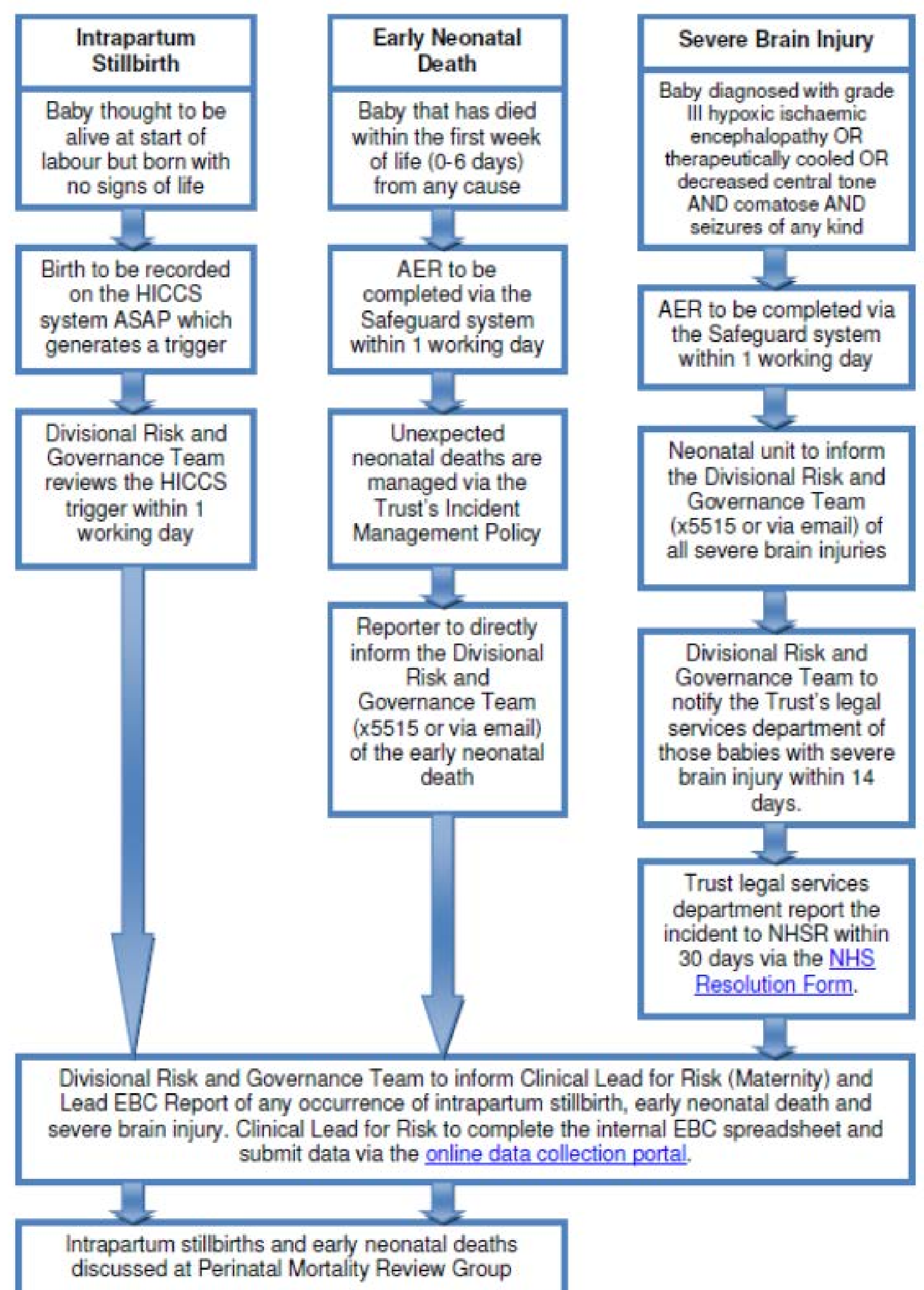
## Fetal Medicine

Figure 1 Fetal medicine unit activity 2008 to 2018



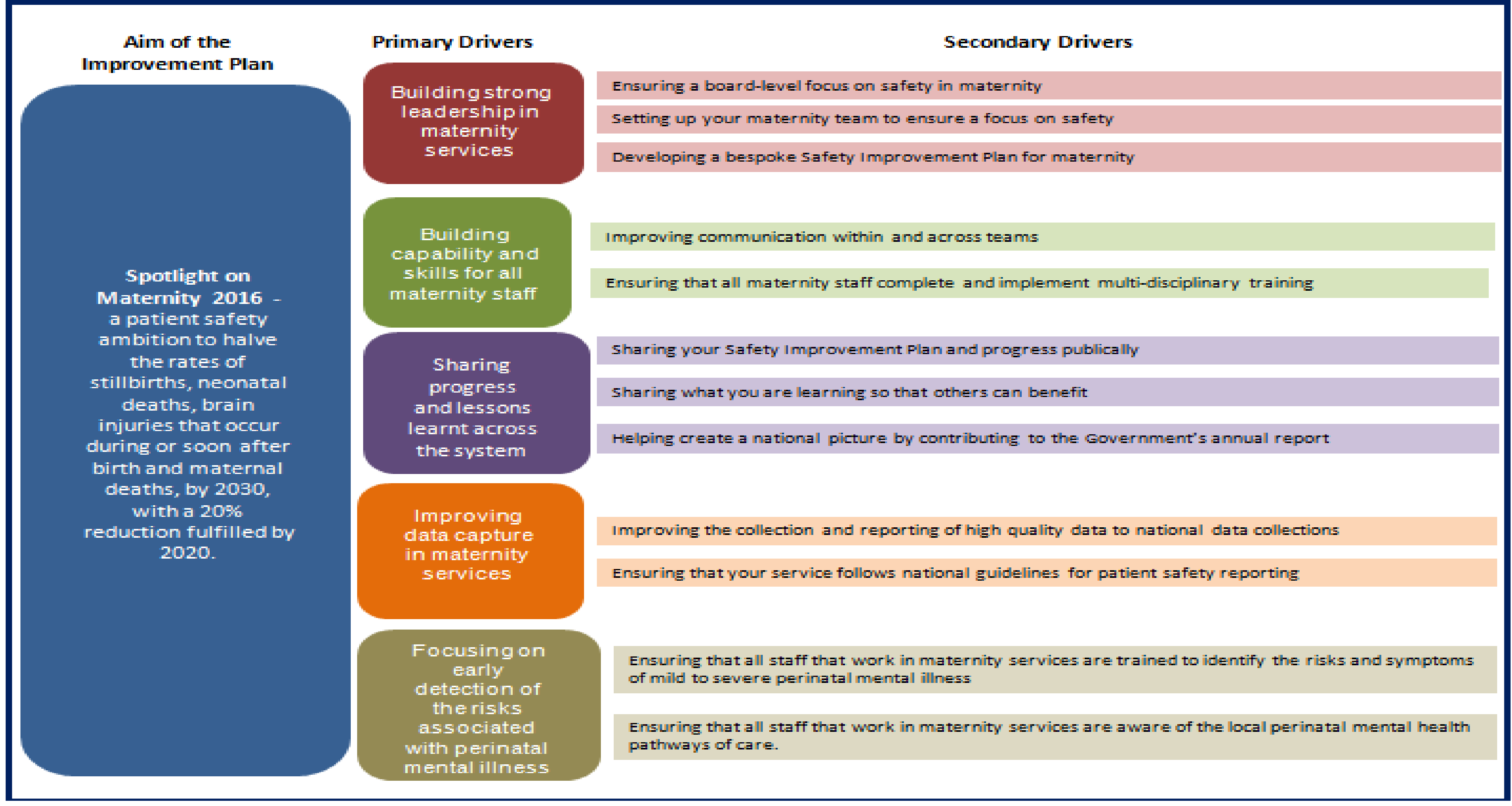
**Appendix B**

## Process for the Review of Perinatal Mortality Cases & Significant Incidents



**Appendix C**

## Maternity Safety Improvement Plan



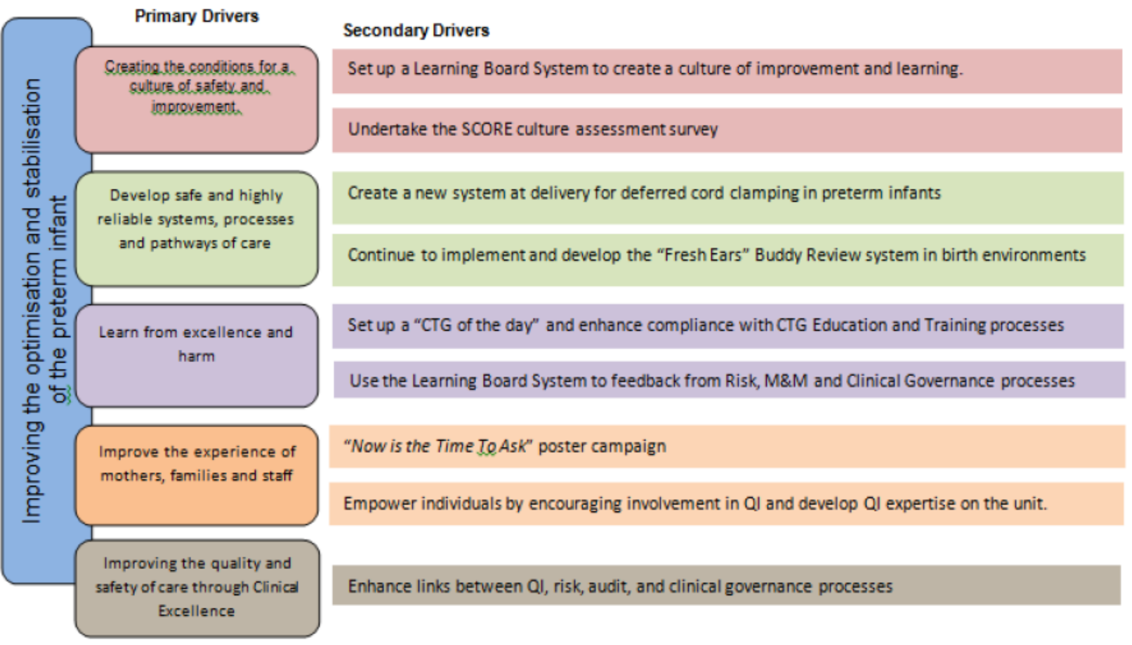
**Appendix D**

## The Top Risks within Maternity Services

| Risk No | Risk Description | Risk Score Likelihood (1-5) x Consequence (1-5) | Previous Score | Actions |
|---|---|---|---|---|
| 2052 | Capacity in NNU | Red 16 | No Change since last year | Plans for expansion to the Neonatal Unit for a split level floorplan has been approved and due to start spring/summer 2019 |
| 1001 | General Security within the Princess Anne Hospital | Red 15 | No Change since last year | Reviews of security of the PAH. Lockdown report in completed |
| 1963 | Insufficient space in Maternity IOL and MDAU | Red 15 | No Change since last year | A business case has been drafted for a modular build induction suite with plans for 6 individual induction/birthing rooms. This in turn will create extra space for the remodelling of MDAU |
| 2065 | Obs & Gynae junior medical staffing cover | Red 15 | Upgraded from Orange 12 to Red 15 in Dec 2018 | Ongoing discussion regarding recruitment and staffing cover |
| 2234 | Swipe card secure access to PAH Theatres | Red 15 | No Change since last year | Following the implementation of 3 new lifts at PAH, we have plans to now address and override the system to be able to use the lifts in an emergency using a swipe card system. |

**Appendix E**

# Maternity Quality Improvement (#MatNeo) Projects 2017/18




**Work with mothers and families to improve their experience of safer care '*Now is the Time to Ask*' posters**

- Improve communication pathways between women and clinicians
- Create pathways for effective teamwork and implement effective pathways for escalation of care
- Increase the opportunity for women and their families to raise concerns regarding intrapartum care
- Establish the use of structured handover and communication tools.
- Optimising the safety of women and babies

**Improve the early recognition and management of deterioration of either mother or baby during labour.**

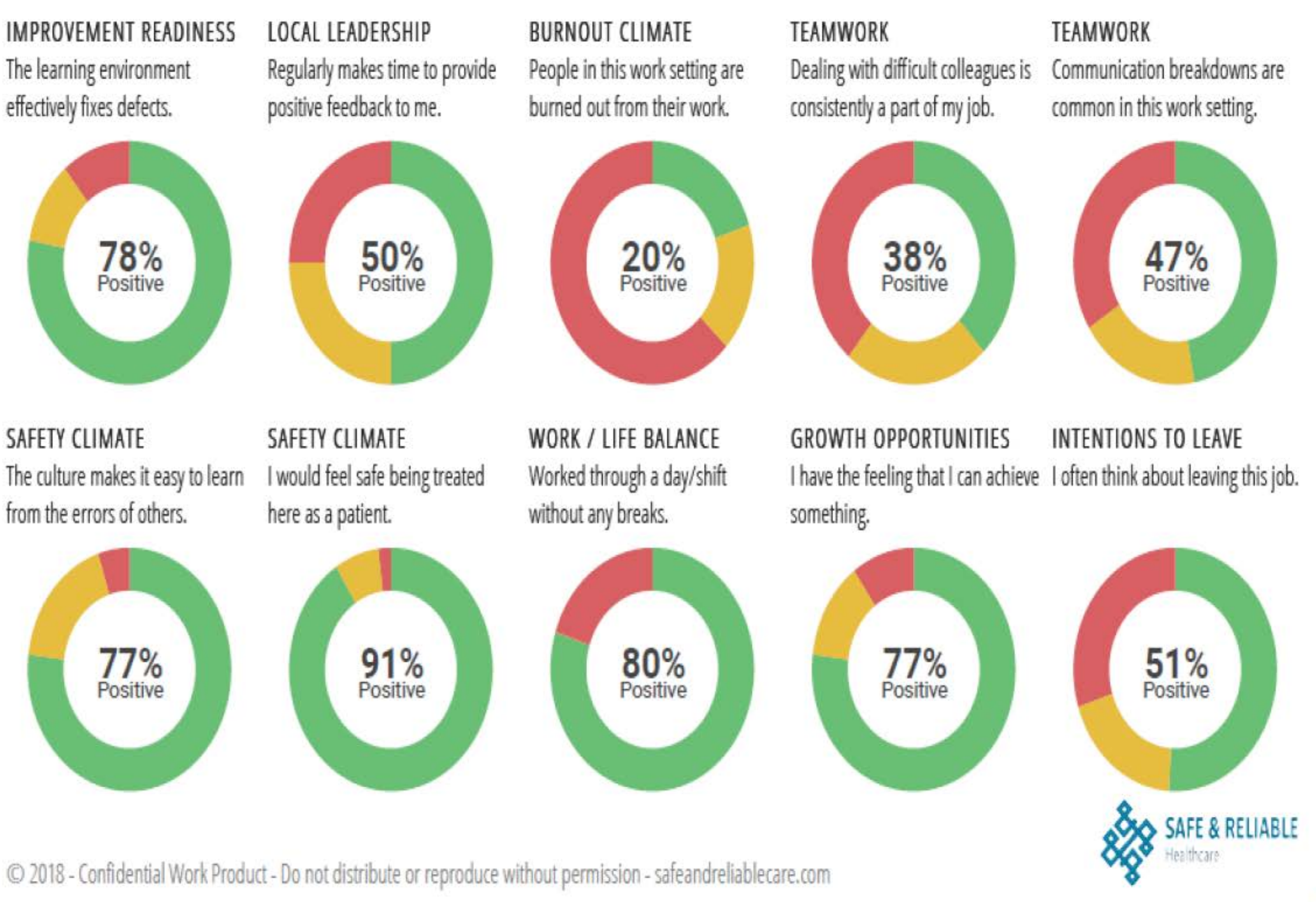
- Optimise intrapartum management (allocation, situational awareness).
- To improve the overall experience and outcomes of women and babies within our service
- To reduce the incidence of term babies born with low Apgars, low cord Ph and/or requiring unexpected admission to the neonatal unit where lack of recognition or escalation of abnormal fetal monitoring is a contributory factor
- Increase effective teamwork and implement effective pathways for escalation of care (including liaison with other medical disciplines).
- Ensure effective implementation of national guidance on prevention of NICE guidance.

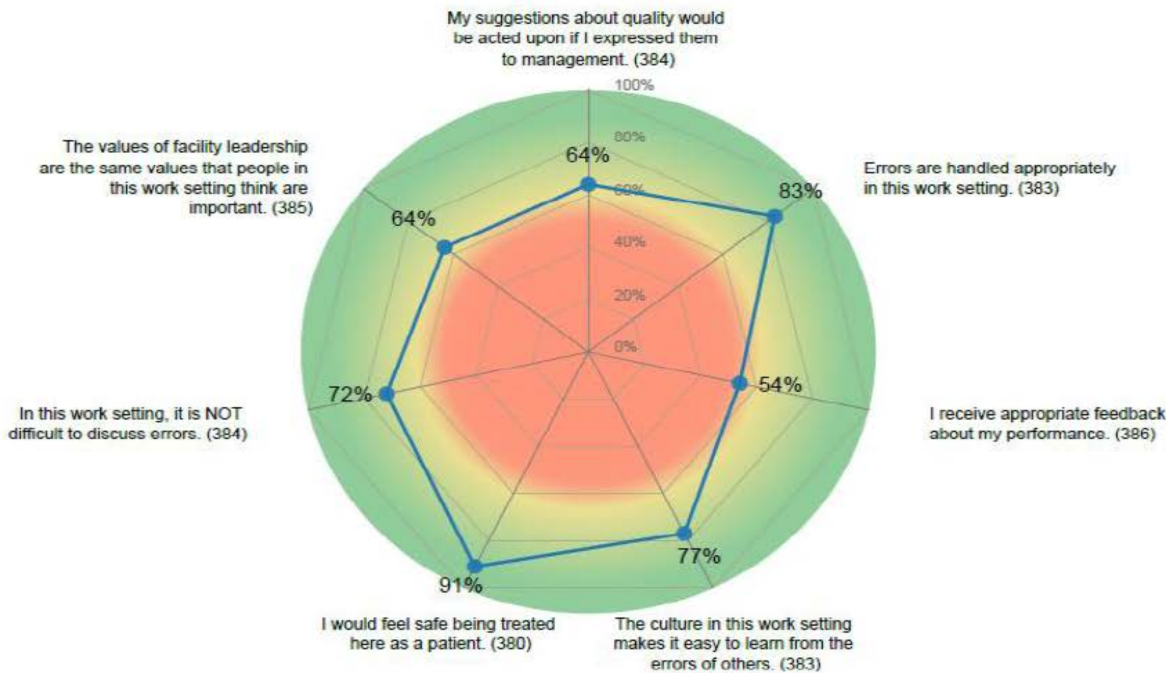
**Use of fresh ears buddy system and SBAR to improve risk assessment in midwife-led birth centres**

- To introduce use 'fresh eyes' buddy system to facilitate structured risk assessment using SBAR regularly during early labour and intrapartum care
- To ensure use of structured risk assessment using SBAR tool at handover
- Women feel able to ask/feel involved in care planning
- To reduce the number of babies born with APGAR <7, and to reduce the number of women with a PPH of 2000ml or more
- To improve safety and quality of care, better teamwork and working relationships and satisfaction

**Appendix F**

## Culture Survey






Source Data: Apr 2018
Institution: University Hospital Southampton - Princess Anne Hospital
Work Setting(s): All Work Settings
Position(s): All Positions

Percentage who Agreed slightly or Agreed strongly with each question or Disagreed slightly or Disagreed strongly if reversed.

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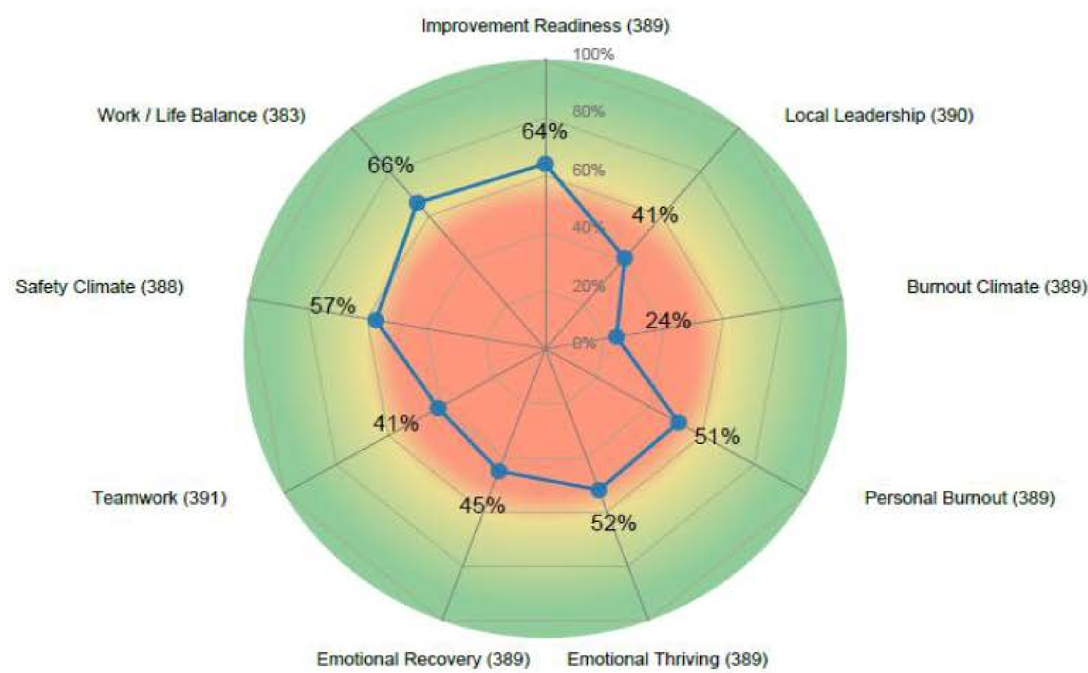
## University Hospital Southampton - Princess Anne Hospital
## All Culture Domains




Source Data: Apr 2018
Institution: University Hospital Southampton - Princess Anne Hospital
Work Setting(s): All Work Settings
Position(s): All Positions

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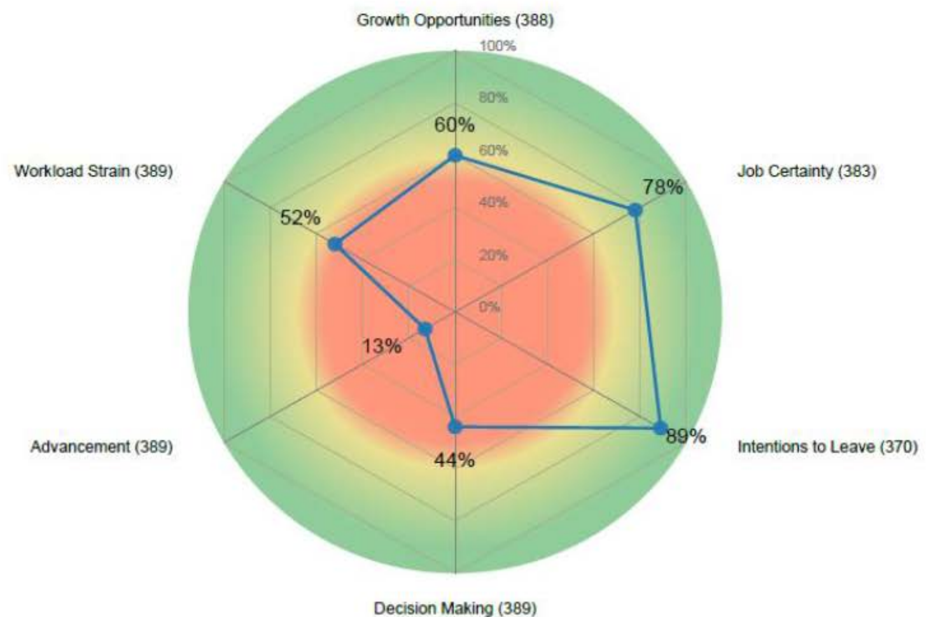

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**Appendix G**

# Maternity Services

| What happened | What it means for women, staff/service |
|---|---|
| **NHSR 2018 – successful completion of 10 criteria for SAFE service** | Service provided evidence to Trust Board that all 10 steps for NHSR to a safe maternity service were in place at UHS. Improves safety for women and families, risk reduction, allocated £410k and a further £200k |
| **Community Hubs** | Previously we were based in 36 venues across the city. This restricted the appointment time to 15 minutes, opening hours were not long enough for our requirements and not flexible for us to transom services. Now 98% of women seen in 13 Southampton seen in community hubs. No longer confined by GP surgery hours. This has led to improved efficiency for community activity and improving early booking targets.<br><br>The teams of 5-7 midwives in the 8 hubs provide continuity of care for all women booked for Midwifery led antenatal care. |
| **BSOTS triage system to assess women in MDAU** | Implementation of approved assessment and treatment pathways to ensure women who attend the unscheduled antenatal care are seen based by the most appropriate professional based on their presenting systems. This should improve flow through MDAU and reduce antenatal admissions. |
| **ATTAIN, implementation and development of KAISER Permanente programme** | Computer based decision making support to support antibiotic administration for newborn babies at term. This has led to a reduction of 42% of antibiotic administration. Good antibiotic stewardship. |
| **Triage midwives for antenatal booking** | Telephone triage for all women booking maternity care at UHS. Ensures swift risk assessment, offering choice for antenatal care in community, early screening choices and questioning for social risk assessment re domestic violence, mental health and social service involvement. |
| **Wessex Antenatal Pathways** | Pathways developed and agreed across LMS for most common unscheduled AN care attendances. To reduce variability of outcome, attendance and admissions. |
| **Wessex Healthier together app antenatal pre hospital support for women** | Pre-hospital version of AN unscheduled pathways to support women to self-care and reduce hospital attendance launched January 2019. What 0-18 https://what0-18.nhs.uk/ |
| **Pathway for women requesting caesarean section** | Following the Birthrights Trust letter to CEO regarding human rights and supporting women's choice to have a Caesarean section. Obstetricians and midwives feel supported and confident to have the difficult conversations with women if needed. |

Page **1** of **4**

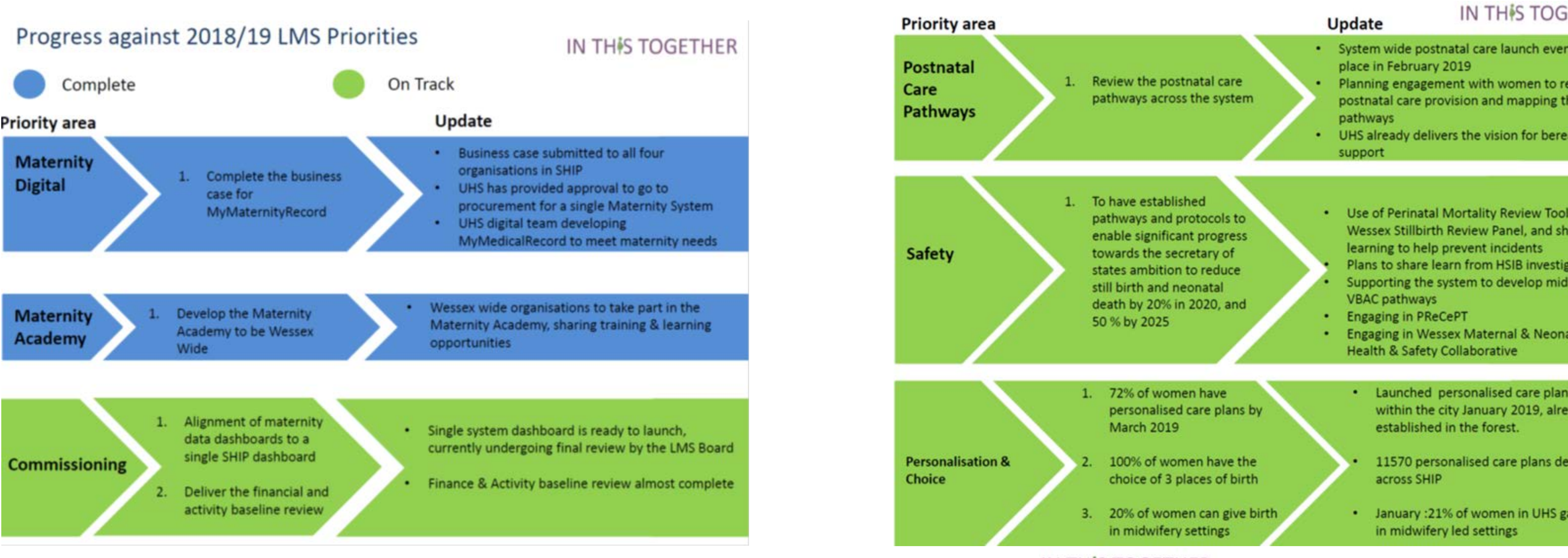
| What happened | What it means for women, staff/service |
|---|---|
| **Customer service training of ward clerks** | Expectations of behaviours of staff clear, equipped with strategies for dealing with difficult 'customers' in a professional manner. Improve our 'front of house' image, improve experience for women and families. |
| **SHIP Maternity Academy** | This is an HEE funded project that has allowed all Wessex maternity services to share training opportunities across the region. Led by a UHS midwife we are leading the way nationally in collaborating at this level for education and obstetric emergency guideline development. The Academy ensures consistent teaching across Wessex. Promote MTD working, we share teaching resources and teaching, reduces the impact of backfilling clinical staff, education can be shared quickly when learning from SIRI's |
| **24/7 lockdown on ward entrance doors** | Prioritises safety of women, babies and staff on risk register |
| **Reclining chairs for partners to stay inside rooms** | Pilot of response to PICKER survey regarding partners staying overnight. |
| **Transitional Care – phase 1** | Cohorting of babies that require extra PN support despite their mothers being fit for discharge. Part of ATAIN work keeping mothers and babies together |
| **Patient experience champions from each area to feedback FFT** | Improved FFT return rates Q4 50% |
| **15 Steps for Maternity walk rounds** | Service user inspection walk rounds to improve the first impressions and welcoming for women and their families. |
| **Social media involvement** | Facebook pages for each birth environment with excellent engagement form women. Twitter accounts for UHS Maternity 150 followers. Enhanced women engagement |
| **Maternity foundation degree** | First cohort for UHS and delivered by maternity for the region. Income for delivering specialist staff. |
| **Management development programme** | Opportunity to understand management roles for B6 midwives. Includes shadowing senior team, LMS board, HR sessions and basic budget understanding. Several midwives now applying for B7 roles having completed the development |
| **Relocation of Breastfeeding Babes to Lyndhurst Ward** | Located into the area where women need extra support to establish breast feeding. |
| **Operational Coordinator team** | Midwife coordinating all birth environments to achieve flexible movement of staff as required across the service to meet capacity and acuity requirements. Improved communication with site office and maternity staff feeling more supported by management team. Greater visibility and cover, longer hours, more senior support for staff. |
| **Midwifery Led Birth Centre action plan** | Implementation of quality improvement initiative to improve communication including: exchange of staff in birth centers, transfer of care communication tool, 2nd stage workshops, fresh ears reviews. |

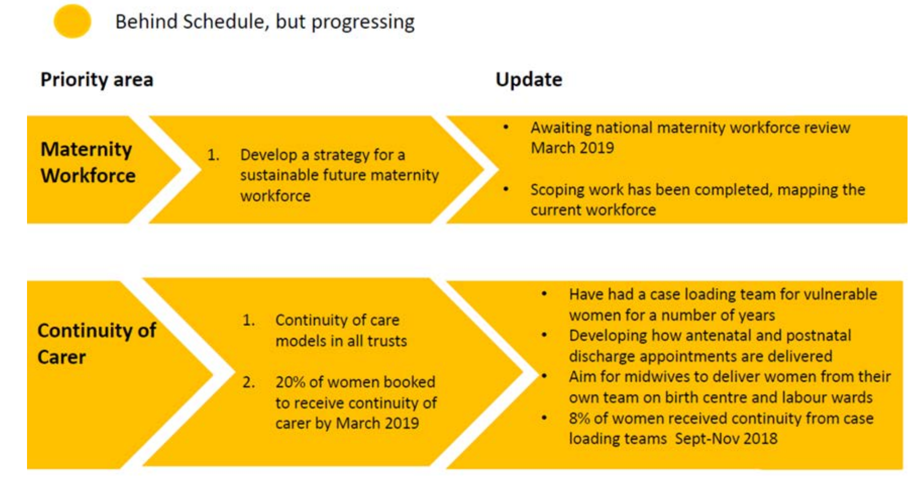
Page **2** of **4**

| What happened | What it means for women, staff/service |
|---|---|
| **RCM branch implemented caring for you** | Supporting staff and building resilience |
| **Roll out of ICON training** | Part of safeguarding wider education for supporting parents with crying babies. |
| **Agreement with local authorities payment for delay in discharge for baby's on protection plans.** | The charging agreement has led to less delays but payments when necessary have been charged and settled. |
| **Action learning sets for preceptorship midwives** | To support midwives new in practice at UHS. The action learning sets have encouraged midwives to seek support and build resilience in first year of practice. |
| **Refreshed FGM guideline** | Includes established reporting, care in labour, safeguarding, training. Improved care and vigilance for FGM |
| **Community Band 7 leadership training – SHIP LMS** | Leadership development for Community midwives at the center of the transformation being implemented across the LMS. Support to understand and advocate for the changes and develop networks across the system. |
| **Flu and pertussis vaccine clinic** | Increased uptake of flu vaccine 1700 from less than 400 and over 2500 Pertussis vaccines |
| **Development of safety champions** | Improving opportunities for raising concerns from staff and women |
| **Birth Afterthoughts service digitalized using K2 / EDMS** | Birth Afterthoughts now carried out in hospital premises rather than in homes |
| **Band 7 away day for all shift leads in both birth centres to bring service together** | Feedback from culture survey to improve communication between teams. Feedback very positive. |
| **Launch event – midwife-led VBAC pathway across SHIP** | UHS midwife led VBAC pathway being refreshed at UHS and rolled out across LMS. Consultant Midwife trainee resourced by LMS and based in UHS. |
| **Midwifery leadership team restructure** | Strong leadership, empowered to make quality improvement and develop culture |
| **Fully rotational Ward Clerk workforce across all areas of the service** | Enabling flexibility with staffing to cover at short notice without impacting on efficiency and support within any area. Improved team working and morale |
| **Pathway for women who continue to smoke in pregnancy. All women now receive CO Screening at every antenatal appointment and MDAU consultations** | Pathway agreed, electronic referral to quit services established, Co monitoring establishes in AN clinics, ultrasound, MDAU and postnatal ward. Reinforces strong message of importance of CO screening. Ultimately reduce stillbirths, preterm and abruptions<br>Smoking at delivery rates reduced by 2% from booking |
| **Continuity of care model – formation of diabetic teams to provide CoC** | Diabetic continuity of care team established |
| **All community midwives and MSWs issued with 3G access enabled smart phones with expectation of electronic diary** | Improves efficiency in time management and accessing emails without needing to log on to PC. Ability to allocate late booking appointments and co- |

| What happened | What it means for women, staff/service |
|---|---|
| **management/accessing emails** | ordinate electronic diaries. |
| **2 consultant midwife trainees with focus on reducing IOL and LMS midwife-led VBAC** | Sponsored by HEE UHS host 2 students and have 2 students currently training in Royal Berkshire Hospital. UHS based trainees are leading quality improvement initiatives in Induction and VBAC |
| **Staffing acuity tool (intrapartum)** | Data collected every 4 hours to identify safe staffing levels for the acuity and activity. Identifies when staffing is adequate, more than adequate or there is a deficit of <2 or >2 midwives. Data quality improving and red flag indicators now identified. Improve staffing allocation, reassures staff and safety concerns |
| **Introduction of Work Afterthoughts** | Structured time for reflection for all maternity staff. Caring for staff and building resilience |
| **Yoga for Staff** | Early morning yoga for staff led by a midwife. Caring for staff and building resilience |
| **Bereavement team** | The Bereavement team received team of the Year award due to the great work that they do in supporting families through a very difficult life changing event. |
| **Wessex Stillbirth Review Group** | This group has developed a multidisciplinary review and learning forum of families who have suffered a Stillbirth. The group lead the Wessex group of professionals and work towards reducing inconsistencies in care; supporting families and learning about or reviewing gaps in practice. |
| **Excess bed days** | Recovery of costs involved in caring for safeguarding women and baby when they are both medically fit to be discharged but Social care has no plan available. |

## Appendix H



University Hospital Southampton NHS Foundation Trust

<table>
<tr><td colspan="4">Cover sheet for a report to the Trust Board of Directors dated Tuesday, 30 April 2019</td></tr>
<tr><td colspan="4">Title: CRN Wessex Quarter 4 Report 2018-19</td></tr>
<tr><td>Category</td><td colspan="3">Quality, Performance, and Finance</td></tr>
<tr><td>Agenda item</td><td colspan="3">4.7</td></tr>
<tr><td>Sponsor</td><td colspan="3">Medical Director</td></tr>
<tr><td>Author</td><td colspan="3">Graham Halls, Business Intelligence Manager and Rebecca McKay, Chief Operating Officer</td></tr>
<tr><td>Provenance</td><td colspan="3">Annual report 2017-18 submitted at UHS Board meeting on 26th April 2018<br>Q1, Q2 and Q3 2018-19 reports submitted at the UHS Board meetings in September 2018, November 2018 and February 2019 respectively</td></tr>
<tr><td>Purpose</td><td colspan="3">The paper is presented for the Board to Approve<br>Summary:<br>• 2018/19 was CRN Wessex’s most successful year for research recruitment. Over 51,000 participants have enrolled.<br>• Over 2,700 participants have been recruited to industry funded and sponsored research which is the highest ever.<br>• 13 of the 30 specialties were ranked in the top five LCRNs for recruitment weighted for the local population<br>Request for Board:<br>• Monitor activity and performance via quarterly progress reports and the agreed assurance framework in appendix 1.</td></tr>
<tr><td rowspan="2">Relevant to Board goals</td><td>☐ Goal 1: Improving patient journeys.</td><td>☐ Goal 2: Delivering value-based health and care.</td><td>☐ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>☐ Goal 4: Building an expert and inclusive workforce.</td><td>☐ Goal 5: Being agile in meeting people’s needs.</td><td>✓ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Board Assurance Framework links</td><td colspan="3">The CRN Wessex UHS board assurance framework is included in appendix 1 to this report.</td></tr>
<tr><td>Equality Impact Assessment</td><td colspan="3">Not carried out</td></tr>
<tr><td>Other standards affected</td><td colspan="3">• CQC Well-led Framework (for research)</td></tr>
</table>

## 1 Purpose/Context/Introduction

1.1 University Hospital Southampton NHS Foundation Trust (UHS) hold a contract with the Department of Health and Social Care to host the local clinical research network – CRN Wessex. The purpose of CRN Wessex is to provide an efficient and effective support to the partner organisations for the initiation and delivery of funded research in the NHS. Some of the research is funded by NIHR, but most is funded by NHS non-commercial partners and industry. This activity makes an important contribution to improve the health of the population and to support economic growth.

1.2 CRN Wessex aims to:

1.2.1 Promote equality of access, ensuring that wherever possible, patients have parity of opportunity to participate in research

1.2.2 Improve the quality, speed and co-ordination of clinical research by removing the barriers to research in the NHS

1.2.3 Streamline and performance manage NHS support for eligible studies to ensure the NHS service support costs of these studies are met in a timely and efficient manner.

## 2 Key Issues

2.1 Research recruitment this financial year was 16 percent over the network's target agreed with the National Institute for Health Research (NIHR). There were over 51,000 participants enrolled on to NIHR supported research studies (chart 1). Of these over 2,800 have been recruited in to industry funded and sponsored research, a 60 percent increase compared to 2017/18.

**Chart 1: Research recruitment against annual goal in Wessex – 2018/19 financial year**

2.2 The network is performance managed using high level objectives assigned by the NIHR (chart 2). Study set-up continues to be an area requiring improvement within Wessex. In 2019/20 commercial and non-commercial set-up timelines from date selected to first patient first visit will be tracked in the CRN Wessex open data platform app and included within the

regular performance reviews for the CRN executive and partnership groups. HLOs two, four & five are regularly discussed with partner organisations at visits and during the study support service meetings. Further information on how these will be managed is provided in the CRN Wessex annual plan for 2019/20.

| High Level Objective | Measure | | Target | CRN Wessex | National status |
|---|---|---|---|---|---|
| **HLO 1** | Number of participants recruited in the reporting year | - | 44,000 | **51,195** | **Green** |
| **HLO 2** | Increase the proportion of closed studies recruiting to Time and Target | (a) Commercial RTT | 80% | **70% (Apr 2018 – Feb 2019)** | **Red** |
| | | (b) Non-Commercial RTT | 80% | **80% (Apr 2018 – Feb 2019)** | **Green** |
| **HLO 3** | Number of commercial studies recruiting in year (cumulative) | - | - | **171** | **Green** |
| **HLO 4** | Proportion of studies achieving NHS set up at all sites within 40 calendar days | - | 80% | **63% (Apr 2018 – Feb 2019)** | **Amber** |
| **HLO 5** | Proportion of studies recruiting first participant within 30 days from first site confirmed | (a) Commercial | 80% | **42%** | **Red** |
| | | (b) Non-Commercial | 80% | **50%** | **Red** |
| **HLO 6** | NHS Trusts recruiting into NIHR CRN Portfolio studies | (a) Trusts recruiting into non-commercial studies | 99% | **100%** | **Green** |
| | | (b) Trusts recruiting into commercial studies | 70% | **83%** | **Green** |
| | | (c) General medical practices recruiting into CRN Portfolio studies | 45% | **33% (91% of RSI scheme practices*)** | **Amber** |
| **HLO 7** | Increase the number of participants recruited into Dementia and Neurodegeneration studies on the NIHR CRN Portfolio. | - | 2017/18: 1,011 participants | **963 participants** | **Green** |

**Chart 2: Performance against NIHR Higher Level Objectives in Wessex 2018/19.**
***Research site initiative (RSI) is the scheme by which primary care practices are funded according to their level of research activity; in 2018/19 there were 84 sites on the scheme.**

2.3 CRN Wessex was ranked eighth of 15 networks in England for recruitment (chart 2a). When the population of each region if taken into account Wessex is ranked fourth (chart 2b). The NIHR's funding model is in part reliant on the complexity of the research activity that each network delivers i.e. interventional activities are weighted higher than observational. During 2018/19 Wessex was ranked fifth for complexity weighted recruitment and delivered 7.8 percent of the activity in England (chart 2c).

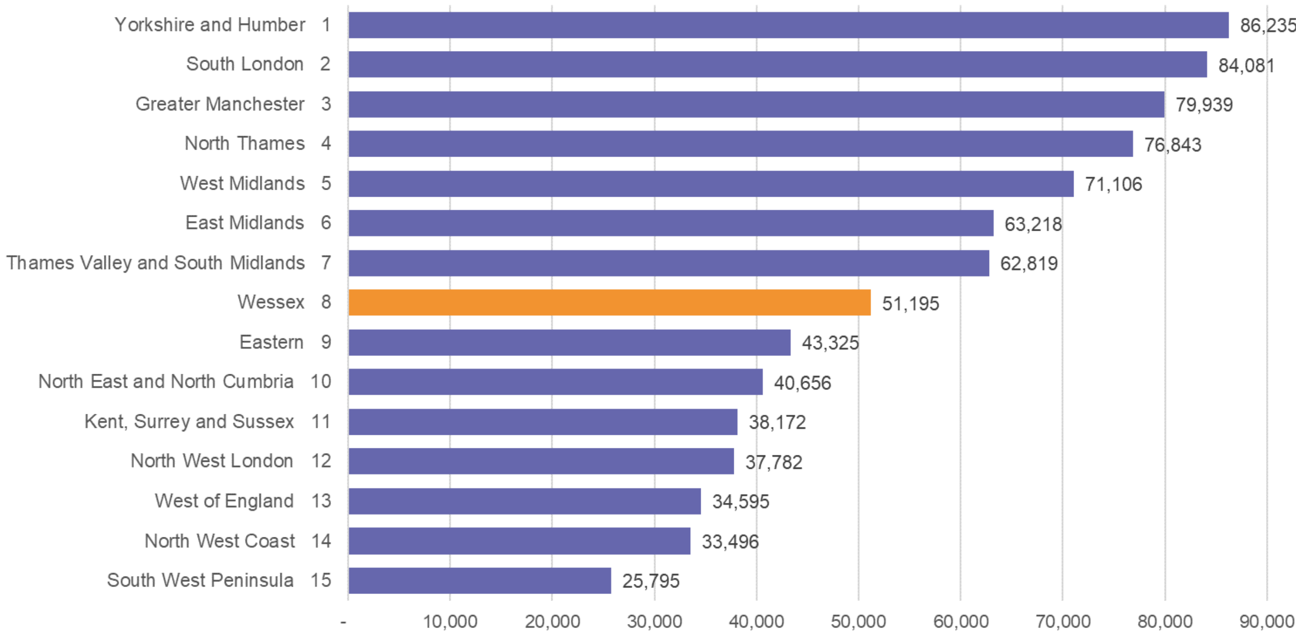



**Chart 2a: Research recruitment in each LCRN – 2018/19 financial year**

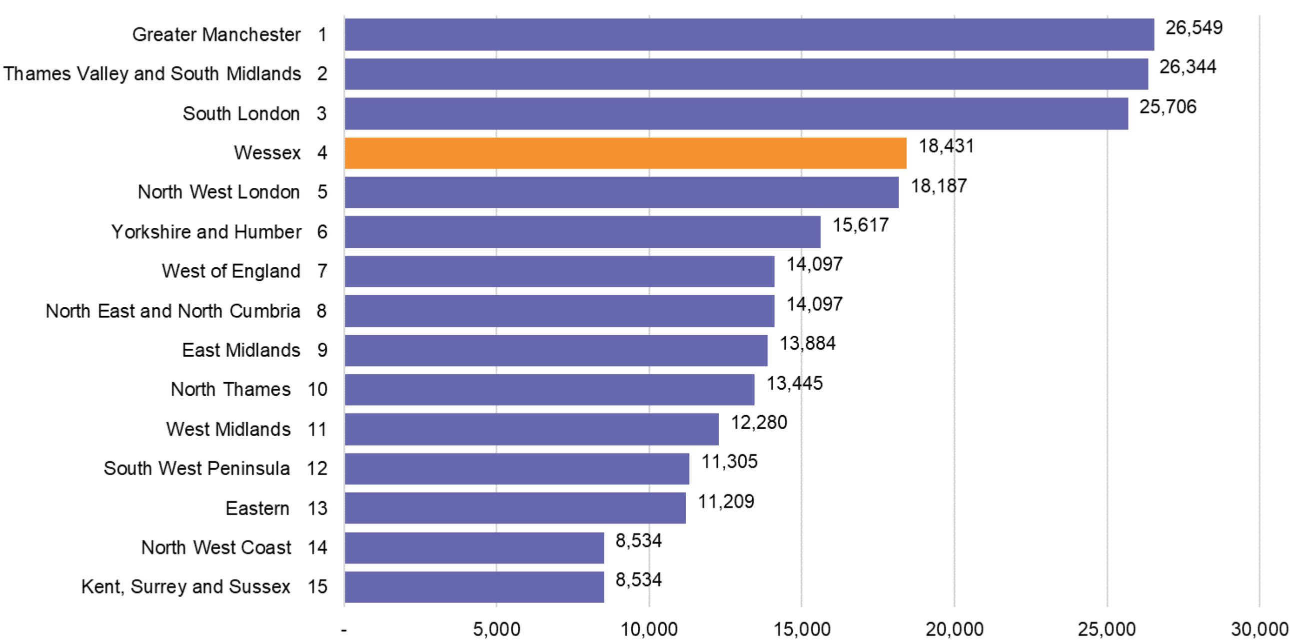



**Chart 2b: Research recruitment weighted against location population in each LCRN (recruitment per million residents) –2018/19 financial year**

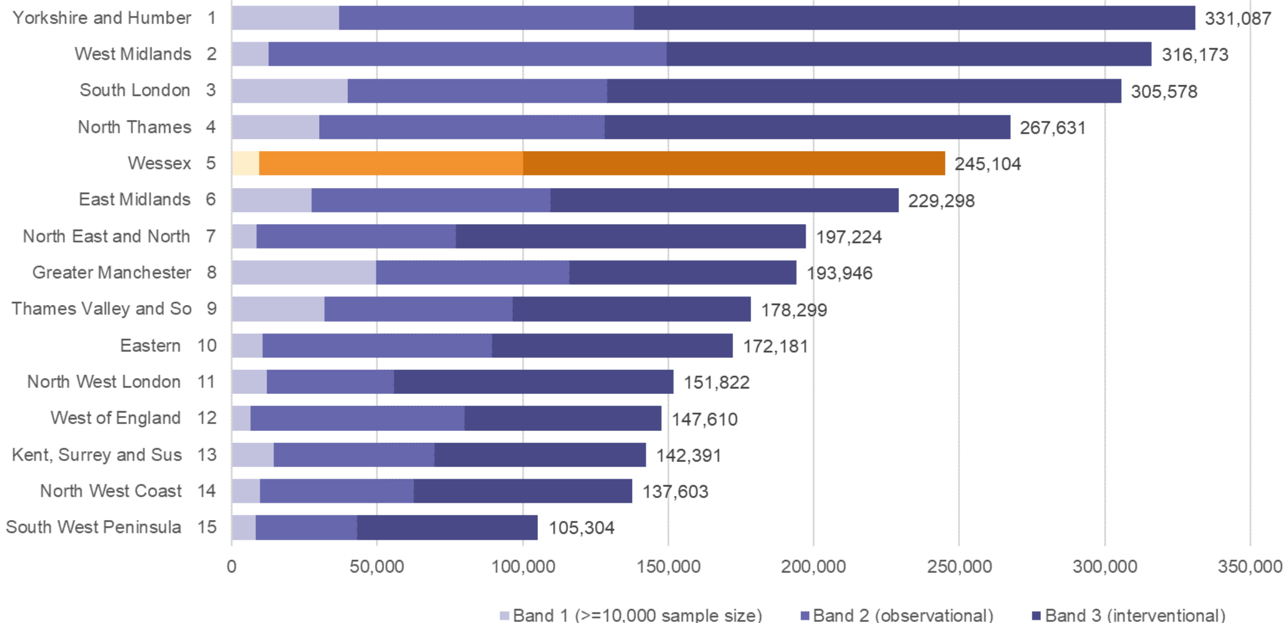



**Chart 2c: Research recruitment weighted by complexity in each LCRN – 2018/19 financial year**

2.4 When compared to Q3 2018/19 22 specialties have either increased or maintained their national ranking for research recruitment, compared to the 14 other networks in England (chart 3). Chart 3 also shows each specialty's rank by complexity & population weighted recruitment.

| Specialty | Recruitment | LCRN rank (recruitment) | LCRN rank (complexity weighted recruitment) | LCRN rank (population weighted recruitment) | Variance on Q3 |
|---|---|---|---|---|---|
| **Respiratory Disorders** | 7,752 | 1 | 1 | 1 | 0 |
| **Children** | 5,612 | 2 | 3 | 2 | 0 |
| **Critical Care** | 1,911 | 3 | 3 | 2 | 0 |
| **Dermatology** | 596 | 3 | 5 | 3 | 0 |
| **Public Health** | 2,430 | 3 | 2 | 3 | 0 |
| **Neurological Disorders** | 893 | 4 | 5 | 1 | 1 |
| **Cardiovascular Disease** | 2,261 | 4 | 2 | 3 | 6 |
| **Infection** | 2,694 | 5 | 3 | 3 | -1 |
| **Surgery** | 776 | 5 | 5 | 4 | -1 |
| **Haematology** | 153 | 5 | 6 | 5 | 0 |
| **Cancer** | 5,463 | 6 | 8 | 3 | -2 |
| **Health Services Research** | 2,182 | 6 | 4 | 3 | 0 |
| **Primary Care** | 3,163 | 7 | 7 | 7 | 0 |
| **Musculoskeletal Disorders** | 1,504 | 8 | 7 | 3 | -2 |
| **Gastroenterology** | 1,648 | 8 | 4 | 5 | -1 |
| **Injuries and Emergencies** | 1,093 | 8 | 7 | 6 | -1 |
| **Ophthalmology** | 383 | 9 | 11 | 9 | -1 |
| **Hepatology** | 103 | 9 | 11 | 8 | 0 |
| **Stroke** | 726 | 9 | 12 | 6 | 0 |
| **Oral and Dental Health** | 533 | 9 | 2 | 7 | 1 |
| **Ear, Nose and Throat** | 48 | 10 | 10 | 9 | 0 |
| **Genetics** | 2,016 | 10 | 7 | 6 | 0 |
| **Reproductive Health and Childbirth** | 1,596 | 10 | 10 | 9 | 1 |

| Specialty | Recruitment | LCRN rank (recruitment) | LCRN rank (complexity weighted recruitment) | LCRN rank (population weighted recruitment) | Variance on Q3 |
|---|---|---|---|---|---|
| Ageing | 168 | 11 | 7 | 8 | -3 |
| Mental Health | 2,233 | 11 | 12 | 7 | 0 |
| Diabetes | 335 | 12 | 14 | 12 | 1 |
| Anaesthesia, Perioperative Medicine and Pain Management | 1,803 | 13 | 11 | 11 | 0 |
| Metabolic and Endocrine Disorders | 33 | 14 | 12 | 14 | 0 |
| Dementias and Neurodegeneration | 962 | 15 | 13 | 12 | 0 |
| Renal Disorders | 253 | 15 | 14 | 15 | 0 |

RAG rated performance - n=15 LCRNs, rank 1-5: green, 6-10: amber, 11-15: red

**Chart 3: LCRN ranking by specialty research recruitment – 2018/19 financial year**

2.5 Eight of the 12 trusts within CRN Wessex met or exceeded their year to date recruitment target in 2018/19 (chart 4). The remaining trusts were within 20 percent of their goal. Portsmouth (PHT), Hampshire Hospitals (HHFT), Isle of Wight (IOW) and Poole (PHFT) have reported their highest ever recruitment.

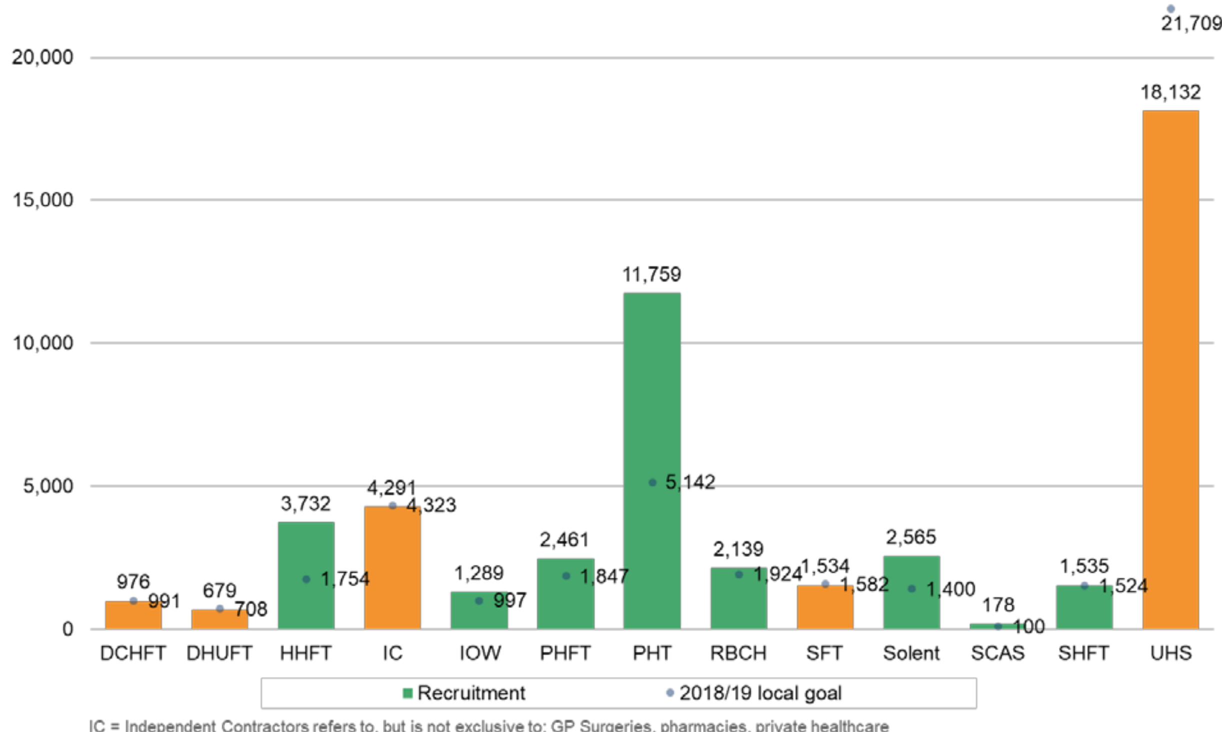



**Chart 4: Recruitment by partner organisation against goal – 2018/19 financial year**

2.6 A comparison of each trust's performance in the 2018/19 financial year with 2017/18 shows that seven organisations have grown for both recruitment and complexity weighted recruitment (chart 5). The availability of research studies for a Trust's care setting will affect their recruitment performance each year and therefore some decreases are expected, but any sustained drop in activity will be monitored.

| Partner organisation | Recruitment (2018/19) | Recruitment (2017/18) | Variance | Variance % | Complexity weighted recruitment (2018/19) | Complexity weighted recruitment (2017/18) | Variance | Variance % |
|---|---|---|---|---|---|---|---|---|
| DCHFT | 976 | 1,324 | -348 | -26% | 3,998 | 7,342 | -3,344 | -46% |
| DHUFT | 679 | 1,237 | -558 | -45% | 3,753 | 4,412 | -660 | -15% |
| HHFT | 3,732 | 1,634 | 2,098 | 128% | 11,539 | 8,984 | 2,555 | 28% |
| IC | 4,447 | 5,387 | -940 | -17% | 27,744 | 34,240 | -6,496 | -19% |
| IOW | 1,289 | 805 | 484 | 60% | 5,203 | 3,560 | 1,643 | 46% |
| PHFT | 2,461 | 1,917 | 544 | 28% | 16,390 | 9,792 | 6,598 | 67% |
| PHT | 11,759 | 5,614 | 6,145 | 109% | 49,302 | 32,282 | 17,021 | 53% |
| RBCH | 2,139 | 2,175 | -36 | -2% | 9,595 | 11,183 | -1,588 | -14% |
| SFT | 1,534 | 1,210 | 324 | 27% | 7,269 | 7,003 | 267 | 4% |
| SOLENT | 2,565 | 2,362 | 203 | 9% | 13,725 | 11,910 | 1,816 | 15% |
| SCAS | 178 | 754 | -576 | -76% | 646 | 8,257 | -7,611 | -92% |
| SHFT | 1,535 | 1,681 | -146 | -9% | 6,929 | 6,449 | 480 | 7% |
| UHS | 18,132 | 17,482 | 650 | 4% | 89,486 | 87,755 | 1,731 | 2% |

**Chart 5: Variance by partner organisation against recruitment in 2017/18**

2.7 Clinical research networks are measured on performance for commercially sponsored studies by the number of research participants they enrol and the time taken to do so. 68 percent of sites in CRN Wessex closed having recruited to target and within their allocated time on commercial studies (chart 6). This will be monitored closely in 2019/20 using a new commercial section of the CRN Wessex open data platform app and reported back to the UHS Board, as well as the CRN executive and partnership groups.

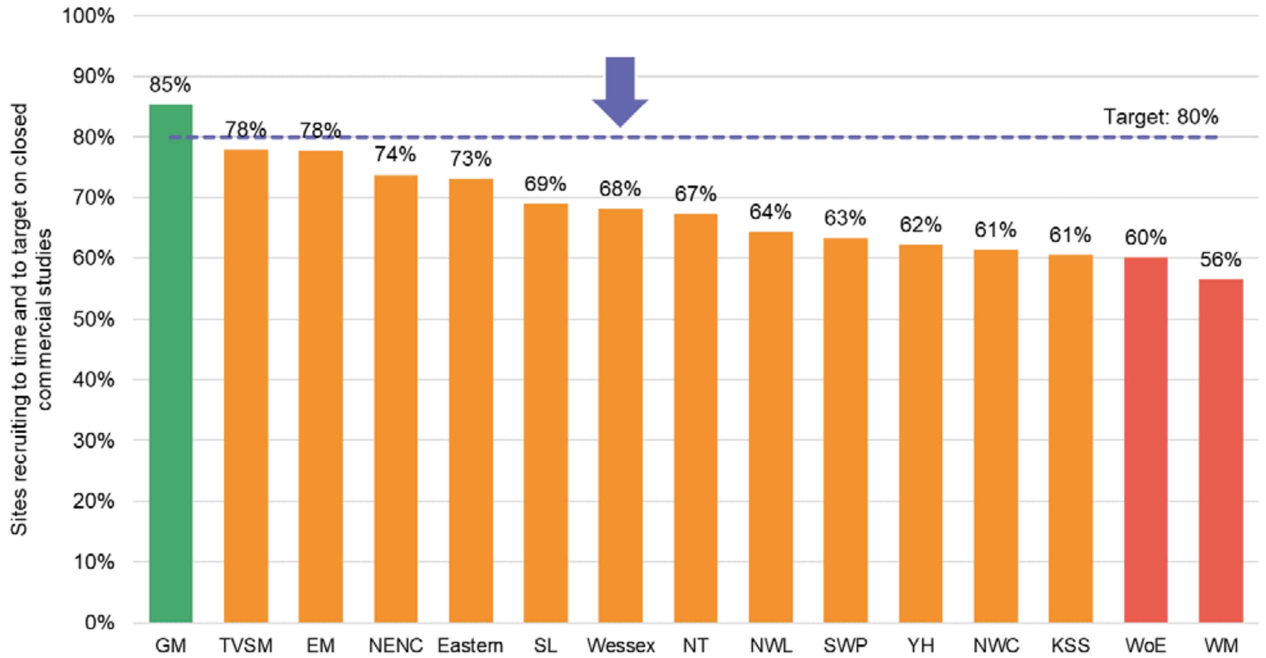



**Chart 6: Percentage of sites recruiting on to commercial studies to target and in time by LCRN - 2018/19**

## 3 Conclusions

This is the research network's most successful year, with more participants than ever before offered the opportunity to take part in clinical research. Funding for 2019/20 remains flat year on

year, but as this includes the increases due to the 2018 NHS pay award it will present a challenge. The UHS Board will be updated on progress in 2019/20 with quarterly performance reports and issues escalated via the assurance framework in appendix 2.

## 4 Recommendation

4.1 UHS Board to note the performance of CRN Wessex in 2018/19 and agree the annual report (appendix 1) is a fair representation.

## 5 Appendices

5.1 Appendix 1 - CRN Wessex annual report

## 5.2 Appendix 2 - CRN Wessex assurance framework

| Meetings[1] | Reports[2] | Other |
|---|---|---|
| 1:1<br>Executive<br>Partnership | Performance<br>Finance<br>Annual<br>Patient survey | Internal finance audit<br>Benchmarking<br>National review<br>Risk register<br>Business planning<br>Performance reviews |

**1:1 meetings**
CRN Wessex chief operating officer meets with host executive with responsibility for host contract quarterly.

**Executive group meetings**
CRN Wessex executive group meets monthly.

**Partnership group meeting**
CRN Wessex group meets three times a year in April, October and January.

**Performance report**
CRN Wessex provides a quarterly performance report to the host board.

**Finance report**
CRN Wessex provides as quarterly finance report to the host assistant director of finance.

**Annual report**
CRN Wessex collaborates with partner organisations to collate an annual report that is submitted to the host for approval and then the NIHR CRN CC.

**Patient survey report**
The network conducts an annual survey of patients participating in research. The survey engages with and asks patients about their experiences of taking part in clinical research provides research professionals with a wealth of information which helps to shape how research is designed, conducted and delivered.

**Internal finance audit**
Every three years, with the most recent audit in December 2018.

[1] All governance groups have been convened in accordance with the NIHR CRN CC Performance and operating framework with terms of reference

[2] All reports are submitted using agreed standard templates

**Benchmarking**
CRN Wessex has an open data platform that provides real time bench marking data. These data are reported to the executive group, partnership group and host board.

**Review**
CRN Wessex has a review meeting every six months with NIHR CRNCC attended by clinical director, chief operating officer, executive from host with responsibility for the contract and partnership group chair.

**Risk register**
The register forms part of the host's register and is reviewed every six months

**Business planning**
Formal 1:1 business review and planning meeting with partner organisations annually.
Ongoing informal performance reviews with members of the CRN Wessex Operational Management Group.

## 5.3 Appendix 3 – Glossary

Ratios used for weighting complexity of recruitment (non-commercial recruitment only):

- Band 1 - Large Scale interventional or observation studies with a >10,000 participant target (1:1)
- Band 2 - Observational design (1:3.5)
- Band 3 - Interventional design studies (1:11)

Local Clinical Research Network (LCRN) Abbreviations & Populations used by the NIHR:

- Eastern (3,787,682)
- EM - East Midlands (4,474,101)
- GM - Greater Manchester (2,962,515)
- KSS - Kent, Surrey and Sussex (4,539,969)
- NENC - North East and North Cumbria (3,122,653)
- NT - North Thames (5,554,518)
- NWC - North West Coast (3,705,762)
- NWL - North West London (2,034,996)
- SL - South London (3,195,885)
- SWP - South West Peninsula (2,249,056)
- TVSM - Thames Valley and South Midlands (2,345,894)
- Wessex (2,742,482)
- WM - West Midlands (5,713,284)
- WoE - West of England (2,419,720)
- YH - Yorkshire and Humber (5,468,101).

Partner organisation abbreviations used by CRN Wessex:

- DCHFT – Dorset County Hospital NHS Foundation Trust
- DHUFT - Dorset Healthcare University NHS Foundation Trust
- HHFT - Hampshire Hospitals NHS Foundation Trust
- IOW - Isle of Wight NHS Trust

- IC – Independent contractors, including but not limited to primary care and non-NHS organisations
- PHFT - Poole Hospital NHS Foundation Trust
- PHT - Portsmouth Hospitals NHS Trust
- SFT - Salisbury NHS Foundation Trust
- Solent – Solent NHS Trust
- SCAS - South Central Ambulance Service NHS Foundation Trust
- SHFT - Southern Health NHS Foundation Trust
- RBCH - The Royal Bournemouth And Christchurch Hospitals NHS Foundation Trust
- UHS - University Hospital Southampton NHS Foundation Trust

# Integrated Annual Plan and Report 2018/19

Date of Mid Year Progress Report submission: 19 December 2018
Date of End of Year Report submission: 17 May 2019

| **Section 1. Host Organisation Approval** | |
|---|---|
| **Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:** | **Yes** |
| **Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:** | **12/04/18** |
| **Confirmation that this Annual Plan has been reviewed and approved by the LCRN Host Organisation Board:** | **Yes** |
| **Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:** | **01/03/18** |
| | |
| **Confirmation that this Annual Report has been reviewed and agreed by the LCRN Partnership Group:** | **Yes** |
| **Date of the LCRN Partnership Group meeting at which this Annual Report was agreed:** | 10/04/18 |
| **Confirmation that this Annual Report has been reviewed and approved by the LCRN Host Organisation Board** | **Yes** |
| **Date of the LCRN Host Organisation Board meeting at which this Annual Report was (or will be) approved:** | 25/04/18 |
| **If this Report has not been approved by the LCRN Host Organisation Board at the time of submission to CRNCC, then the LCRN Host Organisation Nominated Executive Director should provide that confirmation by email to the CRNCC once the Board has approved the Report** | |

# Section 2. Compliance with the Performance and Operating Framework

Please indicate whether the Host Organisation and LCRN Partners are delivering the LCRN in full compliance with the specific areas/clauses of the Performance and Operating Framework 2018/19 listed below. Please provide a brief explanation of the reasons for partial / non-compliance in the commentary section.

| POF area | Annual Plan Compliance | Commentary | Mid Year Compliance | Commentary | Annual Report Compliance | Commentary |
|---|---|---|---|---|---|---|
| Part A: Context | | | | | | |
| 3. Working Principles | Yes | | Yes | | Fully Compliant | |
| Part B: Performance Framework | | | | | | |
| 2. LCRN Performance Indicators | | | | | | |
| 2.1 High Level Objectives | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Partially Compliant | All met apart from HLO2a, HLO4&5 and HLO6c |
| 2.2 Specialty Objectives | Yes | See key projects with details of actions to mitigate the identified challenges | No | 60 % green or complete. Commentary provided for amber and red | Partially Compliant | 24 met 6 partially met |
| 2.3 LCRN Operating Framework Indicators | Yes | | Yes | | Fully Compliant | |
| 2.4 Initiating and Delivering Clinical Research Indicators | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Fully Compliant | |
| 2.5 LCRN Partner Satisfaction Survey Indicators | Yes | | Yes | | Fully Compliant | |
| 2.6 LCRN Customer Satisfaction Indicators | Yes | | Yes | | Fully Compliant | |
| 2.7 LCRN Patient Experience Indicators | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Fully Compliant | |
| 3. Performance Management Processes | Yes | | Yes | | Fully Compliant | |
| Part C: Operating Framework | | | | | | |
| 2. Governance and Management | Yes | | Yes | | Fully Compliant | |
| 3. Financial Management | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Fully Compliant | |
| 4. CRN Specialties | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Fully Compliant | |
| 5. Research Delivery | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Fully Compliant | |
| 6. Information and Knowledge | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Fully Compliant | |
| 7. Stakeholder Engagement and Communications | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Fully Compliant | |
| 8. Organisational Development | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Fully Compliant | |
| 9. Business Development and Marketing | Yes | See key projects with details of actions to mitigate the identified challenges | Yes | | Fully Compliant | |

# Section 3. Executive Summary

Please complete the table below, entering key performance highlights, successes and challenges from 2018/19

| | | |
|---|---|---|
| **Please specify where the LCRN has performed very well / significantly surpassed targets. This section is an opportunity for LCRNs to highlight excellent performance and successes. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-out and sharing of best practice.** | 1 | Highest ever recruitment across all thirty specialties for commercial and non commercial portfolio studies. 56% increase in commercial research compared to 2017/18. |
| | 2 | Thirteen of the 30 specialties ranked in top five. |
| | 3 | Portsmouth Hospital highest ever recruitment and ranked first nationally for large acute trusts and respiratory research |
| | 4 | Poole Hospital ranked first for recruitment nationally for medium acute trusts, Solent top recruiting care trust and Southampton consistently ranked in top three for a number of specialties |
| | 5 | Launched Cancerline to support regional recruitment into cancer studies with planned national uptake |
| | 6 | Seamless roll out of local portfolio management system in primary care as a research management tool |
| | 7 | Expansion of patient engagement programme with novel workstreams involving PPI groups in peri-operative medicine and use of social media to aid research recruitment |
| | 8 | Successful engagment with local authorities and wider public health agenda. Establishment of embedded researcher in a local authority |
| | 9 | Successful SME engagement in collaboration with Wessex AHSN through the Technology Support Programme and development of route map |
| | 10 | Exemplar workforce development plan that has informed a comprehensive workplan for 2019/20 across Wessex |

| | |
|---|---|
| High Level Objectives | Exceeded recruitment target and improved recruitment to time and target for commercial and non commercial studies |
| Specialty Objectives | Strong performance across the specialties that contributed to the record recruitment supported lead by research delivery managers and divisional leads. The specialty objectives were met in 24 of the specialties and partially met in six. Where they have not been met in 18/19 there is a clear plan in place for 19/20 |
| LCRN Operating Framework Indicators | Compliant |
| LCRN Partner Satisfaction Survey Indicators | In view of the response rate in 17/18 the chair of the partnership group sent emails to her executive colleagues across the partnership explaining the importance of the survey and the survey has been included as an agenda item at the partnership group to maximise participation |
| LCRN Customer Satisfaction Indicators | Targeted emails to researchers that have accessed the study support service with a improvement plan to link this to work flows in the local portfolio management system |
| LCRN Patient Experience Indicators | Achieved a 53% increase in the Wessex Patient Research Experience Survey (PRES) response rate through developing and delivering the survey in collaboration with R & D managers, senior research nurses and Patient Research Ambassadors, in addition to establishing response targets for partner organisations. |

| | |
|---|---|
| Host Organisation | • The Host Organisation has continued to fulfil its responsibilities as an LCRN Host in line with the DHSC/LCRN Host Organisation Agreement.<br>• UHS fully met all requirements in the Performance and Operating Framework in terms of LCRN structure, management roles, and governance arrangements.<br>• Executive Group meets monthly.<br>• Quarterly Board report reviewed at Host Board Meeting.<br>• Strong relationship between CRN Wessex and the Host Organisation. Regular meetings, the ability to escalate where needed, and Host support, has been key to successful performance. |
| Governance and Management | • Partnership Group engagement and senior attendance has remained stable |
| Financial Management | • Delivered financial break-even for 2018/19.<br>• Internal audit in respect of LCRN funding managed by the LCRN Host Organisation completed by Host Organisation in Dec 2018 and report submitted to the CRNCC on Mar 2019. |
| CRN Specialties | • Recruited to all 30 CRN specialties.<br>• Local Clinical Research Specialty Leads appointed for 30/30 CRN specialties<br>• 80% of specialty objectives met.<br>• In the top 5 LCRNs for 13 of 30 specilaties<br>• Two first global patients in an XXXX study (Study ID: XXXX) |
| Research Delivery | • Recruitment to Time and Target performance (>80%) sustained for both commercial and non--commercial activity (HLO 2).<br>• PHT is the highest recruiting large acute trust in the country with nn,nnn recruits; PHFT is the highest recruiting medium size acute trust in the country with nn,nnn recruits andf Solent is the seconf highest recruiting care trust<br>• Delivered the NIHR CRN Study Support Service in accordance with NIHR CRNCC SOPs and guidance documents.<br>• Met the target of recruiting participants into dementia studies on the NIHR CRN portfolio |
| Stakeholder Engagement and Communications | • Increased visibility of the LCRN within the local research community and wider audiences using a range of on-line and off-line communications channels (including local and national print, TV, radio and other websites).<br>• Developed a 'real time' news room to collate and disseminate timely, appropriate news and significantly increased 'users' numbers and time spent reading news, the impact of which will become apparent in 2019/20.<br>• Continued to deliver our strong programme of patient involvement and engagement through initiatives such as the annual CRN Wessex Building Research Partnerships event, and the International Clinical Trials Day campaign.<br>• 44 Patient Research Ambassadors by the end of 2018/19. Patient Research Ambassador activities have led to increased awareness of research within the Wessex region.<br>• Action plan developed arising from responses to patient research experience survey for implementation in 2019/20.<br>• Over 90 applications for the annual CRN Wessex awards event , with 32 shortlisted nominees from across the region. Over 170 attended the awards ceremony on 21 March 2019. |
| Information and Knowledge | • LPMS operational and good engagement in all Partner organisations.<br>• All LPMS data points provided to the CRNCC's timelines. Data quality assurance and data validation systems in place.<br>• Pro-active LPMS user group to support ongoing LPMS development and functionality<br>• Developed analysis and benchmarking of activities from ODP and financial data to improve operational delivery and Value for Money.<br>• Responsive 'Helpdesk' service provided by BI Team to support all users in relation to systems provided for NIHR CRN (Hub/ODP/LPMS), supported by face to face and webinar training as appropriate |

| | |
|---|---|
| Workforce Learning and Organisational Development | • Exemplar workforce plan<br>• Promoted culture of modern workplace learning, including awareness of NIHR National Learning Directory e-learning Programmes, Resources and Communities.<br>• Trained nnn people on courses (including Introduction to GCP, GCP Refresher, Valid Informed Consent, Fundamentals of Clinical Research).<br>• Delivered nnn well attended research forum events to bring together and support non--medical research delivery staff across the region.<br>• Promoted a culture of improvement and innovation through x activity or n events including celebration events and supra network knowledge exchanges.<br>• Delivered various projects on accelerating digital including two small grant schemes - digital video training and social media as a recruitment tool. |
| Business Development and Marketing | • Technology Support Programme in partnership with Wessex AHSN has worked with six SMEs and three are being supported to submit funding applications<br>• LCRN business development profile refreshed as part of 2019/20 annual plan fpr marketing purposes by national business development team.<br>• Worked with contract research organisations (CROs) and life sciences industry to support partnership working with the LCRN and partner organisations.<br>• Developed supra regional working with three other LCRN regions to enable greater engagement with companies and development of potential new ways of working.<br>• The network has promoted the continued importance of the industry agenda to LCRN partner organisations and investigators through recognition of achievements<br>• The network has supported the national biosimilars campaign through with successful regional meeting in June 2018. |
| National Contributions | • Wessex ETC model provide template for national scheme The network has contributed to all national communications campaigns.<br>• The network has contributed to all national communication campaigns.<br>• Local work on LPMS has been actively shared through the LPMS Lead, along with contributions to the business intelligence community. |

## Section 4: Key Projects

Section 4 of the template should be used to detail the key projects to be delivered by the network in 2018/19. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN-Cluster collaborative activities or other LCRN collaborations), and projects to be delivered nationally/CRN-wide led locally by the LCRN. Projects to be delivered in collaboration with other parts of the NIHR and/ or other external organisations should also be included. Please add additional rows as required.

**Columns A-F should be completed as part of the 2018/19 Annual Plan.**
**Columns G-H should be completed as part of the 2018/19 Mid Year Progress Report.**
**Columns I-J should be completed as part of the 2018/19 Year End Report.**

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

| | |
|---|---|
| **Complete (C)** | Milestone complete. |
| **Red (R)** | The specified deliverable was not delivered by the Milestone Date. Commentary is mandatory. |
| **Amber (A)** | There is a risk that the specified deliverable will not be delivered by the Milestone Date. Commentary is mandatory. |
| **Green (G)** | On target to deliver the specified deliverable by the Milestone Date. |
| **N/A** | The Key Project and/or Outcome is no longer required and therefore this Milestone is no longer applicable. Commentary is mandatory. |

| To complete at Annual Plan stage | | | | | | | To complete at Mid Year Progress Report stage | | To complete at Year End Report stage | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ref** | **Key project** | **Outcome** | **Lead** | **Milestone** | **Links** | **Milestone date** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| n/a | Continuous Improvement | CRN Wessex will support a culture of continuous improvement as demonstrated in the projects listed below | Alex Jones | Delivery of projects as defined below and feedback from contunious improvement lead at national meetings | | Ongoing | Green | Introduction of CI community thread to encourage sharing via google platform. Teams involved in promotion of CI via team day and have taken their projects forward. | Complete | All staff engaged and using community to share ideas and best practice. CI lead attended national meetings and digital event (March 2019). |
| **1. Governance and Management** | | | | | | | | | | |
| 4.1.1 | Support preparation of host organisation's Information Governance Toolkit assessment submission for 2018/19 | LCRN host organisation to submit an NHS Information Governance Toolkit annual assessment to NHS Digital and have attained Level 2 or Level 3 | Jonathan Pillinger-Cork, Trust Information Governance Manager jonathan. pillinger-cork@uhs.nhs. uk 023 8120 4743 - supported by Graham Halls, Business Intelligence Manager, CRN Wessex | Submission of 2018/19 NHS Information Governance Toolkit annual assessment to NHS Digital | | Mar 2019 | Amber | Note that this will not be available to complete until Spring 2019 | Amber | Note that this will not be available to complete until Spring 2019 |
| **Ref** | **Key project** | **Outcome** | **Lead** | **Milestone** | | **Milestone date** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| **2. Financial Management** | | | | | | | | | | |
| 4.2.1 | Finance supra network | Meetings with senior management colleagues | Lewis Towner-White | TORs to be agreed by four LRCNs | | Apr 2018 | Complete | | Complete | |
| | | | | Report into chief operating officer(COO) supra-network group | | Six monthly | Complete | | Complete | |
| | | | | Share best practice | | Ongoing | Green | | Complete | |
| 4.2.2 | Finance monitoring visits | Reassurance that all partner organisations are meeting the minimum control standards | Lewis Towner-White | Annual visit to all partner organisations | Monitoring plan | Mar 2019 | Green | | Complete | |
| | | | | Issues identified, addressed and resolved | | Mar 2019 | Green | | Complete | |
| | | | | Annual meeting of management accountants from partner organisations | | Feb 2019 | Green | | Complete | |
| 4.2.3 | Category B contracts | Compliance with NIHR CRN CC directive on category B contracts | Lewis Towner-White | Engage with primary care partners to explain rationale for change in contractual relationship and gain acceptance. | | Mar 2019 | Green | Primary care and non nhs providers are asked to sign a contract as and when they begin working with Division 5 team. | Complete | |
| **3. High Level Objectives** | | | | | | | | | | |
| | | | | Wessex wide workshop to be held in June (as part of established study support meeting) involving Jen Harrison from HRA | | Jun 2018 | Complete | Complete | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 4.3.1 | HLO 4 | 80% of studies set up within a median time of 40 days across participating sites for Wessex led studies. Improvement in local C&C times for studies with participating sites in Wessex, monitored via the Wessex app. Continued delivery of the shared Wessex ETC fund to support swift set up of studies incurring ETCs at participating NHS organisations. | Clare Rook | Introduce reporting from SPC charts to identify early changes in performance | | Apr 2018 | Amber | As per national roll -out | Complete | An SPC tool has been live on the Wessex app since October 2018. This was publicised to the partner organisations and internal study support teams. A review of usage in January 2019 suggested that this was not a well-used tool compared to other areas of the app. A decision was taken to keep the tool available within the app but to suspend any further development unless nationally this is required for the CRN CC Partner app. |
| | | | | Regional SIVs as appropriate | | Ongoing | Green | SIV for CORUM 11 Oct 2018 | Green | |
| | | | | Wessex CCGs invoiced for population based contributions into the Wessex ETC fund | | Apr 2018 | Complete | | Complete | |
| | | | Rebecca McKay | Research Active Dorset- group meeting chaired by Dorset ACS Director for Transformation looking at ways to align research processes across Dorset | | Ongoing, every 6 weeks | Green | | Complete | |
| 4.3.2 | HLO 5 | 80% in 30 days | Emily Horsfall | Using the number of validation errors at end of 2017/18 as a baseline, we will demonstrate a reduction in the number of validation errors by the end of the first quarter of 2018/19 data cut. This will be demonstrated on the national and Wessex ODP apps. | | Jun 2018 | Green | Reviewed weekly by APM for SSS - report sent to trusts and sites added to CPMS. As of 10/12/2018 there are 8 unresolved errors - 0.6% which is the lowest it has been for the last 12 months. | Complete | Reviewed weekly by APM for SSS - report sent to trusts and sites added to CPMS |
| | | | | Introduce reporting from SPC charts to identify early changes in performance | | Apr 2018 | Amber | As per national roll -out | Complete | See 4.3.1 |
| | | | Collaboration with Southampton CTU | User-focused research to identify the benefits of innovative digital recruitment and retention tools for more efficient conduct of randomised trials | | Mar 2019 | Green | | Green | |
| 4.3.3 | HLO 7 | Target of 962 is reached achieving a 11% increase on 2017/18; in line with the national target of 11% | Dr Chris Kipps and Rebecca Croucher | Active review of the portfolio leading to a higher national ranking (8/15 LCRNs) in the number of recruiting studies supported by the following items below: | | Mar 2019 | Red | Currently ranked 11 | Red | Not met target of being ranked 8/15. However, active portfolio review process in place and plans underway to promote dementia research in the region, including the following items listed below. |
| | | | | An increase in the number of CIs/PIs leading studies supported by trained raters | | Ongoing | Amber | Work underway with dementia SGL and Division 4 lead to increase the number of studies/PIs/raters in the region. Two new trained raters identified at a key site. Division 4 RDM acting as rater lead and recently attended a supra network meeting to discuss potential methods to resolve issues with raters. | Green | Several new PIs working on dementia studies have been identified and supported. Division 4 RDM has become the National Rater lead for the Rater Training Programme, and is still engaged with the supra network rater group. Local initiatives underway to develop home grown research and support emerging PIs. This includes the development of a home grown investigator led study, and the formation of a regional steering committee consisting of key dementia researchers to develop projects that will energise research and create networking and collaboration opportunities. |
| | | | | CIs/PIs supported by increasing links with universities, developing the PD Excellence Network and achieving HD critical mass through links between UHS and PHFT | | Ongoing | Amber | Ongoing networking and meetings being held with local universities to support PIs/CIs. Discussions underway with PD Excellence Network. | Green | Supporting the PD Excellence Network to continue delivering regional meetings. Local initiatives underway to develop home grown research and support emerging PIs. This includes the formation of a regional steering committee consisting of key dementia researchers, including those based at regional Universities, to develop projects that will energise research and create networking and collaboration opportunities. |
| | | | | Care home research activity at Solent and IOW trusts | | Ongoing | Amber | Ongoing support being provided | Green | Ongoing support being provided. Discussions underway with both NHS trusts to develop dementia research at sites. |

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| | | | | Study access to JDR and ResearchLine supporting increased activity | | Ongoing | Green | Plans to promote both JDR and ResearchLine locally via several methods including online, early 2019. | Green | Plans underway to promote both JDR and ResearchLine locally via several methods, including a GP mailout and promote online via FaceBook. Working with the JDR team, the Communications Lead, and Primary Care to implement. Further working with the regional Alzheimer's Society team to promote JDR. |
| 4.3.4 | HLO2, HLO4 and HLO5 (commercial) | Meet 80% RTT in all organisations and achieve set-up in 70 days | Carolina Paras and Anoop Chauhan | Monthly performance reports (including HLO2, 4 and 5) to be distributed to partner organisations | See 2.3.6 | Ongoing | Complete | Ongoing | Complete | |
| | | | | Quarterly performance reports (HLO2) to be distributed to commercially active primary care sites | | Ongoing | Complete | | Complete | |
| | | | | Monthly and quarterly industry themed meetings with R&D teams scheduled | | Ongoing | Complete | | Complete | |
| | | | | Establish an industry champions' network across the region to promote and lead on HLOs performance in primary and secondary care. This network will include divisional leads, specialty leads, local clincians and research nurses/ practitioners keen to support the NIHR industry agenda | | Dec 2018 | Complete | Ongoing | Complete | |
| | | | | Review and finalise regional implementation of new industry process to improve local feasibility | | Dec 2018 | Complete | Ongoing- adapted to site specific needs | Complete | Ongoing |
| 4.3.5 | HLO 1 | Agreed targets for 2019/20 based on site data provided by the Wessex BI team from the LPMS | Graham Halls | Performance will be tracked from the Wessex ODP application. For the first year partner organisatons will be set both a recruitment and complexity recruitment target | | Mar 2019 | Complete | Performance is tracked daily and formally presented monthly to the executive and partnership groups. | Complete | |
| | | | | Introduce reporting from SPC charts to identify early changes in performance | | Apr 2018 | Complete | SPC tool has been made available on the Wessex app for use by trusts, BI and divisions. Planned further development to show HLO 4 & 5 performance. | Complete | See 4.3.1 |
| | | Piloting social media marketing for study recruitment | Alex Jones and Kim Appleby | Piloting social media marketing for the identification and recruitment of participants. This will be done in collaboration with the Southampton Clinical Trials Unit who will identify a suitable study | | Mar 2019 | Amber | SAFA team and PALS have had start up conversations to scope reach on Facebook. Have spoken to the national JDR team who are happy for us to use this funding as a way of promoting JDR locally. | Green | Study team have worked with local company to create facebook advertisement for SAFA. JDR campaign underway and materials created. The outcome of this will continue to be monitored into 19/20. |
| 4.3.6 | **Wessex ODP application development for HLOs** | Real time visualisation of data | Graham Halls, Alex Babbage and Tom Simpson | Implement a live HLO dashboard for the network on the Wessex ODP application, filterable by organisation | | Sep 2018 | N/A | The data is available via the CC HLO Dashboard app. | N/A | |
| | | | | Add a commercial performance section to allow the industry team to monitor performance of the local sites against HLOs 2a & 5a and automate existing regular reports | | Apr 2018 | Amber | The commercial app has been updated for the industry team to report back on RTT for closed commercial studies. This is being used for the monthly commercial reports. Outstanding are the open commercial projects, which requires this data to be made available by the CC BI team to incorporate in our app. When this is available this will be a priority for the development group in Wessex. | Complete | National changes were made by the BI team in early 2019 to make the required data available to LCRNs. After a re-write of the data model behind the Wessex app we are now able to calculate the RTT performance of partner organisations for their commercial portfolio. A new commercial section of the app has been developed, is currently being tested and will be launched before April 2019. |
| | | | | Use of app to capture and implement robust management of primary care recruitment. This will include performance monitoring against the RSI scheme using combined LPMS and CPMS data | | May 2018 | Complete | The primary care section is now updated and live. | Complete | |
| | | | | Championed studies identified by divisional teams as having the potential to be highly successfully at Wessex sites will be monitored in their own section of the ODP Wessex application | | Jun 2018 | Complete | Championed study section of the app developed and live. | Complete | |
| | | | | Create custom recruitment dashboards as requested by partner organisations to inform their performance leads and reduce duplication of reporting | | Mar 2019 | Complete | Ongoing work, but those that have requested them have them developed and live. | Complete | All partner organisations that have requested a section of the Wessex app have received one. |

| Ref | Key project | Outcome | Lead | Milestone | | Milestone date | RAG | Commentary | RAG | Commentary |
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| **4. LCRN Specialty Activities** | | | | | | | | | | |
| 4.4.1 | Primary Care - Supra network meeting | Shared offering for set up and delivery of primary care studies | Arlene Lee and Alex Jones | TORs to be agreed by four LRCNs | | Apr 2018 | Complete | Completed. | Complete | TORs completed and agreed. |
| | | | | Report into COO supra-network group | | Quarterly | Complete | Completed. | Complete | Feedback provided to COOs |
| | | | | Agenda setting | | Ongoing | Green | Meeting held in November where items reviewed and discussed. | Complete | Agreement on key areas for nurses to share best practice including coding for research. |
| 4.4.2 | **Primary care research sites initiative events** | Practice sign up for new studies and shared practice between GP teams for delivery of current studies | Alex Jones | Completion of sessional and level 2 events with attendance from local CIs from Primary Care and Population Sciences, University of Southampton. | PCPS | Nov 2018 | Complete | event held 31st October led by GP Locality Leads. Successful engagement with local CIs to present study pipeline and also workshops on LPMS and commercial research have led to good working relationships and a proposed consortium for delivery of projects. | Complete | event held 31st October led by GP Locality Leads. Successful engagement with local CIs to present study pipeline and also workshops on LPMS and commercial research have led to good working relationships and a proposed consortium for delivery of projects. |

| 4.4.3 | Develop non malignant haematology commercial research at Southampton | Open eight studies in 2018/19. Only two opened in 2017/18 | Jocelyn Walters and Dr Savita Rangarajan | Support study co-ordinator to ensure HLO 2, 4 and 5 are achieved. | | Mar 2019 | Complete | Seven studies opened so far this year with a further five in set up | Complete | Eight commercial studies opened during the year |
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| 4.4.4 | Ageing and dementia specialties working together | Meet recruitment target of 681 and 630 in both specialties | Rebecca Croucher and Alex Jones | Research ideas and projects are progressed to achieve portfolio eligibility. Establish and maintain regular meetings and seminars with academics at Bournemouth and Portsmouth Universities. | | Mar 2019 | Amber | Follow up discussions held with University of Portsmouth teams regarding primary care support and signposting to other teams in the region with similar interests (sport exercise in inactive population). Follow up discussions held with Portsmouth and Bournemouth Universities regarding dementia research opportunities and portfolio eligibility - ongoing. Academics invited to specialty meetings for division 2 & 4 and 1:1 meetings held as a result of networking. Discussions held with University of Southampton regarding portfolio eligibility for Ph.D and post doc studentships at the Alzheimer's Society Doctoral training centre. Current ageing recruitment of 496. Current dementia recruitment of 541. | Green | Working across specialties, discussions and meetings continue with local Universities to improve engagement, provide study support, and create networking opportunities across the region. Local initiatives underway to develop home grown dementia research and support emerging PIs. This includes the formation of a regional dementia steering committee consisting of key dementia researchers, including those based at local Universities, to develop projects that will energise research and create networking and collaboration opportunities. Current dementia recruitment of 793 (target of 630 exceeded). |
| | | | | Capturing accurate information regarding the age of patients recruited across Wessex will be important for measuring the growth of ageing research and the numbers of patients recruited onto portfolio studies. BI will support this. | See 2.6.4 | | Amber | Implementation of EDGE in primary care will help to report on age. | Green | Partner organisations recording this data via LPMS. Primary care EDGE set up and rolled out. |
| 4.4.5 | Develop reproductive health portfolio | Increase recruitment and achieve target of 1894. | Jane Forbes, Jocelyn Walters, Tom Simpson, Profs Ying Cheong and Vanora Hundley | Coordinated, Wessex-wide submission of EOIs, site feasibility and SIVs led by CRSLs and midwife champion. Increased profile of portfolio through blogs, news articles and web page. Initiate trials activity in DCHFT, RBCH and HHFT and review support requirements. | | Mar 2018 | Green | Funding allocated to support midwife champion post in Dorset. Repro Health JISC mail launched. Coordinated EOIs, feasibility and SIVs in place - CPIT III Trial CPMS ID: 36323 first trial to undergo Wessex wide feasibility/SIV | Complete | seven of eight acute trusts were research active during the year and recruitment target achieved |
| 4.4.6 | Review Wessex CancerLine clinical trials database activity | A tool that receives positive feedback from clinicians and researchers with evidence of patient referrals | Ann Nicholls | Completion of Southampton University Business Programme. CRN successfully bid for a place on the 17/18 programme, which allows a group of university students to work on a specific project. The title of the project is: Evaluating the acceptability and impact of an online search tool designed to help users easily identify and contact clinical research studies that are running in the Wessex area. The project will complete by early summer. | | Autumn 2018 | Complete | Evaluation complete; CancerLine launched Dec 2018 | Complete | |
| | | | | Positive feedback from users at Wessex CRSL. | | Autumn 2018 | Complete | | Complete | |
| 4.4.7 | Ophthalmology research event | Establish a culture of research within ophthalmology services in RBCH and DCHFT | Caroline Gillett and Carolina Paras | Dorset based ophthalmology event to be held at RBCH (agenda to be agreed with RBCH) | Agenda | Apr 2018 | Complete | RBCH event held on 18th July 2018 | Complete | |
| 4.4.8 | **Respiratory local objectives** | ILD specialist centre at PHT offers research opportunities to patients | Sophie Fletcher and Clare Rook | Meeting between PHT R&D Director and respiratory specialty lead to discuss national expectation that ILD specialist centres are research active | | Apr 2018 | Complete | | Complete | |
| | | Develop respiratory research portfolio in Dorset | Sophie Fletcher and Clare Rook | Site visits to respiratory teams at DCHFT and RBCH | | Jun 2018 | Complete | DCHFT meeting complete, RBCH meeting complete | Complete | |
| 4.4.9 | **Cardiovascular surgery** | An increase in the number of PIs involved in cardiovascular surgery research in Southampton. | Rebecca Croucher | Active review of cardiovascular portfolio to identify, open and recruit to additional studies | | Ongoing | Green | Ongoing, good process in place | Green | Ongoing, processes in place to ensure regular review |
| | | | Rebecca Croucher and Emily Watkins | Arrange and hold a meeting with active cardiovascular surgery researchers | | Jun 2018 | Complete | Consultation period completed with cardiovascular surgery researchers at University Hospital Southampton, supported by the Trust R&D team. | Complete | Consultation completed with cardiovascular surgery researchers, consisting of cardiac thoracic surgeons and research nurses, at the University Hospital Southampton NHS Foundation Trust, supported by the Trust R&D team. |
| | | | Rebecca Croucher and Emily Watkins | Agree a written plan to encourage new PIs to participate in cardiovascular surgery research | cardiovascular specialty objective plan | Jun 2018 | Green | Consultation stage complete, written plan underway. | Complete | Following a consultation period with a number of cardiac thoracic surgeons and research nurses, a plan has been completed and submitted to Cluster Office. Developed with the University Hospital Southampton NHS Foundation Trust R&D team, the plan spans across the next 2-3 years with a focus on developing PIs and increasing research activity.. |
| | | | Rebecca Croucher and Emily Watkins | Discuss the plan with broader group of vascular surgeons | | Sep 2018 | Green | Discussions being held regarding how to best achieve this. | Green | Working closely with the University Hospital Southampton NHS Foundation Trust R&D team, plans in place to engage with this group via a consulatation period. |

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| 4.4.10 | **Cardiovascular/Stroke** meetings | Establish cross specialty working between stroke and cardiovascular research teams | Debbie Dellafera | Establish joint meetings. Cross specialty working to be kick started with joint stroke/CV Wessex conference in March 2018 | 2019 Stroke Conference Agenda | Jul 2018 | Complete | Stroke meetting successfully held in 2018 which incorporated cardiovascular research. | Complete | Cross-specialty discussions at meetings held, including the Stroke conferences (March 2018 and March 2019) and local CRN specialty meetings, to maximize patient engagement, increase recruitment, and increase research opportunities. Cross specialty working actiively supported for a number of studies including CPMS: 30705; 33800; 35281; 33460 |
| 4.4.11 | **Diabetes** | Improve primary-secondary care collaboration | Poppy Harding, Rebecca Croucher and Dr Mike Cummings | Active review of diabetes portfolio to identify, open and recruit to additional studies. Current baseline is 91 recruitment to 2 studies. Anticipated portfolio for 18/19 = 5 studies delivering recruitment of 100 | | Ongoing | Green | Proactive and regular portfolio review process in place. Home grown diabetes studies opening across 6 Wessex sites. | Complete | 204 participants recruited to 6 diabetes studies that require collaboration between primary and secondary care. Two CSRLs have been appointed (November 2018) who are working with partner organisations to increase primary and secondary care collaboration at sites. Wessex CRN is also working with a local Chief Investigator to roll out a home grown research study across Primary Care sites (CPMS: 33964), with discussions underway with three GP surgeries. Local NHS Trusts, SHFT and PHT, continue to successfully collaborate with Primary care to increase recruitment into diabetes studies. In addition, a second diabetes meeting was held and well attended (16/Oct/2019) with another planned (10/May/2019) with a focus on primary/secondary care collaboration. |
| | | | Rebecca Croucher and Dr Hermione Price | Explore links between primary and secondary care services focusing on clinical care and research | | Jun 2018 | Complete | Discussing with GPs (Ian Glass and Kathryn Carey-Jones), key NHS researchers (Hermione Price), and a meeting arranged with Mark Richenbach. Discussing with R&D teams. Hermione Price has been appointed as Joint CSRL. | Complete | Two CSRLs appointed (November 2018) who have been working with partner organisations to increase primary and secondary care collaboration at sites across Wessex. Wessex CRN is also working with a local Chief Investigator to roll out a home grown research study across Primary Care sites (CPMS: 33964), with discussions underway with three GP surgeries. Local NHS Trusts, SHFT and PHT, continue to successfully collaborate with Primary care to increase recruitment into diabetes studies. In addition, a second diabetes meeting was held and well attended (16/Oct/2019) with another planned (10/May/2019) that will focus on primary/secondary care collaboration. Division 2 team and Primary Care working closely together to develop additional opportunities to collaborate. |
| | | | Rebecca Croucher | Hold second diabetes research forum | Agenda | Jul 2018 | Complete | Successfully held 16/10/18, well attended (25) | Complete | Successfully held 16/10/18, well attended (25) |
| | | | Carolina Paras | Active promotion of commercial portfolio | | Ongoing | Complete | | Complete | |
| | | | Alex Jones and Charlie Dukes | Delivering FARSITE across primary and secondary care. | See 2.6.3 | Ongoing | Green | FARSITE launched in South East Hampshire region with support of Portsmouth NHS Foundation Trust team. Continued implementation planned with STP assistance. | Complete | FARSITE set up with live data in South East Hampshire. |
| 4.4.12 | **Dental** | Build dental portfolio activity | Alex Jones | Employ dental practitioner at Portsmouth Dental Academy in collaboration with Solent NHS Trust. Recruitment to study ID 39258 already underway | See oral and dental | Oct 2018 | Green | Application under route 2 for non NHS based study to help grow portfolio. Support for UPDA lead via contingency to maintain activity - completed to support a study recruiting from local authority family hubs. | Complete | Contingency awarded to UPDA to support non nhs study in local authority family hubs - recruitment activity reported. CI is engaged and working with Division 5 team to ensure early engagement is carried out for any potential study. Future projects in pipeline being supported via study support services. Solent NHS Trust supporting two posts at UPDA. |

| Ref | Key project | Outcome | Lead | Milestone | | Milestone date | RAG | Commentary | RAG | Commentary |
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| 4.4.13 | Renal Disorders | Increase research activity provided by Wessex Kidney Centre based at the Queen Alexandra Hospital | Dr Adam Kirk and Rebecca Croucher | Band 5 Nurse employed at each of the dialysis units for 1.5 hours per week to promote/recruit to renal disorders studies. Total costs £12,660 supported by Network contingency funding | See renal | Mar 2019 | Complete | Appointed | Complete | Appointed |
| 4.4.14 | Public Health | Establish a community of public health researchers | Alex Jones, Sarah Williams, Himanka Rana and Julie Parkes | CRSL meeting with key stakeholders to discuss public health and development of working groups with a view to supporting new projects including Isle of Wight public health. | See PH. | Aug 2018 | Green | Scoping exercise undertaken with key collaborations in public health and new links established with local authority teams/Public Health teams. IOW has been placed on hold following changes to leadership in the locality. | Complete | Public Health scoping report complete. |
| | | | Julie Parkes | CRSL will be presenting plan at partnership group in April. | | Apr 2018 | Complete | Completed. | Complete | Julie Parkes presented at April meeting. |
| | | | Julie Parkes and Cathy Pope | Explore the synergy between the PH and HSR portfolios. HSR CRSL has leadership role with Wessex CLAHRC and will foster NIHR cross boundary working | | ongoing | Green | Joint meeting held with leads. Ongoing work with CLAHRC and representation at meetings to ensure collaboration continues. | Green | Joint presentation by SGLs at partnership group meeting. |
| 4.4.15 | Gastroenterology **specialty lead to establish an endoscopy research group** | Endoscopists develop studies to establish evidence base to support the use of endoscopy equipment within the NHS | Fraser Cummings and Clare Rook | Agenda to be set and inaugural meeting to be held | See GI | May 2018 | Amber | D6 team is working with RBCH to support links between endoscopy teams at PHT and RBCH, building on the links established during the set up of BEST 3. Pradeep Bandari led discussion at GUT club in October 2018 to establish regional endoscopy research group | Amber | Ongoing and to be picked up under national specialty objective for gastro in 2019/20 |
| **Ref** | **Key project** | **Outcome** | **Lead** | **Milestone** | | **Milestone date** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| **5. Research Delivery** | | | | | | | | | | |
| 4.5.1 | Study Support Service supra network | Consistent study support service offering across supra network | Clare Rook | TORs to be agreed by four LRCNs | | Apr 2018 | Complete | Completed and agreed | Complete | |
| | | | | Report into COO supra-network group | | Quarterly | Green | Template report has been sent to COO SUPRA group for approval | Green | |
| | | | | Share best practice | | Ongoing | Green | Ongoing - had first TC and next meeting scheduled for September 2018 | Green | |
| 4.5.2 | Regional specialty meetings | Forums for sharing best practice, trouble-shooting recruitment challenges, sharing opportunities to become a recruiting site, meeting local and national specialty objectives. Share the programme of specialty meetings across divisions to promote cross specialty working, PPI involvement, communications opportunities and collaboration with the industry team | Clare Rook | Development of a programme of regional specialty meetings for 2018/19 | | Apr 2018 | Green | All specialty meetings shared on google calendar for core team to access | Green | |
| 4.5.3 | A core team approach to the delivery of the CRN study support service | Comprehensive study support service that offers end to end support for CIs and PIs | Emily Horsfall | Agree training schedule with divisional teams at portfolio managers' meeting | | Apr 2018 | Green | Agreement in place | Complete | Co-produced training plan agreed by RDMs and divisional teams. |
| | | | | Proactive early engagement with CIs through monitoring of grants approved by NETSCC, liasion with trust and university R&D teams and monitoring of portfolio applications | | Ongoing | Green | Currently monitoring PAFs and NETSCC funded studies list regulary | Complete | NETSCC studies list reviewed regularly. |
| | | | | Active performance management of study set and delivery through collaborative working with SSS SPOC and divisional portfolio management teams | | Ongoing | Green | Training provided at portfolio management meetings | Complete | HLO4 reviewed at quarterly study support meeting. HLO5 reviewed at regular portfolio management meetings. |
| | | | | Consistent delivery across specialties with divisional teams able to support and provide cover for other divisions and work collaboratively on studies spanning specialties and divisions | | Ongoing | Green | Training is being delivered | Complete | Co-produced training plan agreed by RDMs and divisional teams. |
| | | | | Development of the local portfolio through review of studies open to new sites via the study support app (study progress tracker) | | Ongoing | Green | | Complete | Divisional teams review studies open to new sites and use LPMS to distribute information to POs. National SOP has been incorporated into local implementation of SSS plan. |
| | | | | Monthly Mailchimp email of 'championed studies' to CEOs and senior R&D colleague to highlight key opportunities to open new studies or maximise recruitment to existing studies | | Monthly | Green | | Complete | Championed studies' agreed by operational management group before being distributed to POs. |
| | | | | Regular meetings with UoS RIS manager to develop shared working practices and identify areas of duplication. Provide research specific training to local investigators and students and develop links with academic supervisors and programme leaders | | Quarterly | Amber | In progress - UoS RIS manager has been contacted on several occassions and is yet to confirm a meeting date | Amber | No UoS RIS manager in post. |
| | | | | Specialty research events held at specific sites where there is opportunity to develop the portfolio in a particular specialty e.g. ophthalmology and respiratory research acorss Dorset | | Ongoing dates to be specified in year | Complete | CRSLs have visited DCHfT, PHfT and RBCH | Complete | |
| **Ref** | **Key project** | **Outcome** | **Lead** | **Milestone** | | **Milestone date** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| **6. Information and Knowledge** | | | | | | | | | | |
| | | | | TORs to be agreed by four LRCNs | | Apr 2018 | Complete | TORs agreed | Complete | |

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| 4.6.1 | BI supra network | Co-ordinated BI offering across supra network | Graham Halls | Report into COO supra-network group | | Quarterly | Green | First report submitted | Complete | Two six-monthly reports have been submitted to the COO supra-network group |
| | | | | Share best practice | | Ongoing | Green | Regular face to face or virtual meetings with supra-network. Currently working together on four key themes outlined in the first report. | Complete | The second report submitted to the COO supra-network group outlined progress on the key themes and established new shared projects which are detailed in the 2019/20 annual plan. |
| 4.6.2 | ResearchLine and Join Dementia Research (JDR) | Democratise access to research through data platforms | Dr Chris Kipps, Liz James, Poppy Harding, Rebecca Croucher and Kim Appleby | Working with developers Frank Design to continue to improve access tools within the ResearchLine website alongside Oncology Line development | | Ongoing | Green | Continuing to work alongside Cancer Line with Frank Design. | Green | Continuing to work alongside Cancer Line with Frank Design. |
| | | | | Engage in active promotion of ResearchLine working with clinicians and researchers to demonstrate opportunities relating to open studies | ResearchLine | Ongoing | Green | Using Tillerson's funding to promote Research Line online - Launch January 2019. | Green | Using Tillerson's funding to promote Research Line online. CRN team activity promoting Research Line across Wessex researchers and clinicians, including mail outs. |
| | | | | Ensure processes are in place that maintain an accurate and up to date study inventory | | Ongoing | Green | Managed within the CRN Wessex team | Green | Managed within the CRN Wessex team |
| | | | | Put in place a process to regularly review and take action on site activity | | Jun 2018 | Complete | | Complete | Process in place, managed within the CRN Wessex Team |
| | | | | Working with communications lead on a JDR stakeholder engagement and communications plan | See 2.7.6 | Ongoing | Green | Using Tillerson's funding to promote JDR - Launch January 2019. Exploring other opportunities including GP mail outs and promoting at specialty events. | Green | Using Tillerson's funding to promote JDR online through FaceBook. Working on other initiatives including GP mail out, working closely with the Alzheimer's Society, promoting JDR at specialty events, and using planned events including the Dementia Conference to showcase JDR. |
| | | | | Use the launch of the JDR ODP application in April 2018 to initiate targeted promotional campaigns, and use the new reporting tools to measure any related increase in JDR volunteer numbers | | Jun 2018 | Amber | | Green | JDR ODP application is regularly used to measure volunteer numbers and subsequently influence local promotional campaigns, including promoting JDR online, GP mail out, working closely with the Alzheimer's Society, and promoting the JDR at specialty events. |
| | | | | To review a plan for primary care promotion/GP texting scheme for JDR | | Jun 2018 | Complete | Reviewed with Divisional Lead and CSRL, plan in place to promote JDR via a GP mailout | Green | Working with Primary Care, the Communications Lead, and with the JDR national team to promote the JDR via a GP mailout. |
| | | | | Voluntary areas such as Alzheimer's Society and Memory Cafes have been approached for support | | Sep 2018 | Complete | Met with the Alzheimer's Society and agreed to promote. Further meetings arranged. | Complete | Continuing engagement with the Alzheimer's Society, including with the volunteer network and regional manager. |
| | | | | Existing promotional equipment (kiosks) are utilised fully in community trusts | | Sep 2018 | Amber | Two kiosks have been returned due to lack of use. Remaining kiosk are circulating circulating around Memory services in the region and at a key dementia research site. | Amber | Remaining kiosk continue to circulate around Memory services in the region and at a key dementia research site. |
| 4.6.3 | FARSITE | Deliver rapid and accurate study feasibilty (commercial and non commercial trials) | Alex Jones, Jayne Longstaff and Industry team | Recruit primary care practices to sign-up. Plan to recruit 20 practices with assistance from local AHSN primary care nurse | | Jun 2018 | Amber | Project has not moved as rapidly as planned however STP lead for Hampshire is engaged with this. | Green | 7 sites signed up to FARSITE in South East Hampshire. |
| | | | | Promote use of FARSITE via specialty group meetings to encourage primary and secondary care links across all specialties | | Ongoing | Green | RDM has discussed with other divisional leads and attending meetings to explain the project. Also discussed at meeting with J&J (July 2018) | Complete | Following establishment of primary care networks (due to complete May 2019) it has been decided to work with the HIOW STP to explore use of their data analytics system |
| | | | | Feasibility support for new projects | | Ongoing | Green | Search built with assistance from PHT team to pilot live system. Next steps to widen data available and confirm service offering to industry and Trusts. | Green | On going via SGLs undertaking searches and sharing via national IT solutions platform when study becomes live. FARSITE used for one protocol to test system. Ongoing focus will now be on STP analytics system. |
| | | | | Gathering feedback from Trusts on rollout of LPMS to support commercial SSS | | Jul 2018 | Complete | | Complete | |
| | | | | Industry Study Support Services management through LPMS to go live | | Oct 2018 | Complete | | Complete | |
| | | | | Engage partner organisations in reporting data on the age range of recruited participants to the Wessex BI team | | Apr 2018 | Green | Ageing population recruitment figures completed and TYA ongoing. Process established with data leads at each PO. | Green | |

| 4.6.4 | Developing BI systems | Accessible information available for delivery teams and management decisions, promoting self service where possible<br>More efficient site selection process through wider use of the LPMS<br>Improvements in data quality to facilitate the research activity phase of the CPMS-LPMS project | Graham Halls, Carolina Paras and Alex Jones | Continued use of the CRN CC study startup ODP application to manage common date and missing site errors. Frequent communications to sites for date errors and action plans on how to improve the dataset at local data manager meetings | | Ongoing | Green | Layla continues to chase and keep the error rate low. | Green | |
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| | | | | Develop a process for identifying studies that have missing sites before they upload C&C data to the CPMS | | Apr 2018 | N/A | This is being replaced by the LPMS-CPMS project functionality which will create sites on Edge or CPMS as needed automatically. | N/A | |
| | | | | Development of the Edge data checker section of the ODP Wessex application to flag to the partner organisations where the minimum dataset for C&C assessment is missing on their instance of the LPMS | | Apr 2018 | Green | Live | Complete | |
| | | | | Suopporting CeDAHR - Centre for Digital innovation in Applied Health Research with a project looking at user-focused research to identify the benefits of innovative digital recruitment and retention tools for more efficient conduct of randomised trials | | Apr 2019 | Complete | Completed by Rob Peveler | Complete | |
| | | | | See 2.3.4 - 2.3.6 for further information | | | N/A | | | |
| **Ref** | **Key project** | **Outcome** | **Lead** | **Milestone** | | **Milestone date** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| **7. Stakeholder Engagement and Communications** | | | | | | | | | | |
| 4.7.1 | Communications and PPI supra network | Collective offering from supra network in communications and PPI | Kim Appleby | TORs to be agreed by four LRCNs | | Apr 2018 | Green | The first meeting took place in August 2018. At this meeting, we discussed opportunities for collaboration and how we could work together as a group. Our second meeting took place in November and our third meeting is planned for February 2019. Our joint projects were agreed at the August meeting. These include developing a social media guide for researchers, running a joint workforce engagement campaign and developing joint PRA resources. We have set up a Google Community and a Google folder in order to share ideas and best practice. | Green | The comms and PPIE supra network held its final meeting in February 2019. In this meeting, we focused on collaboration opportunities in 2019/20 and decided on a number of key projects, including supporting each other with the implementation of the NIHR's new brand identity. Running a joint workforce engagement campaign and developing PRA resources will be rolled over and continued in 2019/20. |
| | | | | Report into COO supra-network group | | Quarterly | Green | Outcomes and actions will be reported after August's meeting. | Complete | Outcomes and actions have been reported via the group chair. |
| | | | | Collective agenda setting | Social media guide for researchers | Ongoing | Green | Our first telecon took place in May 2018. Collective agenda setting focused on sharing best practice, collaborating on joint projects and developing joint strategies/policies/procedures as appropriate. | Complete | The group have collaborated on joint projects where appropriate. For example, by producing a social media guide for researchers. |
| 4.7.2 | Experienced and dedicated communications function | A lead for communications in post with a workplan and dedicated budget as detailed in AFP. Experienced practitioner, working towards CIM accreditation, line managed by COO and reported to the operational management group. 4% non-pay budget as detailed in the AFP. WTE is 1 with a 60:40 split between comms and PPIE, with support from third party agencies. | Kim Appleby | Details provided to the CRN Coordinating Centre. | | Ongoing | Green | Details provided. Extra PPIE support from other members of the core team to help deliver initiatives in the annual plan. | Complete | Ongoing, as stated. Comms lead has now completed a level 6 CIM qualification. |
| | | | | Attend quarterly face to face meetings and monthly telecons for updates on emerging NIHR strategies and take a proactive approach in supporting them. | Presentation on VISION magazine | Ongoing | Green | CRN Wessex's comms lead was not able to attend April's face to face meeting due to illness. A representative from the region attended on her behalf. | Complete | CRN Wessex have ensured representation at all quarterly face to face communications meetings, ensuring cover at the April 2018 meeting when it was not possible for the comms lead to attend. The Wessex comms lead has actively participated in these meetings, for example by delivering a presentation on VISION magazine during the sharing best practice session in October. |
| | | | | Implement the contract support document. Focus on five current communication priorities assessed at performance review meetings. The priorities will be contribution to national CRN and NIHR campaigns, story telling through patient and staff case studies showcased through VISION magazine, growing the network's social media presence, more collaborative working with partners and NIHR infrastructure and raising the profile of research through NHS 70 campaign. | BBC South Today patient and clinician interview | Mar 2019 | Green | ICTD/I Am Research, NHS70 and League Table campaign successfully delivered. Patient story and press coverage secured for each campaigns. Nine pieces of media coverage achieved so far this year. Additional NHS70 media coverage. NHS70 issue of VISION launched. | Complete | 87 staff and patient stories published on the CRN Wessex microsite in 2018/19. Three issues of VISION magazine published. Press coverage secured in a number of media outlets, including a TV report on BBC South Today. |
| | | | | Joint working with counterparts in the supra network, sharing best practice and ideas | See 2.7.1 | Ongoing | Complete | As above. | Complete | |

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| 4.7.3 | **Communications and action plan** aligned to both NIHR CRN and NIHR strategies | CRN Wessex will increase collaboration between all parts of the NIHR, helping stakeholders to recognise a single NIHR. Story telling at a local level, through campaigns, new stories, social media and events, will ensure the value of the NIHR is recognised and the LCRNs positive reputation is maintained | Kim Appleby | NIHR collaborations to continue through the Wessex Public Involvement Network (PIN) | Wessex PIN 2018/19 progress report | Ongoing | Green | Wessex PIN held tweetchat held in April. Ongoing work to develop a PPIE webpage explaining the Wessex PIN and signposting ways to get involved in research. Outreach/diversity work took place at Southampton's Mela festival. The PIN are working on a new reaching out project, which is looking to engage with community leaders. | Complete | Cross NIHR working continues through Wessex PIN projects. Please see Wessex PIN 2018/19 progress report. |
| | | | | Collaboration across the NIHR south central comms network | NIHR South Central update- Presentation to Wessex NIHR directors | Ongoing | Green | CRN Wessex is now part of the NIHR south central regional communications network, with Kim Appleby working as Regional Communications Lead. | Complete | In 2018/19, this network has enabled greater collaboration with NIHR partners. Please see linked presentation for key achievement and activities to date. |
| | | | | At least three patient and one staff stories to be gathered and hosted on the NIHR website | LCRN comms submissions | Mar 2019 | Green | Target already exceeded with six patient stories gathered so far. Nine staff stories gathered so far. Stories to be hosted on the research changed my life section of the NIHR website. | Complete | Seven patient and 13 staff stories hosted on the NIHR website to date. See LCRN comms submissions. |
| | | | | CRN Wessex has a plan for local delivery of national campaigns. Additional staff and patient case studies and social media acitivity per campaign will show the value of the NIHR locally | Examples of campaign content include: I Am Research: Lee's story; Wessex research helps tackle antimicrobial resistance as NIHR launches new campaign | Ongoing | Green | Campaigns delivered so far this year: Parkinson's Awareness Day, World Haemophilia Day, International Nurses Day, I Am Research 2018/International Clinical Trials Day, Dementia Action Week, NHS70, Research Activity League Table, World Hospice and Palliative Care Day, Social Care campaign, 70@70 campaign | Complete | In addition, CRN Wessex has supported the CRNCC's latest campaign entitled Tackling AMR. All campaigns were supported with social media activity, a news piece and/or a press release. |
| | | | | Deliver a collaborative ICTD and NHS 70 campaign with partner organisations and local NIHR infrastructure, with the campaign including local events, at least one press release, social media activity and promotion through all communication channels | Research is vital says Chichester man who suffered rare stroke; I Am Research 2018 - Ron's story; Portsmouth man praises QA Hospital research team after liver disease study; NHS 70 special VISION magazine | Apr to Jul 2018 | Complete | Campaigns delivered. Media coverage secured with patient case study. Patient case study developed into video. NHS70 issue of VISION launched. High level of social media activity. Currently conducting local evaluation to measure impact and reach. | Complete | 71,200 Twitter impressions throughout the campaign. 500 print copies of VISION magazine issued to partner organisations. Almost 800 online views for the NHS70 issue of VISION magazine. Events held across partner organisations in primary and secondary care. 2,580 unique pages views on the CRN Wessex microsite thoughout the campaign. Please see hyperlinked examples of campaign activity. |
| | | | | Ensure the whole CRN operates in line with the brand guidelines, operational requirements and national messaging as advised by the CRN CC. Make certain that partner organisations and researchers acknowledge NIHR funds and support when applicable | | Ongoing | Green | Ongoing branding support offered as and when required. | Complete | CRN Wessex is now implementing the NIHR's new brand identity across all its digital and print channels. |
| 4.7.4 | **Senior leader** with experience and identified responsbility for **PPIE** | A lead for PPIE with an agreed workplan | Kim Appleby | Details provided to the NIHR CRN CC. PPIE lead to report in to COO | | Ongoing | Green | Lead for PPIE in place. Delivery of workplan with the support of other network staff | Complete | |
| | | | | | | | Green | PPIE lead reported in to COO on monthly basis | Complete | |

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| 4.7.5 | Recording **metrics of research opportunities** | CRN Wessex will record and analyse a range of metrics which showcase its reach to patients and the public | Kim Appleby | Monthly reports on: website analytics, social media engagement, open rate of CRN Wessex newsletters, readership of VISION, campaigns, events delivered and the number of media stories. Discuss and feedback at national PPIE and comms meetings. Share data in monthly PPIE and comms telecons as required. Regular reporting on metrics, for example to the CRN CC in monthly PRA progress/activity update | CRN Wessex microsite Google Analytics report<br>LCRN PRA register local data | Mar 2019 | Green | Continue to gather metrics to demonstrate the impact of communication and PPIE activity. CRN Wessex ensures these metrics are shared with CRNCC. | Complete | In 2018/19, CRN Wessex's newsletters had an average open rate of 28.9%. The CRN Wessex microsite had 11,212 unique page views. CRN Wessex gained over 200 followers on Twitter. CRN Wessex continues to share metrics with CRNCC as requested. |
| 4.7.6 | **Deliver collaborative PPIE workplans** across CRN and partners with measurable outcomes for the delivery of learning resources | CRN Wessex will work with partners to promote research opportunities in line with the NHS Constitution. The network will ensure partners actively engage and involve patients, carers and the wider public in all aspects of local research delivery to improve quality, delivery and access. Colloborative working across partners will plan for the provision of learning resources. | Kim Appleby | Non-pay budget line for PPIE and whole time equivalent staff detailed in finance plan. | | | Green | As above. | Complete | |
| | | | | Delivery of a coordinated PPIE strategy through the Wessex Public Involvement Network (PIN), ensuring PIN and CRN objectives are aligned | Wessex PIN 2018/19 progress report<br>Reaching Out project website | Mar 2019 | Green | Continued collaboration with NIHR colleagues in the Wessex PIN on a number of PPIE priority areas e.g. increasing diversity and measuring the impact of PPIE. Continue to ensure Wessex PIN and LCRN objectives are aligned. | Complete | Continued collaboration with partners in the Wessex PIN. The Wessex PIN diversity task and finish group are exploring ways to increase diversity in research through the Reaching Out project. Wessex PIN member organisations have funded a PhD student to undertake research on ways to measure the impact of PPIE within research. |
| | | | | Support nationally agreed PPIE initiatives and attend national PPIE meetings and teleconferences | | Mar 2019 | Complete | CRN Wessex has ensured attendance at national meetings and teleconferences where possible and has supported nationally agreed PPIE initiatives such as PRES, PRA and the delivery of BRP. | Complete | As stated. |
| | | | | Build on good examples of early patient engagement by encouraging and sharing best practice with investigators | CRN Wessex PRA feedback listening exercise<br>Case study: Creating a perioperative research PPI group at UHS | Mar 2019 | Complete | CRN Wessex conducted a PRA listening exercise in April 2019 in order to under the experiences of PRAs who had been involved in research trials and to share best practice with investigators. Feedback from the PRA listening exercise was shared at the research forum on 5 July and will feed into the WFD strategy. A second PRA listening exercise was held in October. 8 PRAs offered feedback on research delivery and suggestions for how the Network can continue to promote research. Outputs to be taken forward via the OMG. | Complete | Outputs of second PRA listening exercise taken forward via the OMG and within the WFD plan. These will continue to be explored and measured via the patient experience working group, who are analysing the findings of the 2018/19 Wessex PRES and making recommendations for improving participant experience. CRN Wessex's host organisation, UHS, have created a PPI group within perioperative research, a good example of early patient engagement. Please see the attached case study for further information. |
| | | | | Share learning resources and research opportunities with partners, patients and the public through CRN Wessex communications channels | CRN Wessex PPIE grants 2018/19 report | Mar 2019 | Green | Continued promotion of the MOOC and other learning resources through Wessex channels. | Complete | Continued support for the development of the new patient MOOC. PHT and DCHFT have delivered bespoke training sessions for their PRAs. Please see CRN Wessex PPIE grant report for further information. |
| | | | | Plan and deliver one Building Research Partnerships event with partners in Portsmouth | Building Research Partnerships feedback | Oct 2019 | Green | The Building Research Partnerships event took place in October 2018. It was delivered in collaboration with Portsmouth Hospitals NHS Trust, staff from the University of Portsmouth and local not for profit organisations.The event was attend by over 45 people. A number of people have signed up to become a PRA as a result. | Complete | CRN Wessex's BRP event resulted in three new members of the public signing up to become patient research ambassadors. The event enabled the network to promote public and patient involvement to early career researchers and members of the public. |
| | | | | Regular communications and networking with trust PPI leads to build relationships, share ideas, best practice and resources | CRN Wessex PPIE grants 2018/19 report | Mar 2019 | Green | Ongoing | Complete | In 2018/19, CRN Wessex launched a PPIE grants initiative, encouraging partner organisations to apply for a small grant to support their PPIE activity. The grants have helped to promote patient and public involvement in research. |
| | | | | Showcase best practice through communications channels and the CRN Wessex awards event, where PPIE will be celebrated through the 'Excellence in PPIE' category. | Dorset County scoops two prizes at research awards | Mar 2019 | Green | Ongoing. The awards will take place on 21 March 2019. We have received six nominations in the PPIE category. | Complete | Dorset County Patient Research Ambassador Group were recognised with an award at the CRN Wessex awards ceremony. Portsmouth's PRA group were shortlisted for a second year. |

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| | | | | Continue to ensure all LCRN funded staff have easy access to the NIHR hub and other digital channels | | Mar 2019 | Complete | Ease of access is ensured. | Complete | |
| | | | | Help lead on the development of the Wessex PIN website, a static web page offering patients and the public a clear and coordinated offer of local NIHR PPIE opportunities | Wessex PIN website | Mar 2018 | Green | Ongoing, the Google site has been developed in collaboration with public contributors and will be launched in December 2018. | Complete | Wessex PIN website launched in December 2018. The Wessex PIN communications task and finish group continue to measure it impact and reach using Google Analytics. |
| | | | | Support partners to embed and develop the Patient Research Ambassador project | LCRN PRA register local data | Mar 2019 | Green | Ongoing- activity monitored in monthly report to CRNCC. PRA highlights include delivering the Building Research Partnership event in collaboration with PRAs, the PRA listening exercise and PHT PRAs winning a Pride of Portsmouth award for their contribution to research. | Complete | CRN Wessex has 44 PRAs, promoting and supporting research in the region. CRN Wessex has continued to support partner organisations to embed the PRA programme, with new partner organisations looking to create PRA groups in 2019/20. |
| 4.7.7 | Support and implement the NIHR CRN PPIE strategy | Ensure patient choice, equality, diversity, experience, leadership and involvement are integral to all CRN Wessex activity. Ensure that patients, the public and carers will be involved in research activities to continuously improve patient experience | Kim Appleby | Explore appropriate patient representation with the partnership group | | Oct 2018 | Green | Raised at the Exec/Partnership group. Currently exploring this and seeking advice and tips from NIHR colleagues. | Green | CRN Wessex continues to explore patient representation at its partnership group and will take this forward in 2019/20. |
| | | | | Work with partners to ensure research information and opportunities to take part are both visible and accessible. All partners will be asked to display information about research on outpatient letters | Using Facebook advertising for study recruitment: | Mar 2019 | Green | Five trusts surveyed are looking into how they can add research information onto patient screens. Two trusts are already doing this. | Green | It has not been posisble for all partner organisations to display information about research on outpatients letters. This project will be continued in 2019/20. Partner organisations continue |
| | | | | Conduct a review of demographics within Wessex to better understand the population. Use demographic information collected in the 2017/18 patient survey to reach parts of the community that are under represented. Outreach work to take place in collaboration with the Wessex PIN | Reaching Out project website<br><br>Wessex champions involvement at public event in Portsmouth | Mar 2019 | Green | Ongoing work with PIN partners. | Complete | A review of demographics within Wessex has been undertaken by the PIN. CRN Wessex has worked with it partner organisations and the Wessex PIN to undergo outreach work to reach under represented communities. Outreach events include the Southampton Mela Festival, the PIN's Reaching out project and the annual CRN Wessex Building Research Partnerships event. Wessex PIN organisations also collaborated for the Health Education Wessex Public Health Conference, with a joint information stand on 15 March. |
| | | | | The Wessex PIN will continue to gather up-to-date information on contact with patient, carer, public groups and stakeholder organisations and make it available in line with the NIHR CRN PPIE Information Framework | Wessex PIN 2018/19 progress report | Mar 2019 | Green | Ongoing | Complete | The Wessex PIN continues to collate information about patient, carer, public and stakeholder groups it has connections to. This information is recorded in a database shared by PIN members. PIN members help to faciliatate introductions to contacts within these organisations. In 2018/19, CRN Wessex has worked to develop connections with key regional stakeholders like the Alzheimer's Society South Central Research Network. This relationship will continue in 2019/20 with collaboration on the Wessex dementia conference. |
| | | | | Implement the optimising patient research experience checklist and address the findings of the 17/18 patient research experience survey with partners | | Mar 2019 | Green | CRN Wessex has shared the findings of its 2017/18 survey with its partner organisations. | Complete | The 2018/19 PRES was designed to help the network better understand the experiences of Wessex research participants in order for the network to make recommendations for how its partners can optimise patient experience. CRN Wessex's PPIE lead has made connections with the Wessex patient experience network and plans to attend a meeting in 2019/20. |
| | | | | Use CRN CC template, the 5 Os, to record examples of diversity and inclusion in research | PPIE activity spreadsheet | Mar 2019 | Green | Ongoing. Monthly log. | Green | Ongoing and to be picked up in 2019/20. |

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| 4.7.8 | Raise awareness and support the delivery of CRN Coordinating Centre managed services such as **Join Dementia Research and UK Clinical Trials Gateway** (UKCTG) | All appropriate stakeholders will be aware of CRN CC managed services. Local patients and the public will have access to information about opportunities to take part in research, in line with the NHS Constitution | Kim Appleby | Four tweets or retweets per month to promote JDR on Twitter. Share JDR literature locally, ensuring JDR has a presence at all CRN Wessex events. Work with partner organisations across primary and secondary care to ensure that JDR is visible and accessible | | Mar 2019 | Green | Ongoing, measured in CRN CC PRA update. Demonstrated at BRP event. | Complete | CRN Wessex continues to promote JDR across its communication channels. Working alongside the national JDR team, it has planned a number of projects to promote JDR throughout 2018/19 and into 2019/20. These include a Facebook advertising campaign and a mailout to GP practices within Wessex. The Facebook advertising campaign was funded as a result of a successful CRNCC digital grant application. Its impact and an evaluation will be shared in 2019/20. |
| | | | | Support Dementia Awareness Week with social media activity and an online news story | Wessex highlights the need for more research as part of Dementia Action Week | May 2018 | Complete | Complete- campaign promoted through social media and the website. Interview with the MARC to create a web article | Complete | |
| | | | | Support World Alzheimer's Month with social media activity and an online news story | Research opportunities rise for Dorset patients living with dementia | Sep 2018 | Complete | | Complete | |
| | | | | Promote UKCTG to all stakeholders, including key messaging in communications and campaigns as appropriate | | Ongoing | Green | Ongoing promotion through CRN Wessex communication channels | Complete | |
| 4.7.9 | Continue to deliver the **Patient Research Ambassador project** | CRN Wessex will have further developed the PRA project, supporting partner organisations to recruit and develop PRAs. The network will increase PRA activities by widening their involvement in network activity | Kim Appleby | Regular reporting on the development of the PRA role in Wessex, recording metrics on the impact of PRA activities | LCRN PRA register local data | Ongoing | Green | Ongoing | Complete | Updates shared with CRNCC via monthly reporting spreadsheet and regular telecons. |
| | | | | Four tweets or retweets a month to promote the PRA project. Develop PRA case studies to showcase the role | Ambassador stories hosted on NIHR website<br><br>News piece: Patient ambassadors are pride of Portsmouth<br><br>Patient research ambassadors working with the next generation of researchers | Ongoing | Green | Ongoing | Complete | CRN Wessex continues promote the PRA programme via its Twitter account and records PRA metrics on the monthly CRNCC reporting document. |
| | | | | PRAs to continue to represent Wessex in the National PRA Advisory Group | | Ongoing | N/A | CRNCC are no longer using the National PRA Advisory Group | N/A | |
| | | | | Involve PRAs in organisation and planning of local events and campaigns for example the CRN Wessex nurse forum (July 2017) and the ICTD/NHS 70 campaign (May to July 2018) | | Mar 2019 | Complete | PRAs helped to support the research forum via the listening exercise. In addition, they supported the delivery of the I Am Research/NHS70 campaign through information stands and public events. | Complete | |
| | | | | Work with PPI leads in partner organisations to support and embed PRAs, sharing best practice and ideas | | March 2019 | Green | Continued collaboration with PPIE leads to support and embed the Patient Research Ambassador programme. | Complete | PRA groups are embedded within three partner organisations, with active PPI groups supporting research teams in all other partner organisations. Wessex has one PRA working within primary care, and will look to grow this in 2019/20. |
| | | | | Hold one PRA development event, bringing together PRAs from across the region to network, share ideas and collaborate | | Mar 2019 | Green | A Dorset based PRA event was held in Dorset in October 2018, in addition to the regional PRA telecon. | Green | CRN Wessex aims to deliver a regional PRA event in 2018/19. |

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| 4.7.10 | Deliver the patient research experience survey (PRES) | Work with partner organisations to deliver the PRES across primary and secondary care | Kim Appleby | Planning (March to June 2018), delivery (October to December 2018), analysis and results (January to March 2019) | CRN Wessex 2018/19 patient research experience survey | Mar 2019 | Green | The 2018/19 survey has taken place. We are currently collecting data. 300 responses have been received so far, a 12% increase on 2017/18 | Complete | CRN Wessex has achieved a total of 400 responses to its survey across primary and secondary care. In 2018/19, CRN Wessex rolled out a digital version of its survey, but only two responses were received. See the CRN Wessex PRES report 2018/19 for full results and details of the survey's planning, delivery and analysis. |
| | | | | Develop the survey in collaboration with partner organisations and the Wessex PIN, in order to increase the uptake of the survey across primary and secondary care | CRN Wessex PRES report 2018/19 | Mar 2019 | Green | | | CRN Wessex achieved a 53% increase in its PRES response rate from 2017/18. |
| | | | | Attend PRES telecons and share ideas with other PPIE leads. Telecon with LCRN North East and North Cumbria for advice on increasing uptake of the PRES in Wessex | CRN Wessex PRES business card<br><br>CRN Wessex PRES patient screen notice | Mar 2019 | Complete | CRN Wessex has attended monthly telecons where possible, and shared PRES delivery ideas with LCRN PPIE leads. | Complete | CRN Wessex has actively participated in monthly PRES telecons through 2018/19. |
| 4.7.11 | Develop and implement a plan to deliver the CRN NHS Engagement Strategy | Continue to raise the profile of clinical research in the locality by promoting its importance with local health providers. Work with local clinicians and patients to develop high quality stories about the activities of the network. Promote research to key stakeholders such as patients and the public, helping to increase the number of people participating in research | Kim Appleby | High quality news stories shared on the website, in regional press and on social media (monthly and ongoing). Secure at least two pieces of media coverage in 2018/19, and deliver one media story per CRN CC campaign | Links to example media coverage:<br><br>Dorset County Hospital offers more patients than ever before the chance to participate in research<br><br>Hospital's cardiac research wins award | Mar 2019 | Green | Ongoing | Complete | CRN Wessex secured eight pieces of media coverage in 2018/19. |
| | | | | Regular newsletters to highlight good news and engage stakeholders | Wessex News | Monthly and fortnightly | Green | CRN Wessex continues to produce fortnightly newsletter to offer key updates, events and training opportunities to partner organisations. An additional monthly update showcases the successes of the Wessex research community. | Complete | CRN Wessex has engaged its stakeholders with regaular newsletters, which have an average open rate of between 18 to 20%. There are currently 745 people on the mailing list. In March 2019, CRN Wessex combined its monthly and fortnightly newsletters. In 2019/20, it will issue one newsletter per fortnight to showcase good news, events, training and updates from the Wessex research community. |
| | | | | Regular maintenance of the CRN Wessex microsite | CRN Wessex microsite stories | Monthly | Green | Ongoing | Complete | 87 staff and patient stories published on the CRN Wessex microsite in 2018/19. The website is kept up to date, with events and training opportunities added on a regular basis. |
| | | | | Regular social media activity to support campaigns and highlight research opportunities. At least one tweet or retweet a day and Twitter followers grown to over 800 | | Mar 2019 | Green | CRN Wessex's Twitter following continues to grow with support of local and national campaigns. | Complete | Twitter followers now at 1,010. 230, 900 impressions in 2018/19. |
| | | | | | VISION magazine- Issue 4- Winter 2018 | | | | | CRN Wessex published three issues of VISION magazine in 2018/19, which |

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| | | | | Produce at least one issue of VISION magazine to showcase research success across Wessex | VISION magazine- Issue 5- Summer 2018<br>VISION magazine- Issue 6- Winter 2018 | Sep 2018 | Green | One issue of VISION magazine has been published and two more are planned in 2018/19. | Complete | included a special themed issues focussed on the NHS70 campaign. This issue involved an interview with six senior NIHR investigators and a public contributor. Over 1000 copies of VISION were printed and distributed to partner organisations in 2018/19. |
| 4.7.12 | CRN Wessex awards | Deliver award ceremony to celebrate the achievements of the research community in Wessex | Kim Appleby | Event planning | | Jul - Feb 2019 | Green | Event planned for 21 March 2019 | Complete | |
| | | | | Event delivery | Wessex healthcare professionals and patients recognised for research contributions<br>CRN Wessex Awards programme<br>CRN Wessex smartphone training- Digital festival slides | Mar 2019 | Green | A total of 95 nominations were received. The shortlisting has taken place and there are 32 nominess across seven categories. Nominees have been asked to produce a video to showcase their research. The videos will be played at the ceremony before winners for each category are announced. | Complete | The 2018/19 CRN Wessex Awards ceremony took place on 21 March 2019. Almost 170 healthcare professionals and patient research ambassadors attended the ceremony. Nine awards were presented to winners from across partner organisations in Wessex. Guest presenters included the chief exec of the Wessex AHSN and Clare Morgan from CRNCC. The ceremony was opened by a patient choir. See event programme for more information about the evening. CRN Wessex was successful in securing a digital grant from CRNCC in order to delivery a smartphone video training course to partner organisations. As a result, 32 videos were produced and showcased at the awards. CRN Wessex shared this digital innovation at the CRNCC Digital Festival on 26 March 2019. |
| **Ref** | **Key project** | **Outcome** | **Lead** | **Milestone** | | **Milestone date** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| **8. Organisational Development** | | | | | | | | | | |
| 4.8.1 | WFD supra network | Co-ordinated approach to WFD across supra network | Kelly Adams | TORs to be agreed by four LRCNs | | Apr 2018 | Complete | Agreed and sent to COOs on 17 July 2018 | Complete | Complete |
| | | | | Collective agenda setting | | Ongoing | Green | Collective agenda setting, driven by agreed supra-network projects in the WF Plans. | Green | Ongoing process led by the Wessex WFD Lead (chair) |
| | | | | Report into COO supra-network group | | Quarterly | Green | 24/07/18 | Green | Up-to-date |
| | | | | Share best practice | | Ongoing | Green | | Green | Ongoing |
| 4.8.2 | CRN Wessex Workforce Plan | Thorough understanding of the workforce and the challenges and opportunities in providing a responsive workforce | Kelly Adams | Scoping and plan for listening exercise | | Apr 2018 | Complete | Plan submitted and accepted by LCRN exec group | Complete | Complete |
| | | | | Written report detailing themes and outcomes from listening exercise with partner organisations & HEE (Wessex). | | Jul 2018 | Complete | 100% of POs, 4 GP Locality Leads and a selection of Wessex PRAs involved. | Complete | Complete |
| | | | | WFD plan | | Sep 2018 | Complete | Submitted on 28/09/18 | Complete | Plan submitted to NIHR CRN CC Septemb |
| 4.8.3 | Wessex NIHR Work Placement Scheme | CRN Wessex & Southampton CTU scheme to run for a second time with the possible inclusion of NETSCC. Joint working opportunities from initial programme implemented | Kelly Adams | Second placement scheme of nine weeks to be framed following the evaluation of the first cohort | | Dec 2018 | Amber | CRN Wessex are ready to proceed, but due to recent restructuring within NETSCC, they are not in a position to participate. SCTU have also decided to temporarily pause their participation in the scheme for operational reasons. | Amber | Ongoing contact with NETSCC to discuss the possibility of re-starting the placement scheme when appropriate. |
| 4.8.4 | NIHR CRN awareness | Clinical Research is Everyone's Future' video used by partner organisations in staff induction programmes. Introduction of a COO and CD welcome webinar for all new funded posts. Promotion of NIHR CRN during key campaigns | Kelly Adams, Kim Appleby, Rebecca McKay & Professor Robert Peveler | Roll out of video to begin with issue 2 of Wessex WFD Bulletin | | Apr 2018 | Green | | Green | Complete |
| | | | | Exploratory letter sent to OD leads about the inclusion of the video in induction programmes | | Apr 2018 | N/A | To await appointment of learning technologist | N/A | Awaiting appointment of supra-regional learning technologist |
| | | | | Development of a slide-set and resources for the CRN Wessex induction webinars. Led by the COO and CD and aimed at funded staff who are new in post. | | May 2018 | N/A | Plan to use an induction website supra-network wide, to incorporate induction information for both core team and network funded staff. Therefore induction webinars no longer going ahead. | N/A | Awaiting appointment of supra-regional learning technologist |
| | | | | Work with Patient Research Ambassadors to promote awareness of the NIHR CRN and clinical research with patients and the public | See 2.7.7 | Ongoing | Complete | Demonstrated at BRP event, scheduled for 19 October 2018 | Complete | Successful delivery of a Building Research Partnership event on 19 October 2019 |
| | | | | Promotion of and partcipation in key NIHR campaigns across POs | Appendix 6.7 | Ongoing (see appendix 6.7) | Green | Ongoing as per section 2.7.8 | Green | |
| | | | | Support for the development of all courses on the NIHR National Learning Directory. Continued support for GCP programme lead role. Contribution to nationally shared | | Ongoing | Green<br>Green | Work on the paediatric VIC course has | Green<br>Green | To use updated slides from the national |

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| | | | | courses and materials, for example chairing a national working group to update the Paediatric Informed Consent course | | Ongoing | Green | been halted in view of the larger VIC update work happening. | Green | IC working group. |
| | | | | Work with SW Peninsula and West of England to deliver regional leadership training courses for pharmacists and pharmacy technicians. Completion of 'Sucessful Pharmacy Clinical Trials Team Management' course on 20 April 2018 | | Apr 2018 | Complete | Delivered with representation from Wessex on the 20 April 2018. | Complete | Complete |
| 4.8.5 | Continuing development of learning resources and materials | Highly skilled, motivated and high trusting teams | Kelly Adams & Emily Horsfall, CIs and specialty leads | Wessex-wide training and support programme to encourage the use of the NIHR Training & Delegation Decision Aid and fundamentals suite. Increase in number of NHS POs adopting decision aid & Fundamentals of Clinical Research Delivery training from 1 to 4 | | Dec 2018 | Complete | Train the trainer' session with R&D Manager and Senior Nurse at RBCH (04/04/2018). To share with research colleagues in primary care via the Wessex Primary Care Research Practitioners group (October 2018). Date to deliver a 'train the trainer' session confirmed with PHT. | Complete | Complete - addition of PC locality leads, PHT and RBCH. |
| | | | | Development of a CI awareness raising webinar. To be developed with local CIs and/or specialty leads. To be aimed at medics, nurses and AHPs looking to develop into the role of CI. Initial discussion meeting by July 2018 | | Jul 2018 | Green | Scope for this key project has expanded to the creation of a CI Community. Collaboration with SoAR, SCTU, RDS and POs. Initial task & finish group meeting scheduled for 30 October 2018. | Green | Ongoing. Discussed at CRN Wessex clinical leadership meeting and given additional steer and guidance. Follow-up meeting of task and finish group to address this. |
| | | | | Completion of evaluations for all internally and externally led courses and workshops | | Ongoing | Complete | Evaluations received for all courses and sent to WFD Lead for oversight and QA. | Complete | Evaluations received for all courses and sent to WFD Lead for oversight and QA. |
| | | | | 50% of active LCRN GCP facilitators to have used the NIHR Quality Framework | | Mar 2019 | Green | Discussed at Wessex GCP Facilitator meeting in September 2018. No requirement for facilitators to share, unless they require support. Only need to inform us that they have used (annually). | Complete | Commitment to this by all Wessex-wide facilitators. The Wessex GCP Programme Lead has worked through the quality framework with 2 new facilitators as a way of supporting them in their development. |
| 4.8.6 | Extension of core team development programme | Sharing of knowledge, skills and expertise and the creation of a shared platform for innovative practice | Kelly Adams, Clare Rook, Emily Horsfall and Alex Jones | Regular 'Lunch & Learn' sessions | | Bi monthly | Green | Dates booked but need to confirm content. Initial session (on EU Withdrawal - EU's Clinical Trials Regulation and implementation period) held on 27 September 2018). Wellbeing and diabetes sessions also delivered and well attended. | Green | A schedule of lunch & learns successfully delivered including, mindfullness and healthy diet & lifestyle. |
| | | | | Bi-annual core team development days | | Jun 2018 November 2018 | Green | Two successful team building days held in June and November 2019. Work during the June team day links directly to areas of the Wessex business plan for 2018/19. The November team day included updates on individual workstreams and a wellbeing focus in the afternoon was well received. | Complete | |
| | | | | | | | Green | Team day with MBTI focus scheduled for April 2019. All MBTI questionnaire now complete. Individual meetings being booked in with UHS. | Green | All core team members have now submitted their MBTI profiles ready for the April 2019 team day |
| | | | | Wessex representation on NIHR Advanced Leadership Programme. End of current cohort (18 July 2018) and deadlines for the application process for 2018/19 cohort (20 April 2018) | | Apr 2018 | Complete | 2 Wessex applications. 1 candidate shortlisted for interview. Awaiting outcome. UPDATE: 1 successful candidate from Wessex - Zoe Daly from PHT. | Complete | Zoe Daly |
| | | | | Wessex representation at the clinical research practitioners 'Leading our Future' event. Local meeting with attendees to provide feedback from the 'Leading our Future' event and to inform content of the Wessex WFP | | Apr 2018 | Complete | A successful Wessex-wide 'Wessex Clinical Research Practitioner & Emerging Roles Event' held with keynote speakers from the NIHR CRNCC and AHCS. This facilitated a region-wide discussion of and understanding of the emerging/changing nature of the NHS workforce, as it relates to research. Outcomes to be taken forward at the Wessex senior nurse group meeting. | Complete | |
| | | | | Feedback from bi-annual team days and themes from core team focus group discussions to inform the identification of opportunities to create and embed innovative new practices. Team days in June 2018 and January 2019. Focus groups to be held by September 2018 | | Sep 2018 | Complete | Two successful team building days held in June and November 2019. Work during the June team day links directly to areas of the Wessex business plan for 2018/19. The November team day included updates on individual workstreams and a wellbeing focus in the afternoon was well received. | Complete | |

| Ref | Key project | Outcome | Lead | Milestone | | Milestone date | RAG | Commentary | RAG | Commentary |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Use of a ring-fenced budget for WFD activities as a core team including formal and informal training and educational activities. Ongoing programme of 1:1s and appraisals. Increase the number of core team members undertaking the 360 appraisal process from 2 to 5. Ensure all members of core team have MBTI profiles and undertake team buildings exercises to better understand these | | Apr 2018 | Complete | Ring-fenced budget used on development opportunities throughout 2018/19, including leadership courses/qualifications. Regular 1:1s embedded within the LCRN culture and there is clear oversight of the appraisal process. Due to a new appraisal process being implemeneted by the host organisation, it has not been possible to implement the 360 degree appraisal process as anticipated. 100% of the LCRN core team have however had an appraisal in the last 12 months. | Complete | |
| | | | | See 2.8.11 | | | N/A | | N/A | |
| 4.8.7 | **Quality training standards** for NIHR courses | High quality, fit for purpose training provision | Kelly Adams | Continued support for GCP programme lead role to ensure national requirements are adhered to and to act as a mentor for Wessex GCP facilitators. Bi-annual Wessex-wide GCP facilitator development meetings. 50% of Wessex GCP facilitators to have used the NIHR Quality Framework. Completion of evaluations for all internally and externally led courses and workshops | | Mar 2019 | Green | | Complete | Wessex-wide GCP Facilitator Meeting September 2018. A further meeting held in March 2019. Local facilitators have access to and are using the NIHR Quality Framework. Evaluations for all courses are collected, reviewed by the WFD Lead and stored centrally. |
| | | | | Apply for local courses and resources to be adopted to the **NIHR National Learning Programme Directory, National Learning Resources Directory and Endorsed Training** as appropriate. Ensure local adoption of learning programmes from the national directory | | Ongoing | Green | | Complete | There is strong support for the NIHR National Learning Programmes within Wessex. A well-established and successful GCP programme continues to run and is well evaluated. There is also demonstrable support for the NIHR National Learning Resources. This can be shown by the programme of Valid Informed Consent courses available within the Wessex section of NIHR Learn and the success of the annual Building Research Partnerships event in October 2018. |
| 4.8.8 | **CRN Wessex Research Fellow Programme and development of early career researchers** | Appointment, development and retention of medical trainees and AHPs transforming into clinical academics and early career researchers | Kelly Adams, Clare Rook & Dr Tom Brown | Deadline for applications to RF Programme 2018/19 of 23/02/18, decision via panel on 01/03/18. Programme of research training and support to Wessex-wide specialty trainees including attendance of local surgical trainees at Bristol based GRANULE workshop, GCP Refresher training when required and attendance of other key specialty training events, e.g. Wessex SpR Emergency Medicine Research Event | GRANULE | RF funding agreed April 2016. Ongoing educational programme and mentoring during 18/19 | Green | | Complete | The LCRN successfully recruited 31 of RFs in 2018/19 across 8 POs including primary care. An ongoing programme of research support and training has been offered to early career researchers including attendance at specialty events e.g. Wessex SpR Emergency Medicine Research event. |
| 4.8.9 | **Wellbeing** | Co-ordinated well being programme plan | Clare Rook | Meeting with wellbeing lead from host organisation to develop a coordinated plan | | Apr 2018 | Complete | Meeting has taken place and recommendation to arrange core team access to staff net where all UHS wellbeing resources are available. Remote access has been requested from Mike Ives - response awaited | Complete | Remotes access to staff net is in place |
| | | | | Staff survey facilitated workshop to explore themes and develop action plan | | Jul 2018 | Complete | Staff survery workshops have been held. Report and actions complete | Complete | |
| **Ref** | **Key project** | **Outcome** | **Lead** | **Milestone** | | **Milestone date** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| **9. Business Development and Marketing** | | | | | | | | | | |
| 4.9.1 | **SME engagement and Technology Support Programme (TSP)** | A local technology support programme helping innovators to gather evidence on their products and accelerate adoption of technologies relevant for the Wessex patient population | Professor Anoop Chauhan, Sandra Nwokeoha and Carolina Paras (in collaboration with AHSN) | Follow up SME TSP round 1, developing research projects and signposting to relevant NIHR organisations accordingly. Gather feedback and review future calls | Appendix 6.10 a | Apr-Jun 2018 | Complete | Done | Complete | |
| | | | | | TSP | | Complete | TSP launched: 1) Innovative Diagnostic or Monitoring tools for Reproductive and Women's Health , 2) Technology enabled Mental Care and Mental ill Health Prevention, and 3) Therapeutic or Management solutions for Urological disorders. | Complete | |
| | | | | Gathering further information about current local clinical needs- send letters to STPs, commisioners and clinical experts to gain insight | | April 2018 | Complete | Distributed and feedback reviewed by CRN and AHSN. Request redistributed Aug 18. | Complete | |
| | | | | One NIHR offer: meeting NIHR partner organisations and other collaborators to integrate services and provide a consistent offer. Please see Appendix 6.10a for current collaborative workstreams | | Ongoing | Complete | Meeting CLAHRC representaive to explore potential collaboration- draft proposal approved (July 2018). Sandra met MIC/MedConnect team (date). Sandra/Carolina supporting CRN CC BD team with case studies and SME national engagemtn project. | Complete | |
| | | | | Technology Support Programme (TSP) workshops (round 2 and 3) | | May & Sept 2018 | Complete | TSP launched | Complete | TSP website |

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| | | Bespoke consultation services for SME available through our SSS | Sandra Nwokeoha | Engagement with SME through study support services (Early Contant and Engagement and Early Feedback) | CRN Wessex SME offer | Ongoing | Complete | | Complete | Progress report / interactions |
| | | | | Ad hoc SME consultation including: clinical trial pathway, protocol design feedback, gap analysis and sign posting to partner organisations accordingly (e.g. business case- AHSN) | Appendix 6.10a | Ongoing | Complete | | Complete | |
| | | | | Networking the Research and Innovation Associates (Supra network) | | Aug 2018 | Complete | CRN Wessex shared JD and PS and shared best practice with Supra network | Green | Sharing best practice through Supra network meetings |
| | | Deliver SME event to promote the development of CI-led projects and technology adoption | Nwokeoha, Carolina Paras, Kim Appleby (in collaboration with AHSN and | Event agenda finalised and speakers confirmed | Eventbrite invitation | Apr 2018 | Complete | | Complete | Event agenda |
| | | | | Southampton based event to be held in May 2018 in collaboration with AHSN and CCF | | 9th May 2018 | Complete | | Complete | |
| 4.9.2 | Primary Care commercial research training programme | Skilled research ready workforce in primary care to deliver commercial research | Carolina Paras and Alex Jones | Building up the success of workshops delivered last financial year, running bimontlhy themed webseminars (including: robust feasibility, negotiating commercial trial costs, protocol adherence and data quality, among others). | Appendix 6.11 | May 2018- Mar 2019 | Complete | Training needs feedback report | Complete | Training needs report |
| | | | | | | | Complete | | Complete | Webinars links |
| | | | | Industry themed workshops planned to run throughout the year (targeting Level 2 practices) to promote participation and patient referrals to clinical trials | | Sep 2018 | Complete | Workshops continue to be delivered at new sites and offered to any practices/individuals who require refreshers on the process. Industry team to provide a report of workshops delivered in FY1819 (so far 1 workshop deliverd Westlands- Dr Castle) | Complete | Workshop flyer<br>-16th July: Westlands Surgery<br>-16th Nov: Stokewood Surgery<br>-12th Nov: Gratton Surgery |
| | | Harnesing local systems to enhance early feasiblity. Utilising FARSITE and other available softwares for real time feasibility and identification of the potential number of recruits for commercial studies (SSS- Site Identification) | Anoop Chauhan, Alex Jones and Carolina Paras | FARSITE and TriNetX implementation | See 2.6.3 | Ongoing | Amber | FARSITE roll out in progress | N/A | FARSITE set up in 7 practices. No further action taken to roll this out in other CCG regions - STP working to develop system. |
| | | | | Development and implementation of industry SOPs for both systems | | Dec 2018 | N/A | N/A | N/A | |
| | | | | FARSITE, TriNetX and SystmOne case study | | Feb 2019 | N/A | RISK- implementaion costs and CRN unable to recommend specific platforms | N/A | |
| 4.9.3 | Wessex offer to the Life Science Industry | Wessex research offer visible through microsite and development of new resources to promote the local offer | Carolina Paras and Kim Appleby | Wessex profile to be updated and available at microsite | Wessex Business Development Marketing profile | Apr 2018 | Complete | Done | Complete | |
| | | | | Create an interactive dashboard integrating local patient population data and clinical research resources. To be used as a local marketing tool for site identification process and ad hoc interactions with pharma representatives | | Dec 2018 | Amber | 1) scoping exercise completed in collaboration with U of Southampton Business innovation Team | Green | Project report (scoping and ideas)<br>Phase 1 Scoping: Completed, website updated based on feedback/suggestions. Phase 2:Dashboard development: currently working on content. |

| Ref | Key project | Outcome | Lead | Milestone | | Milestone date | RAG | Commentary | RAG | Commentary |
|---|---|---|---|---|---|---|---|---|---|---|
| **10. Life Sciences** | | | | | | | | | | |
| 4.10.1 | Commercial Supra Network | Consistent commercial study support service offering across supra network | Carolina Paras | TORs to be agreed by four LRCNs | | Apr 2018 | Complete | Supra network leads met during SSS meeting (May 2018) to agreed workstreams. Wider team TC held in Aug 2018- project lead, projects defined and reporting template agreed, | Complete | Supra workspace |
| | | | | Report into COO supra-network group | | Quarterly | Complete | To report in October | Complete | |
| | | | | Share best practice | | Ongoing | Complete | Ongoing | Complete | |
| 4.10.2 | **National Improvement Plan for the delivery of the Study Support Service:** stakeholder engagement workstream | Consistent provision of Study Support Services across all regions | Carolina Paras | Development of a National Improvement Plan for stakeholders engagement in collaboration with Lorraine Fincham, Commercial Research Initiatives Manager, CRNCC | Project brief | Mar 2019 | Green | Project in progress- objectives defined, survey sent to LCRNs to review min offer, workshop delivered June 18 | Complete | Industry Route Map<br>Industry userguide<br>Communications strategy |
| 4.10.3 | Biosimilars event | Sharing best practice, provide insights of opportunities and the future of biosimilars in the UK. Engagement with the local pharmacist community | Carolina Paras and Kim Appleby | Event overview and progress | Appendix 6.12 | Ongoing | Complete | | Complete | Biosimilars event agenda |
| | | | | Southampton based event to promote biosimilar research and showcase current local work and opportunities | | Jun 2018 | Complete | Done, please see event's report in Appendix 6.12 | Complete | Biosimilars event feedback |
| 4.10.4 | Improving local customer services (life science industry) and monitoring | Raising the profile of Wessex to pharma and offering bespoke support based on companies needs | Carolina Paras | Life sciences industry ecosystem is very diverse. In order to meet our customers needs and provide the best possible service to all, the industry team will develop a survey to gather feedback, monitor local service quality and trigger continuous improvements plans | | Survey to be released in July 2018 and to continue throughout the year | N/A | 1) contacted other networks that are currently using surveys; 2) it was decided to utilise the current national survey instead of creating a new resource and 3) link inlcuded in industry inbox signature | N/A | |
| | | | | Quarterly monitoring of survey results at industry themed meetings with partner organisations and the executive board | See 2.3.4 | Aug, Nov 2018 and Feb 2019 | N/A | see above, national survey results has been reviewed regularly | N/A | |

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| | industry) and monitoring study progress at all levels | | | Bespoke pathway for customer interactions to be implemented (early contact and engagement). | See 2.9.1 | May 2018 | Green | This is being reviewed as part of the Supra network and national improvement plan. Early engagement is happening as part of the SME project as well. | Green | Ongoing engagement and support for Life Sciences industry. |
| | | | | Develop relationships with key industry partners and regular meetings with local pharma representatives | | Ongoing | Complete | Sucessul meeting with Janssen/J and J. Meeting Covance 26th July 2018 | Complete | Ongoing strategic meetings with key stakeholders, including J & J, Sanofi, Novartis, among others |
| 4.10.5 | **Fostering a commercial research culture** | Positive commercial research culture and sites actively engaging with the network, and sharing best practives | Carolina Paras, Anoop Chauhan and Kim Appleby | Commercial research impact assessment (case studies) | | Sep 2018 | Amber | in progress- DL adjusted (March 2018) | Amber | Ongoing, invitation sent to R&D departments, researchers to be interviewed over the next few months. |
| | | | | Commercial closed studies review and sharing top tips | | Sep 2018 | Amber | in progress- DL adjusted (March 2018) | Amber | Ongoing, invitation sent to R&D departments, researchers to be interviewed over the next few months. |
| | | | | Letters of acknowledgement - commercial RTT and first UK/EU/Global | | Apr 2018 | Complete | Done | Complete | |
| | | | | Commercial research achievements recognition at CRN Wessex Awards and VISION magazine | See 2.7.12 | Ongoing | Complete | Done | Complete | Celebrating local team achievements through Wessex News- see summary and website link |
| | | | | VISION magazine articles "Phase 1 studies for rare respiratory diseases and cancer: novel opportunities for patients" and "Embracing commercial opportunities in Primary Care" | | Dec 2018 | Complete | TSP included in VISION issue 4. | Complete | Ongoing- proposed articles to be included in VISION based on theme |
| **11. New Projects** | | | | | | | | | | |
| 4.11.1 | | | | | | | | | | |
| 4.11.2 | | | | | | | | | | |

# Section 5. High Level Objectives Targets

| HLO | LCRN Target | Mid Year Commentary | Year End Commentary |
|---|---|---|---|
| 1 | 44,000 | 25,073 | tbc |
| 7 | 962 | 654 | tbc |

## Section 6. Specialty Objectives

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

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

| | | | | Mid Year Progress Report | | Year End Report | |
|---|---|---|---|---|---|---|---|
| | **Specialty** | **Local activities to achieve the national objective** | **Links** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| 1 | **Ageing [1]** | Division 5 RDM will be supporting a collaboration with Our Organisation Makes People Happy (OOMPH) along with the CRN ageing specialty lead to respond to the NIHR themed call for 'Community-wide interventions for physical activity'. Co-applicants have been approached from University of Bournemouth and Solent University. Early contact and engagement with Dr Greg Rogers and input from the RDS and the University of Bournemouth has enabled submission of an NIHR Research for Patient Benefit (RfPB) application - 'Feasibility study utilising a point-of-care-testing smart-phone app to diagnose epilepsy in the elderly'. Support will be provided to the CI if successful to begin HRA process and site identification. Cross divisional events with dementia specialty at Bournemouth University and Portsmouth University will promote engagement from new researchers. Dorset STP are committed to supporting research and are primed for research in this specialty due to their high elderly population. The CHAIN subgroup has been established to look at care of frail older people and research delivery manager and specialty lead have joined this to identify potential areas for collaboration. Comprehensive Care event included local researcher Jackie Bridges and focused on frailty, awaiting key areas for future research to be disseminated. | OOMPH | Amber | OOMPH bid did not go ahead, but Uni Bmouth have awarded a PhD to undertake a project nor was the bid for Greg Rogers successful. However, he has made good links with other collaborators. Initial conversations with the University of Portsmouth Ageing Network and the Ageing and Dementia Research Team at Bournemouth University promise opportunities to develop new researchers. Arrangements are also in place to meet up with University of Southampton researchers, including those in the Southampton Doctoral Training Centre. | Complete | PhD with Bournemouth University |
| | | | 2.4.4 | Amber | Jackie has CLECC 3 which we have approached the Dorset based Trusts to assist with. | Red | CLECC 3 did not secure funding bi |
| | | | CHAIN | Green | Ageing report submitted to CC with baseline data on ageing specialty workforce | Complete | Ageing report submitted to Cluster |
| 2 | **Anaesthesia, Perioperative Medicine and Pain Management [2]** | Liaison with the national specialty group to understand the baseline measure and look at opportunities within Wessex for trainees to be co-investigators/chief investigators. There is an established trainee research group (SPARC) that have previously delivered portfolio trials and have a small portfolio of non-NIHR research, led by trainees, which we will explore for potentially eligible studies. | SPARC | Green | CPMS 36925 Capoeira study is trainee led | Complete | |
| 3 | **Cancer [3]** | During 2017/18 Wessex met this objective, achieving recruitment targets for 12 of the13 disease specialties. Based on the anticipated portfolio of studies in 2018/19, we expect to continue to deliver this objective facilitated by the implementation of the Wessex CancerLine website which will raise the profile of the portfolio across the region and encourage patient referrals. | | Green | objective achieved | Complete | Objective achieved - recruitment target met in 13 of 13 cancer subspecialties |
| 4 | **Cardiovascular Disease [4]** | We will work with the cardiovascular specialty lead Richard Bala and clinical and R&D colleagues in Southampton to identify investigators who have recruited to cardiovascular surgery portfolio studies (currently four based on studies recruited to ODP), as well as clinicians who have expressed interest in these studies. We will then meet with all parties to discuss and agree a plan to increase the number of investigators involved in cardiac surgery research. Currently 17% of recruitment studies are cardiac surgery delivering 2.5% recruitment. Through engagement with cardiac surgeons and vascular surgeons in Southampton, the network will achieve its 5% recruitment to cardiac surgery studies in line with the cardiovascular specialty in total. | Cardiovascular specialty plan | Green | Discussed with the Cardiovascular CRSL, Division 2 Lead, and key persons. Initial scoping meeting held with the Surgery CRSL followed by various consultation meetings/emails with surgical research nurses and cardiac thoracic surgeons based at Univiersity Hospital Southampton (UHS). Cardiovascular CRSL and Division 2 Lead due to meet with key cardiac thoracic surgeon based at UHS. | Complete | Discussed with the Cardiovascular CRSL, Division 2 Lead, and key persons. Initial scoping meeting held with the Surgery CRSL followed by various consultation meetings/emails with surgical research nurses and cardiac thoracic surgeons based at Univiersity Hospital Southampton (UHS). Further meetings held with the UHS R&D Director and Clincial Division Lead to outline future engagement and support plans. From this a 2-3 year plan has been devised aiming to improve overall understanding of the sub-specialty workforce, build research readiness in the workforce, and ultimately increase research activity over a 3 year period. Consultation report submitted to Cluster office. |
| 5 | **Children [5]** | CRN Wessex are currently amber for this specialty objective with 10 out of 12 trusts active. The two non active trusts are South Coast Ambulance Service (SCAS) and Dorset Healthcare Foundation Trust (DHUFT), a community trust. DHUFT have two studies open but are yet to recruit. There are no relevant studies available for SCAS to run. All available studies will be continuously reviewed during monthly teleconferences. | | Amber | We continue to review portfolio and discuss all relevant studies at monthly Wessex wide TC | Complete | objective achieved - 11 of 12 (92%) relevant sites recruited during the year |
| 6 | **Critical Care [6]** | St Mary's ICU on the Isle of Wight (IOW) is the only non-recruiting ICU in the region. The Network will continue to identify studies on the portfolio that could be delivered at smaller ICUs such as this but across Wessex activity is anticipated at 8 out of 9 (89%) ICUs, which exceeds the national target (80%). | | Complete | Eight out of nine (89%) ICUs have recruited into critical care studies within Q1 | Complete | 100% Wessex ICUs have recruited into critical care studies in 2018/19 |

| | | | | | | | |
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| 7 | **Dementias and Neurodegeneration [7]** | Currently, the majority of research is conducted by experienced PIs. To generate interest in early career researchers we will encourage all trusts, community trusts in particular, to apply for research fellow posts to DeNDRoN studies. In addition, for dementia we will focus opportunities at the Memory Assessment and Research Centre. Dr Jay Amin to be supported by SHFT and Southampton 's NIHR CRF. For Parkinson's, the Southampton and IOW Parkinson's Excellence Network will continue to include clinicians new to research. | 2.8.8 | Amber | Increasing engagement with CRSLs and NHS R&D teams to identify and support Early Career Researchers, as well as running local databases searches, developing CRN networking opportunities, and planning the delivery of CRN DeNDRoN events such as the specialty group Wessex wide meeting. Furthermore, the Parkinson's Excellence Network has supported Dr Charlotte Owen, Clinical Research Fellow, and Dr Cindy Cox, Consultant Nurse Specialist to develop their research ideas. CRN Wessex is introducing REDCap Cloud, an online eCRF, freely avalable to Early Career Researchers in the region. It is envisaged that this will encourage staff new to research to participate in portfolio studies. Initial conversations with the University of Southampton and Dementia Research Team at Bournemouth University promise opportunities to develop new researchers. | Complete | Successful identification of two Early Career Researchers acting as a first time PI for DeNDRoN portfolio studies. Identification achieved via engagement with CRSLs and NHS R&D teams, as well as running local databases searches, creating CRN networking opportunities, and delivery of CRN events including the specialty group Wessex wide DeNDRoN meeting (attended by 40 researchers). Names submitted to the Cluster office. We have further developed relationships with several of the local Universities to identify key influential persons and Early Career Researchers in these settings and discussions are underway to create a Wessex wide network of dementia researchers. In addition, the regional Parkinson's Disease Excellence Network (led by a DeNDRoN CRSL) has supported two local Early Career Researchers to develop their research ideas have planned networking events (21/Jun/2019). CRN Wessex has offered REDCap Cloud eCRF as a free service to Early Career Researchers in the region, coordinated by the Division 4 team. The Network is introducing REDCap, a secure web application which manages databases and provides data capture support for research studies. It is envisaged that this will encourage staff new to research to participate in portfolio studies. |
| 8 | **Dermatology [8]** | Dermatology is already successfully running in two sites who have strong nurse teams in place (Sonia Baryschpolec at PHT and Charlotte Barclay at PHFT). A job share between two new specialty leads from PHT will enable the division 5 team to promote this role. UHS's international level expertise in biosimilars can be used to support dermatology colleagues. Dr Miriam Santer will be running SAFA (Spironalactone for adult acne) with the Southampton CTU which will allow both primary and secondary care teams to develop as PIs. This will build upon relationships established from earlier studies Dr Santer has led on which have run across care settings (Study ID 34104). | | Red | Appointment of new specialty lead this financial year was from UHS not PHT. However, good discussions around workforce development for the organisation. Cluster updated Div 5 RDM that this was a stretch target. | Amber | No new nurse PI however, discuss |
| 9 | **Diabetes [9]** | The Network will build on work already underway to understand the influence of different infrastructures across NHS services in acute & community trusts and primary care,<br>in order to facilitate better feasibility and therefore increase the number of studies that open in Wessex (in 2017/18 Teachable Moments ID 33683 at three CCGs and SUSTAIN-8 ID 31994 at one CCG). This will include holding a second diabetes research forum, continuing to develop commercial links and capacity and the continued success of SHFT in development of relationships between research nurses and clinical nurse specialists. The promotion and introduction of FARSITE across primary and secondary care sites will significantly improve study feasibility. | 2.4.11 | Amber | Regularly looking at which studies can promote primary and secondary care collaboration. Working with sites to increase the diabetes research portfolio across Wessex including how to better collaborate with Primary Care. CRSL appointed who has expertise of jointly working with primary and secondary care. Several local studies have required this model of working including the QoL injectables study. | Amber | Objective not achieved in Wessex. However, two CSRLs have been appointed (November 2018) who have been working with partner organisations to increase primary and secondary care collaboration at sites. Wessex CRN is also working with a local Chief Investigator to roll out a home grown research study across Primary Care sites (CPMS: 33964), with discussions underway with three GP surgeries. Local NHS Trusts, SHFT and PHT, continue to successfully collaborate with Primary care to increase recruitment into diabetes studies. In addition, a second diabetes meeting was held and well attended (16/Oct/2019) with another planned (10/May/2019) with a focus on primary/secondary care collaboration. |

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| 10 | **Ear, Nose and Throat [10]** | The ENT research portfolio has been limited but engagement with the ENT trainees to deliver trials will continue. | 2.8.8 | Green | A multisite trial (TAPAS), led by Emma King (ENT specialty lead) is due to open in late 2018 which is being set up to allow the wessex registrars to contribute to a RCT | Complete | CPMS 39626 TAPAS trial open to recruitment |
| 11 | **Gastroenterology [11]** | 40 participants per 100,000 population equates to 1,105 participants in Wessex. Wessex performance in gastroenterology research is strong, consistantly ranking within the top third of LCRNs, and this recruitment target is expected to be met in 2018/19. The network plans to establish a research endoscopists group to promote endoscopy trials across the patch. | 2.4.15 | Green | 1,150 participants have been recruited into gastro (managing and supporting) specialty studies so far. D6 team is working with RBCH to support links between endoscopy teams at PHT and RBCH, building on the links established during the set up of BEST 3. | Complete | Wessex is recruiting 87 participants per 100,000 population |
| 12 | **Genetics [12]** | CRN Wessex funded research fellow (Andrew Crean) in post at Southampton early 2018/19 to deliver this objective. Wessex Specialty Lead, Diana Baralle, has recently been awarded an NIHR professorship which is expected to lead to greater early career involvement in region. | 2.8.8 | Green | The Network is introducing REDCap, a secure web application which manages databases and provides data capture support for research studies. It is envisaged that this will encourage staff new to research to participate in portfolio studies. | Complete | Research Fellow in post |
| 13 | **Haematology [13]** | The Network will appoint a research fellow in Southampton. Wessex specialty lead, Dr Savita Rangarajan, is a world leader in gene therapy for haemophilia and recently published a NEJM paper showing a single infusion of high-dose vector-encoded factor VIII led to sustained normalization of factor VIII activity. She has established links with a number of commercial companies including Biomarin (with whom she wrote the NEJM paper) and Bayer and has recently moved to Southampton to further develop her research. | NEJM paper | Green | Initial conversations with the University of Portsmouth Ageing Network and the Ageing and Dementia Research Team at Bournemouth University promise opportunities to develop new researchers. Arrangements are also in place to meet up with University of Southampton researchers, including those in the Southampton Doctoral Training Centre. | Complete | Research Fellow in post |
| 14A | **Health Services Research [14]** | Professor Cathy Pope appointed as specialty lead will assist to develop the portfolio in Wessex. | | Complete | ACTMED (HSDR funded) will recruit from primary care settings to assess HCP views on access to medicine at end of life. CLECC is also HSDR funded and will run at sites in Wessex who did not participate in the early piece of | Complete | HSDR lead was in place for 2018/1 |
| 14B | **Health Services Research [15]** | Health Services research in Wessex has been supported by large recruiting studies such as HiSLAC which recruited from seven organisations and will commence activity again in 2018/19. 2017/18 baseline data shows recruitment at 16 organisations across 24 sites. Professor Sue Latter, University of Southampton, will commence a project looking at access to medicines at end of life which will recruit from a variety of settings including hospices and GP sites. The NIHR Health Services Toolkit is now accessible. Designed for the research community, it will help people to do better HSR research in the UK. Specialty lead Cathy Pope will promote this. | HSR Toolkit | Complete | | Complete | ACTMED study successfully recrui |
| 15 | **Hepatology [16]** | It is anticipated that recruitment into studies on cirrhosis and NAFLD/NASH will continue into 2018/19. | | Green | Recruitment into GenfitNash (30355), EPOS (18900), Attire (18450) RESPECT (19235) | Complete | |
| 16 | **Infection [17]** | Named champion for sexually transmitted infection to be identified, the network does not anticipate any particular challenges with this. | | Complete | Sexual health consultant champion identified at SOLENT. JR arranging meeting with TC and potential champion | Complete | Alison Blume, sexual health consultant at Solent NHS trust is the sexual health champion for Wessex |
| 17 | **Injuries and Emergencies [18]** | After very successfully recruiting into the Paramedic 2 trial (ID 17177), SCAS are yet to identify the next study/studies they will deliver in 2018/19. The Division 6 RDM and I&E specialty lead will continue to work closely to support SCAS to identify their next study. | | Green | SCAS has recruited into two trials during Q1: 244991 and 167115 | Complete | SCAS has recruited into two I&E managed studies CPMS 39438 and CPMS 38484 |
| 18 | **Mental Health [19]** | Based on current recruitment we will target a figure of 52 to deliver a 5% increase for 2018/19. The focus will be to identify portfolio studies that fit current service provision in the region's specialist metal health trusts, and in addition work with colleagues in primary care to recruit participants that receive care from their GPs. The following studies will be open to recruitment during 2018/19: Adult Autism Spectrum ID 18481, INTER-STAARS ID 19033, Patient preferences for psychological help ID 34784, PPiP2 ID 18451 | | Amber | Meetings have been held with our community service providers, which highlight potential for recruitment through CAMHs services i.e.Solent. Regular portfolio reviews conducted and any identified studies are discussed with the community trusts. Meetings being arranged with local CAMHs teams. | Amber | Not met objective. However, discussions underway to identify CAMHs Research Champion across Wessex including Dorset and Solent and identifying new research relationships in order to generate future research in this area. |
| 19 | **Metabolic and Endocrine Disorders [20]** | Initial work with CRSL Tristan Richardson to identify staff that are currently working on open metabolic and endocrine led studies, followed by those who are not currently active. Once this is completed, a Wessex wide forum will be organised to enable the network to establish a support structure to encourage wider participation in the metabolic and endocrine portfolio. | | Amber | Wessex template submitted to the NSG at May and October detailing all studies by site including main and sub specialty studies. There were gaps in the information requested where sites were unable to respond in detail. NSG confirmed that best estimates are acceptable, work is underway to fill the gaps prior to the Februaury submission | Complete | Final submission detailing all studies by site. Worked closely with Wessex partner organisations to update and complete without gaps in information. |

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| 20 | **Musculoskeletal Disorders [21]** | A. MSK CRSL and divisional lead (rheumatology consultant) have discussed the role of orthopaedic champion and two potential candidates have been identified for this: Katie Castle - physiotherapist at Solent and Lyndsey Goulston at UHS. RDM will facilitate this and ensure that a champion has been identified for 2018/19. Specialty lead for surgery, Mr Jim Byrne, has also expressed support for the musculoskeletal specialty in terms of cross specialty working. | | Amber | No champion identified however discussions with some local physio teams and prosed MSK AHP meeting to be held to share best practice and projects | Green | AHP meeting has established a co |
| | | B. A list of orthopaedics studies will be provided by the specialty cluster and checked via ODP to ensure there is a 10% increase in recruitment to this area. KReBs has been successful at two sites in Wessex however this is due to close in 2018. The trial team are currently not open to new sites but will consider Wessex if they revisit this decision and extend. REACTS (32370) and BOSS (20624) will be key to delivery of this objective also. This will require cross divisional support and RDMs will all be made aware of this to promote at key specialty meetings. Commercially MUSC 5528 will continue to be delivered at RBCH with estimated recruitment of 16 per annum. | | Red | TBC with list from NSG 2185 was last years figure - this list covers more than one specialty and will be shared when available | Amber | Target was high due to cricketers s |
| 21 | **Neurological Disorders [22]** | The research fellow posts supported by CRN Wessex are part of a rolling programme that will continue to support current and new research fellows throughout 2018/19. The Network will also work to ensure that an increase in neurological portfolio activity is used to support early career PIs. | 2.8.8 | Amber | Reviewing Clinical Research Fellows at University Hospital Southampton NHS Foundation Trust at the Wessex Neurological Centre. These fellows will support research studies in neurosurgery and MS as well as specifically the Neuro LTC study. The Neuro LTC study is being rolled out across Wessex and will potentially bring new opportunities for ECRs. Talks with SGLs regarding how we can better identify ECRs and support them. The Network is introducing REDCap, a secure web application which manages databases and provides data capture support for research studies. It is envisaged that this will encourage staff new to research to participate in portfolio studies. | Complete | Successful increase in Early Career Researchers acting as a first time PI for Neurology portfolio studies (CPMS: 35622) as well as Neurosurgery at the Wessex Neurological Centre (University Hospital Southampton) has increased their Research Fellow count from two to three. Identification achieved via engagement with CRSLs and NHS R&D teams, as well as running local databases searches, Research Fellow Scheme, creating CRN networking opportunities, and delivery of CRN events including the specialty group Wessex wide Specialty meeting (attended by 40 researchers). Report submitted to the Cluster office. CRN Wessex has offered REDCap Cloud eCRF as a free service to Early Career Researchers in the region, coordinated by the Division 4 team. |
| 22 | **Ophthalmology [23]** | Currently 85% hospitals with eye services are offering research opportunities to patients and we anticipate maintaining this into 2018/19. Plans to extend into RBCH and DCHFT. | 2.4.7 | Green | Currently 43% of trusts with ophthalmology services have recruited into ophthalmology research (UHS, PHT, SFT). Recruitment required from three out of the four following trusts: DCHFT, HHFT, RBCH & IOW. 8548 is open at IOW and recruitment for 2018/19 has been chased. 33657 is open at RBCH but has not yet recruited in 2018/19. Ophthalmology event held at RBCH on 18th July and study opportunties are being provided. Plan to hold similar event at DCHFT. EPIC to open across the region will meet specialty objective. | Complete | 80% of trusts recruiting into ophthalmology studies |
| 23 | **Oral and dental health [24]** | Specialty group meeting planned for February 2018 with local dental academy to promote research moving forward into 2018/19. PHE survey (Study ID 36050) has only been commissioned in one region of Wessex, providing 20 sites to recruit from. However, this will help to locate potential dental sites for development and the Division 5 team will make contact with these sites to promote NIHR and portfolio research. Solent NHS Trust have also been awarded funding to support University of Portsmouth Dental Academy via a practitioner post with an existing portfolio study (Study ID 35298) and to develop new studies. | 2.4.12 | Amber | RDM has approached the NSG for details on a national approach to this - awaiting the survey to be sent out via Div 5. Also raised on RDM meeting telecon to ensure there is a coordinated approach to this. | Complete | Survey completed and circulated v |
| 24 | **Primary Care [25]** | Two GP champions in place will continue for 2018/19 based in Wareham (Dorset) and Abbeywell (West Hampshire). Discussions with Tom Brown who leads fellows programme about potential training for the Wessex Deanary to include GPs regarding NIHR and research roles. | | Amber | GPs to be surveyed to see how many are involved in research | Complete | GP champions completed fellows p |
| 25 | **Public Health [26]** | A. Professor Julie Parkes acting as CRSL for the Wessex region. | | Green | Lead in place | Complete | Lead in place |
| | | B. Currently, the public health portfolio in Wessex is small - ESEE (ID 19075) is open at one site. There are however strong cross divisional links with community oral and dental services via University of Portsmouth and primary care (ATTACK study) which the Network are supporting to develop. There is also appetite to develop public health projects on the Isle of Wight and both GP lead Himanka Rana and Solent R&D manager Sarah Williams will be key to developing this - a specialty meeting will facilitate discussions between key individuals and specialty lead to explore this further. Ageing specialty lead is supporting a bid into community excercise interventions which is public health funded which would be worked up during 2018/19. Another grant has also been awarded to Professor Julie Parkes and will be looking into custody health working with Hampshire Constabulary. | 2.4.14 | Amber | Through the scoping excersice we have identified some new teams (local authority) who have not delivered research before. The meetings with Public Health teams have also raised awareness of the NIHR and CRN support. IOW GP Lead has stepped down so RDM is still in talks with local GPs to explore their role. | Complete | x4 studies open and recruiting: Ea |

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| 26 | **Renal Disorders [27]** | The division 2 team will work with the CRSL Adam Kirk and commercial colleagues to identify potential new PIs, focusing initally on renal centres in Dorchester and Portsmouth where the majority of commercial activity takes place. | 2.4.13 | Complete | New renal lead in post and exploring how to increase collaboration between sites in order to promote more opportunities. New commercial PI identified at University Hospital Southampton (UHS) and details submitted to the Cluster office. | Complete | Commercial PI at UHS is being supported. |
| 27 | **Reproductive Health and Childbirth [28]** | Wessex currently meets this objective in 6 out of 8 relevant trusts active. There are studies on the portfolio which can realistically be delivered at all Wessex sites and we plan to invest CRN funds during 2018/19 to initiate research at inactive trusts. The baseline for recruitment as a proportion of infant mortality in the region will be established and tracked. The latest infant mortality figures report 3.0 infant deaths per thousand population in Wessex compared with 3.9 for the whole of England. | 2.4.5 | Amber | 6 out of 8 trusts active so far in 18/19. Additional funding secured for PHFT to support midwife led research in Dorset during 18/19 | Complete | Objective achieved - 7 of 8 relevant trusts recruited patients this year |
| 28 | **Respiratory Disorders [29]** | Wessex is currently ranked first for recruitment. It is anticipated that Wessex will be one of the 10 LCRNs recruiting into rare disease studies, particularly with the research active regional centre for cystic fibrosis and interstitial lung disease (ILD). | 2.4.8 | Green | UHS has recruited into 33331 (CF) 33390 (IPF) | Complete | 150 participants have been recuited across 7 rare disease respiratory studies |
| 29 | **Stroke [30]** | Current performance nationally on the ODP app highlights that no LCRN is achieving the 8% target. In Wessex, the closure of three high recruiting RCTs has adversely affected performance. The Network will continue to hold regular meetings with local stroke research teams to identify and open portfolio studies that contribute to this national objective. Currently ATTEST 2 (ID 33335) and MAPS 2 (ID 33770) studies are in set-up with others such as RECAST 3 are appearing in the pipeline. | 2.4.10 | Red | Regularly review the portfolio and continue to circulate EOIs. Most sites have studies ready to open, however, some studies have been delayed by the study teams. | Amber | Wessex stroke RCT recruitment of 1% of SSNAP admissions means we have failed to meet this objective. However, Wessex stroke recruitment for all study types was 19% of SSNAP admisions, which will be recognised by the Cluster Office. |
| 30 | **Surgery [31]** | Wessex currently meets the objective and we expect to continue to into 2018/19, with portfolio studies recruiting into 12 out of 14 subspecialties. | | Green | National specialty group performance report confirmed that Wessex is recruiting into 12 out of 14 sub specialty areas. | Complete | Recruiting to 14 subspecialty areas |

# Section 7: LCRN Operating Framework Indicators

| ID | | Guidance | Year End Commentary |
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| 1.1 | **Domain**: Governance and Management<br>**Indicator**: LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre<br>**Assessment Approach**: Monitoring of provision of key documents requested by the National CRN Coordinating Centre | No further information required | |
| 1.2 | **Domain**: Governance and Management<br>**Indicator**: LCRN Clinical Director and/or LCRN Chief Operating Officer attend all National CRN Coordinating Centre/LCRN Liaison meetings<br>**Assessment Approach**: Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings | Please comment on attendance at national meetings, if wished. The CRNCC maintain a central record | 100% attendance |
| 1.3 | **Domain**: Governance and Management<br>**Indicator**: LCRN Host Organisation and LCRN Category A Partners submit an NHS Information Governance Toolkit annual assessment to NHS Digital and attain Level 2 or Level 3<br>**Assessment Approach:** Analysis of information on the NHS Digital Information Governance Toolkit website which provides open access to attainment levels for all submitting organisations | Please confirm that the Host Organisation have completed the NHS Digital Data Security and Protection Toolkit submission and that they have met all standards. If the Host Organisation completed the Information Governance Toolkit assessment prior to the launch of the NHS Digital Data Security and Protection Toolkit and within the financial year, please confirm the score and attainment level | As of 2 April 2019 the IG toolkit website only has the report for 2017/18 published, for which the organisation obtained level 2 and above for all aspects, with an overall score of 71%. The 2018/19 report has been requested (if available). |
| 1.4 | **Domain**: Governance and Management<br>**Indicator**: Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners<br>**Assessment Approach**: LCRN Annual Report | Please comment on Category A Partner organisation recorded in AR Appendix 3, if wished | Compliant |
| 1.5 | **Domain**: Governance and Management<br>**Indicator**: Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners<br>**Assessment Approach**: LCRN Annual Report | Please comment on Category B Partner organisation contracting as recorded in AR Appendix 1, if wished | Compliant |

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| 2.1 | **Domain**: Financial Management<br>**Indicator**: Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the minimum scope requirements specified by the National CRN Coordinating Centre<br>**Assessment Approach:** Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre | Please indicate any outstanding recommendations from the last internal audit performed that may not have been implemented fully by the Host Organisation. Please also provide the "opinion" provided by the auditor for the Host audit | A review was undertaken by PwC against the 37 LCRN Minimum Financial Controls covering the seven core areas of financial control. They were assessed based on the LCRN's submission of evidence to support them and through discussion with relevant staff. LCRN found to be compliant with 35/37 of these controls based on the evidence provided, with the remaining two being rated as 'partially compliant'. The controls are supported by two general principle controls which are used to aid in the evaluation of the seven core areas of financial control. There are two monitoring controls that relate to the processes followed by the LCRN to ensure correct use of funding by its recipients. While a monitoring programme is in place, due to time and budget constraints our review is restricted to the LCRN 'Category A' Partner organisations, as these each receive a high proportion of funding. This monitoring programme serves as a useful tool in providing the LCRN insight into the use of funding by recipients. While one control is compliant we have found the other to only be partially compliant due to lack of a clear and formal documentation of the escalation process for weaknesses identified during monitoring visits. As a result we have raised a 'Low risk' finding in relation to this. We have also identified a final 'Low risk' finding with regards to Commercial Cost Recovery controls. This finding is in relation to a lack of robust documentation surrounding the formal policy and procedures to be followed in respect of 'knock for knock' arrangements. |
| 2.2 | **Domain**: Financial Management<br>**Indicator**: Deliver robust financial management using appropriate tools and guidance<br>**Assessment Approach:**<br>● Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%)<br>● Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%)<br>● Monitoring of financial management via LCRN financial health check process | No further information required | |
| 2.3 | **Domain**: Financial Management<br>**Indicator**: Distribute LCRN funding equitably on the basis of NHS support requirements<br>**Assessment Approach:** Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements | Please comment on whether the LCRN adopted a bidding process for LCRN Partners to apply for additional LCRN funding to meet NHS support requirements. If applicable, please confirm the percentage of funding requests approved / rejected | Bidding process for within year cost pressures. |

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| 3.1 | **Domain**: CRN Specialties<br>**Indicator**: LCRN has an identified Lead for each NIHR CRN Specialty<br>**Assessment Approach:**<br>The LCRN Host Organisation shall:<br>● Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information<br>● Notify the National CRN Coordinating Centre if there are changes within the financial year<br>● Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies | Please provide commentary on intentional vacancies or the expected timeframe to fill Local Specialty Lead vacancies as referenced in the LCRN Fact Sheet | Compliant |
| 3.2 | **Domain**: CRN Specialties<br>**Indicator**: Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings<br>**Assessment Approach:**<br>Attendance registers for National Specialty Group meetings | We are in the process of creating and sharing a central record. In the meantime, please provide locally held information in respect of this indicator | Good attendance in the main. Known issues with a couple CRSLs that are being actively managed by RDMs |
| 3.3 | **Domain**: CRN Specialties<br>**Indicator**: Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews<br>**Assessment Approach:**<br>Review by the National CRN Coordinating Centre of evidence of support provided in LCRN Annual Plan and Report | Please provide evidence of the impact and outcomes from activities delivered to enable your Local Speciality Leads to undertake national activities in respect of commercial early feedback and non-commercial adoption | All the CRSLs listed were contacted to remind them of the process and all RDMs are cc into communications so that they can f/up with CRSLs if there is a delay in them responding. |
| 4.1 | **Domain**: Research Delivery<br>**Indicator**: Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN Coordinating Centre and available as part of the LCRN Contract Support Documents<br>**Assessment Approach:** Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead | Please ensure your commentary references and provides context for the Study Support Progress Tracker app information available on Open Data Platform for studies led by the LCRN in 2018/19 as this provides a mechanism for visualising the local CRN provided service outputs at a study level. For example the number of study delivery assessments completed and the number of study start up documents uploaded into CPMS as a percentage of the number of studies for which the LCRN is assigned as the Lead LCRN | For the audit year 2018/19, the study start-up app confirms that 100% of studies had an early enagement note added to CPMS. 100% of studies had a national study delivery rating. 100% of studies had a set-up note added to CPMS (4.17% required an additional recommendation plan). 61.80% of studies have received a performance montioring plan. This is monitored by the divisional teams on a two weekly basis to ensure that CPMS reflects the service provided for Wessex led studies. |
| 4.2 | **Domain**: Research Delivery<br>**Indicator:** Each LCRN provides near time Minimum Data Set data items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS<br>**Assessment Approach:**<br>● Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework<br>● Analysis of percentage of missing and inaccurate data points from each LCRN | Please provide an analysis of percentage of missing and inaccurate data points | For the audit year 2018/19, the study start app calculates an error rate of 0.866%. Any errors indicated by the study start upp app are sent by LCRN core team to PO R&D offices for correction. |

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| 5.1 | **Domain**: Information and Knowledge<br>**Indicator**: LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system<br>**Assessment Approach:** Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system | No further information required | |
| 5.2 | **Domain**: Information and Knowledge<br>**Indicator**: LCRN provides support for ongoing provision of an LPMS solution<br>**Assessment Approach:** Review of budget line for provision of an LPMS in LCRN Annual Financial Plan | No further information required | |
| 5.3 | **Domain**: Information and Knowledge<br>**Indicator**: Each LCRN has a nominated representative in attendance at all national NIHR CRN Virtual Business Intelligence meetings<br>**Assessment Approach:**<br>Attendance registers for national NIHR CRN Virtual Business Intelligence meetings | Please comment on attendance at national meetings. The CRNCC maintain a central record | All face to face meetings have been attended, along with all remote meetings where annual leave allowed. |
| 5.4 | **Domain**: Information and Knowledge<br>**Indicator**: Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required<br>**Assessment Approach:** Attendance registers for national CPMS-LPMS meetings | Please comment on attendance at national meetings. The CRNCC maintain a central record | All face to face meetings have been attended, along with all remote meetings where annual leave allowed. |
| 6.1 | **Domain**: Stakeholder Engagement and Communications<br>**Indicator**: LCRN has an experienced and dedicated communications function<br>**Assessment Approach:**<br>● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Non-pay budget line for communications identified in LCRN Annual Plan | Please provide any additional commentary on vacancies and the expected timeframe to fill these. Please comment on non-pay communications spend. The CRNCC maintains a central contacts list | See 4.7.2 |
| 6.2 | **Domain**: Stakeholder Engagement and Communications<br>**Indicator**: Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies<br>**Assessment Approach:**<br>● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report<br>● Evidence of joint work with local NIHR infrastructure reviewed | Please cross-reference from Section 4.7 and add any additional commentary as required | See 4.7.3 |
| 6.3 | **Domain**: Stakeholder Engagement and Communications<br>**Indicator**: The LCRN has in place a senior leader with experience and identified responsibility for PPIE<br>**Assessment Approach:**<br>Individual's name and contact details provided to the National CRN Coordinating Centre | Please provide any additional commentary on vacancies and the expected timeframe to fill these. The CRNCC maintains a central contacts list | See 4.7.4 |

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| 6.4 | **Domain**: Stakeholder Engagement and Communications<br>**Indicator**: The LCRN records metrics of research opportunities offered to patients<br>**Assessment Approach:**<br>● The LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc)<br>● Evidence of local patient evaluation system<br>● Progress discussed at national PPIE meetings and reported in LCRN Annual Report | Please cross-reference from Section 4.7 and add any additional commentary as required | See 4.7.5 |
| 6.5 | **Domain**: Stakeholder Engagement and Communications<br>**Indicator**: The LCRN has collaborative PPIE workplans across CRN and partners with measurable outcomes for delivery of learning resources<br>**Assessment Approach:**<br>● LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets<br>● Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan<br>● Progress reported in LCRN Annual Report | Please cross-reference from Section 4.7 and add any additional commentary as required | See 4.7.6 |
| 6.6 | **Domain**: Stakeholder Engagement and Communications<br>**Indicator**: Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and the UK Clinical Trials Gateway (UKCTG)<br>**Assessment Approach:**<br>● Review of outcomes as reported within LCRN Annual Report<br>● Review of performance on JDR | Please comment on how the LCRN has supported the awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG)), cross-referencing from Section 4.7 as required | See 4.7.8 |
| 6.7 | **Domain**: Stakeholder Engagement and Communications<br>**Indicator**: Each LCRN delivers the Patient Research Ambassadors (PRAs) project<br>**Assessment Approach:**<br>● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report | Please cross-reference from Section 4.7 and add any additional commentary as required | See 4.7.9 |
| 6.8 | **Domain**: Stakeholder Engagement and Communications<br>**Indicator**: Each LCRN delivers the patient experience survey, as specified by the National CRN Coordinating Centre<br>**Assessment Approach:**<br>● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report | Please comment on the Patient Research Experience Survey findings, impacts, and plans for continuous improvement | See 4.7.10 |
| 6.9 | **Domain**: Stakeholder Engagement and Communications<br>**Indicator**: Each LCRN develops and implements a plan to deliver the CRN NHS Engagement Strategy<br>**Assessment Approach:**<br>● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report | Please comment on the plan, outcomes and impacts resulting from delivery to date of the CRN NHS Engagement Strategy | See 4.7.11 |

| | | | |
|---|---|---|---|
| 7.1 | **Domain**: Workforce, Learning and Organisational Development<br>**Indicator**: The LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff<br>**Assessment Approach:**<br>● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Implementation of the local action plan to support the wellbeing framework and action plan | Please advise if there has been any change in the name or contact details of the senior leader with identified responsibility for the wellbeing of all LCRN-funded staff. The CRNCC maintains the central contacts list. | Clare Rook, deputy chief operating officer. |
| 7.2 | **Domain**: Workforce, Learning and Organisational Development<br>**Indicator**: Each LCRN has an active programme of activities that engage the wider workforce to promote clinical research as an integral part of healthcare for all<br>**Assessment Approach:**<br>● Evidence of programme of learning opportunities provided in LCRN Annual Plan and Report<br>● Increased engagement of local partners in promoting the work of the NIHR | Please cross-reference from Section 4.8 and add any additional commentary as required | |
| 7.3 | **Domain**: Workforce, Learning and Organisational Development<br>**Indicator**: The LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics<br>**Assessment Approach:**<br>● Evidence of programme of activities provided in LCRN Annual Plan and Report<br>● Effective approaches shared by Continuous Improvement Leads at national meetings | Please cross-reference from across the Annual Report and add any additional commentary as required, including details of impacts, benefits, lessons learned, and how these have been shared with the wider CRN. | |
| 8.1 | **Domain**: Business Development and Marketing<br>**Indicator**: Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre<br>**Assessment Approach:**<br>● Profile template submitted as part of LCRN Annual Plan<br>● Contact details provided for assigned LCRN Profile lead in LCRN Annual Plan | No further LCRN information required | |
| 8.2 | **Domain**: Business Development and Marketing<br>**Indicator**: The LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy<br>**Assessment Approach:**<br>● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report | Please cross-reference from Section 4.9 and add any additional commentary as required | |
| 8.3 | **Domain**: Business Development and Marketing<br>**Indicator**: The LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers using the template provided by the National CRN Coordinating Centre<br>**Assessment Approach:** LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings | Please report on interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings | |

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

| | | |
|---|---|---|
| 8.1 | Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2018/19. (For example particular studies that require large investment, concentration on a particular specialty) | **None at present** |
| 8.2 | In respect of the LCRN 2018/19 local funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this. | |

| Funding Element | Examples | Description of model | £ | % of Total CRN Funding Budget 2018/19 Budget |
|---|---|---|---|---|
| Host top sliced element | Core leadership team, host support costs, LCRN centralised research delivery team | Core team see organogram in appendices. Host costs 2% of total budget. | £1,463,582 | 8 |
| Block allocations | Primary care, clincal support services (i.e. pharmacy) | Primary care RSI scheme, primary care research nurses x 6, GP research locality leads x 5 and primary care service support cost budget. £45,500 is provided to the regional genetics laboratory at Salisbury to support genetic diagnostics related to research across Wessex. Other clinical support services are funded by partner organisations from their core allocations. | £1,068,115 | 6 |
| Activity based | Recruitment HLO 1, number of studies | Based on percentage of recruitment into band 2 and 3 studies adjusted for complexity excluding primary care as that allocation is top sliced | £12,064,171 | 68 |
| Historic allocations | PO funding previously agreed | - | - | 0 |
| Performance based | HLO performance, green shoots funding | There are three elements to this performance premium for commercial and non commercial RTT. The commercial RTT is £3,000 per 'green' closed study and £10,000 per first global patient. In 2018/19, there was an additional element to encourage partner organisations to focus on a balanced portfolio to maximise complexity weighted recruitment. Complexity because of the weighted ratios cannot be maximised within a defined funding envelope without looking at a balanced portfolio. | £1,126,000 | 6 |
| Population based | Adjustments for NHS population needs | - | - | - |
| Project based | Study start up | Included in core team and allocation to partner organisations. Total equal 4.6% of total budget. | - | - |
| Contingency/strategic funds | Funds held centrally to meet emerging priorities during the year | Funding to support within year cost pressures | £786,050 | 4 |
| Other funding allocations | | CRSL and divisional leads £456,250; executive group and partnership chair £52,000; commercial Lead £12,500; research fellow lead £12,500; research fellows £500,000; the post holders for these positions have been recruited from partner organisations and the funding is passed out the partner organisations. LPMS £112,961; other £50,000. | £1,196,211 | 8 |
| **Total** | | | **£17,704,129** | **100** |
| | | | | |
| Cap and collar | Please provide your upper and lower limits if applicable | | -5% | - |
| | | Minimum £20,000 uplift | 5% | - |

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

| | | |
|---|---|---|
| 8.3 | If the 2018/19 local funding model methodology has changed since 2017/18 please give a brief description of the changes | No change in methodology |
| 8.4 | Please confirm whether monitoring visits will be taking place over the course of 2018/19. If yes, please provide details of which Partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion of your Partner organisations are being monitored (Category A Partners). | Yes, senior management account will schedule visits with all the partner organisation in 2018/19. |
| 8.5 | What are the key financial risks and mitigations for 2018/19? | None identified at present |
| 8.6 | Please provide details of any planned audit of the LCRN Host Organisation in 2018/19 | Host internal auditors have it scheduled in their work plan for 2018/19 |

# Section 9: Non-Supported Non-Commercial Studies

Please provide a list of any studies that your LCRN has decided not to support, or has been unable to support, in the 2018/19 financial year, where the study had no feasibility concerns but the study was not supported for other reasons, e.g. funding constraints or study not meeting value for money metric. See Eligibility Criteria for NIHR Clinical Research Network Support; https://www.nihr.ac.uk/funding-and-support/documents/study-support-service/Eligibility/Eligibility-Criteria-for-NIHR-Clinical-Research-Network-Support.pdf

| CPMS Study ID | Study Title | Priority Category | Name of the LCRN Partner(s) that did not support the study | Primary reason for non-support | Comments |
|---|---|---|---|---|---|
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## Section 10: Appendices

| Ref no | Title | Link |
|---|---|---|
| **Provided by CRNCC (please update and return as part of the 2018/19 Annual Report)** | | |
| 10.AR Appendix 1 | Category B Partner organisations | https://docs.google.com/spreadsheets/d/1KiEtIvsBauDMX0h0rLEuIOLl9cgJa_rplW6bS8cIfNw/edit?usp=sharing |
| 10.AR Appendix 2 | Category C Partner organisations | https://docs.google.com/spreadsheets/d/1SVsAwBClBvD40SbqC-fLr2EXqDwU_co11dqwyIL_P00/edit?usp=sharing |
| 10.AR Appendix 3 | LCRN Fact Sheet | https://docs.google.com/document/d/1ZSxDJ3NTJvoCLI1rBKf2FPzSdHdcrC-UNQOgDEQ5AC4/edit?usp=sharing |
| 10.AR Appendix 4 | Finance Section for the LCRN Fact Sheet | TBC |
| **Provided by LCRN as part of Annual Plan and/or Mid-Year Performance Report (please amend or remove as appropriate for the 2018/19 Annual Report)** | | |
| 10.1 | Business Development and Marketing Profile | https://drive.google.com/open?id=18JdN9DLIZlI1TPgh2EdbrBP_CkxJv41q |
| 10.2 | Risk and Issues Log | https://drive.google.com/open?id=1M9CloeKETf6X_twWJ8B7ghTm6eMc5CzmTQ-lUBaZi1E |
| 10.3 | Funding model | https://drive.google.com/open?id=1wBiOYZj-NjElrExXTIJg0yRg1PLD_ZGpAD0euXQanq4 |
| 10.4 | Organogram | https://drive.google.com/open?id=1uCml6y5gsIT--OV8BsyTNLCBozeJMTVu |
| 10.5 | Finance monitoring visits | https://drive.google.com/open?id=1zcau5jNmpf1e4MghOyMClstuA7s-FyIR |
| 10.6 | High level overview of planned educational activities | https://drive.google.com/open?id=1xDUIp5MoRQ6htwHkkUzQga20DIBjdueF |
| 10.7 | CRN Wessex Campaigns 2018/19 | https://drive.google.com/open?id=1TLxpg0YuihGsVPKTfQSpxHInlhfY5uOo |
| 10.8 | WFD Infographic Wessex Jan 18 | https://drive.google.com/open?id=1taExYXKWuywOL0Dqu98hfrmKtSehmdmZ |
| 10.9 | Workforce Profile Data | https://drive.google.com/open?id=1qGolRlgwjEnVV357Tr9YoNmAWvwyunhv-CZyCyVkO4Y |
| 10.10 | SME engagement programme milestones | https://drive.google.com/open?id=1MoP5L5bFzDgHYZZ42j3JkbG1sQu2jNI_ |
| 10.11 | Primary Care workshops | https://drive.google.com/open?id=1EJIHnS7wVIBtExR6YIwDzTvR2gf5NXwJ |
| 10.12 | Working with Life Sciences | https://drive.google.com/open?id=1rOwmi_YhNYQw16rux7lw4F_dR11jcIjP |
| | | https://drive.google.com/open?id=1GpxkMc6H6Eki5dlif5ZB3XFfTFjF14QwLY04xf3qZuQ |
| 10.13 | Weblinks | https://drive.google.com/open?id=1VMaIn15tDlf7K72Z9JZSdYpuLd-Ea6NQc_rKWkjCil4 |
| 10.14 | Recruitment targets | https://drive.google.com/open?id=1hDfuU1ordMpQJuLht1y1Oh8yWUgXDoDv |
| 10.15 | Workforce Plan | https://drive.google.com/file/d/1z3urRVeM47Igj-vbTBBdoUE2AMqnnL0-/view?usp=sharing |

| 2018/19 LCRN Annual Reporting Requirements |
|---|
| Link to Requirements for LCRN Annual Reports 2018/19 |

## Section 11. Glossary

| Abbreviation | Definition |
|---|---|
| ACS | Accountable Care Systems |
| AHSN | Academic Health Science Network |
| BI | Business Intelligence |
| C&C | Capacity and capability assessment |
| CCG | Clinical Commisioning Group |
| CD | Clinical Director |
| CI | Clinical Investigator |
| CLAHRC | Collaborations for Leadership in Applied Health Research and Care |
| COO | Chief Operating Officer |
| CPMS | Central Portfolio Management System |
| CRN CC | Clinical Research Network Co-ordinating Centre |
| CRSL | Clinical Research Specialty Lead |
| CSU | Commissioning Support Unit |
| CTU | Clinical Trials Unit |
| DCHFT | Dorset County Hospital NHS Foundation Trust |
| DHUFT | Dorset HealthCare University Foundation Trust |
| ETC | Excess Treatment Costs |
| GRANULE | GeneRAtiNg sUrgical rEcruiters for randomised trials |
| HD | Huntington's Disease |
| HEE | Health Education England |
| HHFT | Hampshire Hospitalsl NHS Foundation Trust |
| HLO | High Level Objectives |
| HRA | Health Research Authority |
| HSR | Health Services Research |
| ILD | Interstitial lung disease |
| IOW | Isle of Wight NHS Trust |
| JDR | Join Dementia Research |
| LCRN | Local Clinical Research Network |

| | |
|---|---|
| LPMS | Local Portfolio Management Service |
| MSK | Musculoskeletal |
| NAFLD | Non-alcoholic fatty liver disease |
| NASH | Non-alcoholic steatohepatitis |
| NIHR | National Institute for Health Research |
| ODP | Open Data Platform |
| OOMPH | Our Organisation Makes People Happy |
| PCPS | Primary Care and Population Science |
| PD | Parkinsons Disease |
| PHFT | Poole Hospital NHS Foundation Trust |
| PHT | Portsmouth Hospitals NHS Trust |
| PI | Principle Investigator |
| PIN | Public Involvment Network |
| PPIE | Patient Public Involvement Engagement |
| PRA | Patient Research Ambassador |
| RAD | Research Active Dorset |
| RBCH | Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust |
| RCT | Randomised Controlled Trials |
| RSI | Research Site Initiative |
| SCAS | South Central Ambulance NHS Foundation Trust |
| SFT | Salisbury NHS Foundation Trust |
| SHFT | Southern Health NHS Foundation Trust |
| SIV | Site Initiation Visit |
| SME | Small and Medium sized Enterprises |
| SOLENT | Solent NHS Trust |
| SPARC | Southcoast Perioperative Audit and Research Collaboration |
| SPC | Statistical Process Control |
| SPOC | Single Point of Contact |
| SSS | Study Support Service |
| STP | Sustainability and Transformation Partnership |

| | |
|---|---|
| TOR | Terms of Reference |
| TSP | Technology Support Programme |
| UHS | University Hospital Southampton NHS Foundation Trust |
| WFD | Work Force Development |

[1] Increase early career researcher involvement in NIHR CRN Portfolio research

[2] Increase the number of NIHR CRN Portfolio studies led by trainees as Chief Investigator or co-Chief Investigator

[3] Increase patient access to Cancer research studies across the breadth of the Cancer subspecialties (Brain, Breast, Colorectal, Children and Young People, Gynae, Head & Neck, Haematology, Lung, Sarcoma, Skin, Supportive & Palliative Care and Psychosocial Oncology, Upper GI, and Urology)

[4] Develop the research workforce in cardiovascular surgery

[5] Increase NHS participation in Children's studies on the NIHR CRN Portfolio

[6] Increase intensive care units’ participation in NIHR CRN Portfolio studies

[7] Increase early career researcher involvement in NIHR CRN Portfolio research

[8] Develop the Dermatology Principal Investigator (PI) workforce

[9] Improve primary-secondary care collaboration in the delivery of Diabetes research

[10] Increase trainee involvement in NIHR CRN Portfolio research

[11] Improve recruitment to NIHR CRN Gastroenterology studies

[12] Increase early career researcher involvement in NIHR CRN Portfolio research

[13] Establish links with the relevant professional organisations to encourage and support trainee involvement in NIHR CRN Portfolio studies

[14] Increase the number of recruitment sites for NIHR CRN Portfolio studies funded by the Health Services and Delivery Research programme

[15] Increase the number of recruitment sites for NIHR CRN Portfolio studies funded by the Health Services and Delivery Research programme

[16] Increase access for patients to Hepatology studies on the NIHR CRN Portfolio

[17] Develop research infrastructure (including staff capacity) in the NHS to support clinical research

[18] Increase participation in pre-hospital studies via Ambulance Trusts

[19] Increase participation in Mental Health studies involving children and young people

[20] Understand and develop the research workforce that work in Metabolic and Endocrine-led studies

[21] Increase engagement of orthopaedic champions to support the delivery of Musculoskeletal Disorders studies on the NIHR CRN Portfolio

[22] Increase early career researcher involvement in NIHR CRN Portfolio research

[23] Increase NHS participation in Ophthalmology studies on the NIHR CRN Portfolio

[24] To develop the Oral and Dental research workforce in order to meet the demands of the expected growth in the portfolio following the JLA Priority Setting Partnership

[25] Increase engagement of GP registrars and First Five GPs with NIHR CRN Portfolio research

[26] Develop research infrastructure (including staff capacity and working with local authorities) to support research in Public Health

[27] Increase the number of 'new' Principal Investigators (PIs) engaged in commercial Renal Disorders studies on the NIHR CRN Portfolio

[28] Increase the proportion of NHS Trusts recruiting into Reproductive Health and Childbirth studies on the NIHR CRN Portfolio

[29] Wessex is current ranked first for recruitment. Increase access for patients to Respiratory Disorders studies on the NIHR CRN Portfolio

[30] CRN recruitment to Stroke RCTs should be at least 8% of the 2017/18 Sentinel Stroke National Audit Programme (SSNAP)-recorded hospital admissions

[31] Increase patient access to Surgery research studies on the NIHR CRN Portfolio across the breadth of the surgical subspecialties

University Hospital Southampton NHS
NHS Foundation Trust

# 2018/19 Finance Report - Month 12

| | |
|---|---|
| **Report to:** | **Trust Board**<br>**April 2019** |
| **Title:** | **Finance Report for Period ending 31/03/2019** |
| **Author:** | **Gavin Hawkins, Assistant Director of Finance** |
| **Sponsoring Director:** | **David French, Chief Financial Officer** |
| **Purpose:** | **Standing Item** |
| | **The Committee is asked to note the report** |

**Executive Summary:**

**In Month and Year to date Highlights:**

1. In March 2019 the Trust delivered a control total surplus excluding PSF of £1.6m, which was £0.1m below Plan. Year to date the Trust achieved its Control Total surplus of £4.4m excluding PSF. Under the single oversight framework, the Trust has delivered a Finance and Use of Resources score of '1'. By delivering the financial plan, the Trust will receive circa £22m of "core" PSF for the year.

2. The adjusted position of the Trust in the month, once non-recurrent items are excluded, was a £0.7m deficit against a Plan target of £1.6m surplus i.e. £2.3m behind Plan. Whilst the Financial Recovery Action Plan target aimed for improvements in Q4, performance has deteriorated , both in absolute terms and in comparison to plan.

3. For the 2018/19 year overall, the Trust made an underlying loss of £14m, equivalent to £1.1m per month. This is £18m (£1.5m per month) below the Plan expectations.

4. The main themes seen in M12 were:
   - Income was £2m better than Plan, predominantly related to Non-Elective income. However, it was not high enough to fully offset above Plan operating expenditure.
   - Operating costs continue to increase. In particular, pay increased to £41.9m, £3m above plan and £1m higher than February.
   - Agency expenditure breached the monthly NHSI cap for the first time in 2018/19.

5. The cash position is now £0.2m above Plan for the year, an improvement of £2.5m from M11. The improvement in working capital can be attributed mainly to settlement of NHS debt before 31st March. However, it was anticipated that the payables issues arising from the new system would have resolved in Month 12, but this is not yet the case, although a number of planned actions are in train.

6. As a result of achieving the financial control total of £4.4m, the Trust will receive an additional £13.6m of PSF cash as a share of a national "bonus" pot. This cash will support the capital programme in 2019/20.

## Finance: I&E Summary

Total clinical income excl QIPP & PSF but including pass through items was £0.9m better than Plan in the month.

Inpatient activity was estimated to be £2.3m better than Plan, £1.7m related to Non-Elective activity (when including adjs such as MRET etc), outpatient activity was estimated to be £0.4m above Plan and other POD activity (mainly critical care and A&E) to be £0.2m behind Plan.

Pass through exclusions have been estimated to be under Plan by £1.4m, with IPPDDs driving this performance although this is matched within OPEX.

OPEX was £8.1m over Plan excluding QIPP, of which £5m is offset by favourable variance in other income. This will include income to offset expenditure items such as; 1) pay award funding from DH (£0.6m), 2) GP lead employer income (£0.3m), 3) R&D income covering non-pay expenditure (£0.3m).

Other income also includes Non Recurrent adjustments to R&D income of £1m and £0.9m for deferred income items, some of which have matching expenditure accruals.

Additional PSF “bonus” of £13.6m increases the overall surplus from £26.8m to £40.5m.

**Overall: Green**

| Metric | 2018/19 | | |
|---|---|---|---|
| | YTD Actual | YTD Metric | YTD Plan |
| Capital service cover rating | 2.52 | 1 | 1 |
| Liquidity rating | 14.23 | 1 | 1 |
| I&E Margin Rating | 3.10% | 1 | 1 |
| I&E Margin Variance Rating | -0.48% | 2 | 1 |
| Agency Variance from ceiling | 7.92% | 1 | 1 |
| **Use of Resources Average Metric** | | 1.20 | 1.00 |
| **Use of Resources Final Metric** | | 1 | 1 |

| | | Current Month | | | Year to Date | | | | Full Yr | Prior Year to Date | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Plan £m | Actual £m | Variance £m | Plan £m | Actual £m | Variance £m | | **Plan** £m | Actual £m | Var £m | Ave Done £m |
| NHS Income: | Clinical | 60.7 | 61.5 | 0.9 | 713.1 | 711.1 | -2.0 | **A** | 713.1 | 680.0 | 5% | 59.3 |
| | QIPP Reduction | -1.1 | - | 1.1 | -13.5 | - | 13.5 | **G** | -13.5 | - | | |
| Other income | Other Income excl. PSF | 7.8 | 15.2 | 7.5 | 93.3 | 127.9 | 34.6 | **G** | 93.3 | 99.2 | 29% | 10.7 |
| | Core PSF Income | 2.9 | 2.0 | -0.9 | 25.0 | 22.4 | -2.6 | **R** | 25.0 | 15.9 | 41% | 1.9 |
| **Total income** | | **70.2** | **78.8** | **8.6** | **817.9** | **861.4** | **43.4** | **G** | **817.9** | **795.2** | **8%** | **71.8** |
| Costs | Pay | 38.9 | 41.9 | 3.0 | 464.8 | 481.3 | 16.5 | **A** | 464.8 | 451.7 | 7% | 40.1 |
| | Drugs | 9.8 | 9.5 | -0.2 | 108.4 | 109.0 | 0.6 | **A** | 108.4 | 95.0 | 15% | 9.1 |
| | Clinical supplies | 6.7 | 7.0 | 0.3 | 90.2 | 89.0 | -1.1 | **G** | 90.2 | 86.3 | 3% | 7.4 |
| | Other non pay | 8.8 | 13.8 | 5.0 | 107.7 | 127.1 | 19.5 | **R** | 107.7 | 105.1 | 21% | 10.6 |
| | QIPP Reduction | -1.1 | - | 1.1 | -13.5 | - | 13.5 | **R** | -13.5 | - | | |
| **Total expenditure** | | **63.0** | **72.2** | **9.2** | **757.4** | **806.4** | **49.0** | **R** | **757.4** | **738.2** | **9%** | **67.2** |
| **EBITDA** | | **7.2** | **6.6** | -0.6 | **60.5** | **55.0** | -5.5 | **A** | **60.5** | **57.0** | **-3%** | 4.6 |
| | Depreciation | 1.8 | 2.0 | 0.2 | 22.1 | 22.5 | 0.5 | **A** | 22.1 | 21.3 | 6% | 1.9 |
| | Non Operating Income/Expenditure | 0.8 | 1.0 | 0.2 | 9.0 | 5.6 | -3.4 | **G** | 9.0 | 9.8 | -42% | 0.5 |
| **Control Total Surplus / (Deficit)** | | **4.6** | **3.6** | **-1.0** | **29.4** | **26.8** | **-2.6** | **A** | **29.4** | **25.9** | **4%** | **2.2** |
| Less Provider Sustainability Funding (PSF) | | -2.9 | -2.0 | 0.9 | -25.0 | -22.4 | 2.6 | **R** | -25.0 | -15.9 | 41% | -1.9 |
| **Control Total Surplus / (Deficit) excluding PSF** | | **1.7** | **1.6** | **-0.1** | **4.4** | **4.4** | **0.0** | **G** | **4.4** | **10.0** | **-56%** | |
| PSF Bonus | | | | | - | 13.6 | 13.6 | | | | | |
| **Total Surplus including full PSF** | | | | | | **40.5** | | | | | | |

**2018/19 Finance Report - Month 12**

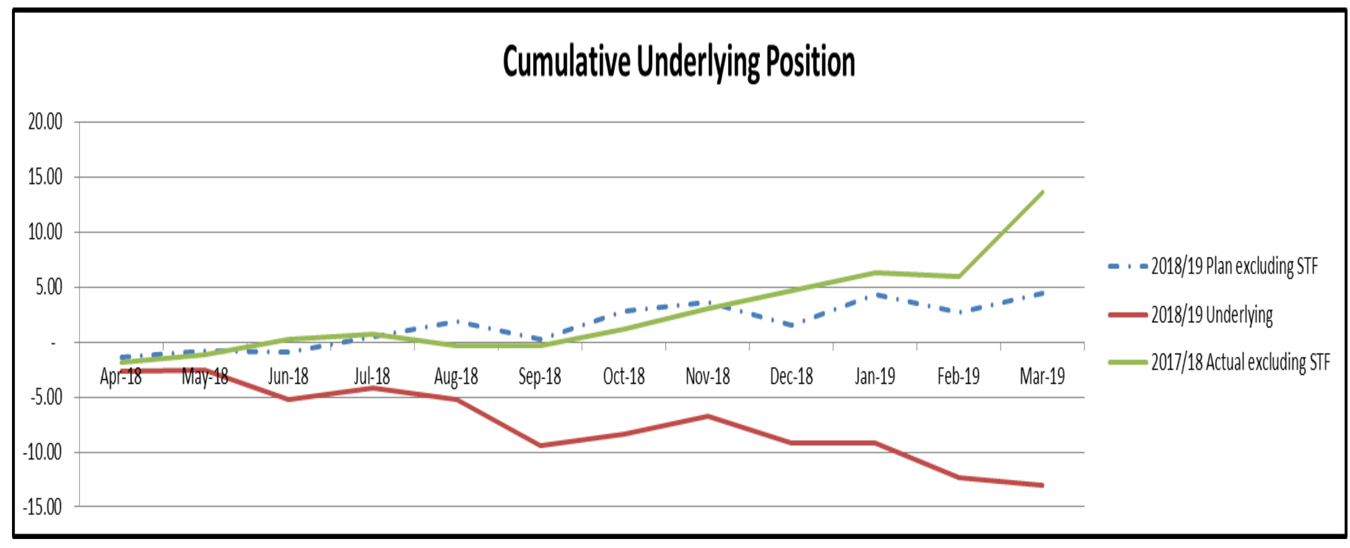
University Hospital Southampton NHS
NHS Foundation Trust

## Underlying Run Rate Position

This graph highlights the income and expenditure financial trend adjusted for one-off items.

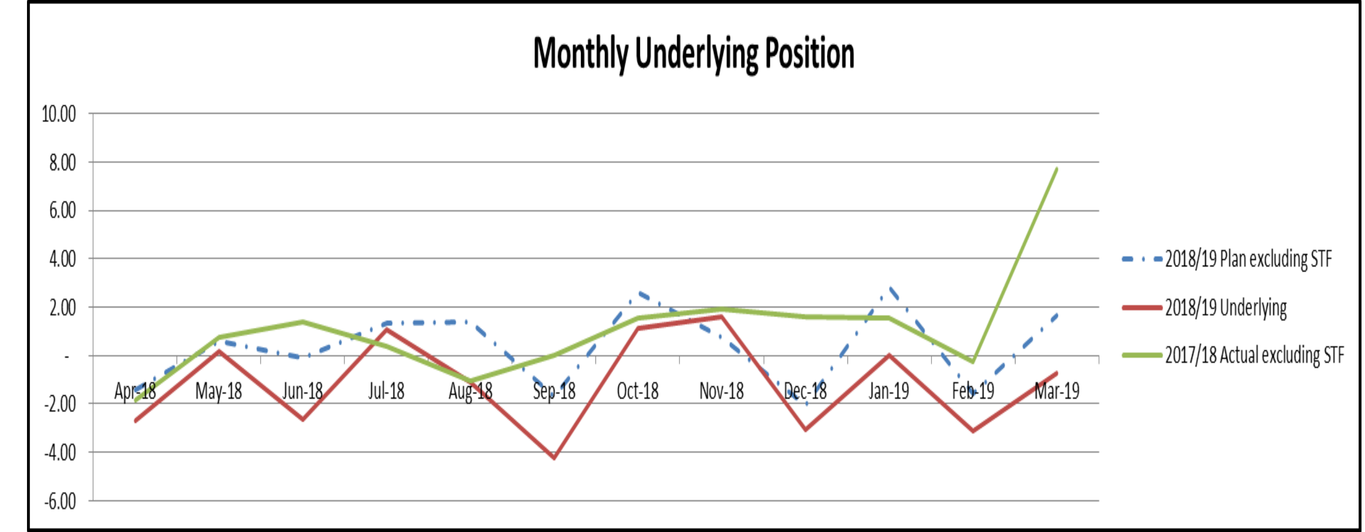
The gap between the adjusted position and 2018/19 Plan widened substantially in August, September and again in January.

The adjusted position for 2018/19 is £13.7m deficit £18.1m off plan – an average of £1.5m per month (Q1 £1.5m, Q2 £1.9m, Q3 £0.6m, Q4 £2m).



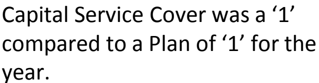

The graph highlights the Trust adjusted in month position of £2.4m off Plan, a £0.7m deficit vs a Plan surplus of £1.7m in the month.

Whilst the Trust achieved its pre PSF Plan for the year of £4.4m surplus the underlying trend continues to be a concern going into 2019/20.



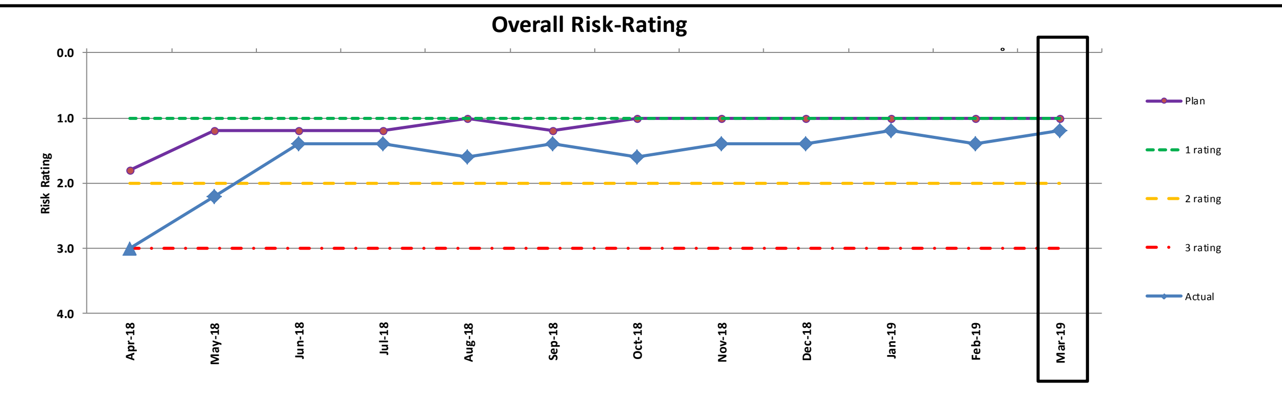
## Use of Resource Metric

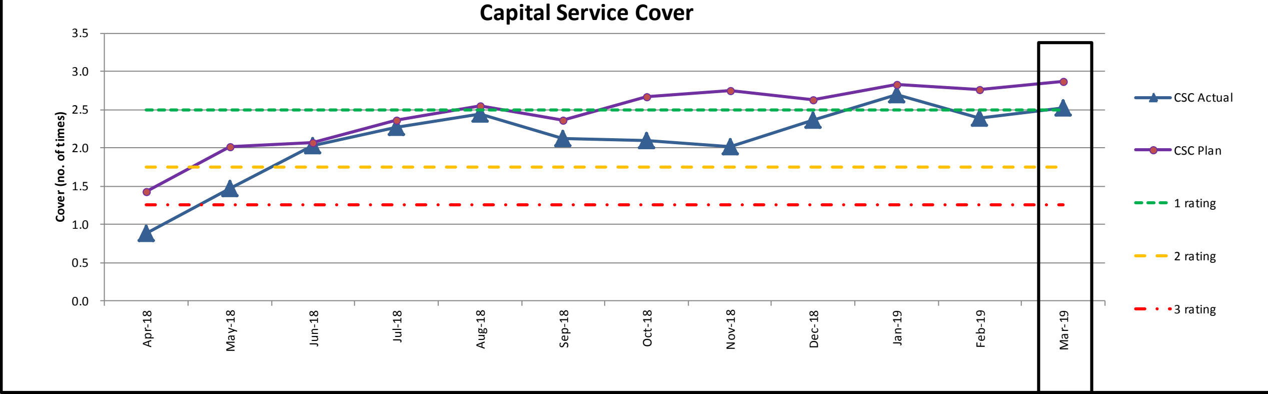
Overall the Trust's Use of Resources score is '1' against a Plan for of '1' for 2018/19.

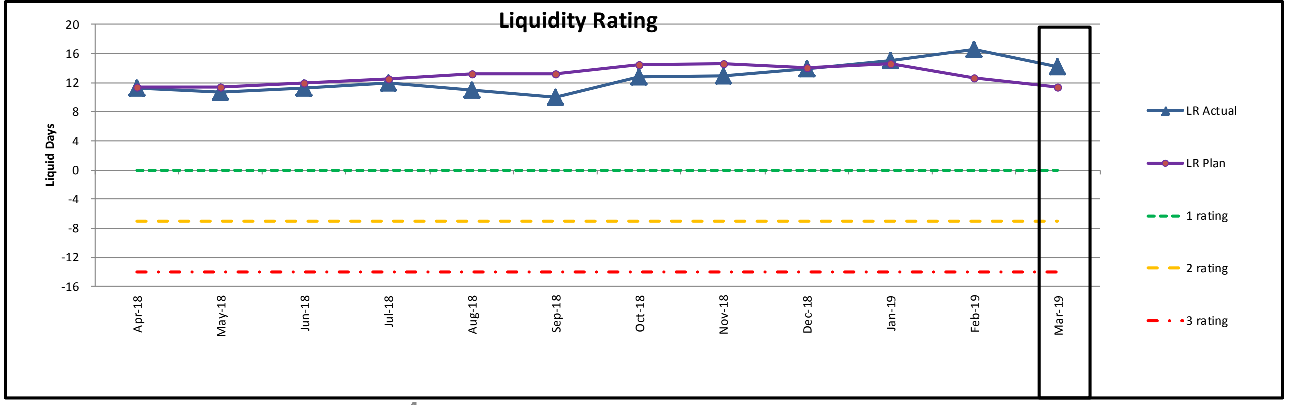


Capital Service Cover was a '1' compared to a Plan of '1' for the year.

Liquidity Rating was a '1' compared to a Plan of '1' for the year.

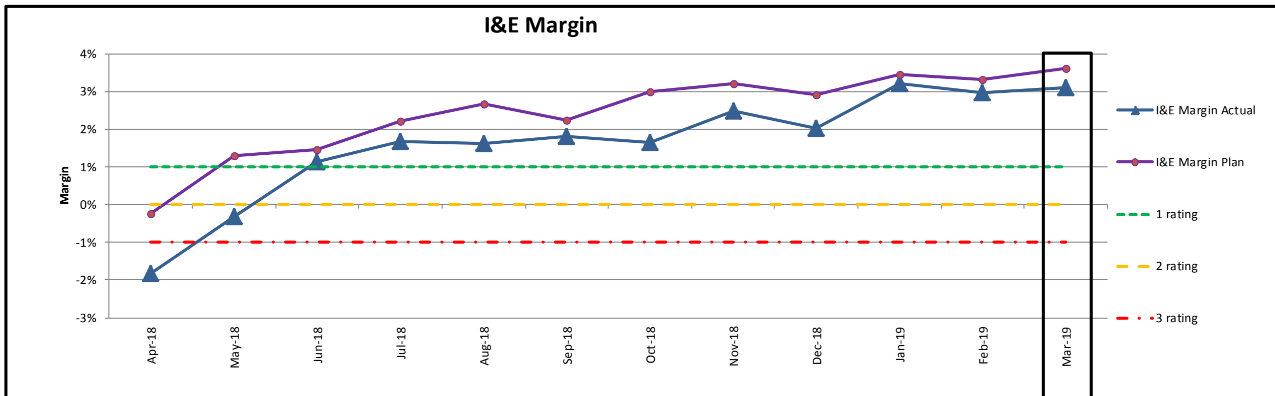


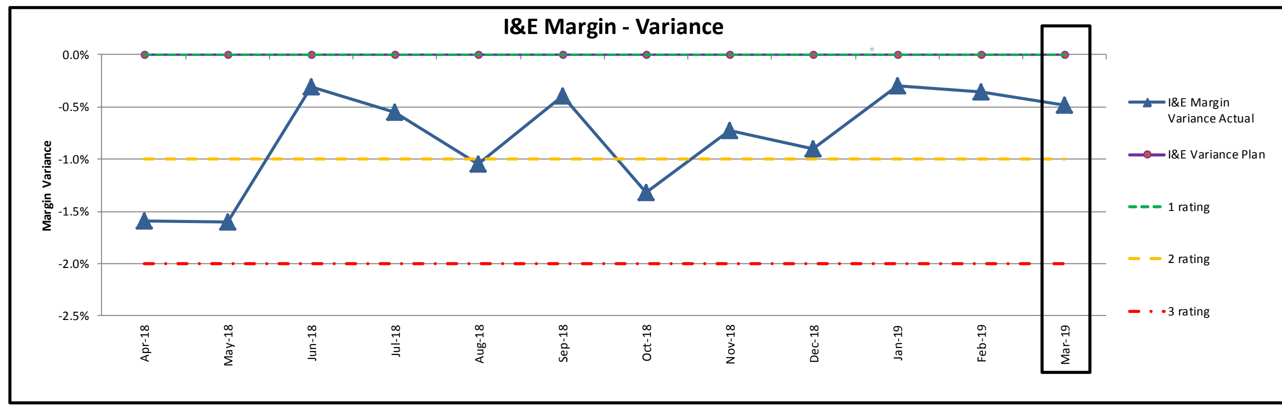



## Use of Resource Metric

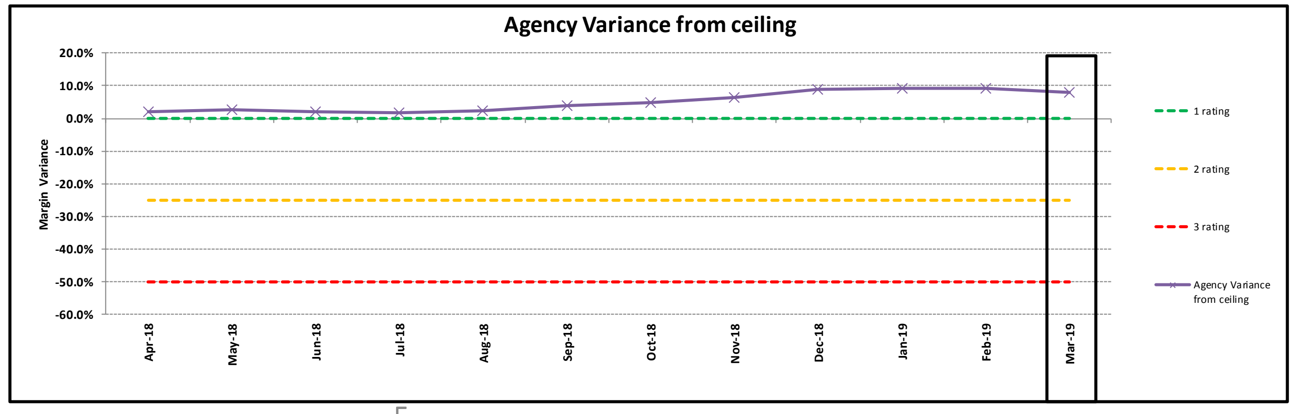
I&E Margin was a ‘1‘ compared to a Plan for the year of ‘1’.




I&E Margin Variance was a '2‘ against a Plan for the year of ‘1’ being 0.51% lower than planned . This was due to a combination of higher income compared to Plan and lower surplus than anticipated.



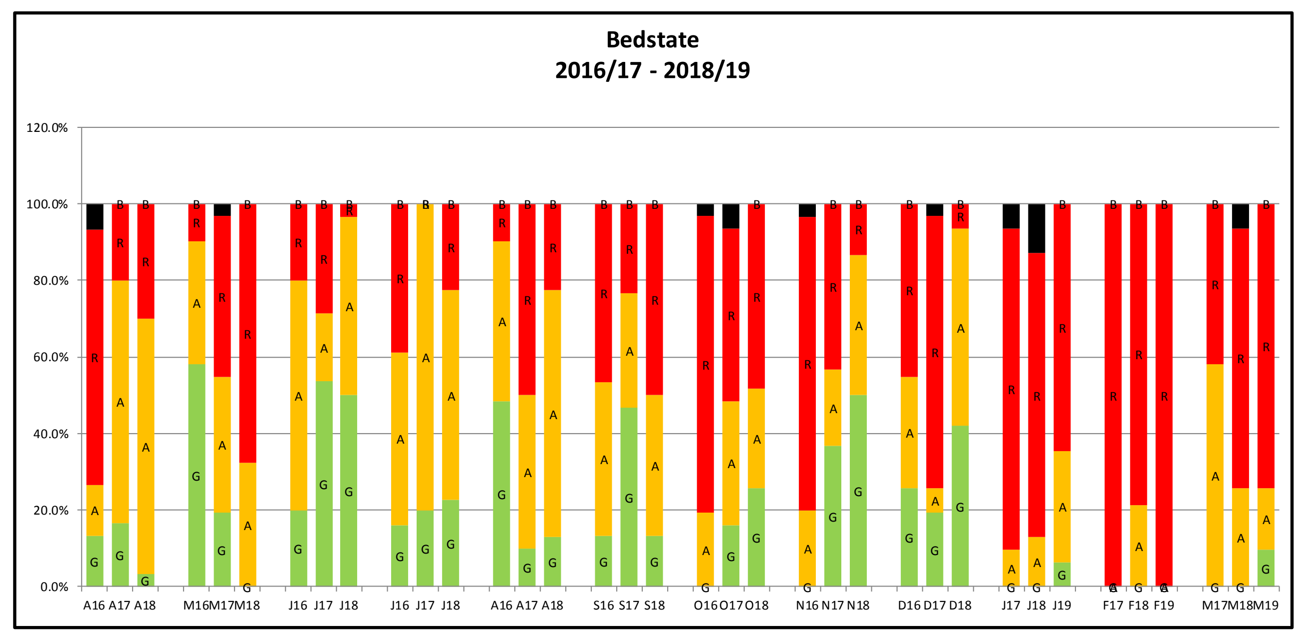

Agency ceiling was a '1’ for the year compared to a Plan of ‘1’.

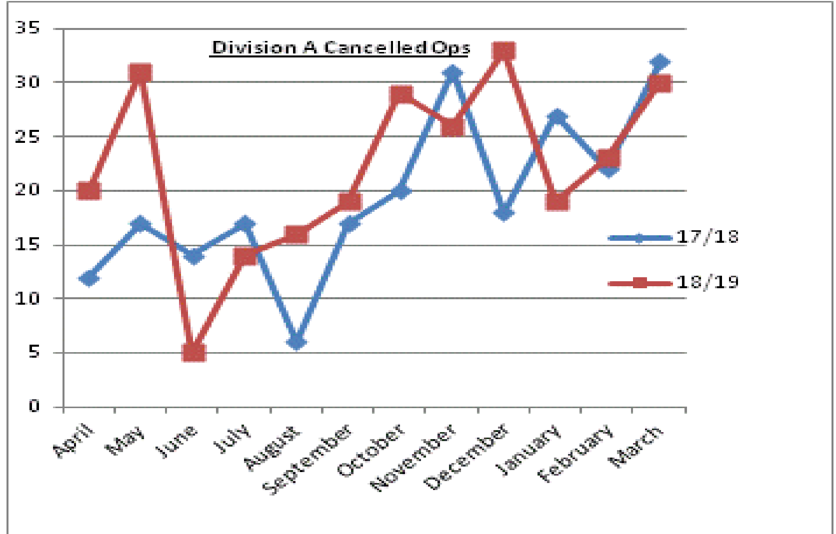


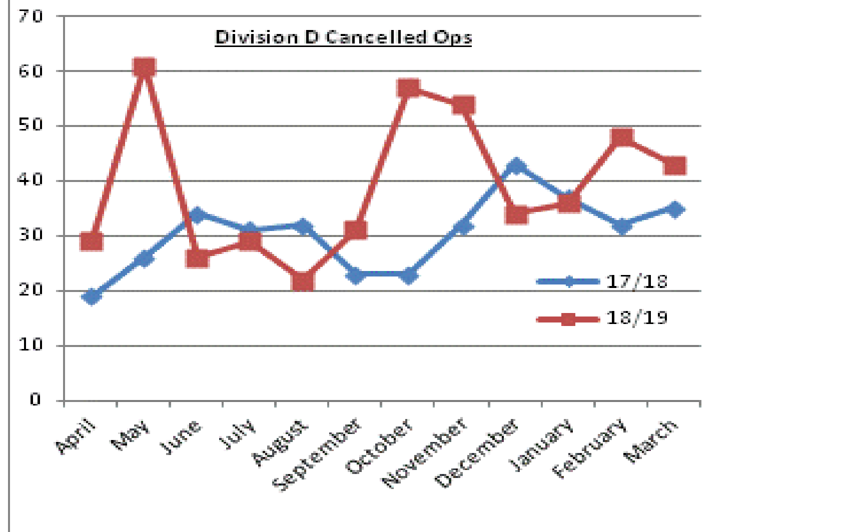
## Bedstate – 3yr Comparison

The bed state in March 2019 was an improvement when compared to March 2018 & 2017 and against February 2019, with the "Best March Ever" initiative helping to maintain flow across the Hospital.

Information below relates to cancelled operations, reflecting on the day cancellations for Divisions A & D and are related to non-clinical reasons for the cancellation. February has been updated following draft numbers being presented previously.



## Provider Sustainability Funding

The total PSF planned in 2018/19 is £25m.

PSF available in Q4 was as follows:
Q4 £ - £6.1m
Q4 A&E - £2.6m
**Total Q4 available: £8.8m**

We achieved £6.1m of PSF in Q4 as the initial and revised A&E performance target was missed.

In total, £22.4m of "core" PSF funding was achieved in 2018/19.

An additional £13.6m has been awarded to the Trust as part of a national "bonus" pot, awarded for the achievement of the financial control total.

**Provider Sustainability Funding 2018/19**

£m
16.00
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00

Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Bonus

## Clinical Income

The chart shows estimated clinical income in March 2019.

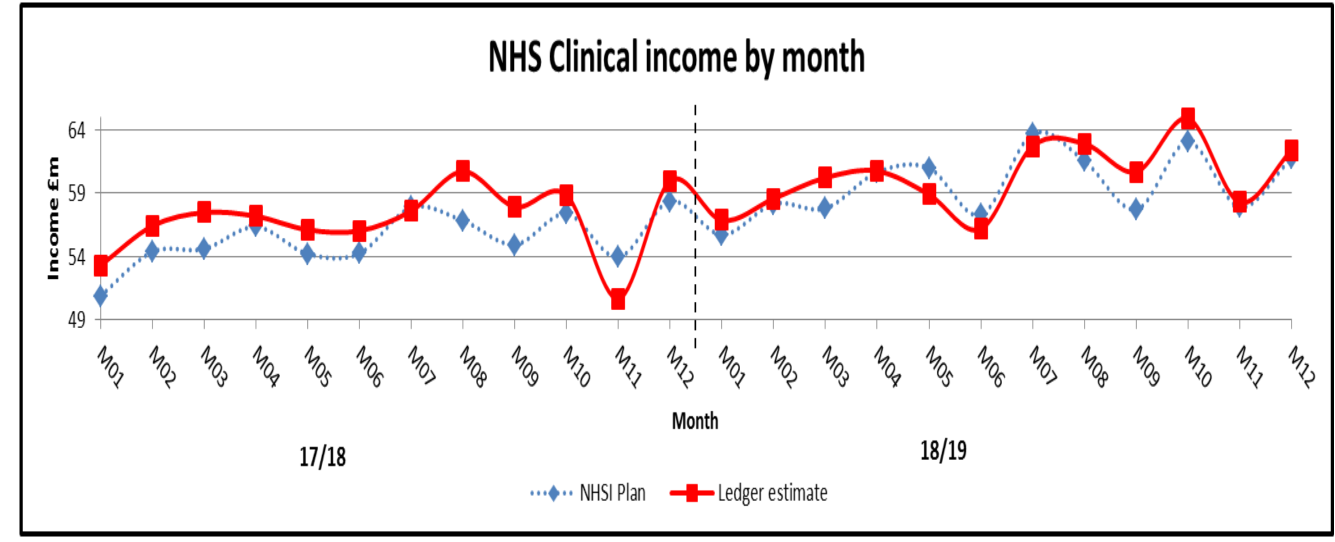
Non-elective inpatient activity was above planned levels. Elective inpatient income was also above planned levels in the month although many high cost areas continue to be below planned levels.

Outpatient activity was above planned levels in the month.

Pass-through drug and device income, within exclusions, was significantly lower than planned levels although this is offset by reduced expenditure.

The Trust continues to provide for commissioner challenges and CQUIN failure which will be resolved as data and reports become available. Provisions were also made at year end to account for the expected impact of fixed year end agreements made with the Trust's main CCGs.

| | 2017/18 | 2018/19 | | | | 2018/19 | | | Monthly Run Rate | |
|---|---|---|---|---|---|---|---|---|---|---|
| POD GROUP | YTD Actuals £000s | Annual Plan £000s | YTD Plan £000s | YTD Estimate £000s | YTD Variance £000s | In Month Plan £000s | In Month Estimate £000s | In Month Variance £000s | Done | To Do |
| **NHS Clinical Income** | | | | | | | | | | |
| Elective Inpatients | £129,480 | £139,279 | £139,279 | £136,420 | (£2,859) | £11,581 | £12,196 | £615 | £11,368 | - |
| Non-Elective Inpatients | £186,491 | £186,781 | £186,781 | £195,968 | £9,187 | £15,911 | £17,585 | £1,674 | £16,331 | - |
| Outpatients | £79,317 | £79,327 | £79,327 | £80,458 | £1,131 | £6,589 | £7,004 | £415 | £6,705 | - |
| Other Activity | £99,463 | £102,973 | £102,973 | £100,969 | (£2,003) | £8,918 | £8,771 | (£148) | £8,414 | - |
| Financial Adjustments | £19,358 | £31,010 | £31,010 | £22,089 | (£8,921) | £2,433 | £1,844 | (£590) | £1,841 | - |
| Other Exclusions | £45,766 | £47,394 | £47,394 | £45,567 | (£1,826) | £3,934 | £3,780 | (£154) | £3,797 | - |
| *Subtotal NHS Clinical Income* | *£559,874* | *£586,763* | *£586,763* | *£581,472* | *(£5,291)* | *£49,366* | *£51,179* | *£1,812* | *£48,456* | - |
| Pass-through Exclusions | £109,678 | £118,202 | £118,202 | £120,108 | £1,906 | £10,634 | £9,223 | (£1,411) | £10,009 | - |
| QIPP | £0 | (£13,536) | (£13,536) | (£400) | £13,136 | (£1,128) | (£33) | £1,095 | (£33) | - |
| **Total NHS Clinical Income** | **£669,552** | **£691,429** | **£691,429** | **£701,180** | **£9,751** | **£58,872** | **£60,368** | **£1,497** | **£58,432** | - |
| **Non NHS Clinical Income** | | | | | | | | | | |
| Private Patients | | £4,993 | £4,993 | £5,619 | £626 | £417 | £605 | £188 | £468 | - |
| CRU | | £2,499 | £2,499 | £3,246 | £747 | £206 | £593 | £387 | £270 | - |
| Overseas Chargeable Patients | | £656 | £656 | £1,022 | £365 | £56 | (£20) | (£76) | £85 | - |
| **Total Non NHS Clinical Income** | | **£8,148** | **£8,148** | **£9,886** | **£1,738** | **£679** | **£1,179** | **£500** | **£824** | - |
| **Grand Total** | **£669,552** | **£699,577** | **£699,577** | **£711,066** | **£11,489** | **£59,551** | **£61,547** | **£1,996** | **£59,255** | - |

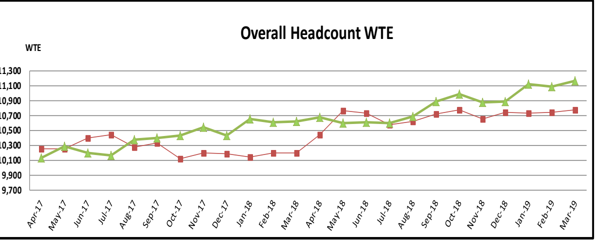


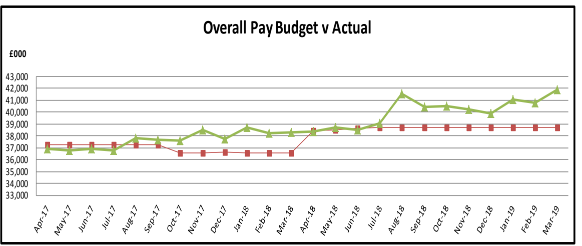
## Overall WTEs (paid) and Staff Costs Substantive, Bank & Agency

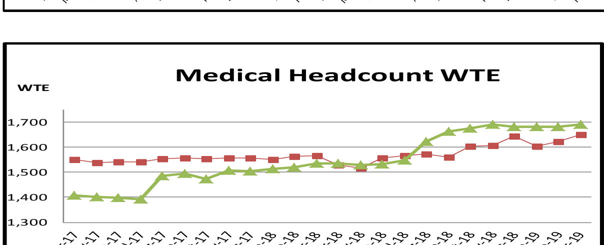
Overall paid wtes in the Trust increased by 82wtes to 11,227 in March 2019 compared to February (50wtes from January 2019).

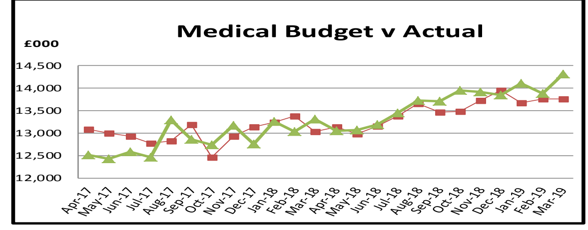
Net of staff recharges, the monthly pay-bill was £41.9m, which includes £0.6m related to the in month A4C pay award, £0.3m to host the GP lead employer programme and £0.2m for medics pay award.

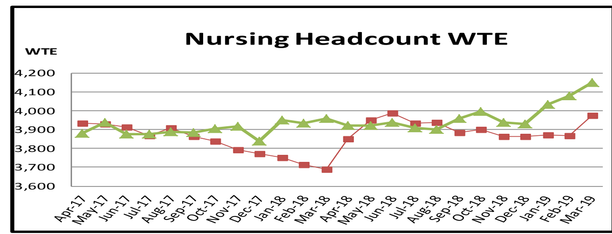
The pay bill spend in March 2019 was £1.1m higher compared to February 2019, £1.9m higher compared to M1-M11 average and £1.4m higher when compared to the average of M8-M11.

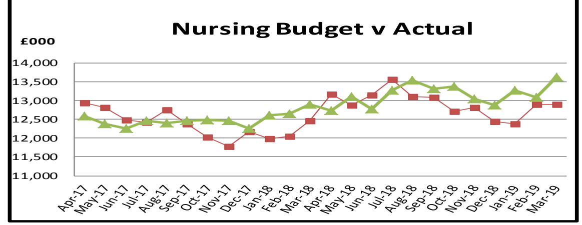


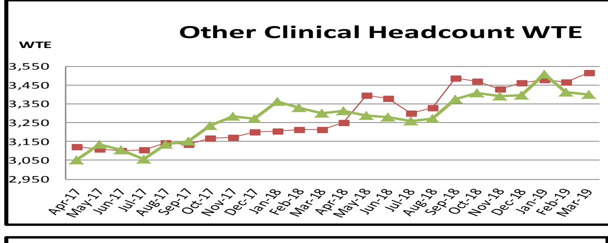



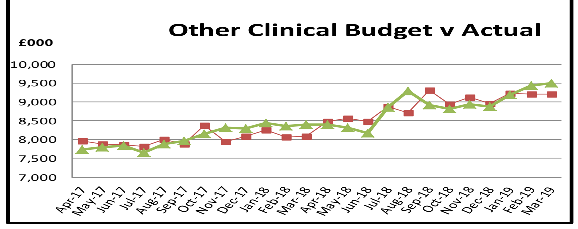



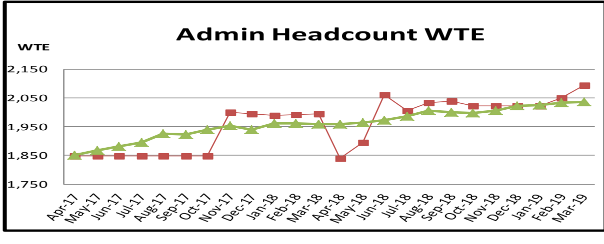



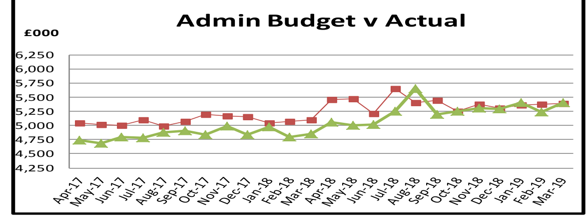




Budget

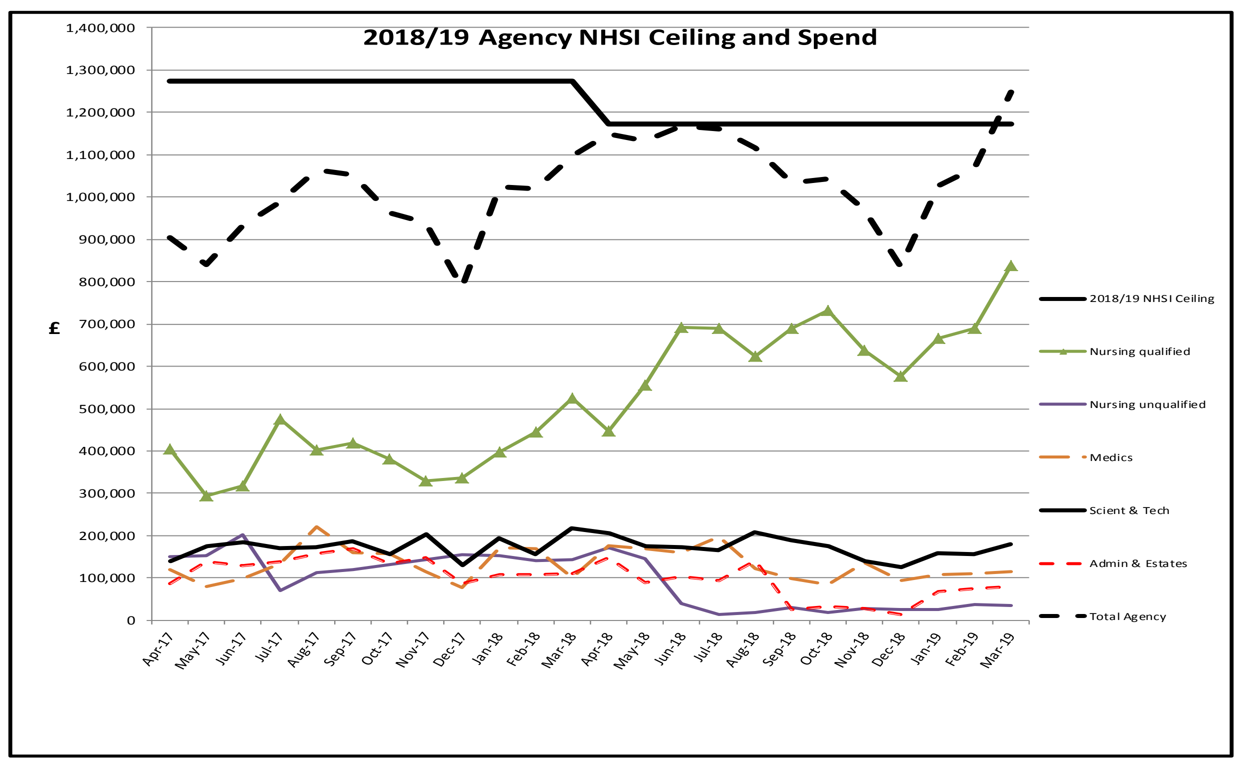
Actual

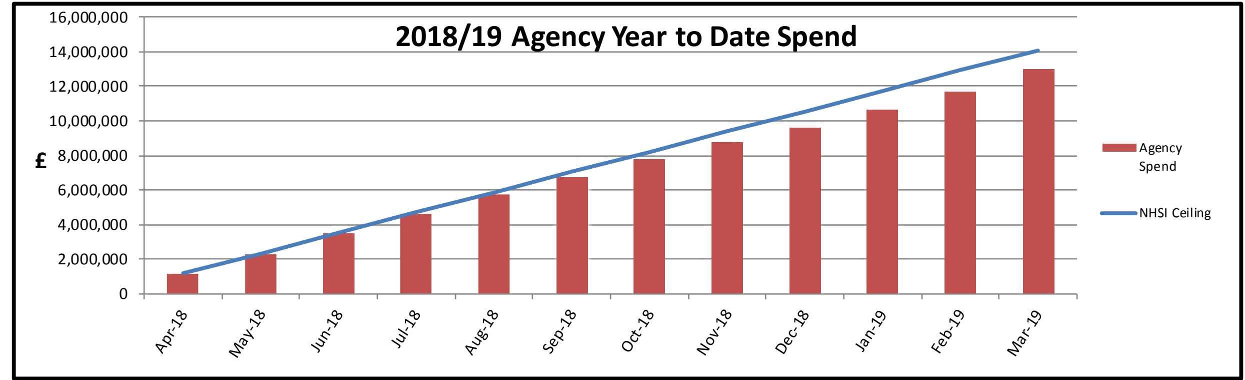
## Temporary Staff Costs

Overall March 2019 agency spend was £1.2m, £0.1m more than the agency NHSI ceiling and an increase from both January and February 2019.

The increase in spend in March 2019 relates to the nursing qualified staff group which is consistent with Divisional feedback on pay bill run rate performance in Divisions A & B.

In Division A alone worked WTEs increased by 56wtes in nursing from February 2019.



## Cash

The cash balance was £0.2m above Plan for the year, an improvement of £2.5m from M11. This was due to improved receivables linked to year end settlements. This was offset by higher capital expenditure in month.

In underlying terms, once payables and receivables timing issues resolve in early 19/20 and assuming PSF bonus is received, the Trust remains on course to deliver to scenario 2 from 18/19.

The future cash forecast and scenarios were updated as part of the 2019/20 Operating Plan.

**Cash**

80.0
60.0
40.0
20.0
-
-20.0
-40.0

Mar-18 M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 Mar-19

Scenario 1 - Plan
Scenario 2 - Neutral / Optimistic
Scenario 3 - Pessimistic
Actual
Linear (Minimum Cash Holding)

## Capital Expenditure

Capital expenditure for the month was £6.2m bringing the YTD spend to £35.8m, £15.1m below Plan for the year.

This can be attributed to a mixture of project slippage and delays in receipt of central funding and pauses in schemes whilst a capital prioritisation process was undertaken.

The major in-month spend related to the delivery of two linear accelerators.

| Scheme | Month Plan £000's | Month Actual £000's | Month Var £000's | Year to Date Plan £000's | Year to Date Actual £000's | Year to Date Var £000's | NHSI Plan £000's |
|---|---|---|---|---|---|---|---|
| Childrens Hospital | 0 | 221 | 221 | 3,734 | 3,410 | (324) | 3,734 |
| IT Schemes | 1,530 | 587 | (943) | 8,955 | 6,908 | (2,047) | 8,955 |
| Strategic Maintenance | 832 | 380 | (452) | 4,500 | 5,118 | 618 | 4,500 |
| Medical Equipment Panel | 387 | 587 | 200 | 2,099 | 2,093 | (6) | 2,099 |
| Radiotherapy Equipment Replacement | 465 | 2,703 | 2,238 | 2,520 | 3,131 | 611 | 2,520 |
| GICU Expansion inc Front Vertical Extension | 1,374 | 49 | (1,325) | 7,451 | 1,107 | (6,344) | 7,451 |
| Theatre Modernisation | 845 | 361 | (484) | 4,300 | 1,026 | (3,274) | 4,300 |
| ED Adult Resus | 230 | 0 | (230) | 1,249 | 119 | (1,130) | 1,249 |
| Neonatal Expansion | 465 | (38) | (503) | 2,522 | 122 | (2,400) | 2,522 |
| Oceanic Park and Ride | 270 | 0 | (270) | 1,463 | 936 | (527) | 1,463 |
| Invest to Save | 216 | 57 | (159) | 3,000 | 147 | (2,853) | 3,000 |
| Urology Day Unit | 238 | (4) | (242) | 1,292 | 96 | (1,196) | 1,292 |
| Steam Project | 209 | 91 | (118) | 1,135 | 247 | (888) | 1,135 |
| Other Schemes | 1,015 | 1,246 | 231 | 9,833 | 11,363 | 1,530 | 6,613 |
| Profiling adjustment- difference between individual plan phasing and original high level plan | 3,220 | 0 | (3,220) | (3,220) | 0 | 3,220 | 0 |
| **Total Excluding Finance Leases** | **11,296** | **6,240** | **(5,056)** | **50,833** | **35,823** | **(15,010)** | **50,833** |
| Leased additions- IISS | 1,315 | 0 | (1,315) | 5,815 | 3,020 | (2,795) | 5,815 |
| Leased additions- Other | 260 | 0 | (260) | 2,000 | 3,313 | 1,313 | 2,000 |
| **Total** | **12,871** | **6,240** | **(6,631)** | **58,648** | **42,156** | **(16,492)** | **58,648** |
| Less: | | | | | | | |
| Losses on disposals | - | (12) | (12) | - | (17) | (17) | - |
| Donated asset additions | (263) | (560) | (297) | (3,156) | (3,453) | (297) | (3,156) |
| **Performance against Capital Departmental Expenditure Limit (CDEL)** | **12,608** | **5,668** | **(6,940)** | **55,492** | **38,686** | **(16,806)** | **55,492** |

| **Cover sheet for a report to the Trust Board of Directors dated Tuesday, 30 April 2019** | | | |
|---|---|---|---|
| **Title:** Chief Executive’s Report | | | |
| **Category** | Chairman's and Chief Executive's Reports | | |
| **Agenda item** | 5.1 | | |
| **Sponsor** | Chief Executive | | |
| **Author** | Paula Head | | |
| **Provenance** | This is a regular report to the Board covering matters of note from the Chief Executive and any actions taken by the Chairman in accordance with the Scheme of Delegation for ratification. | | |
| **Purpose** | The paper is presented for the Board for Review and Ratification of Chair’s actions.<br>1. Signing and sealing undertaken in accordance with SFIs<br>2. Chair’s actions for ratification | | |
| **Relevant to Board goals** | ✓ Goal 1: Improving patient journeys. | ✓ Goal 2: Delivering value-based health and care. | ✓ Goal 3: Supporting healthy lives. |
| | ✓ Goal 4: Building an expert and inclusive workforce. | ✓ Goal 5: Being agile in meeting people’s needs. | ✓ Goal 6: Creating leading-edge research, education, and innovation. |
| **Board Assurance Framework links** | All | | |
| **Equality Impact Assessment** | Not applicable | | |
| **Other standards affected** | Monitor NHS Foundation Trust Code of Governance (probity, internal control)<br>UHS Standing Financial Instructions and Scheme of Delegation | | |

## Chief Executive's Report

### 1. Signing and Sealing

1.1 **Plans pertaining to Lease of Part** in relation to food outlet on Level E, Princess Anne Hospital, Southampton, Hampshire SO16 5YA, to be annexed to the Lease. Reference seal numbers 135 and 136 on 20 November 2017 (Lease of Part and Licence for Alterations between UHS and AMT Coffee Limited relating to the retail space known as Zara's restaurant at Princess Anne Hospital). Seal number 165 on 15 March 2019.

1.2 **Duty of Care Deed** between WSP UK Limited (the Consultant) and University Hospital Southampton NHS Foundation Trust (the Beneficiary) relating to the Highways, Transport, Utilities, Flood Risk and Drainage Consultant and Designer in connection with Masterplanning and submission of outline planning at Adanac Park, Southampton. Seal number 166 on 25 March 2019.

1.3 **Agreement** between University Hospital Southampton NHS Foundation Trust (the Employer) and LST Partnership Limited trading as LST Projects (the Contractor) Executed as a Deed by the Employer, relating to the construction of a Urology Outpatients Day Unit at Level G, Biomedical Research Unit (BRU), Southampton General Hospital. Seal number 167 on 28 March 2019.

1.4 **Joint Framework Agreement** for the Provision of Occupational Health Services between Test Valley Borough Council (TVBC), Winchester City Council (WCC) and University Hospital Southampton NHS Foundation Trust. Seal number 168 on 8 April 2019.

1.5 **Framework Agreement** for Managed Healthcare Facility Services between University Hospital Southampton NHS Foundation Trust (the Customer) and UHS Estates Limited (the Supplier). Seal number 169 on 9 April 2019.

### 2. Chair's Actions

The Board has agreed that the Chair may undertake some actions on its behalf. The following actions have been undertaken by the Chair. All awards of contract are subject to a full tender process.

2.1 **Award of Contract Extension of the Mobile Linear Accelerator for Cancer Care** to IntraOp Medical Corporation, for 5 years at a total cost of £604,980 excluding VAT. At the end of the 5 years the equipment will be the property of the Trust. PLANETS charity will be funding the 60 monthly lease payments of £10,083, which will be VAT exempt. Approved by the Chair on 1 April 2019.

2.2 **Single Tender Action for the Novation of Thermofisher Molecular Microbiology to Backman Coulter under the awarded Pathology Managed Service Contract** for 10 years at a total cost of £1,068,447 excluding VAT, with cash-releasing savings. Approved by the Chair on 2 April 2019.

NHS
University Hospital Southampton
NHS Foundation Trust

<table>
<tr><td colspan="4">Cover sheet for a report to the Trust Board of Directors dated Tuesday, 30 April 2019</td></tr>
<tr><td colspan="4">Title: CRN Wessex Annual Plan 2019/20</td></tr>
<tr><td>Category</td><td colspan="3">Quality, Performance, and Finance</td></tr>
<tr><td>Agenda item</td><td colspan="3">6.1</td></tr>
<tr><td>Sponsor</td><td colspan="3">Medical Director</td></tr>
<tr><td>Author</td><td colspan="3">Rebecca McKay, Chief Operating Officer, CRN Wessex</td></tr>
<tr><td>Provenance</td><td colspan="3">Quarterly performance reports to the Board<br>Plan has been developed with the partners of CRN Wessex and approved by the CRN Wessex Partnership Group on 10 April 2019.</td></tr>
<tr><td>Purpose</td><td colspan="3">The paper is presented for the Board to Approve the annual plan, in accordance with the Performance and Operating Framework, as an appropriate plan for 2019/20 with the assurance that they will receive quarterly updates on progress during 2019/20.</td></tr>
<tr><td rowspan="2">Relevant to Board goals</td><td>☐ Goal 1: Improving patient journeys.</td><td>☐ Goal 2: Delivering value-based health and care.</td><td>☐ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>☐ Goal 4: Building an expert and inclusive workforce.</td><td>☐ Goal 5: Being agile in meeting people’s needs.</td><td>✓ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Board Assurance Framework links</td><td colspan="3">Risk Register references – CRN 01-03, 1497,<br>Assurance Framework – see appendices</td></tr>
<tr><td>Equality Impact Assessment</td><td colspan="3">Not carried out.</td></tr>
<tr><td>Other standards affected</td><td colspan="3">• CQC Well-led Framework https://www.cqc.org.uk/sites/default/files/20180921_9001100_trust-wide_well-led_inspection_framework_v5.pdf</td></tr>
</table>

# CRN Wessex Annual Plan 2019/20

## 1. Introduction or Background

University Hospital Southampton NHS Foundation Trust is the host organisation for the National Institute of Health Research (NIHR) Clinical Research Network (CRN) Wessex. UHS have held the hosting contract for CRN Wessex since 1 April 2014 and the current contract expires on 31 March 2022.

CRN Wessex is one of 15 research networks covering the geography of England supported by the NIHR. The 15 networks receive an annual budget of just under £300m and Wessex receives almost £18m (6%). In accordance with the Performance and Operating Framework, section B3, the Board is required to formally approve the CRN Wessex Annual Plan. The plan is required to be submitted on a mandated template setting the direction for the Network for the financial year highlighting initiatives, projects and activities.

The content of the Annual Plan has been developed in collaboration with its partners and approved by the Partnership Group. The Board are asked to ratify that decision.

Plan builds on the success of the previous four years, but the ambition for growth have been tempered by the 'flat cash' settlement for the 15 research networks from DHSC and at present there is no indication that the 'pay deal' cost pressure will be funded. The Network will look to maximise efficiencies through continuous improvement to maintain performance.

Performance in 2019/20 is important as 20 percent of the funding allocation for 2020/21 will be performance related. The Board will be updated quarterly on performance.

## 2. Analysis and Discussion

CRN Wessex sustains a culture of continuous improvement across all areas of activity in order to optimise performance.

Performance in context since 2014. CRN Wessex has increased recruitment by over 30 per cent with a 20 per cent increase in funding.

Key initiatives for 2019/20:

- **Optimise study delivery** for both commercial and non-commercially funded research – recruitment to time and target has improve for both portfolios. Now 70% and over 80% respectively. However, UHS has the largest commercial portfolio with an RTT of less than 60%. The Network will be working with UHS to improve this in 2019/20 and maximise the opportunity to attract a high through centre announced in the Life Science Strategy – Sector Deal 2.

- **Improve research experience for particip**ants – the Network will support partner organisations to elicit patients views on participation in research via an annual patient survey. Demonstrating that we value their contribution and their experience of taking part in research. This information will be used to inform improvements in research delivery and the patient experience of being a participant.

- **Technology Support programme** – the programme in partnership with the Wessex AHSN aims to facilitate the progression of new health technologies through the planning, design and implementation of appropriate clinical investigations. A series of themed calls supported by clinicians are planned for 2019/20.

- **Supporting research in diverse settings** – the Network will support research in non NHS setting with an embedded researcher in Southampton City Council. The researcher will look at the barriers and opportunities to supporting a portfolio of research in a local authority to examine the wider determinates of health.

- **Supporting research with advanced therapeutics** – continued support for an ambitious programme of work at UHS that includes gene therapy for haemophilia and CAR T cell immunotherapy.

- **Digital enablement** – there are many elements to this aspect of the Network's programme of work. Examples include Cancerline to democratise access to cancer studies and social media campaigns to access more diverse and hard to reach patient populations.

- **Wessex wide training and engagement events for researchers** – broad spectrum of events are planned for all members of research teams. To foster cross organisational, cross sector working and foster research collaborations beyond Wessex.

- **Primary care** – the Network will work closely with the five CRN Wessex GP Research Champions to review the funding model for research and ensure that any infrastructure is aligned with the new primary care networks.

## 3. Conclusion

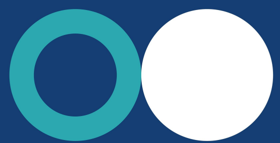
The Annual Plan sets out an ambitious programme of work to be delivered across Wessex within the constraints of the funding settlement for 2019/20.

## 4. Recommendation

University Hospital Southampton NHS Foundation Trust are required to formally approve the annual plan, in accordance with the Performance and Operating Framework, as an appropriate plan for 2019/20 with the assurance that they will receive quarterly updates on progress during 2019/20.

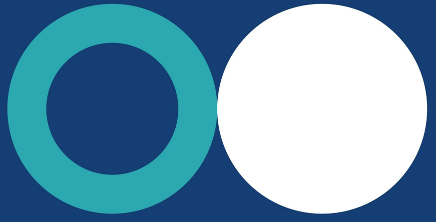
## 5. Appendices

1. CRN Wessex Annual Plan 2019-20
2. Assurance Framework
3. Performance and Operating Framework 2019-20
4. Summary of Funding Allocations 2019-20
5. Infographic summary of plan 2019-20



# Annual plan, mid-year review and annual report

# 2019/20



Date of annual plan submission: 23 April 2019

Date of mid-year review submission: December 2019

Date of annual report submission: May 2020

# Section 1: Host Organisation Approval

| 1A. Annual Plan | |
|---|---|
| Confirmation that this annual plan has been reviewed and agreed by the LCRN Partnership Group: | Yes |
| Date of the LCRN Partnership Group meeting at which this annual plan was agreed: | 10 April 2019 |
| Confirmation that this annual plan has been reviewed and approved by the LCRN Host Organisation Board: | Yes |
| Date of the LCRN Host Organisation Board meeting at which this annual plan was (or will be) approved: | 30 April 2019 |
| **1B. Mid-Year Progress Report** | |
| Host organisational approval and LCRN Partnership Group agreement is not required for the mid-year progress report. | |
| **1C. Annual Report** | |
| Confirmation that this annual report has been reviewed and agreed by the LCRN Partnership Group: | |
| Date of the LCRN Partnership Group meeting at which this annual report was agreed: | |
| Confirmation that this annual report has been reviewed and approved by the LCRN Host Organisation Board | |
| Date of the LCRN Host Organisation Board meeting at which this annual report was (or will be) approved: | |

# Section 2: Compliance with the Performance and Operating Framework

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

| POF area | Annual Plan Compliance | Commentary | Mid-Year Progress Report Compliance | Commentary | Annual Report Compliance | Commentary |
|---|---|---|---|---|---|---|
| **Part A: Context** | | | | | | |
| A.3. Working Principles | Fully Compliant | | | | | |
| **Part B: Performance Framework** | | | | | | |
| B.2. LCRN Performance Indicators | | | | | | |
| Set 1. High Level Objectives | Fully Compliant | | | | | |
| Set 2. Specialty Objectives | Fully Compliant | | | | | |
| Set 3. LCRN Operating Framework Indicators | Fully Compliant | | | | | |
| Set 4. Initiating and Delivering Clinical Research Indicators | Fully Compliant | | | | | |
| Set 5. LCRN Partner Satisfaction Survey Indicators | Fully Compliant | | | | | |
| Set 6. LCRN Customer Satisfaction Indicators | Fully Compliant | | | | | |
| Set 7. LCRN Patient Experience Indicators | Fully Compliant | | | | | |
| B.3. Performance Management Processes | Fully Compliant | | | | | |
| **Part C: Operating Framework** | | | | | | |
| C.2. Governance and Management | Fully Compliant | | | | | |
| C.3. Financial Management | Fully Compliant | | | | | |
| C.4. CRN Specialties | Fully Compliant | | | | | |
| C.5. Research Delivery | Fully Compliant | | | | | |
| C.6. Information and Knowledge | Fully Compliant | | | | | |
| C.7. Stakeholder Engagement and Communications | Fully Compliant | | | | | |
| C.8. Organisational Development | Fully Compliant | | | | | |
| C.9. Business Development and Marketing | Fully Compliant | | | | | |

# Section 5: High Level Objectives

**Columns F-G should be completed as part of the 2019/20 Annual Plan. Annual Plan for HLOs 1 and 7 only i.e. the greyed out rows do not require completion at this time.**
**Column H should be completed as part of the 2019/20 Mid Year Progress Report.**
**Column I should be completed as part of the 2019/20 Year End Report.**

| HLO | Objective | | Measure | National Target | LCRN Target | Annual Plan Commentary (How target has been determined and supporting rationale) | Mid Year Commentary | Year End Commentary |
|---|---|---|---|---|---|---|---|---|
| 1 | Deliver significant levels of participation in NIHR CRN Portfolio studies | A | Number of participants recruited to NIHR CRN Portfolio studies | TBC (A) | 43479 (click link to see partner organisation and specialty targets) | A review of the open and in setup studies on the Wessex LPMS predicts that 18,281 participants will be recruited in 2019/20 based upon historic performance. New studies will be opened within Wessex during 2019/20 that we are currently unaware of. We therefore chose to base the network target on recruitment within the last two activity based funding periods, with a cap and collar of ±5% increase/decrease on targets year on year for each partner organisation. The resultant figure was 43,479. | | |
| | | B | Number of participants recruited to commercial contract NIHR CRN Portfolio studies | TBC (A) | 2,000 | CRN Wessex typically deliver between 3-6% of the national recruitment on to commercial portfolio studies. This local target represents 5% of the national target. | | |
| 2 | Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period | A | Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed CRN sites | 80% | | | | |
| | | B | Proportion of noncommercial studies achieving or surpassing their recruitment target during their planned recruitment period | 80% | | | | |
| 3 | Increase the number of studies delivered for the commercial sector with support from the NIHR Clinical Research Network | A | Number of new commercial contract studies entering the NIHR CRN Portfolio | TBC (B) | | | | |
| | | B | Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies | 75% | | | | |
| 4 | | | This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9. | | | | | |
| 5 | | | This objective is no longer included in 2019/20 High Level Objectives. Replaced by new HLO 9. | | | | | |
| 6 | Widen participation in research by enabling the involvement of a range of health and social care providers | A | Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies | 99% | | | | |
| | | B | Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies | 70% | | | | |
| | | C | Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies | 45% (C) | | | | |
| | | D | Number of non-NHS sites recruiting into NIHR CRN Portfolio studies | TBC (D) | | | | |
| 7 | Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies | | Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, each year | 25,000 | 688 | CRN Wessex have recruited 2.75% of the participants to this specialty since 2016/17 (as of 20 Mar 2019). 688 is the equivalent proportion of the national target. | | |
| 8 | Demonstrate to people taking part in health and social care research studies that their contribution is valued | | Number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey, each year | 10,000 (E) | | | | |
| 9 | Reduce study site set-up times for NIHR CRN Portfolio studies by 5% | A | Average study site set-up time for commercial contract studies, at confirmed Network sites (days) | TBC (F) | | | | |
| | | B | Average study site set-up time for non-commercial studies (days) | TBC (F) | | | | |

HLO TABLE NOTES

1 Site set up time defined as "Date Site Selected" to "Date First Participant Recruited"
2 Average site set-up time defined as the median average of all individual site set-up times for all studies in a reporting year

| | | |
|---|---|---|
| (A) | HLO 1A / 1B | The Ambition values will be the mean of the annual values for the 5-year period 2014/15 to 2018/19 |
| (B) | HLO 3A | The Ambition value will be an increase in the 2018/19 annual value |
| (C) | HLO 6C | Reverted to current value of 45%. Note 2017/18 outturn was 32%, and 2018/19 to Q3 is 33% |
| (D) | HLO 6D | The Ambition value will be the 2018/19 annual value plus 5% |
| (E) | HLO 8 | The Ambition value of 10,000 respondents represents an increase of 14% on the 2018/19 outturn of 8,779 respondents |
| (F) | HLO 9A / 9B | The Ambition value will be the 2018/19 annual value less 5% |

# Section 4: Key Projects

## Infographic click here

This section of the template should be used to detail the key projects to be delivered by the network in 2019/20. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN-cluster collaborative activities or other LCRN collaborations), and projects to be delivered nationally/CRN-wide led locally by the LCRN. Projects to be delivered in collaboration with other parts of the NIHR and/ or other external organisations should also be included.

Supra network initiative

**RAG information:**

The RAG ratings are automated. Please select complete green, amber or red from the drop-down menu in column G and the colour will update automatically.

| | |
|---|---|
| Complete (C) | Milestone complete. |
| Red (R) | The specified deliverable was not delivered by the milestone date. Commentary is mandatory. |
| Amber (A) | There is a risk that the specified deliverable will not be delivered by the milestone date. Commentary is mandatory. |
| Green (G) | On target to deliver the specified deliverable by the milestone date. |
| n/a | The key project and/or outcome is no longer required and therefore this milestone is no longer applicable. Commentary is mandatory. |

| To complete at annual plan stage | | | | | | | To complete at mid-year progress report stage | | To complete at annual report stage | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Ref** | | | **Lead** | **Milestone** | **Links** | **Milestone date** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| n/a | **Continuous Improvement** | Culture of **continuous improvement** across all workstreams. | CI Lead | Delivery of projects as defined below. Sharing of best practice by continuous improvement lead at national meetings . | | Ongoing | | | | |
| **1. Governance and Management** | | | | | | | | | | |
| 4.1.1 | Provide specialist information governance guidance to partner organisations | Up-to-date knowledge of information governance laws and how they apply to research, disseminating any changes through study support meetings or other communications. | BI Manager | All changes to the applicable regulations disseminated to partner organisations and CRN staff in a timely manner. All queries received answered within one week of receipt (annual leave dependent). | | Ongoing | | | | |
| | | | Host - Jonathan Pillinger Cork 0738 4876049 jonathan.pillinger-cork@uhs.nhs.uk | Level 2 for all NHS Data Security and Protection Toolkit annual assessments to NHS Digital | | 31 Mar 2019 | | | | |
| | LCRN Assurance Framework | Review assurance framework with host executive with responsible for the contract to ensure it is meeting the needs of the host and LCRN | BI Manager | Refresh assurance framework as required | | 30 Jun 2019 | | | | |
| **2. Financial Management** | | | | | | | | | | |
| 4.2.1 | Finance monitoring visits | Assurance that partner organisations are compliant with minimum control standards. | Senior Management Account | Complete visits as per schedule and take remedial action as required. | Visit schedule | 1 May 2019 | | | | |
| | | | | Share good practice in Wessex. | Agenda | 23 Sep 2018 | | | | |
| | | | | Supra network finance group to share good practice from monitoring visits with COOs. | | 16 Jul 2019 | | | | |
| 4.2.2 | ETC payments | Timely payment of ETCs to partner organisations. | | Process quarterly payment schedule from CRNCC as per UHS SFIs. Liaise with Assistant Director of Finance, CCG CFO ETC Cluster lead and partner organisations. | | Ongoing | | | | |
| | | | | Costs correctly identified and SoECATs signed off to ensure all grant applications are submitted on time and complete. | | | | | | |
| **3. High Level Objectives** | | | | | | | | | | |
| 4.3.1 | HLO 1 | See section 5 | RDMs | Wessex wide specialty meetings | PO and specialty targets | Quarterly | | | | |
| 4.3.2 | HLO1B | Maintain significant levels of participation in commercial studies. | IOM and Commercial Clinical Leads | Recruit a minimum of 2,000 participants into commercial studies. | | 31 Mar 2020 | | | | |
| 4.3.3 | HLO 2A | Meet 80% RTT in all organisations. | IOM and Commercial Clinical Leads | Monthly performance reports. | Example | Ongoing | | | | |
| | | | | Monthly and quarterly industry themed meetings with R&D teams scheduled. | Schedule | Ongoing | | | | |
| | | | | Manage downtrending studies. | 4.6.1 | 31 Mar 2020 | | | | |
| 4.3.4 | HLO 2B | Meet 80% RTT in all organisations. | RDMs and CRSL | Monthly performance reports. | | | | | | |
| | | | | Quarterly specialty meetings | | | | | | |
| | | | | Manage downtrending studies. | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4.3.5 | HLO 6B | Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies (70%). | IOM and Commercial Clinical Leads | 70% of NHS Trust recruiting to NIHR commercial portfolio studies. | NHS Trust activity chart | 31 Mar 2020 |
| 4.3.6 | HLO 6C | Increase in number of practices delivering or supporting portfolio projects to 35%. | Div 5 RDM | 108 research active practices | | 31 Mar 2020 |
| | | | | Review RSI scheme funding and submit options paper to CRN executive group | | 25 Jul 2019 |
| | | | | Regular visits to practices. Agree visit schedule | | 30 May 2019 |
| | | | | Regular face to face meetings with GP champions | | Quarterly |
| | | | | Supra -network primary care meeting | | tbc |
| 4.3.7 | HLO 6D | Increase research in non NHS settings | PH Facilitator , PH CRSL, Div 5 RDM | | See 4.4.4 | 31 Mar 2020 |
| 4.3.8 | HLO 7 | Maintain significant levels of participation in Portfolio Dementias and Neurodegeneration (DeNDRoN) studies | Div 4 RDM | Continue engagement with sites and researchers via a mix of local and regional meetings, and facilitate CRSL mentoring support. Focus placed on developing home-grown research opportunities and supporting early career researchers. | See 4.4.2 | Ongoing |
| | | | | Create network of dementia researchers to facilitate regional discussions, energise portfolio research and increase networking opportunities and collaborative working. | | 1 Aug 2019 |
| | | | | Collaborative models between Wessex sites explored, including UHS and SHFT, in order to increase research opportunities and activity. | | Ongoing |
| | | | | Successful delivery of a Dementia conference to showcase research across Wessex and highlight the region's expertise. The conference will facilitate networking, support early career researchers, PI/CIs and portfolio development. | | 1 Feb 2019 |
| | | | | Delivery of Wessex Parkinson's Disease forum meeting with CRSL to faciliate networking, support early career researchers, and aid portfolio development. | | 31 Aug 2019 |
| 4.3.9 | HLO 8 | Deliver the patient research experience survey (PRES) and use results to **improve the research experienve for Wessex participants** | Communications and Engagement Manager | A minimum of 500 responses returned to CRNCC. | See 4.7.13 | 31 Mar 2020 |
| **4. LCRN Specialty Activities** | | | | | | |
| 4.4.1 | Bespoke high impact specialty training events to **support a workforce of researchers and innovators** | **Joint Wessex and TVSM surgical research event** to share best practice and trial development opportunities. Opportunity for early career researchers to network with CRSLs, CIs, PIs and research delivery staff. | Deputy COO / Div 6 RDM | Deliver a well evaluated celebration of surgical research event at the Said Business School, Oxford, chaired by Mr James Byrne and Miss P.G. Roy, surgical CRSLs. | Surgery event | 14 Jun 2019 |
| | | Increase engagement in anaesthesia research with **anaesthesia PI training day** to support specialty to be research ready. | Deputy COO / Div 6 RDM | Finalise tailored PI training day, to be delivered by Mark Edwards, anaesthesia CRSL and Kelly Adams, workforce development manager. | Agenda | 13 May 2019 |
| | | RSI primary care event to include study feedback, primary care and seconday collaborative models, guest speakers and networking opportunities. Using same format as well evaluated 2018 meeting. | Div 5 RDM | Deliver well evaluated event with attendance from PCN directors. | | 17 Oct 2019 |
| | | Joint Wessex and TVSM **breast cancer surgery meeting** to facilitate networking and portfolio development. PIs, CIs, early career researchers, and delivery staff invited. | Div 1 RDM | Deliver well evaluated event with attendance from across Wessex. | | 26 Sep 2019 |
| | | Wessex **mental health specialty meeting** to facilitate networking, provide support to early career researchers, and promote PI and CI roles across the region. | Div 4 RDM | Completion of event with broad attendance from across the region, including early career researchers and current or potential PIs/CIs. | | 1 Aug 2019 |
| | | **Dementia conference** to showcase research across Wessex and highlight the region's expertise. The conference will facilitate networking, support early career researchers, PI/CIs and portfolio development. | Div 4 RDM | Completion of event with broad attendance from across the region, including early career researchers and current or potential PIs/CIs | | 1 Feb 2020 |
| | | Link to Wessex training and specialty events | | | | |
| | | **Diabetes** - collaborative research | Div 2 RDM | Newly appointed joint CRSLs and RDM to meet with partner organisations to explore local opportunities and feasibility. | CRSL list | 1 Aug 2019 |

| | | **Diabetes** - collaborative research models between primary and secondary care that meet local need. Increase Wessex recruitment by 10% compared to 2018/19. | Div 2 RDM | Joint CRSLs and RDM to engage with key regional researchers and interested clinicians to explore local opportunities and feasibility. | | Ongoing |
|---|---|---|---|---|---|---|
| | | | Div 2 & 5 RDM | Primary and secondary care working model for diabetes research to be included at the RSI primary care annual meeting. | See RSI event | 1 Oct 2019 |
| | | | Div 2 RDM | Work closely with CRSLs to increase recruitment across Wessex. | | 31 Mar 2020 |
| 4.4.2 | Specialties with potential for **high impact research** programmes for **patients in under represented groups** | **Mental Health** - identify research leads in IAPT and CAMHs services. Increase PIs and/or sub-PIs in MH. | Div 4 RDM | Identify and meet with potential stakeholders for both services. | | 1 Dec 2019 |
| | | | | Mental health sub-specialty CAMHs and IAPT Research Champions identified and confirmed. | | 31 Mar 2020 |
| | | | | Identification of new sub-investigator and/or principal investigator. | | Ongoing |
| | | | | Wessex mental health specialty meeting to facilitate networking, provide support to early career researchers and promote PI and CI roles. | | 1 Aug 2019 |
| | | | | CRSL to provide mentorship to new researchers. | | Ongoing |
| | | **Stroke** - facilitate local discussions to support a Hyperacute Stroke Research Centre (HSRC) application for Wessex. Expand reach of stroke research. | Div 2 RDM | Facilitate discussions between UHS and potential regional partners. | | 1 Dec 2019 |
| | | | | HSRC application submitted, next call for applications expected during 2019. | | 1 Dec 2019 |
| | | | | Identify potential stakeholder organisations to extend reach of stroke research | | 1 Jul 2019 |
| | | | | Meet with potential stakeholders to explore opportunities and build new research relationships. | | 1 Dec 2019 |
| | | **Dementia** | Div 4 RDM | Collaborative models explored between key dementia research sites, including SHFT and UHS. | | Ongoing |
| | | Develop dementia **national rater programme.** | | Formation of a national steering committee consisting of experienced dementia raters to identify need and build a national rater programme for commercial research | | 31 Mar 2020 |
| | | Create **network of dementia researchers** to facilitate regional discussions, energise portfolio research and increase networking opportunities and collaborative working. | | Formation of a new Wessex Dementia committee consisting of key researchers, mainly based in partner organisations and local universities. | CRN Wessex communications and engagement plan | 1 Aug 2019 |
| | | Organisation of the **dementia conference** to showcase research across Wessex and highlight the region's expertise. | | Deliver well evaluated dementia conference. | See 4.4.1 | 31 Mar 2020 |
| | | Promotion of JDR locally | | Delivery of planned promotional activities and analysis completed. Next steps outlined, including promotion at a Wessex led dementia conference. | CRN Wessex communications and engagement plan | 1 Sep 2019 |
| | | Delivery of the **cardiac thoracic surgery research plan** | Div 2 RDM | Work with the UHS R&D team, CRSL, and local cardiothoracic surgeons to facilitate discussions to support implementation of the plan. | Plan | 31 Mar 2019 |
| 4.4.3 | **Digital enablement for research in an integrated care system** | **Primary care website** first point of contact and resource sharing for practices across the region. | Div 5 RDM | Ongoing updates to site with expanding resources and materials available. Referral to site during practice visits. | Website<br>CRN Wessex communications and engagement plan | 1 Apr 2019 |
| | | **Developing population health management and strengthening clinical research** across primary care in Hampshire and the Isle of Wight - targeted identification of people able to benefit from screening and participation in clinical trials. | Project Manager | Agree project plan for roll out of platform for study feasibility with CHIA and CHIE | CHIA<br>CHIE | 1 Jul 2019 |
| | | | | Align work programmes with PCNs | A five-year framework for GP contract reform to implement The NHS Long Term Plan | 31 Mar 2020 |
| | | | | Explore study feasibility project with CPRD | | 1 Sep 2019 |
| 4.4.4 | Supporting **research in diverse settings** | **Public health and hospice care** | PH Facilitator , PH CRSL, Div 1 RDM | Embed research facilitator role within local authority to support public health studies. | | Ongoing |
| | | | | Work with RDS to raise awareness of social care and public health research and to support grant applications within these areas. RDS representation at OMG. | | Ongoing |
| | | | | Develop relationships with hospice sites (Oakhaven). | | 1 Sep 2019 |
| | | Identify PERUKI leads within A&E services across Wessex to deliver portfolio of research developed by PERUKI. | Deputy COO / DIV 6 RDM | Regional PERUKI meeting chaired by Rob Crouch, Wessex injuries and emergencies specialty lead, hosted by CRN Wessex. | PERUKI | 26 Jun 2019 |
| | | **Stroke**- Expand reach of stroke research. | Div 2 RDM | Identify potential stakeholder organisations. | | |
| | | | | Meet with potential stakeholders to explore opportunities to expand reach of stroke research. | | 1 Dec 2019 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | Work with UPDA to further develop **dental** portfolio, workforce and to promote applications for the portfolio in both NHS and community settings. | Division 5 RDM | Continued growth of portfolio applications and access of study support services. | CPMS 35298 | Ongoing |
| | | | | Engagement with non NHS organisations who are involved in provision of/assist access to oral and dental services with a particular focus on Portsmouth. | CMPS 39478 | Ongoing |
| **5. Research Delivery** | | | | | | |
| 4.5.1 | **Innovative research delivery models** | Collaboration/**hybrid models** across primary care, community and secondary care. | RDMs, IOM and Sen Research Nurse | Consortium meetings | Agenda and schedule | Quarterly |
| | | | | | Map | |
| | | | | | RSI event | |
| | | | | Test bed studies: RSV and MDD. | Projects | TBC |
| | | **Diabetes collaborative model** | Div 2 RDM | Develop collaborative research models between primary and secondary care to meet local need. | Diabetes collaborative model | Ongoing |
| | | Delivery of **advanced therapeutic investigational medicinal product (ATIMP) clinical trials** at UHS. | Div 1 RDM and IOM | Deliver haemophilia A gene therapy treatment to patients at UHS for the first time. | CPMS 36483<br>CPMS 36869 | 30 Jun 2019 |
| | | | | CAR T cell therapy to Wessex cancer patients for the first time. | CPMS 38842 | 30 Sept 2019 |
| | | Key priority areas: COPD and asthma | Div 6 RDM and CRSL | **CRN funded fellows to support research delivery into key priority areas** | CPMS 40454 | Ongoing |
| 4.5.2 | **Optimising study delivery with exemplar study support service supporting the adoption of simplified research processes** | Deliver cross divisional plan to monitor local SSS SOPs for commercial and non-commercial studies, using CPMS, LPMS and study progress tracker. We aim to maintain service consistency indicators at the level of 80% for Wessex led studies. | SSS Manager , Deputy COO / Div 6 RDM and IOM | **SSS implementation and monitoring plan.** | SSS implementation plan | 1 Apr 2019 |
| | | | | SSS training schedule for divisional teams. | Workforce plan | Ongoing |
| | | | | SSS meetings with Wessex partner organisations. | TOR, agenda and minutes | Quarterly |
| | | | | Supra network SSS meeting. | TOR, agenda and minutes | |
| | | | SSS Manager | Training APMs | Programme | Ongoing |
| | | Promote benefits of SSS when interacting with CIs and life science industry. | IOM, SSS Manager , RDMs | Clinical engagement meetings and life science partners. | | Ongoing |
| | | Streamline **early feedback service.** | RDMs and IOM | Prompt response to early feedback requests. | Guidance for CRSL | Ongoing |
| | | | | Email to CRSLs. | | Ongoing |
| **6. Information and Knowledge** | | | | | | |
| 4.6.1 | Identifying and managing downtrending performance at study and site level | RTT 80% | BI Manager | To have made use of the existing reports produced by TVSM across the network that show CRN lead studies that have not performed as expected for more than one month. This may be adapted for ODP where it is possible to import historical data. | SRLCRN Business intelligence report to COOs - January 2019 | 1 Dec 2019 |
| 4.6.2 | ODP training | Skilled workforce able to design and develop ODP apps. Explore opportunities for the collaborative development of apps. Agree best app practice in region. | | Staff with a business intelligence role across the supra network will have received QlikView design and developer training if they require it to create and maintain their network's ODP applications. Supra network members with ODP apps to have implemented jointly developed app functionality. | | 1 Mar 2020 |
| 4.6.3 | BI learning resources | High quality **digital learning** resources for BI. | | To have produced training resources for partner organisations and network staff on a platform to be confirmed. Potential topics include:<br>- LPMS and ODP training for most common reports<br>- NIHR hub training<br>- Using Eduroam<br>- Planning recruitment using LPMS data | | 1 Mar 2020 |
| 4.6.4 | Demographics | Segmentation of research participants using demographic data. | | Map object will be created within the LCRN apps and made available to participating organisations to see their aggregate recruitment by postcode, ethnicity and age. | | 1 Oct 2019 |
| 4.6.5 | | Roll out **Cancerline** beyond Wessex. | Div 1 RDM | Plan to be agreed with Matt Seymour. | CancerLine | 1 Mar 2020 |
| | | Successful roll out of near real-time research activity recorded on LPMS (Edge) at site level, within all care settings. | BI Manager | Where the study is not classed as an 'exception', all secondary, primary and non-NHS research sites to be reporting recruitment data either directly on to Edge or via the CRN Wessex portfolio delivery teams. This will be completed on a weekly basis at a minimum. | | 1 Jun 2019 |
| | | | | Attend any appropriate meetings with non-NHS organisations in order to promote the use of LPMS (Edge) to record their research activity. LPMS access and training provided to interested organisations. | | 31 Mar 2019 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Enhanced data infrastructure | All sessional level GP practices will have access to LPMS and at least one trained LPMS lead.<br>All other research active GPs and non-NHS sites will have been given access to LPMS if requested, or directed to use the Google form to report research activity. | Division 5 RDM, BI Manager | Deliver LPMS training to all sites on how to upload recruitment to LPMS or via Google sheet. | LPMS readiness framework | 1 Sep 2019 | | | | |
| | | All partners aware of all new developments with the LPMS. | BI Manager, Commication and Engagement Manager | Completion of the communications plan. | | Ongoing | | | | |
| | | SSS activities will be managed through LPMS rather than offline sources. | BI Manager, IOM, SSS Manager | SSS to be reported for all projects with updates later in the year to reflect national changes in the industry processes e.g. single contract/costing process. | 4.5.2. | 1 Jun 2019 | | | | |
| | | | | There will be expected updates later in the year to reflect national changes in the industry processes e.g. single contract/costing process. | | 1 Jun 2019 | | | | |
| | | Attend any appropriate meetings with non-NHS organisations in order to promote the use of LPMS (Edge) to record their research activity.<br>Edge access and training provided to interested organisations. | BI Manager | Any interested non-NHS site that is responsible for recording their recruitment activity will have received training and access to LPMS. | | 1 Sep 2019 | | | | |
| | | ODP development input provided for the partner app and any other coordinating centre projects as requested. | BI Manager | Volunteer for national business intelligence projects (including the partner app) and develop requested functionality to meet identified user stories, as advised by the CRN CC Head of BI. | Partner app | 1 Mar 2020 | | | | |
| | | Partner organisations and CRN staff involved in early study support services will be fully aware of the capabilities of the CRNCC BI mapping tools on ODP, using these to inform protocol development and site selection. | BI Manager, SSS Manager | All portfolio management staff and representatives from the R&D offices will have been trained on using the apps and also their significance for study design. | Research Targeting Tool | 1 Oct 2019 | | | | |
| | | Comprehensive RSI performance dataset on ODP. | Division 5 RDM, Div 5 APM, BI Manager, | Monitor performance of RSI practices with Wessex ODP app and take mitigation action as required. | Wessex app | 1 Mar 2020 | | | | |
| | | Integration of QVDs into the Wessex ODP app. A faster, more flexible, app that allows a broader range of reports than is currently possible. | BI Manager | Reports on partner organisation commercial performance (see 4.6.9) and their HLOs will be produced. | | 1 Jul 2019 | | | | |
| | | Following availability of industry data from the CRNCC BI team, commercial performance reports will be available to partner organisations on demand. | BI Manager and Commercial Research Coordinator | Commercial performance report available on the Wessex ODP application, updated on the same frequency as the data available on the Portfolio ODP application. | | 1 May 2019 | | | | |
| 4.6.7 | NIHR NHS research activity league table | Report on the performance of the partner organisations and the wider network. | Communications and Engagement Manager, BI Manager | Report and communications including at least one press release, one microsite story and media coverage in collaboration with trusts. | More detail 4.7.4 | 1 Mar 2020 | | | | |
| 4.6.8 | Patient research experience survey | Report on the performance of the partner organisations and the wider network. | Communications and Engagement Manager, BI Manager | Report and associated communications produced. | More detail 4.7.13 | 1 Mar 2020 | | | | |
| **7. Stakeholder Engagement and Communications** | | | | | | | | | | |
| 4.7.1 | Communications and PPIE supra network | **Equity of access-** Explore collecting a baseline data set to better understand the populations served and their health and social care needs. | Communications and Engagement Manager | Use data to inform and develop communications that ensure people are aware of the opportunity to participate in and benefit from high-quality health and social care research studies. | | 1 Mar 2020 | | | | |
| | | **Marketing materials & branding-** Work together to ensure the successful implementation of the NIHR's new visual identity. Collaborate on the development of marketing materials. | | Successful implementation of the NIHR's visual identity across the supra region. Marketing materials addressing local audiences and needs. | | 1 Dec 2019 | | | | |
| | | **Shared learning-** Regular meetings and use of the Google community to share resources, ideas and best practice. | | Bi-annual meetings, populated document repository on Google Drive, regular communication through the Google community. | | 1 Mar 2020 | | | | |
| 4.7.2 | JDR supra network group | Shared learning to support the **promotion of JDR** throughout the supra network region. | | Quarterly telecons to share best practice, ideas and resources. | | 1 Mar 2020 | | | | |

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|---|---|---|---|---|---|---|
| 4.7.3 | Communication & engagement activities aligned with CRN and NIHR strategies. | A programme of activities, tailored to key CRN audiences, detailed in the local communications and engagement plan. | Communications and Engagement Manager | Activities evaluated and measured to demonstrate impact and provide value for money. | CRN Wessex communications and engagement plan | 1 Mar 2020 |
| 4.7.4 | Contribution to **national CRN and NIHR campaigns** and initiatives | Support of national campaigns. | | One press release, consistent social media and staff and patients stories where applicable per campaign. | | 1 Mar 2020 |
| | | Research case studies: three patient and one staff story. | | Four 'our stories' published on the NIHR website and sold in to media where applicable. | | 1 Mar 2020 |
| | | Additional media relations activity to raise awareness of the NIHR and maintain CRN Wessex's positive reputation. | | Two proactive media relations activities secured. | | 1 Mar 2020 |
| | | Local delivery and support of International Clinical Trials Day, Join Dementia Research and Be Part of Research. | | Regular promotion through social media, internal and external communications and events. | Vision | 1 Mar 2020 |
| | | Sharing ideas, best practice and resources with LCRN comms colleagues. | | Attendance of quarterly Network Communication Group meetings and telecons. | | 1 Mar 2020 |
| 4.7.5 | CRN Wessex microsite | CRN Wessex microsite maintained in accordance with the NIHR's digital strategy. | | News, events and training opportunities made available through the CRN Wessex microsite. Use of Google Analytics to monitor engagement with the site. | | 1 Mar 2020 |
| 4.7.6 | **Visual identity** | The NIHR's new visual identity is clearly and consistently applied across all CRN Wessex channels. | | Roll out of the new identity across all digital, print and fixed assets in accordance with the national schedule. | | 1 Dec 2019 |
| 4.7.7 | Promoting research opportunities | Promote research opportunities in line with the NHS England Constitution, using a variety of communication and engagement channels. | | Workplan of PPIE activities delivered in collaboration with partner organisations and evaluated in the 2019/20 annual report. | CRN Wessex communications and engagement plan | 1 Mar 2020 |
| 4.7.8 | Recording research opportunities | Collect metrics to measure opportunities offered to patients and health and social care service users. | | A range of metrics, including website usage, leaflet distribution, social media & engagement events measured and evaluated in the 2019/20 annual report. | | 1 Mar 2020 |
| 4.7.10 | Collaboration with local research organisations | Collaborate with NIHR infrastructure within the south central region and the Wessex Public Involvement Network (PIN) to provide a defined local offer of information about, and access to, research. | | Membership of, and contribution to, regional communications and PPIE networks. | PRA spreadsheet | 1 Mar 2020 |
| 4.7.11 | An active programme of learning activities supporting patient and public involvement in research | Learning activities will include hosting an annual BRP event, promotion of the MOOC and commitment to support any potential roll out of the patient LMS. | | One BRP event delivered in collaboration with PRAs at Dorset County Hospital. Local PRA and PPIE input into the development of the Be Part of Research MOOC. | | 1 Mar 2020 |
| 4.7.12 | **Patient Research Ambassador** (PRA) project | Deliver the PRA project through supporting existing ambassadors, and growing the Wessex ambassador network. | | Four tweets a month to promote the PRA programme. Four PRA case studies or news stories a year. One PRA engagement event. Regular promotion of the PRA role through CRN Wessex communications and events. Monthly reporting to CRNCC. Attendance of monthly PRA telecons. 10% increase in the number of Wessex PRAs. | | 1 Mar 2020 |
| 4.7.13 | **Patient research experience survey** (PRES) | Deliver 2019/20 PRES across all partner organisations. The survey will be designed and delivered by a Wessex working group with membership from partnership organisations and PRAs. | | A minimum of 500 surveys to be returned. Findings from the 2018/19 survey to be taken forward by the working group as part of the 'You said, we did project'. | | 1 Mar 2020 |
| 4.7.14 | CQC's NHS patient experience survey programme | Partner organisations supported in fulfilling CQC 'Well Led' inspection. | | CRSLs fully briefed. At least one 'Well Led' research support event to be hosted in 2019/20, as specified by CRNCC. | | 1 Mar 2020 |
| **8. Workforce, Learning and Organisational Development** | | | | | CRN Wessex Workforce Plan | |
| 4.8.1 | Supra-network digital learning designer | Coordinated approach to digitally enabled learning resources | Supra network group | Appointment to a shared supra-regional digital learning designer post. | Draft job description (t.b.c. by OUH) | Ongoing |
| | | | WFD Lead | Coordinated support for the appointed '70@70' NIHR senior nurse and midwife research leaders from the supra-network. | | 1 Apr 2019 |
| | | | | Wessex representation at the NIHR Strategic Leadership Summit. | | Ongoing |
| | | | | Successful applications for the NIHR Advanced Leadership Programme (2019/20). | | summer 2019 |
| | | | | Use of a ring-fenced budget to support the leadership development of the Wessex core team. | | Ongoing |

| Ref | Objective | Outcome | Lead | Action | Link | Date |
|---|---|---|---|---|---|---|
| 4.8.2 | Supporting the development of **effective networking leaders** | A skilled workforce with the capacity and capability to deliver timely, high quality research. | WFD Lead, Deputy COO / Div 6 RDM& CRSL APOM | Development & delivery of a bespoke PI workshop for anaesthetic trainees with clinical input and leadership from the Wessex APOM specialty lead. | Agenda | 13 May 2019 |
| | | | RDMs | Appointment of champions for all nominated specialties as per the CRN clinical research specialty objectives 2019/20. | | 1 Mar 2020 |
| | | | Div 1 RDM | Development of an online community for the Wessex reproductive health specialty. | | 1 Mar 2020 |
| | | | WFD Lead | Facilitate a successful '7 Habits of Highly Successful People' programme. | | 1 Dec 2019 |
| | | | | Identify how the Wessex ALP alumni can lead in the development of boundary spanning leadership skills to ensure the research delivery workforce have the necessary skills required to work outside of the NHS. | | 1 Mar 2020 |
| | | | RDMs | Provide support to the LCRN Clinical Research Specialty Leads through the creation of a bespoke induction package led by the relevant divisional RDM and divisional lead. Comprehensive schedule of ongoing performace reviews throughout the 2-year period with a final review at the end of the appointment period. | | Ongoing |
| | | | Supra network | Elevator Pitch' Training Day | | 1 Jun 2019 |
| 4.8.3 | Provision of **appropriate learning for patients, carers and LCRN-funded staff** involved in the delivery of of LCRN activities | Continuous personal and professional development of funded staff, patients and carers and consistency in the provision of LCRN services. | WFD Lead and Communications and Engagement Manager | One BRP event delivered in collaboration with PRAs at DCHFT. | | 1 Mar 2020 |
| | | | WFD Lead | All CRN Wessex led training to be managed on NIHR Learn. | | 1 Apr 2019 |
| | | | | Develop new training opportunities. | CRN Wessex Workforce Plan | 1 Mar 2020 |
| | | | | Provision of an appropriate schedule of research training, including GCP programme, valid informed consent and PI workshop. Support for the National Learning Directory. | | Ongoing |
| | | | Supra network | Development of an online induction resource to be shared across the supra-network region. | | 1 Mar 2020 |
| | | | RDMs | Bespoke training (specialty events). | See 4.4.1 | 1 Mar 2020 |
| | | | SSS Manager & WFD Lead | Creation of a training and development package for divisional and industry APMs. | Programme | 1 Dec 2019 |
| 4.8.4 | Establish a **profile of NIHR CRN funded staff** employed within the LCRN geography to aid workforce planning | An understanding of the profile of the research workforce across the Wessex region and ability to contribute to active workforce planning activities with NHS partner organisations and other key stakeholders. | WFD Lead and Senior Management Accountant | Collection of accurate data from the CRN finance tool to inform quarterly reports detailing the current profile of LCRN funded staff across the Wessex region. | | Ongoing on a quarterly basis |
| | | | WFD Lead | Regular meetings with HEE and local Sustainability & Transformation Partnerships (STPs) to understand local staffing contexts. | | 1 Apr 2019 |
| | | | | Build a profile of local CIs & PIs to aid the creation of a Wessex-wide 'Chief Investigator Community' in collaboration with the Southampton Academy of Research, Southampton Clinical Trials Unit, Research Design Service (South Central) and POs. | | 1 Mar 2020 |
| | | | WFD Lead, RDMs and CRSLs | Identify Early Career Researchers (ECRs) across the region by role, organisation and specialty and complete specialty objective report template. | Report template | 1 Sep 2019 |
| | | | | Establish clear pathways of communication with the ECRs to offer training, development & support. | | 1 Jun 2019 |
| | | | | Deliver & evaluate an ECR event to engage ECRs, showcase their achievements, promote further opportunities and develop their skills. | | 1 Jan 2020 |
| | | | Dr Tom Brown & CRSLs | Dr Tom Brown is the clinical lead for regional research fellows and runs a peer support and training programme with four x one-day sessions per year. CRSLs, as per their job descriptions are responsible for clinical leadership and mentorship of ECRs within their divisions. | | Ongoing |
| 4.8.5 | **Senior leader to coordinate workforce planning,** recruitment, development & retention within the LCRN | A named lead, participation in nationally agreed workforce development initiatives and delivery of the CRN Wessex workforce plan. | WFD Lead | Dedicated workforce development lead with administrative support. Reporting directly to deputy COO. Participates fully in all national WLOD meetings & teleconferences and supra-network WFD activities. | | Ongoing |
| | | | | Participation in national WLOD meetings, teleconferences & initiatives including work with the AHCS on CRP development. | | Ongoing as per the agreed schedule. |
| | | | Div 4 RDM | Wessex RDM to lead the national rater training steering group. | See 4.4.2 | Ongoing |
| 4.8.6 | Contribution to the **development of learning & development resources** | A comprehensive programme of local and national learning and development. | WFD Lead | PO senior nurses report back via quarterly meetings | | Ongoing as per the agreed schedule. |
| | | | | Provision of an appropriate schedule of research training, including GCP programme, Valid Informed Consent and PI Workshop. | | Ongoing |
| | | | IOM | Delivery of bi-monthly commercial research webinars and commercial oversight module. | Oversight module<br>Webinars | Ongoing<br>Bi-monthly |
| | | | Div 4 RDM | Experienced Wessex RDM to chair the national Rater development group. | | 1 Apr 2019 |
| | | | | Explore the possibility of hosting a face-to-face meeting and teleconferences. | | Ongoing |

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| | | | | Agreed plan for the development of trained raters nationally and LCRN wide. | | Ongoing |
| | | | WFD Lead | Align locally with national work on identifying the IT skills/training required for research delivery staff. | | Ongoing |
| 4.8.7 | Adherence to quality standards for training and development | A high quality and fit for purpose training provision. | WFD Lead | Experienced, named GCP programme lead for Wessex (Kelly Adams), ensuring a fit for purpose GCP programme locally with administrative support. Use of nationally agreed materials for training where appropriate, e.g. GCP programme. | | Ongoing |
| | | | | All local face-to-face learning to be managed on NIHR Learn in line with agreed national processes. Evaluations to be collected for all NIHR training and assessed as appropriate by the CRN Wessex workforce development lead. | | Ongoing |
| 4.8.8 | **Wellbeing** of LCRN funded staff | A positive work environment for all LCRN funded staff. | Deputy COO | Wellbeing workshop to be delivered at CRN Wessex research nurse, research midwife, clinical trial practitioner and research allied health professional forum on 4th July 2019. | Nurse forum agenda | 4 Jul 2019 |
| | | | | Core team access UHS (host) wellbeing initiatives and will contribute to monthly wellbeing themes that will be developed by the national wellbeing leads group. | UHS Wellbeing stategy | 1 Apr 2019 |
| | | | | NHS staff survey results reviewed with the core team in focus groups and outputs inform local wellbeing initiatives. | Making sense of the staff survey | 1 Jun 2019 |
| 4.8.9 | Engagement of LCRN funded staff | Engagement of LCRN funded staff with NIHR CRN strategic activities. | WFD Lead and Communications and Engagement Manager | See section 4.7.3. | 4.7.3 | 1 Mar 2020 |
| 4.8.10 | Raise awareness of research with NEDs | Wessex NEDs well briefed on value of research to health economy in Wessex. | CRN executive and Wessex AHSN | Engagement event run in conjunction with AHSN. | Agenda | 4 Jul 2019 |
| 4.8.11 | Support for the LCRN workforce plan | Support the continued development, refresh and delivery of the workforce plan. | WFD Lead | Continuously review, monitor and report on progress within the priority areas identified in the workforce plan. | CRN Wessex Workforce Plan | Ongoing |
| | | | | Regular reporting on the profile of the LCRN workforce, including overall proportion working flexibly, skills mix and staff roles. | Workforce report Q3 18/19 | Quarterly |
| | | | | Consider how best to capture accurate and meaningful vacancy and/or turnover rates including local context where required | CRN Wessex Workforce Plan | Ongoing |
| **9. Business Development and Marketing** | | | | | | |
| 4.9.1 | **Primary care commercial research consortium** | Establish a consortium of primary care sites to support clinical research. | Commercial Clinical Lead, IOM, Division 5 RDM and Senior Resaerch Nurse | Consortium offer, objectives, structure, roles and communication channels. | 4.5.1 | 1 Sep 2019 |
| | | Map local research clusters and establish leadership network. | Division 5 RDM and Senior Research Nurse | Primary care commercial routemap available in primary care website. | Primary Care website<br>CRN Wessex communications and engagement plan | Ongoing |
| | | Clear strategic and operational plan. | IOM | Quarterly meetings with primary care and industry partners. | 4.5.1 | Apr, July, Oct and Jan |
| | | Share standard agreements and other relevant documents to streamline research across sectors. | Division 5 RDM, IOM and Sen Research Nurse | Useful documents library available on primary care website. | Primary Care website | 1 Sep 2019 |
| | | Well-trained responsive primary care workforce. | Senior Research Nurse | Primary care nurses/AHP event. | Agenda | 15 May 2019 |
| 4.9.2 | **CRN Wessex industry profile** development | LCRN industry profile highlighting unique selling points of Wessex. | IOM, Research and Innovation Associate and Communications and Engagement Lead | Update content | Wessex microwebsite<br>CRN Wessex communications and engagement plan | 1 Jun 2019 |
| | | | | Publish content | Wessex microwebsite | 1 Jul 2019 |
| | | Support four TSP themed calls. | Research and Innovation Associate | Calls are launched quarterly (Q1 (19/20): Cardiology, launching in March). Subsequent themes to be confirmed. | | Ongoing |
| | | Continue engagement with SME through Study Support Services (Early contant and engagement and early feedback) and education. | Research and Innovation Associate | Ad hoc/general support for SMEs around clinical research and Study Support Services. | Medical Technologies - a guide to the maze for SMEs | Ongoing |

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| 4.9.3 | **Supporting SME ecosystem** | Deliver SME event in collaboration with the AHSN, to promote the development of CI-led projects and technology adoption. | Research and Innovation Associate and Communications and Engagement Manager | Lead and host our second regional health/med tech SME event; planned event date: 1-3 Oct 2019. | | 30 Oct 2019 |
| | | Support joint-up initiatives for industry and medtech. | Communications and Engagement Manager and IOM | One-NIHR promotion through a TSP collaboration with the new NIHR ARC who will be partnering on one TSP call per year; as well as any continue to support initiatives by the supra network to share knowledge and best practice amongst CRNs. | | 1 Dec 2019 |
| | | Assist the UoP SIGHT project with delivering SME business development support, through project board participation and engaging with SIGHT SMEs for any CRN service. | Research and Innovation Associate | To deliver ongoing strategic steering of the project through steering and project board meetings; support SIGHT's SME business surgeries and run one CRN workshop on commercial research. | UoP SIGHT project | Ongoing |
| 4.9.4 | Support BDM team with patient engagement in clinical development service requests | Timely response to patient groups feedback requests from BDM team. | IOM and Communications and Engagement Manager | Patient groups feedback sent back to BDM team. | | Ongoing |
| **10. Life Sciences** | | | | | | |
| 4.10.1 | Commercial supra network | Consistent commercial study support service offering across supra network. | IOM | Quarterly meetings to share best practice:<br>-single contract/cost negotiation process<br>-implementation of new SSS processes (early feedback, effective study set-up and performance monitoring)<br>-training related to commercial research (linking with WFD lead) | Please refer to section 4.5.2 | Ongoing |
| | | | | Report into COO supra-network group. | Meeting schedule and rolling agenda | TBC |
| | | | | Share best practice | | Ongoing |
| 4.10.2 | National Improvement Plan | Improve Stakeholders Engagement. | IOM | Industry routemap final developments. | Industry Routemap | 19 Jun 2019 |
| | | | | Champions programme webinar. | | 19 May 2019 |
| 4.10.3 | **Late phase clinical research centres** | Wessex awarded late phase clinical research centre. | CRN executive group and IOM | Dissemination of bid details. | | TBC |
| | | | | Coordinating bid communication with sites. | | TBC |
| | | | | Bid submission | | TBC |
| 4.10.4 | Engagement with life sciences industry | Good strategic dialogue with key industry stakeholders to review projects and opportunities. | IOM | Meetings with key stakeholders. | | Ongoing |
| 4.10.5 | Exemplar **study support service** | | | Please refer to 4.5.2 | | Ongoing |
| 4.10.6 | Fostering a **commercial research culture** | Increase commercial research awareness and benefits for patients. | IOM and Communications and Engagement Manager | Presentations at local specialty meetings and relevant events. | Specialty meetings and events | Ongoing |
| | | | | Industry themed meetings with partner organisations. | Industry themed meeting schedule | Ongoing |
| | | Share best practice and achievements. | IOM | Promoting global first/EU/UK through local comms. | CRN Wessex communications and engagement plan | Ongoing |
| | | | | Commercial investigators achievement letters. | Letter<br>VISION | |
| **11. New Projects (to be completed at Mid Year /Annual Report if appropriate)** | | | | | | |
| 4.11.1 | | | | | | |
| 4.11.2 | | | | | | |

# Section 6: Specialty Objectives

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

**Columns F should be completed as part of the 2019/20 Annual Plan.**
**Columns G-H should be completed as part of the 2019/20 Mid Year Progress Report.**
**Columns I- J should be completed as part of the 2019/20 Year End Report.**

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

| Annual Plan | | | | | | Mid Year Report | | Year End Report | |
|---|---|---|---|---|---|---|---|---|---|
| **Ref** | **Objective** | **Specialties Included** | **Measure** | **Target** | **Local activities to achieve the national objective** | **RAG** | **Commentary** | **RAG** | **Commentary** |
| 1 | To develop local LCRN schemes/programmes for promoting and improving early career researcher (ECR) involvement in NIHR research | All | A. LCRNs to have at least one named individual who acts as an ECR/Training Lead<br>AND<br>B. LCRNs to demonstrate year on year increases in ECR involvement in at least 50% of specialties (e.g. new PIs or CIs, links with Royal College or other professional organisations, record of ECR staff per specialty and the trials to which they are recruiting – they may not necessarily be LCRN funded) | A. 1 ECR/Training Lead per LCRN<br><br>AND<br>B. 5% Increase in ECR involvement in 50% of all specialties | Identify Early Career Researchers (ECRs) across the region by role, organisation and specialty and complete specialty objective report template. | | | | |
| | | | | | See key projects | | | | |
| | | | | | Establish clear pathways of communication with the ECRs to offer training, development & support. | | | | |
| | | | | | Deliver & evaluate an ECR event to engage ECRs, showcase their achievements, promote further opportunities and develop their skills. | | | | |
| 2 | To increase opportunities for people to participate in health research in less established specialties (<70 open studies on the NIHR CRN Portfolio in April 2018) | • Ageing | Each LCRN to increase recruitment in studies or the number of studies open to recruitment within all of these nominated specialties | LCRN demonstrates either 5% increase in recruitment or 5% increase in open studies in ALL nominated specialties | Small portfolio for Wessex but ECR engagement and development of collaborations with SGL will enable activity for both managed and supported ageing studies. Annual conference led by SGL will increase networking opportunities to develop projects. A new frailty contact for pan Dorset work established to develop collaboration across ICS. | | | | |
| | | • Anaesthesia, Perioperative Medicine and Pain Management | | | PI training event planned for 13th May 2019 to increase delivery of APOMP research across Wessex | | | | |
| | | • Critical Care | | | Wessex is a high performing network for critical care research. Seven out of eight POs with ITUs are recruiting into critical care studies. Focussed attention in 2019/20 on potential for increased activity at SFT and UHS | | | | |
| | | • Dermatology | | | SGL growing portfolio within UHS which will increase activity in 19/20 - new nurse appointed. Research fellow also awarded to Dermatology to develop portfolio. | | | | |
| | | • Ear, Nose and Throat | | | 3 home-grown studies (PATHOS, AMG-319, Head and neck 5000, TAPAS, National Robotic Database). Supported by ENT trainees and ENT RF. | | | | |
| | | • Haematology | | | Wessex is a high performing network for haematology and all eight acute trusts recruited during 2018/19. During 2019/20 we will focus on delivering a suite of commercial haemophia gene therapy trials at Southampton. Southampton will be the only site outside London delivering these groundbreaking studies. | | | | |
| | | • Injuries and Emergencies | | | We will continue working with the specialty lead to generate Wessex led studies. Continuing with site visits to raise awareness of study opportunities. Regional PERUKI meeting planned for 26th June 2019 | | | | |
| | | • Oral and Dental Health | | | Support of Dental Academy to grow portfolio of studies locally. Further development of non nhs settings within the community will enable increased recruitment opportunities | | | | |
| | | • Public Health | | | Embedded researcher role within local authority following scoping report will promote working with NIHR with public health teams | | | | |
| 3 | To broaden participation within well-established specialties, particularly in areas or groups who have historically been underrepresented on the NIHR CRN Portfolio | Cancer<br>• Cancer Surgery<br>• Radiotherapy<br>• Rare Cancers<br>• Teenage and Young Adults | | | Collaboration between primary and secondary care and development pf primary care networks will enable wider participation in all areas. Wessex has an established and active portfolio in these four areas. Cancer surgery, radiotherapy and TYA activity all rose significantly in 18/19 compared with the previous year. Our portfolio is broad with activity in all specialty groups, including rare cancers, and we met the 18/19 specialty objective. Our focus in 19/20 will be to ensure Cancerline (Wessex clinical trial search tool) is fully utilised by PIs across the network so we achieve our aim of increasing patient referrals particularly for rare tumours. We will formally launch Cancerline at a meeting in June and this will be followed by regular monitoring of site activity and a survey mid year to gain feedback from users. | | | | |

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| | | Diabetes<br>● Diabetes managed, Primary Care supporting PLUS Primary Care managed, Diabetes supporting PLUS any specialty managed, if both Diabetes AND Primary Care are supporting | A. Increase recruitment by 5% into at least 50% of the nominated sub-specialties<br><br>B. 2nd year of a two-year objective begun in 2018/19: LCRNs to enact the cardiothoracic surgery workforce plan made as part of the 2018/19 objective | A. 5% increase in recruitment for 50% of the nominated subspecialties<br><br>B. Cardiothoracic surgery workforce plans implemented | Continue to support the two recently appointed diabetes CRSLs to develop localised models exploring how to increase collaboration between primary and secondary care across the region. This will be the focus of an upcoming Wessex wide CRN specialty group meeting (10/05/2019). | | | | |
| | | Hepatology - NAFLD NASH | | | Hepatology: Continue supporting specialty lead to increase delivery of NAFLD and NASH research, particularly linking with trainee lead to establish and support a trainee network | | | | |
| | | Gastroenterology - endoscopy | | | Gastro: Work closely with the specialty lead and the NSG to develop a network of research active endoscopists across the region. This has been a local objective previously which we have found challenging | | | | |
| | | Injuries and emergencies | | | Injuries and Emergencies: Continue working with specialty lead to develop Wessex led studies. Continue engagement across the region through site visits. Support ICA fellow from South Central Ambulance service to develop research opportunities for the region | | | | |
| | | Infection | | | Infection: Continue supporting specialty lead who leads a portfolio of POC studies linked to reducing unnecessary antibiotic prescribing | | | | |
| | | Mental Health<br>● Children and Young People | | | This is a local objective, which we have found challenging. Continue to support CRSL to deliver studies within this sub-specialty including the Eye 2 study ( CPMS ID: 37742). To explore potential research linkage with applicable local services | | | | |
| | | Metabolic and Endocrine Disorders<br>● Obesity | | | Continue supporting CRSL to increase delivery of Metabolic and Endocrine research across the region, including those studies involving obesity. Promotion of the PI role at partner organisations will form part of this strategy. | | | | |
| | | Respiratory Disorders - rare diseases | | | Respiratory is an established portfolio of research in cystic fibrosis and rare lung disease. It is anticipated that this will continue into 2019/20 at the larger centres within the region | | | | |
| | | Stroke<br>● Hyperacute AND Acute Care Studies (sum of both) | | | Continue to facilitate local discussions to support a Hyperacute Stroke Research Centre (HSRC) application for Wessex. Particulary linking with the University Hospital Southampton NHS Foundation Trust. | | | | |
| | | Cardiovascular Disease | | | Work with the University Hospital Southampton NHS Foundation Trust R&D team and local cardiothoracic surgeons to facilitate discussions to support implementation of the cardiacthoracic research plan. | | | | |
| 4 | To ensure specialty or sub-specialty representation and leadership is embedded in all LCRNs | ● Ear, Nose and Throat - Audiology Champion<br>● Infection - STI Champion<br>● Health Services Research Champions<br>● Oral and Dental Health - Primary Care Dental Champion<br>● Public Health Champion<br>● Renal Disorders - Urology Champions | All nominated specialties to have a local named Champion | 15 LCRNs | Work to ensure champions in post for all relevant specialties and sub-specialties, ensuring Wessex is represented at national meetings . Supra-regional workforce development leads to engage with the champion community, build relationships, offer support & develop shared objectives. | | | | |
| 5 | To record the age (or year of birth) of participants recruited into NIHR CRN Portfolio studies in order to assess the extent to which recruitment age profiles match the age demographics of the incidence/prevalence of diseases | ● Ageing<br>● Cancer<br>● Children<br>● Dementias and Neurodegeneration<br>● Mental Health<br>● Neurological Disorders | For the six nominated specialties, 80% of Trusts/Research organisations within each LCRN either to:<br>A. Record age (or year of birth) for NIHR CRN Portfolio study participants from April 2019 so that anonymised data can be extracted from LPMSs directly<br>OR<br>B. Provide the LCRN with a quarterly report of anonymised age data, relating to participants in NIHR CRN Portfolio studies<br>OR<br>C. If neither (A) or (B) above are currently possible within an LCRN, to develop a plan/solution for implementation in 2020/21 that will allow age data to be obtained for participants in NIHR CRN Portfolio studies from 80% of Trusts/Research organisations | For all studies within the six nominated specialties, 80% of Trusts/Research organisations within an LCRN either:<br>A. To record age (or year of birth) in the LPMS<br><br>OR<br><br>B. To provide anonymised age data on participants<br><br>OR<br><br>C. The LCRN to develop a plan that will allow age data to be collected for NIHR CRN Portfolio studies from 80% of Trusts/Research organisations by 2020/21 | Partner organisations entering this information via LPMS | | | | |

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

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

| ID | | Mid-Year Commentary (if required) | Year End Commentary (if required) |
|---|---|---|---|
| 1.1 | **Domain:** Governance and Management<br>**Indicator:** Each LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre<br>**Assessment Approach:** Monitoring of provision of key documents requested by the National CRN Coordinating Centre | | |
| 1.2 | **Domain:** Governance and Management<br>**Indicator:** Each LCRN Clinical Director and/or LCRN Chief Operating Officer attends all National CRN Coordinating Centre/LCRN Liaison meetings<br>**Assessment Approach:** Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings | | |
| 1.3 | **Domain:** Governance and Management<br>**Indicator:** Each LCRN Host Organisation and LCRN Category A Partner submits an NHS Data Security and Protection Toolkit annual assessment to NHS Digital. All NHS Trusts were asked to provide an initial baseline assessment in October 2018.<br>LCRN Host Organisations and LCRN Category A Partners should aim to achieve "Standards Met" (i.e. completed all mandatory evidence items and assertions).<br>If "Standards Not Met" remains after completion or publication, the Host Organisation will be required to assess whether this impacts business delivered on behalf of the NIHR CRN. If this is the case, the Host Organisation is required to submit a report to the National CRN Coordinating Centre outlining the failure and mitigating actions to ensure improvement and achievement of the mandatory data security and protection standards.<br>**Assessment Approach:** Review of submitted Host Organisation Report outlining failures and mitigating actions | | |
| 1.4 | **Domain:** Governance and Management<br>**Indicator:** Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners<br>**Assessment Approach**: LCRN Annual Report | | |
| 1.5 | **Domain:** Governance and Management<br>**Indicator:** Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners<br>**Assessment Approach:** LCRN Annual Report | | |
| 1.6 | **Domain:** Governance and Management<br>**Indicator:** Category C LCRN Partner flow down contract templates used to contract with all Category C LCRN Partners<br>**Assessment Approach:** LCRN Annual Report | | |

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| 2.1 | **Domain:** Financial Management<br>**Indicator:** Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the requirements of the LCRN Minimum Financial Controls Contract Support Document specified by the National CRN Coordinating Centre<br>**Assessment Approach:** Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre | | |
| 2.2 | **Domain:** Financial Management<br>**Indicator:** Deliver robust financial management using appropriate tools and guidance<br>**Assessment Approach:**<br>● Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%)<br>● Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%)<br>● Monitoring of financial management via LCRN financial health check process | | |
| 2.3 | **Domain:** Financial Management<br>**Indicator:** Distribute LCRN funding equitably on the basis of NHS support requirements<br>**Assessment Approach:** Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements | | |
| 3.1 | **Domain:** CRN Specialties<br>**Indicator:** LCRN has an identified Lead for each NIHR CRN Specialty<br>**Assessment Approach:**<br>Each LCRN Host Organisation shall:<br>● Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information<br>● Notify the National CRN Coordinating Centre if there are changes within the financial year<br>● Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies | | |
| 3.2 | **Domain:** CRN Specialties<br>**Indicator:** Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings<br>**Assessment Approach:**<br>Attendance registers for National Specialty Group meetings | | |

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| 3.3 | **Domain:** CRN Specialties<br>**Indicator:** Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews<br>**Assessment Approach:**<br>Review by the National CRN Coordinating Centre of evidence of support provided in LCRN Annual Plan and Report | | |
| 4.1 | **Domain:** Research Delivery<br>**Indicator:** Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN Coordinating Centre and available as part of the LCRN Contract Support Documents<br>**Assessment Approach:** Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead | | |
| 4.2 | **Domain:** Research Delivery<br>**Indicator:** Each LCRN provides near time Minimum Data Set data items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS<br>**Assessment Approach:**<br>● Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework elements of the LCRN Contract Compliance Assurance Framework<br>● Analysis of percentage of missing and inaccurate data points from each LCRN | | |
| 5.1 | **Domain:** Information and Knowledge<br>**Indicator:** Each LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system<br>**Assessment Approach:** Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system | | |
| 5.2 | **Domain:** Information and Knowledge<br>**Indicator:** Each LCRN provides support for ongoing provision of an LPMS solution<br>**Assessment Approach:** Review of budget line for provision of an LPMS in LCRN Annual Financial Plan | | |

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| 5.3 | **Domain:** Information and Knowledge<br>**Indicator:** Each LCRN has in place a senior manager to coordinate business intelligence activities within the LCRN. The identified lead will participate in nationally agreed business intelligence improvement initiatives and attend national NIHR CRN business intelligence meetings<br>**Assessment Approach:**<br>● Attendance registers for national NIHR CRN business intelligence meetings<br>● Individual's name and contact details provided to the National CRN Coordinating Centre | | |
| 5.4 | **Domain:** Information and Knowledge<br>**Indicator:** Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required<br>**Assessment Approach:** Attendance registers for national CPMS-LPMS meetings | | |
| 5.5 | **Domain:** Information and Knowledge<br>**Indicator:** Each LCRN has a plan to ensure that the best researchers, wherever they are based, undertake clinical, and public health and social care research in the areas of England with the greatest health needs<br>**Assessment Approach:**<br>● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report<br>● Monitoring of national metrics relating to the priority disease areas specified by the Department of Health and Social Care | | |
| 6.1 | **Domain:** Stakeholder Engagement and Communications<br>**Indicator:** Each LCRN has an experienced and dedicated communications function to support national CRN, NIHR and local CRN objectives<br>**Assessment Approach:**<br>● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Non-pay budget line for communications identified in LCRN Annual Plan | | |
| 6.2 | **Domain:** Stakeholder Engagement and Communications<br>**Indicator:** Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies<br>**Assessment Approach:**<br>● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report<br>● Evidence of joint work with local NIHR infrastructure reviewed | | |

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| 6.3 | **Domain:** Stakeholder Engagement and Communications<br>**Indicator:** Each LCRN has in place a senior leader experienced in PPIE to support national CRN, NIHR and local CRN objectives<br>**Assessment Approach:**<br>● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Evidence of LCRN PPIE activity and continuous improvement based on recorded participant experience and reported in the LCRN Annual Plan and Report<br>● Non-pay budget line sufficient for PPIE plan delivery<br>● WTE role(s) identified in LCRN Annual Plan | | |
| 6.4 | **Domain:** Stakeholder Engagement and Communications<br>**Indicator:** Each LCRN records metrics of research opportunities offered to patients and users of wider health and care services<br>**Assessment Approach:**<br>● Each LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc.)<br>● Evidence of local participant evaluation system<br>● Progress discussed at national PPIE meetings and reported in LCRN Annual Report | | |
| 6.5 | **Domain:** Stakeholder Engagement and Communications<br>**Indicator:** Each LCRN has in place an active programme of learning activities supporting patient and public involvement in research<br>**Assessment Approach:**<br>● LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets<br>● Non-pay budget line for PPIE and WTE for PPIE role (s) identified in LCRN Annual Plan<br>● Programme of work and continuous improvement in participant involvement, engagement, learning activities and participant experience reported in LCRN Annual Report | | |

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| 6.6 | **Domain:** Stakeholder Engagement and Communications<br>**Indicator:** Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG))<br>**Assessment Approach:**<br>● Review of outcomes as reported within LCRN Annual Report<br>● Review of performance on JDR | | |
| 6.7 | **Domain:** Stakeholder Engagement and Communications<br>**Indicator:** Each LCRN delivers the Patient Research Ambassadors (PRAs) project as specified by the National CRN Coordinating Centre<br>**Assessment Approach:** Evidence of PRA activity, continuous improvement of project delivery and reporting of impacts in LCRN Annual Plan and Report | | |
| 6.8 | **Domain:** Stakeholder Engagement and Communications<br>**Indicator:** Each LCRN delivers and reports on the Patient Research Experience Survey, as specified by the National CRN Coordinating Centre<br>**Assessment Approach:**<br>● Monitoring of the responses to the Patient Research Experience Survey as required by the Patient Research Experience Framework<br>● Patient experience survey findings and impacts reported to CRN Coordinating Centre with an accompanying plan for continuous improvement presented in LCRN Annual Plan and Report | | |
| 6.9 | **Domain:** Stakeholder Engagement and Communications<br>**Indicator:** Each LCRN develops and implements a plan to increase and continuously improve the quality of local healthcare engagement, capitalising on opportunities presented by national strategic initiatives such as new CQC research markers<br>**Assessment Approach:**<br>● Review of plans for continuously improving engagement in LCRN Annual Plan<br>● Review of improvement plan outcomes and impacts as reported within LCRN Annual Report<br>● Evidence of piloting utilisation of new data on being asked about research from CQC Inpatient Experience Survey<br>● Evidence of corporate positioning as a helpful partner in supporting Partnership Organisations with new CQC requirements | | |

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| 7.1 | **Domain:** Workforce, Learning and Organisational Development<br>**Indicator:** Each LCRN has a senior leader in place to coordinate workforce planning, recruitment, development and retention. The identified lead will participate in nationally agreed workforce development initiatives, drive a culture of modern workplace learning, and support the delivery of an integrated approach to workforce development across the NIHR CRN<br>**Assessment Approach:**<br>● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Implementation of the local action plan to support the LCRN Workforce<br>● Review and monitoring of NIHR Learn metrics | | |
| 7.2 | **Domain:** Workforce, Learning and Organisational Development<br>**Indicator:** Each LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff<br>**Assessment Approach:**<br>● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Implementation of a local action plan to support the CRN wide wellbeing framework | | |
| 7.3 | **Domain:** Workforce, Learning and Organisational Development<br>**Indicator:** Each LCRN has an active programme of activities that engage the wider workforce to promote health and social care research as an integral part of healthcare for all<br>**Assessment Approach:**<br>● Evidence of a programme of learning opportunities provided in the LCRN Annual Plan and Report<br>● Increased engagement of local partners in promoting the work of the NIHR | | |
| 7.4 | **Domain:** Workforce, Learning and Organisational Development<br>**Indicator:** Each LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics<br>**Assessment Approach:**<br>● Evidence of a programme of activities provided in the LCRN Annual Plan and Report<br>● Effective approaches shared by Continuous Improvement Leads at national meetings | | |

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|---|---|---|---|
| 7.5 | **Domain:** Workforce, Learning and Organisational Development<br>**Indicator:** Each LCRN has in place a GCP Programme Lead, a suitably qualified individual responsible for strategic oversight of GCP education across their LCRN<br>**Assessment Approach:**<br>● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Annual plan of appropriate face-to-face GCP training, suitably resourced using approved GCP Facilitators<br>● Review and monitoring of NIHR Learn metrics | | |
| 8.1 | **Domain:** Business Development and Marketing<br>**Indicator:** Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre<br>**Assessment Approach:**<br>● Profile template submitted as part of LCRN Annual Plan<br>● Individual's name and contact details provided for assigned LCRN Profile lead in LCRN Annual Plan | | |
| 8.2 | **Domain:** Business Development and Marketing<br>**Indicator:** Each LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy<br>**Assessment Approach:**<br>● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report | | |
| 8.3 | **Domain:** Business Development and Marketing<br>**Indicator:** Each LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers by actively engaging with the Business Development and Marketing team<br>**Assessment Approach:** LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings | | |

# Section 8: Financial Management

| | | |
|---|---|---|
| 8.1 | Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2019/20. (For example particular studies that require large investment, concentration on a particular specialty) | Funding the the NHS pay deal and uplift to NHS employerss pension contribution; ATIMP studies |
| 8.2 | In respect of the LCRN 2019/20 **local** funding model, please complete the following table* by entering the proportion of LCRN funding (%) within the funding elements detailed. If there are any other elements to the model please describe what this is for and the proportion of funding allocated to this | |

**Click to see summary of CRN Wessex funding allocations**

| Funding Element | Examples | Description of model | % budget 2019/20. |
|---|---|---|---|
| A. Host top sliced element | Core leadership team, host support costs, LCRN centralised research delivery team including study suppport services. | Core team see organogram in appendices. | 6% |
| | | Host costs | 2% |
| B. Block allocations | Primary care, clinical support services (i.e. pharmacy) | Primary care RSI scheme, primary care research nurses, GP research locality leads x 5 and primary care service support cost budget. £45,500 is provided to the regional genetics laboratory at Salisbury to support genetic diagnostics related to research across Wessex. Other clinical support services are funded by partner organisations from their core allocations. | 6% |
| C. Activity based | Recruitment HLO 1, number of studies | Based on percentage of recruitment into band 2 and 3 studies adjusted for complexity excluding primary care as that allocation is top sliced | 72% |
| D. Historic allocations | PO funding previously agreed | - | |
| E. Performance based | HLO performance, green shoots funding | There are two elements to this performance premium for commercial and non commercial RTT. The commercial RTT is £3,000 per 'green' closed study and £10,000 per first global patient. Non commercial is based on volume and % RTT for closed studies 70:30 split respectively. | 4% |
| F. Population based | Adjustments for NHS population needs | - | |
| G. Project based | Study start up | Part of core allocation to partner organisations and core team costs. See A & C. | |
| H. Contingency / strategic funds | Funds held centrally to meet emerging priorities during the year | Funding to support within year cost pressures | 1% |
| | | Pay deal cost pressures | 4% |
| I. Other funding allocations | | CRSL and divisional leads £456,250; executive group and partnership chair £52,000; commercial Lead £12,500; research fellow lead £12,500; research fellows £500,000; the post holders for these positions have been recruited from partner organisations and the funding is allocated to partner organisations. LPMS £112,961; other PPI and communications £42,000, TSP £40,000, REDCAP £10,000. | 5% |
| **Total** | | | **100%** |
| Cap and collar | | | 5% cap |
| | | | 5% collar |

| Comments | | |
|---|---|---|
| 8.3 | If the 2019/20 local funding model methodology has changed since 2018/19, please give a brief description of the changes | No change |
| 8.4 | Please confirm whether monitoring visits will be taking place over the course of 2019/20. If yes, please provide details of which partner organisations will be covered and the rationale behind this decision. Please also indicate what proportion (by spend) of your category A partner organisations are being monitored | Yes - all category A partners will be monitored |
| 8.5 | Please confirm how much is being spent on addressing disease prevalence; a minimum of 2% of budget is required. This should be highlighted as 'strategic funding' in the CRN finance tool | 3% research fellows and TSP |
| 8.6 | What are the key financial risks and mitigations for 2019/20? | Net budget cut will put growth of reseach portfolio at risk |
| 8.7 | In which financial year did your previous internal audit take place?<br>Have all of the auditor's recommendations been implemented and, if not, when will they be implemented? | 2018/19 - overall low risk rating awarded indicating a strong control environment.<br>Audit report has been shared with CRN CC |
| 8.8 | If the next internal audit is due in 2019/20, please give the estimated date of the audit | n/a |

# Section 9: Appendices

| Ref no | Title | Link |
|---|---|---|
| **Annual Plan Appendices** | | |
| AP Appendix 1 | Business development and marketing profile | https://docs.google.com/document/d/1AoTDn9dQKZWe9kCAc9KWyybae-UF0_E6uOJU8_ufBhM/edit?usp=sharing |
| AP Appendix 2 | Workforce plan | https://drive.google.com/file/d/1SCOl3BIpaXjrJ_EbvDPP7eRJOizHdElp/view?usp=sharing |
| AP Appendix 3 | Risk and issues log | https://drive.google.com/open?id=1uoeaRJoh4oylIZM1KfjeGTMDPQQUDaL1uoS3oNsCedE |
| AP Appendix 4 | Organogram | https://drive.google.com/file/d/1obPyzapj0UdSqT-a5H14DhfuDn3np9gi/view?usp=sharing |
| AP Appendix 5 | Infographic | https://drive.google.com/open?id=1uupwoZ5w3dEWQevG4zEpzrXnQZwLbWuV |
| Please add additional appendices as needed | | |
| **Mid-Year Progress Report Appendices** | | |
| MYPR Appendix 1 | LCRN fact sheet | |
| MYPR Appendix 2 | Risk and issues log | |
| Please add additional appendices as needed | | |
| **Annual Report Appendices** | | |
| AR Appendix 1 | LCRN fact sheet | |
| AR Appendix 2 | Finance section for the LCRN fact sheet | |
| AR Appendix 3 | LCRN category B providers | |
| AR Appendix 4 | Non-supported non-commercial studies | |
| Please add additional appendices as needed | | |

# Section 10: Glossary

| | |
|---|---|
| ACS | Accountable care system |
| AHSN | Academic Health Science Network |
| ALP | Advanced Leadership Programme |
| APM | Assistant portfolio manager |
| APOM | Anaesthetics and perioperative medicine |
| ARC | Applied Research Collaboration |
| ATIMP | Advanced therapy investigational medicinal product |
| BDM | Business development and marketing |
| BI | Business intelligence |
| BRP | Building Research Partnerships |
| CAMHs | Child and adolescent mental health services |
| CAR T | Chimeric antigen receptor T |
| C&C | Capacity and capability assessment |
| CCG | Clinical Commisioning Group |
| CD | Clinical director |
| CHIE | Care Health Information Exchange |
| CHIEa | Care Health Information Exchange Analytics |
| CI | Chief investigator |
| COO | Chief operating officer |
| CPMS | Central portfolio management system |
| CRN CC | Clinical Research Network Co-ordinating Centre |
| CRSL | Clinical research specialty lead |
| CSU | Commissioning support unit |
| CTU | Clinical trials unit |
| CQC | Care Quality Commission |
| DCHFT | Dorset County Hospital NHS Foundation Trust |

| | |
|---|---|
| DHUFT | Dorset HealthCare University Foundation Trust |
| ECR | Early career researchers |
| ETC | Excess treatment costs |
| GCP | Good clinical practice |
| GRANULE | GeneRAtiNg sUrgical rEcruiters for randomised trials |
| HD | Huntington's disease |
| HEE | Health Education England |
| HHFT | Hampshire Hospitals NHS Foundation Trust |
| HLO | High level objectives |
| HRA | Health Research Authority |
| HSR | Health services research |
| HSRC | Hyperacute Stroke Research Centre |
| IAPT | Improving Access to Psychological Therapies |
| ICS | Integrated care system |
| ILD | Interstitial lung disease |
| IOW | Isle of Wight NHS Trust |
| JDR | Join Dementia Research |
| LCRN | Local clinical research network |
| LMS | Learning management system |
| LPMS | Local portfolio management service |
| MDD | Major depressive disorders |
| MOOC | Massive open online course |
| MSK | Musculoskeletal |
| NAFLD | Non-alcoholic fatty liver disease |
| NASH | Non-alcoholic steatohepatitis |
| NED | Non executive director |
| NIHR | National Institute for Health Research |
| ODP | Open data platform |
| PCN | Primary Care Network |
| PCPS | Primary care and population ccience |

| | |
|---|---|
| PD | Parkinson's disease |
| PERUKI | Paediatric Emergency Research in the UK and Ireland |
| PHFT | Poole Hospital NHS Foundation Trust |
| PHT | Portsmouth Hospitals NHS Trust |
| PI | Principal investigator |
| PIN | Public involvment network |
| PO | Partner organisation |
| PPIE | Patient public involvement engagement |
| PRA | Patient research ambassador |
| PRES | Patient research experience survey |
| QVD | QlikView database |
| RAD | Research Active Dorset |
| RBCH | Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust |
| RCT | Randomised controlled trials |
| RDM | Research delivery manager |
| RDS | Research Design Service |
| RSI | Research site initiative |
| RSV | Respiratory syncytial virus |
| RTT | Recruitment to time and target |
| SCAS | South Central Ambulance NHS Foundation Trust |
| SCTU | Southampton Clinical Trials Unit |
| SFIs | Standing Financial Instructions |
| SFT | Salisbury NHS Foundation Trust |
| SHFT | Southern Health NHS Foundation Trust |
| SIV | Site initiation visit |
| SME | Small and medium sized enterprises |
| SoAR | Southampton Academy of Research |
| SOLENT | Solent NHS Trust |
| SPARC | Southcoast Perioperative Audit and Research Collaboration |
| SPC | Statistical process control |

| | |
|---|---|
| SPOC | Single point of contact |
| SSS | Study support service |
| STP | Sustainability and transformation partnership |
| TOR | Terms of reference |
| TSP | Technology support programme |
| TVSM | Thames Valley and South Midlands |
| UHS | University Hospital Southampton NHS Foundation Trust |
| UPDA | University of Portsmouth Dental Academy |
| WFD | Workforce development |
| WLOD | Workforce, learning and organisational development |

# Section 3: Executive Summary (Annual Report only)

Executive summary should only be completed as part of the annual report submission. For the annual report, please complete the table below, entering key performance highlights, successes and challenges from 2019/20

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

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

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

## 2019/20 LCRN Annual Planning Requirements

Link to Requirements for LCRN Annual Plans 2019/20

Appendix 2

## Assurance Framework

| Meetings[1] | Reports[2] | Other |
|---|---|---|
| 1:1 | Performance | Internal finance audit |
| Executive | Finance | Benchmarking |
| Partnership | Annual | National review |
| | Patient survey | Risk register |
| | | Business planning |

**1:1 meetings**
CRN Wessex chief operating officer meets with host executive with responsibility for host contract quarterly.

**Executive group meetings**
CRN Wessex executive group meets monthly.

**Partnership group meeting**
CRN Wessex group meets quarterly.

**Performance report**
CRN Wessex provides a quarterly performance report to the host board.

**Finance report**
CRN Wessex provides as quarterly finance report to the host assistant director of finance.

**Annual report**
CRN Wessex collaborates with partner organisations to collate an annual report that is submitted to the host for approval and then the NIHR CRN CC.

**Patient survey report**
The network conducts an annual survey of patients participating in research. The survey engages with and asks patients about their experiences of taking part in clinical research provides research professionals with a wealth of information which helps to shape how research is designed, conducted and delivered.

**Internal finance audit**
Every 3 years

[1] All governance groups have been convened in accordance with the NIHR CRN CC Performance and operating framework with terms of reference
[2] All reports are submitted using agreed standard templates

**Benchmarking**
CRN Wessex has an open data platform that provides real time bench marking data. These data are reported to the executive group, partnership group and host board.

**Review**
CRN Wessex has a review meeting every six months with NIHR CRNCC attended by clinical director, chief operating officer, executive from host with responsibility for the contract and partnership group chair.

**Risk register**
The register forms part of the host's register and is reviewed every six months

**Business planning**
Formal 1:1 business planning meeting with partner organisations annually.

Appendix 3

# PERFORMANCE AND OPERATING FRAMEWORK

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# Part A: Context

## A.1. Structure and Purpose of the NIHR CRN

A.1.1. The NIHR CRN comprises 15 Local Clinical Research Networks (LCRNs) and the National CRN Coordinating Centre working together with shared principles, values and behaviours. The LCRN Host Organisation and the LCRN Partners together form the single system that is the LCRN.

A.1.2. The NIHR CRN provides NHS, public health and social care providers with an excellent research infrastructure to support delivery of the NIHR CRN Portfolio of high quality clinical, public health and social care research studies and to facilitate participation of NHS patients, users of social care services, carers, the public and others in these studies throughout England.

A.1.3. Some of this research is funded by the NIHR but most of it is funded by NHS non-commercial partners and industry. This activity makes an important contribution to improve the health of the population and to support economic growth; and the NIHR CRN features prominently within the government's Life Sciences Industrial Strategy.

A.1.4. The NIHR CRN allocates and manages funding to meet NHS Support and other specified costs for eligible studies, as defined by the Authority's Eligibility Criteria for NIHR CRN Support (which can be found at: https://www.nihr.ac.uk/funding-and-support/study-support-service/eligibility-for-nihr-support/). These comprise randomised controlled clinical trials of interventions (including prevention, diagnosis, treatment and care) and other well designed studies for commercial and non-commercial sponsors. For studies delivered in wider health and social care settings the equivalent of NHS support is provided (e.g. research carried out in social care, care homes, hospices or public health settings).

## A.2. Aims of the NIHR CRN

A.2.1. The aims of the NIHR CRN are defined by the Department of Health and Social Care (DHSC) and are set out in the NIHR Briefing Document for the NIHR CRN, available at: https://www.nihr.ac.uk/about-us/documents/4.01-Clinical-Research-Network.pdf

A.2.2. The aims of the NIHR CRN are to:

(a) Promote equality of access, ensuring that wherever possible, patients, the public, and users of social care services have parity of opportunity to participate in research

(b) Improve the quality, speed and co-ordination of clinical research by removing the barriers to research in the NHS and wider health care settings

(c) Streamline and performance manage NHS Support for eligible studies, to ensure the NHS Service Support Costs of these studies (or equivalent support in wider health and social care settings) are met in a timely and efficient manner

(d) Work in partnership to unify and streamline administrative procedures associated with regulation, governance, reporting, and approvals

(e) Meet the research delivery needs of the life sciences industry including: pharmaceutical; biotechnology; diagnostic; medical technology; and contract research organisations (CROs)

(f) Further integrate health research and patient care

(g) Engage the providers of NHS services in research in line with the NHS Constitution to promote research participation and a research culture

(h) Engage the providers of Public Health and social care services to promote research participation and a research culture.

## A.3. Working Principles

A.3.1. The work of the National CRN Coordinating Centre and the LCRNs is guided by a set of principles:

(a) Participant-centred: We never lose sight of the fact that the research we help to carry out is for patient and public benefit

(b) Good Governance: We are an organisation with clear accountability arrangements, in control of things for which we will be held to account

(c) Inclusive: We welcome everyone within the NHS and wider health and social care settings, including all providers of healthcare services, who are committed to the delivery of high-quality health and social care research

(d) Equity of access: We work to ensure patients, carers, the public, and healthcare professionals, from all parts of England and from all areas of healthcare, have opportunities to participate in and benefit from the widest range of high-quality health and social care research studies. LCRNs should seek to offer a balanced portfolio of research, giving opportunity according to local population needs. LCRNs should monitor and where appropriate influence their portfolio of research, taking into consideration the principle that people should have the opportunity to participate in studies relevant to their health condition and conducted in accessible locations. Therefore the placement of studies should take into account where the greatest burden of a particular health condition is found. LCRNs should monitor and give consideration when conducting studies to the following dimensions:

- Health burden (prevalence/incidence)

- Study setting (primary care, secondary care, tertiary care, palliative care, social care)
- Geographical scope (international multi-site, UK multi-site and single site)
- Primary study design (interventional/observational/both)
- Randomisation status (randomised/non-randomised)
- Study Sponsor type (commercial/non-commercial)
- Rare diseases

(e) Patient involvement: We are committed to engaging patients, carers and the wider public as partners in all aspects of our activity to improve research quality and ensure the experience of involvement and participation in clinical research is positive and fulfilling

(f) Partnership working: We are committed to working with all partners across the Network, facilitating collective decision making that supports national strategy. The Network is a collective endeavour and collaborative working is key to our success. The LCRN Host Organisation and all LCRN Partner organisations should work with integrity and mutual respect, recognising that the success of the Network is measured by the success of the LCRN Partner organisations

(g) Collaborative national working: The LCRN leadership team and management staff, including Research Delivery staff, will work closely with counterparts in other LCRNs and in the National CRN Coordinating Centre. These will form national, function-specific teams with direction, guidance and support provided by the relevant lead in the National CRN Coordinating Centre

(h) Transparency: We are open and transparent, sharing information freely at all levels of the organisation, with all partners and with the public. It is clear how and why decisions are made

(i) Consistency: We aim to provide a consistent, excellent service to researchers in all studies, in all parts of the country, for all disease Specialties across all NHS sectors and wider health and social care services

(j) Flexibility: We work flexibly, promoting integration, working across boundaries and conducting work at the right level (national or local). We find flexible and pragmatic solutions to ensure success and minimise bureaucracy

(k) Responsive to stakeholders: We have strong and responsive relationships with our stakeholders. We listen to feedback and use it to improve the way we do business

(l) Efficiency: We use our money for the purposes intended. We understand the importance of increasing efficiency and demonstrating value for money to the taxpayer

(m) Effectiveness: We improve the quality, speed and cost-effectiveness of clinical research by continuous review and improvement of all our structures and systems

(n) Research Culture: Research is our core business. Our organisation promotes a research culture ensuring research is embedded within clinical care and wider health and care settings

(o) Workforce Development: Our workforce has a shared sense of purpose and the skills and understanding to meet the changing needs of the organisation. We are committed to developing and supporting our staff and those patients and carers actively contributing to the delivery of research

(p) Evidence based: We will make informed decisions guided by effectively utilising timely, accurate and reliable data and other information.

## A.4. NIHR CRN Priorities 2019/20

### A.4.1. Context

A.4.1.1. The National CRN Coordinating Centre and the DHSC Science, Research and Evidence Directorate agree a set of national priorities for the CRN on an annual basis.

A.4.1.2. These priorities are set in pursuance of the vision, goals and aims of the CRN. These priorities should be reflected in the Annual Business Plan for the National CRN Coordinating Centre and for each LCRN.

### A.4.2. NIHR CRN Strategies

A.4.2.1. The CRN has seven high-level strategies for the National CRN Coordinating Centre contract period 2015-20, for the following areas:

(a) Business Development

(b) Communications

(c) Information and Knowledge

(d) NHS Engagement

(e) Patient and Public Involvement and Engagement

(f) Workforce Development

(g) Working with the Life Sciences Industry.

A.4.2.2. These strategies were a DHSC contract requirement, and were approved by the DHSC through the DHSC/ National CRN Coordinating Centre Contract Management Board. Each strategy set out a work plan of projects and deliverables for each National CRN Coordinating Centre contract year; these annual work plans are incorporated in the National CRN Coordinating Centre Annual Business Plan.

A.4.2.3. During 2018 a detailed review of each strategy was carried out with internal and external stakeholders. Based on this work an assessment was made by the Executive Director sponsor for individual strategies, as to which goals were completed, now part of business as usual or remained a priority. This has led to the development of a proposed National CRN Coordinating Centre Annual Business Plan which is structured around key organisational wide priorities and incorporating those strategic priorities from the original strategies still viewed as important for the organisation.

**A.4.3. 'One NIHR' Programmes**

A.4.3.1. The five NIHR National Coordinating Centres have from April 2018 collaborated to deliver a number of work programmes in areas that 'cut across' the five centres and that will benefit the NIHR as a whole.

A.4.3.2. These programmes are managed through the NIHR Centres Executive Board.

A.4.3.3. The NIHR Centres Executive Board has yet to agree the programmes for the contract year 2019/20 but we expect to contribute to the following:

(a) NIHR Digital Programme – this programme shall implement the approved NIHR Digital Strategy

(b) NIHR Communications Programme – this programme shall implement the approved NIHR Communications Strategy

(c) Global Health Research Programme

(d) Research Charity Engagement Programme

(e) Workforce Development and Learning Programme

**A.4.4. CRN Optimisation Programme**

A.4.4.1. The DHSC has requested that the CRN seeks to identify potential improvements to CRN structures, processes and working arrangements in order to ensure that the CRN is optimised to support NHS, public health and social care research in the longer term.

A.4.4.2. This programme of work will be included as an individual section in the National CRN Coordinating Centre Annual Business Plan 2019/20.

### A.4.5. NIHR CRN High Level Objectives

A.4.5.1. The purpose of the NIHR CRN is to provide efficient and effective support for the initiation and delivery of funded research in the NHS and other health and care settings. The performance of the NIHR CRN in meeting this purpose is measured against the CRN High Level Objectives (HLOs). The priority for the NIHR CRN is to meet and if possible exceed the HLO 'ambitions' set on an annual basis by the DHSC.

A.4.5.2. For 2019/20 a primary focus will remain on all NIHR Local Clinical Research Networks meeting the ambition that 80% of CRN Portfolio studies are delivered to recruitment target and time (HLO 2 relating to commercial studies and non-commercial studies).

### A.4.6. Integrated Research Intelligence System (IRIS)

A.4.6.1. The Integrated Research Intelligence System (IRIS) Programme ensures that there is oversight and governance of all activity impacting on systems that are components of the CRN. Specifically the NIHR CRN Central Portfolio Management System (CPMS) and the Local Portfolio Management Systems (LPMS) of the 15 NIHR Local Clinical Research Networks, Open Data Platform and other future systems identified or created that are deemed 'relevant information systems'.

A.4.6.2. To achieve the goal of having a single research intelligence system, the NIHR CRN is adopting the principle that all research activity will be collected within LPMS and provided electronically to CPMS.

A.4.6.3. For 2019/20 the CRN will focus on delivering an integrated system which enables data flow from the local source of the research activity and the provision of core study information to all organisations to improve data quality while reducing cross-checking of information. This will directly enable swifter action in support of study delivery based on this more accessible intelligence. Nationwide, near real time data for research conducted by NHS Providers as a collective is a huge advantage in a global market, with increased research activity improving the health and wealth of the nation.

A.4.6.4. This will:

- Enable an efficient and coordinated way of exchanging research study performance and research management data, removing the need to enter recruitment data and study information into multiple systems;
- Drive the efficient provision and best use of intelligence for NIHR research studies;
- Support the government view that providing better information about public organisations will deliver better value for money in public spending, drive growth and inform choice;
- Support the UK Information Strategy which applies to all aspects of the NHS, including research.

A.4.6.5. Data integration designed into CPMS/LPMS is formed of three principles:

(a) "Get Study" - the functionality to exchange core details of CRN studies between CPMS and LPMS';

(b) "Capacity and Capability" -the functionality to exchange information on the readiness of research sites to conduct a CRN study;

(c) "Research Activity" -the functionality to exchange information on participation and participants in a CRN study.

**A.4.7. Development of National CRN Coordinating Centre during contract extension period**

A.4.7.1. The rapidly changing clinical research landscape is both an asset and a challenge.

A.4.7.2. The NIHR CRN is expected to extend its reach into health and social care settings and to work in new, innovative and novel ways. Equally there is an expectation of efficiency and effectiveness in the use of resources. Mindful of this the National CRN Coordinating Centre has worked with its senior managers to agree a focus of unified priorities for 2019/22. This will ensure corporate focus on those areas that are viewed as adding most value to the work of the CRN. They are as follows:

- In conjunction with our partners, actively connect and develop our digital assets to ensure equity of access to opportunities.
- Ensure that the research engaged workforce can rapidly access high quality learning opportunities at point of need.
- Lead the management and development of high quality and innovative research services in all health and care settings.
- Deliver a diverse range of digital engagement activities to support the empowerment and personalisation of research for patients, carers and the public.
- Evidence the impact and value of the activity of the CRN on the health and care sector.

  Work with the life sciences sector to support the development of the global research system.

**A.4.8. Implement Optional Services as required**

A.4.8.1. Under clause 7.5 ("Optional Services") of the DHSC contract for the National CRN Coordinating Centre, "…the Authority may require the Supplier to provide any Optional Services at any time by giving notice to the Supplier in writing and following the procedure in paragraph 6.1 of Schedule 21 (Governance)". The implementation and commencement of any additional

Optional Services would be a priority activity should additional Optional Services be required by the Authority.

## Part B: Performance Framework

### B.1. Introduction

B.1.1. This Part B of Appendix A sets out the NIHR CRN Performance Framework effective from 1 April 2019.

B.1.2. Performance management in the NIHR CRN is built on four principles:

(a) **Transparency** – that the NIHR CRN openly publishes and reports performance information

(b) **Collaboration** – that the LCRN Host Organisation and LCRN Partner organisations put in place effective partnership working arrangements to ensure that all stakeholders work collaboratively to develop and deliver against objectives

(c) **Information Integrity** – that national and local information systems are managed and utilised consistently across the NIHR CRN to enable accurate and up to date information to be available to support effective performance management

(d) **Continuous Improvement** - that LCRN Host Organisations and LCRN Partners embed a culture of continuous performance improvement, delivered for the benefit of patients whilst maximising value for money.

B.1.3. The purpose of the current NIHR CRN Performance Framework is to set out the objectives, measures and targets for the NIHR CRN which will be used to measure the success of the LCRN.

B.1.4. The NIHR CRN Performance Framework will be supported by a series of LCRN Contract Support Documents which will specify the data points and methodology used for all objectives and measurements, and will also provide details of the NIHR CRN annual reporting cycle.

### B.2. LCRN Performance Indicators - Background

B.2.1. The following sets of indicators will be used by the National CRN Coordinating Centre and DHSC to assess LCRN performance:

| No. | Indicators | Aspect of LCRN performance |
|---|---|---|
| 1 | NIHR CRN High Level Objectives (HLOs) | The performance of the LCRN in the delivery of NIHR CRN Portfolio studies |
| 2 | NIHR CRN Clinical Research Specialty Objectives | The contribution of the LCRN to the delivery of the national objectives for the NIHR CRN Clinical Research Specialties |

| 3 | LCRN Operating Framework Compliance Indicators | The performance of the LCRN in operating in compliance with mandated operational structures and processes |
|---|---|---|
| 4 | Initiating and Delivering Clinical Research Performance Indicators | The performance of individual providers of NHS services in initiating and delivering clinical research as set out in Clause 3A (Performance in Initiating and Delivering Clinical Research) of Section 2 (Terms and Conditions) of the Contract between the LCRN Host Organisation and the DHSC |
| 5 | LCRN Partner Satisfaction Indicators | The performance of the LCRN Host Organisation and LCRN Leadership/Management Team in delivering an inclusive and effective LCRN |
| 6 | LCRN Customer Satisfaction Indicators | The performance of the LCRN in delivering a responsive and flexible service that meets the needs of our customers |
| 7 | LCRN Patient Experience Indicators | The performance of the LCRN in delivering excellence in patients' experience of research |

B.2.2. Some specific indicators will require LCRN-level targets. As part of the LCRN annual planning process, LCRNs will propose LCRN-level targets for these indicators. These proposals will be considered by the National CRN Coordinating Centre and the National CRN Coordinating Centre will confirm the final LCRN-level targets. The annual performance of the LCRN will be measured against these final LCRN-level targets.

**Set 1 – NIHR CRN High Level Objectives (HLOs)**

B.2.3. The HLOs are the national, overarching objectives for Clinical Research Network research delivery, and constitute the most important set of NIHR CRN Performance Objectives. The HLOs are collective objectives for the whole NIHR CRN system.

B.2.4. The National CRN Coordinating Centre carried out an extensive consultation with the 15 LCRNs and their Partner organisations during 2018. The final revised set of objectives approved by DHSC is set out at Table 1.

B.2.5. The LCRN Host Organisation will plan and report on the LCRN's contribution to these national HLOs.

B.2.6. The most significant change to the previous set of High Level Objective is that single and specific targets for set-up (HLOs 4 and 5) have been removed as key performance indicators of CRN activity. This is in recognition of the wider

NIHR and DHSC requirement for providers to report and publish clinical trial initiation and delivery data for all clinical trials as noted in the NHS England consultation for simplifying research arrangements (Supporting Research in the NHS: A consultation covering changes to simplify arrangements for research in the NHS and associated changes to the terms of the NHS Standard Contract). This follows the removal of the 70 day benchmark single target for set-up and initiation of clinical trials in 2018 as previously required in the Plan for Growth. A new measure of data completeness for trial initiation and delivery data, defined in the NIHR Minimum Data Set, will underpin the ability of NIHR and DHSC to report and publish these data.

**Set 2 – Clinical Research Specialty Objectives**

B.2.7. The Clinical Research Specialty Objectives are the development and performance objectives for the 30 NIHR CRN Clinical Research Specialties. The NIHR CRN National Specialty Groups propose the objectives on an annual basis, for approval by the National CRN Coordinating Centre and the DHSC.

B.2.8. The LCRN Host Organisation will plan and report on the LCRN's local contribution to these national Clinical Research Specialty Objectives and targets.

B.2.9. LCRNs are expected to promote cross-specialty working in order to maximise the overall performance of the LCRN and network as a whole. Recognition and support should be provided to Specialties which are contributing to the objectives of other Specialties in line with the NIHR CRN's "one Network" approach to delivery.

B.2.10. All Specialty Groups must also focus on delivering against the HLOs from a Specialty perspective. There is an NIHR CRN wide focus on delivery of clinical research to time and target (HLO 2).

B.2.11. The Clinical Research Specialty objectives are presented in Table 2 below.

**Set 3 – LCRN Operating Framework Compliance Indicators**

B.2.12. The NIHR CRN Operating Framework (Section C of this document) defines the organisational requirements, operational systems and processes that LCRNs are required to implement in order to ensure consistency across the LCRN infrastructure and, where necessary, standards for locally defined arrangements and systems.

B.2.13. The NIHR CRN Operating Framework is a comprehensive document with a substantial number of provisions. On an annual basis, the National CRN Coordinating Centre selects a number of provisions, typically provisions in respect of key operational arrangements, which form the set of indicators. These indicators are used by the National CRN Coordinating Centre in order to assess each LCRN's compliance with the Operating Framework provisions.

B.2.14. The LCRN Operating Framework Indicators are presented in Table 3 below.

**Set 4 – Initiating and Delivering Clinical Research Performance Indicators**

B.2.15. The Plan for Growth, published by the Government in March 2011, and which can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/31584/2011budget_growth.pdf, announced the transformation of incentives at local level for efficiency in initiation and delivery of research.

B.2.16. With effect from 1 April 2018, improvement in clinical trial performance and reducing site set up and participant recruitment time is no longer assessed against a '70 day benchmark'. A renewed focus is being placed on transparency, accuracy and meeting Sponsor expectations by a number of agencies including the Health Research Authority (HRA), Clinical Commissioning Facility (CCF) and the National CRN Coordinating Centre.

B.2.17. The minimum data set and definitions in relation to the Performance in Initiating and Delivering Clinical Research have been updated to reflect this change. The latest information on the current requirements can be found on the NIHR website at https://www.nihr.ac.uk/research-and-impact/nhs-research-performance/performance-in-initiating-and-delivering-research/ with data points definitions as described here: https://www.nihr.ac.uk/research-and-impact/nhs-research-performance/hra-approvals-and-nihr-metrics.htm

B.2.18. The LCRN Host Organisation Agreement and the "flow down" agreement between the LCRN Host Organisation and each relevant Category A LCRN Partner ("relevant" meaning that the organisation is a provider of NHS services) include - at Clause 3A - the standard NIHR contract clauses implementing the Government's Plan for Growth provisions and requirements relating to the Performance in Initiating and Delivering Clinical Research. This has reaffirmed the existing requirement for providers to report and publish clinical trial initiation and delivery data for all clinical trials, as part of the ongoing NHS England led activities for simplifying research arrangements, outlined at: https://www.nihr.ac.uk/funding-and-support/study-support-service/resources/supporting-research-in-the-nhs.htm.

B.2.19. The Authority will hold the LCRN Host Organisation and each relevant Category A LCRN Partner individually accountable for its performance with respect to Clause 3A. Additional wording has been added to the standard text in the LCRN Host Organisation Agreement to ensure there are no grounds for confusion over the LCRN Host Organisation's responsibilities in this domain.

B.2.20. The LCRN Host Organisation and relevant Category A LCRN Partner will each submit their data directly to the Authority via the national system as advised by the Authority. The Government's aims in introducing these clauses were to see a dramatic and sustained improvement in the performance of providers, to increase the number of patients that have the opportunity to participate in research and to enhance the nation's attractiveness as a host for research.

B.2.21. Other providers of NHS services, including Category B and Category C LCRN Partners, have an important part to play in increasing performance in the initiation and delivery of research through supporting complete and accurate minimum data set reporting.

**Set 5 – LCRN Partner Satisfaction Indicators**

B.2.22. The effective operation of the LCRN is dependent upon all LCRN Partner organisations working together in a mutually supportive and collaborative way – i.e. as a network. It is the contractual responsibility of the Host Organisation to ensure the provision of LCRN leadership, management, resources, systems, governance and operational arrangements to achieve this.

B.2.23. Therefore it is of primary importance that LCRN Partners are content with this provision by the Host Organisation, that the National CRN Coordinating Centre seeks direct assurances of this from LCRN Partners, and that the National CRN Coordinating Centre is sufficiently informed in order to address any material issues with the LCRN Host Organisation and leadership.

B.2.24. In order to gain this assurance, the National CRN Coordinating Centre will undertake an annual survey of LCRN Partners, referred to as the 'LCRN Partner Satisfaction Survey'. The survey will elicit LCRN Partners' views on the range of LCRN Host Organisation responsibilities, these forming a set of indicators of LCRN Partner Satisfaction.

**Set 6 – LCRN Customer Satisfaction Indicators**

B.2.25. The 'customers' of the NIHR CRN are research funders – both commercial and non-commercial – and the investigators and research teams conducting that research. As the primary purpose of the NIHR CRN is to provide NHS support services to these customers, it is self-evident that NIHR CRN customers need to be content with the provision of LCRN services, including systems, processes, facilities, staff, communication, and the general relationship and interactions.

B.2.26. In order to gain this assurance, the National CRN Coordinating Centre will undertake an annual survey of LCRN customers, referred to as the 'LCRN Customer Satisfaction Survey'. The survey will elicit LCRN customers' views across the dimensions of LCRN service provision, these forming a set of indicators of LCRN Customer Satisfaction.

**Set 7 – LCRN Patient Experience Indicators**

B.2.27. The research that the NIHR CRN helps to carry out is for patient and public benefit. Patients and the public remain central to what we do.

B.2.28. The LCRN Host Organisation will coordinate an annual survey of research participants, referred to as the 'Patient Research Experience Survey'. The survey will elicit patients' views of their experience of taking part in research and will also demonstrate to participants, and all those in delivery of care or

services to them, that we value their contribution and their experience of taking part in research. In addition, LCRNs should promote other mechanisms for participants to give feedback on their experience of taking part in research.

B.2.29. Each LCRN will design and deploy a survey to include a small number of standard questions specified by the National CRN Coordinating Centre. LCRNs are expected to achieve year-on-year improvements in response rates to the survey, with a target to elicit responses from a minimum of 1% of participants recruited into NIHR CRN Portfolio studies in the previous financial year. Each LCRN will report the local results of their survey to the National CRN Coordinating Centre, develop an action plan to improve survey response rates in the future to help inform improvements in research delivery and address the issues identified for improvement in patient experience.

## B.3. Performance Management Processes

B.3.1. Annual Plan and Annual Report

B.3.1.1. The LCRN Host Organisation will adhere to the requirements of the annual business planning cycle as defined by the National CRN Coordinating Centre. This will include the preparation and submission to the National CRN Coordinating Centre of LCRN plans and reports, including an LCRN Annual Plan and an LCRN Annual Report, following the specification set by the National CRN Coordinating Centre in respect of structure, content, quality and submission timelines.

B.3.1.2. The LCRN Annual Plan will set the direction for the LCRN for that contract year. It must include the initiatives, projects and activities, including milestones and targets, where applicable, to support the achievement of the LCRN Performance Indicators as set out in this Part B of Appendix A.

B.3.1.3. The LCRN Annual Plan will include a financial plan. The financial plan will include the annual funding allocations to the LCRN Host Organisation and LCRN Partners.

B.3.1.4. The LCRN Annual Report will provide an assessment of the LCRN's delivery against the Annual Plan, and it will report LCRN performance against the LCRN Performance Indicators.

B.3.1.5. The LCRN Annual Report will include a year-end financial report.

B.3.1.6. The LCRN Annual Plan and LCRN Annual Report should be supported and agreed by the LCRN Partnership Group and formally approved by the LCRN Host Organisation board.

B.3.1.7. These plans and reports should be developed in collaboration with the governance, management and influencing groups set out in Part C of this Appendix A (including but not limited to the LCRN Operational Management Group and the LCRN Partnership Group).

**Performance management by the National CRN Coordinating Centre**

B.3.1.8. The detailed arrangements for the performance management of the LCRN by the National CRN Coordinating Centre are set out in the CRN Performance Management Framework document, which shall be provided to the LCRN Host Organisation.

B.3.1.9. The LCRN leadership team, as defined in Part C of this Appendix A, will attend two performance review meetings per year with senior representatives from the National CRN Coordinating Centre (a Mid-Year Review meeting and an Annual Review meeting).

B.3.1.10. The Mid-Year review meetings will be attended by members of the National CRN Coordinating Centre Executive team, Senior Management Team Links and the LCRN Clinical Director(s) and LCRN Chief Operating Officer. The LCRN Host Organisation Nominated Executive Director and LCRN Partnership Group Chair are invited to attend but attendance is not mandatory. Up to two additional observers from within the LCRN may also attend.

B.3.1.11. The annual performance review meetings will be attended by members of the National CRN Coordinating Centre Executive team, Senior Management Team Links and the LCRN Clinical Director(s) and LCRN Chief Operating Officer. The LCRN Host Organisation Nominated Executive Director and LCRN Partnership Group Chair are expected to attend.

B.3.1.12. The LCRN Annual Report will be reviewed at the Annual Review meeting in the second quarter of each contract year.

B.3.1.13. The National CRN Coordinating Centre will monitor compliance of LCRN Host Organisations in respect of the DHSC/LCRN Host Organisation Agreement, including the Performance and Operating Framework via a LCRN Contract Compliance Assurance Framework.

B.3.1.14. Where issues in the performance of the LCRN in respect of the LCRN Performance Indicators are identified, the LCRN Host Organisation shall put in place a remedial action plan, to be agreed with the National CRN Coordinating Centre. The issue(s) should be documented in the LCRN's Risks and Issues Log.

B.3.1.15. If the performance of the LCRN against the remedial action plan fails to improve within a period specified by the National CRN Coordinating Centre and to the levels agreed with the National CRN Coordinating Centre, the Agreement may be terminated, as set out in Clause 19.1 of the Agreement.

**Performance management by the LCRN Host Organisation**

B.3.1.16. The overall performance of the LCRN will be determined by measuring the performance of the LCRN Host Organisation and its LCRN Partners. The

LCRN Host Organisation will therefore need to ensure robust performance management processes are in place across the LCRN.

B.3.1.17. LCRN Partner organisations and Specialty Groups will set and agree their performance goals on an annual basis with the LCRN Host Organisation. The LCRN Host Organisation will provide this information to the National CRN Coordinating Centre on request.

B.3.1.18. The LCRN Host Organisation will actively manage and monitor performance against the LCRN Annual Plan and provide reports, including LCRN performance reports, to the National CRN Coordinating Centre as required.

B.3.1.19. The LCRN Host Organisation will promote active local performance management approaches within the LCRN in relation to achievement of the LCRN Performance Indicators set out in this Part B of Appendix A.

B.3.1.20. In order to support the production of high quality performance data and reporting, the LCRN Host Organisation must ensure all NIHR CRN Portfolio recruitment data is recorded on NIHR CRN information systems in a timely and efficient manner, in line with guidance set out by the National CRN Coordinating Centre.

B.3.1.21. The LCRN Host Organisation will be responsible for ensuring all LCRN Partners have access to timely LCRN performance data.

B.3.1.22. The LCRN Host Organisation should encourage LCRN Partner organisations to maintain Board level scrutiny of NIHR CRN key performance indicators via appropriate local Board reports.

B.3.1.23. The LCRN Host Organisation will support local performance improvement projects which address underperformance against the NIHR CRN objectives.

B.3.1.24. The LCRN Host Organisation will engage the LCRN Partnership Group as a key forum for driving LCRN performance, challenging underperformance, supporting increased participation and improved delivery, and sharing best practice.

B.3.1.25. The LCRN Host Organisation and its LCRN Partner organisations will actively contribute to national programmes for development, performance review and support.

### B.3.2. LCRN Contract Support Documents

LCRN Leadership Teams should ensure that all elements of the LCRN operate in compliance with the following LCRN Contract Support Documents in respect of the LCRN Performance Indicators which are accessible on the NIHR Hub:

| Ref | Title |
|---|---|
| CSD002 | NIHR CRN High Level Objectives Data Point Grid |

| | |
|---|---|
| CSD031 | NIHR CRN Performance Management Framework |
| CSD033 | Requirements for LCRN Annual Planning |
| CSD034 | Requirements for LCRN Annual Reporting |
| CSD035 | Risks and Issues Log Requirements |
| CSD041 | NIHR CRN Specialty Objectives Data Point Grid |
| CSD060 | LCRN Planning, Reporting and Review Cycle: Key Dates |
| CSD067 | LCRN Operating Framework Indicators Data Point Grid |
| CSD070 | Patient Experience Feedback |

## B.4. LCRN Performance Indicators - Tables

**Table 1 – NIHR CRN High Level Objectives**

| Objective | | Measure | Ambition |
|---|---|---|---|
| 1 | Deliver significant levels of participation in NIHR CRN Portfolio studies | A - Number of participants recruited to NIHR CRN Portfolio studies | TBC (A) |
| | | B - Number of participants recruited to commercial contract NIHR CRN Portfolio studies | TBC (A) |
| 2 | Deliver NIHR CRN Portfolio studies to recruitment target within the planned recruitment period | A - Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed CRN sites | 80% |
| | | B - Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period | 80% |
| 3 | Increase the number of studies delivered for the commercial sector with support from the NIHR Clinical Research Network | A - Number of new commercial contract studies entering the NIHR CRN Portfolio | TBC (B) |
| | | B – Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies | 75% |

| Objective | | Measure | Ambition |
|---|---|---|---|
| 4 | Withdrawn. Replaced by new HLO 9. | | |
| 5 | Withdrawn. Replaced by new HLO 9. | | |
| 6 | Widen participation in research by enabling the involvement of a range of health and social care providers | A - Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies | 99% |
| | | B - Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies | 70% |
| | | C - Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies | 45% (C) |
| | | D – Number of non-NHS sites recruiting into NIHR CRN Portfolio studies | TBC (D) |
| 7 | Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies | Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, each year | 25,000 |

| Objective | | Measure | Ambition |
|---|---|---|---|
| 8 | Demonstrate to people taking part in health and social care research studies that their contribution is valued | Number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey, each year | 10,000 (E) |
| 9 | Reduce study site set-up times for NIHR CRN Portfolio studies by 5% [1] | A – Median study site set-up time for commercial contract studies, at confirmed Network sites (days) [2] | TBC (F) |
| | | B – Median study site set-up time for non-commercial studies (days) [2] | TBC (F) |

TABLE NOTES

[1] Site set up time defined as "Date Site Selected" to "Date First Participant Recruited"
[2] Average site set-up time defined as the median average of all individual site set-up times for all studies in a reporting year

| | | |
|---|---|---|
| (A) | HLO 1A / 1B | The Ambition values will be the mean of the annual values for the 5-year period 2014/15 to 2018/19 |
| (B) | HLO 3A | The Ambition value will be an increase in the 2018/19 annual value |
| (C) | HLO 6C | Reverted to current value of 45%. Note 2017/18 outturn was 32%, and 2018/19 to Q3 is 33% |
| (D) | HLO 6D | The Ambition value will be the 2018/19 annual value plus 5% |
| (E) | HLO 8 | The Ambition value of 10,000 respondents represents an increase of 14% on the 2018/19 outturn of 8,779 respondents |
| (F) | HLO 9A / 9B | The Ambition value will be the 2018/19 annual value less 5% |

**Table 2 – Clinical Research Specialty Objectives**

| Specialty Objective | Specialties Included | Measure | Target |
|---|---|---|---|
| **1.** To develop local LCRN schemes/programmes for promoting and improving early career researcher (ECR) involvement in NIHR research | All | A. LCRNs to have at least one named individual who acts as an ECR/Training Lead<br><br>**AND**<br><br>B. LCRNs to demonstrate year on year increases in ECR involvement in at least 50% of specialties (e.g. new PIs or CIs, links with Royal College or other professional organisations, record of ECR staff per specialty and the trials to which they are recruiting – they may not necessarily be LCRN funded) | A. 1 ECR/Training Lead per LCRN<br><br>**AND**<br><br>B. 5% Increase in ECR involvement in 50% of all specialties |
| **2.** To increase opportunities for people to participate in health research in less established specialties (<70 open studies on the NIHR CRN Portfolio in April 2018) | • Ageing<br>• Anaesthesia, Perioperative Medicine and Pain Management<br>• Critical Care<br>• Dermatology<br>• Ear, Nose and Throat<br>• Haematology<br>• Injuries and Emergencies<br>• Oral and Dental Health<br>• Public Health | Each LCRN to increase recruitment in studies or the number of studies open to recruitment within all of these nominated specialties | LCRN demonstrates either 5% increase in recruitment or 5% increase in open studies in ALL nominated specialties |

| Specialty Objective | Specialties Included | Measure | Target |
|---|---|---|---|
| **3.** To broaden participation within well-established specialties, particularly in areas or groups who have historically been underrepresented on the NIHR CRN Portfolio | **Cancer**<br>● Cancer Surgery<br>● Radiotherapy<br>● Rare Cancers<br>● Teenage and Young Adults<br><br>**Diabetes**<br>● Diabetes managed, Primary Care supporting PLUS Primary Care managed, Diabetes supporting PLUS any specialty managed, if both Diabetes AND Primary Care are supporting<br><br>**Hepatology**<br>● Nonalcoholic fatty liver disease<br>● Nonalcoholic steatohepatitis<br><br>**Gastroenterology**<br>● Endoscopy<br><br>**Injuries and Emergencies**<br>● Pre-hospital care and Trauma<br><br>**Infection**<br>● Antimicrobial Resistance<br><br>**Mental Health**<br>● Children and Young People | A. Increase recruitment by 5% into at least 50% of the nominated sub-specialties | A. 5% increase in recruitment for 50% of the nominated sub-specialties |

| Specialty Objective | Specialties Included | Measure | Target |
|---|---|---|---|
| | **Metabolic and Endocrine Disorders**<br>● Obesity<br><br>**Respiratory Disorders**<br>● Rare Diseases<br><br>**Stroke**<br>● Hyperacute AND Acute Care studies (sum of both) | | |
| | **Cardiovascular Disease** | B. 2nd year of a two-year objective begun in 2018/19: LCRNs to enact the cardiothoracic surgery workforce plan made as part of the 2018/19 objective | B. Cardiothoracic surgery workforce plans implemented |
| **4.** To ensure specialty or sub-specialty representation and leadership is embedded in all LCRNs | **Ear Nose and Throat**<br>● Audiology Champion<br><br>**Infection**<br>● STI Champion<br><br>**Health Services Research Champion**<br><br>**Primary Care**<br>● 2 GP Champions (or equivalent)<br><br>**Oral and Dental Health**<br>● Primary Care Dental Champion | All nominated specialties to have a local named Champion | 15 LCRNs |

| Specialty Objective | Specialties Included | Measure | Target |
|---|---|---|---|
| | **Public Health Champion**<br><br>**Renal Disorders**<br>● Urology Champion | | |
| **5.** To record the age (or year of birth) of participants recruited into NIHR CRN Portfolio studies in order to assess the extent to which recruitment age profiles match the age demographics of the incidence/prevalence of diseases | ● Ageing<br>● Cancer<br>● Children<br>● Dementias and Neurodegeneration<br>● Mental Health<br>● Neurological Disorders | For the six nominated specialties, 80% of Trusts/Research organisations within each LCRN either to:<br><br>A. Record age (or year of birth) for NIHR CRN Portfolio study participants from April 2019 so that anonymised data can be extracted from LPMSs directly<br><br>**OR**<br><br>B. Provide the LCRN with a quarterly report of anonymised age data, relating to participants in NIHR CRN Portfolio studies<br><br>**OR**<br><br>C. If neither (A) or (B) above are currently possible within an LCRN, to develop a plan/solution for implementation in 2020/21 that will allow age data to be obtained for participants in NIHR CRN Portfolio | For all studies within the six nominated specialties, 80% of Trusts/Research organisations within an LCRN either:<br><br>A. To record age (or year of birth) in the LPMS<br><br>**OR**<br><br>B. To provide anonymised age data on participants<br><br>**OR**<br><br>C. The LCRN to develop a plan that will allow age data to be collected for NIHR CRN Portfolio studies from 80% of |

| Specialty Objective | Specialties Included | Measure | Target |
|---|---|---|---|
| | | studies from 80% of Trusts/Research organisations | Trusts/Research organisations by 2020/21 |

**Table 3 – LCRN Operating Framework Indicators**

| ID | Domain | Indicator | Assessment Approach |
|---|---|---|---|
| 1.1 | Governance and Management | Each LCRN provides an Annual Plan, Annual Report and other documents as requested by the National CRN Coordinating Centre | Monitoring of provision of key documents requested by the National CRN Coordinating Centre |
| 1.2 | Governance and Management | Each LCRN Clinical Director and/or LCRN Chief Operating Officer attends all National CRN Coordinating Centre/LCRN Liaison meetings | Attendance registers for National CRN Coordinating Centre/LCRN Liaison meetings |
| 1.3 | Governance and Management | Each LCRN Host Organisation and LCRN Category A Partner submits an NHS Data Security and Protection Toolkit annual assessment to NHS Digital. All NHS Trusts were asked to provide an initial baseline assessment in October 2018<br><br>LCRN Host Organisations and LCRN Category A Partners should aim to achieve "Standards Met" (i.e. completed all mandatory evidence items and assertions)<br><br>If "Standards Not Met" remains after completion or publication, the Host Organisation will be required to assess whether this impacts business delivered on behalf of the NIHR CRN. If this is the case, the Host Organisation is required to submit a report to the National CRN Coordinating Centre outlining the failure and mitigating actions to ensure improvement and achievement of the mandatory data security and protection standards | Review of submitted Host Organisation Report outlining failures and mitigating actions |

| ID | Domain | Indicator | Assessment Approach |
|---|---|---|---|
| 1.4 | Governance and Management | Category A LCRN Partner flow down contract templates used to contract with all Category A LCRN Partners | LCRN Annual Report |
| 1.5 | Governance and Management | Category B LCRN Partner flow down contract templates used to contract with all Category B LCRN Partners | LCRN Annual Report |
| 1.6 | Governance and Management | Category C LCRN Partner flow down contract templates used to contract with all Category C LCRN Partners | LCRN Annual Report |
| 2.1 | Financial Management | Internal audit in respect of LCRN funding managed by the LCRN Host Organisation, undertaken at least once every three years and which meets the requirements of the LCRN Minimum Financial Controls Contract Support Document specified by the National CRN Coordinating Centre | Monitoring of audit reports provided by the LCRN Host Organisation to the National CRN Coordinating Centre |
| 2.2 | Financial Management | Deliver robust financial management using appropriate tools and guidance | • Monitoring by the National CRN Coordinating Centre of percentage variance (allocation vs expenditure) quarterly and year-end (target is 0%)<br>• Monitoring by the National CRN Coordinating Centre of proportion of financial returns completed to the required standard and on time (target is 100%)<br>• Monitoring of financial management via LCRN financial health check process |
| 2.3 | Financial Management | Distribute LCRN funding equitably on the basis of NHS support requirements | Comparison by the National CRN Coordinating Centre of annual LCRN Partner funding allocations and NHS Support requirements |

| ID | Domain | Indicator | Assessment Approach |
|---|---|---|---|
| 3.1 | CRN Specialties | LCRN has an identified Lead for each NIHR CRN Specialty | Each LCRN Host Organisation shall:<br>● Provide the National CRN Coordinating Centre with access to a list of LCRN Clinical Research Specialty Leads, which includes each individual's start/end dates and contact information<br>● Notify the National CRN Coordinating Centre if there are changes within the financial year<br>● Provide a narrative to justify intentional vacancies or the expected timeframe to fill vacancies |
| 3.2 | CRN Specialties | Each LCRN Clinical Research Specialty Lead attends at least 2/3 of National Specialty Group meetings | Attendance registers for National Specialty Group meetings |
| 3.3 | CRN Specialties | Each LCRN provides evidence of support provided to their LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews | Review by the National CRN Coordinating Centre of evidence of support provided in LCRN Annual Plan and Report |
| 4.1 | Research Delivery | Each LCRN consistently delivers the local elements of the CRN's nation-wide Study Support Service as specified in the latest version of the Standard Operating Procedures produced by the National CRN | Monitoring by the National CRN Coordinating Centre of provision of the individual components of the Service via the study progress tracker application on Open Data Platform where the LCRN is assigned as the Lead LCRN and/or Performance Lead |

| ID | Domain | Indicator | Assessment Approach |
|---|---|---|---|
| | | Coordinating Centre and available as part of the LCRN Contract Support Documents | |
| 4.2 | Research Delivery | Each LCRN provides near time Minimum Data Set data items as specified by the National CRN Coordinating Centre, which have been quality assured to accurately reflect research activity measures and enable collaborative delivery of studies across the NHS | ● Monitored via Open Data Platform reports, the single research intelligence system and the Research Delivery Assurance Framework elements of the LCRN Contract Compliance Assurance Framework<br>● Analysis of percentage of missing and inaccurate data points from each LCRN |
| 5.1 | Information and Knowledge | Each LCRN provides an LPMS to capture for their region the required Minimum Data Set data items as specified by the National CRN Coordinating Centre, and enables timely sharing of information as one element of the single research intelligence system | Monitoring by the National CRN Coordinating Centre of system integration, usage and data transfer as part of the single research intelligence system |
| 5.2 | Information and Knowledge | Each LCRN provides support for ongoing provision of an LPMS solution | Review of budget line for provision of an LPMS in LCRN Annual Financial Plan |
| 5.3 | Information and Knowledge | Each LCRN has in place a senior manager to coordinate business intelligence activities within the LCRN. The identified lead will participate in nationally agreed business intelligence improvement initiatives and attend national NIHR CRN business intelligence meetings | ● Attendance registers for national NIHR CRN business intelligence meetings<br>● Individual's name and contact details provided to the National CRN Coordinating Centre |
| 5.4 | Information and Knowledge | Each LCRN has a nominated representative in attendance at all national CPMS-LPMS meetings where either a) strategic sign off is required or b) an operational working perspective is required | Attendance registers for national CPMS-LPMS meetings |

| ID | Domain | Indicator | Assessment Approach |
|---|---|---|---|
| 5.5 | Information and Knowledge | Each LCRN has a plan to ensure that the best researchers, wherever they are based, undertake clinical, and public health and social care research in the areas of England with the greatest health needs | ● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report<br>● Monitoring of national metrics relating to the priority disease areas specified by the DHSC |
| 6.1 | Stakeholder Engagement and Communications | Each LCRN has an experienced and dedicated communications function to support national CRN, NIHR and local CRN objectives | ● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Non-pay budget line for communications identified in LCRN Annual Plan |
| 6.2 | Stakeholder Engagement and Communications | Each LCRN has a defined approach to communications and action plan aligned with both the NIHR CRN and NIHR strategies | ● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report<br>● Evidence of joint work with local NIHR infrastructure reviewed |
| 6.3 | Stakeholder Engagement and Communications | Each LCRN has in place a senior leader experienced in PPIE to support national CRN, NIHR and local CRN objectives | ● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Evidence of LCRN PPIE activity and continuous improvement based on recorded participant experience and reported in the LCRN Annual Plan and Report<br>● Non-pay budget line sufficient for PPIE plan delivery<br>● WTE role(s) identified in LCRN Annual Plan |
| 6.4 | Stakeholder Engagement and Communications | Each LCRN records metrics of research opportunities offered to patients and users of wider health and care services | ● Each LCRN will hold information on its reach with patients and the public (metrics may include local website usage, leaflet distribution, social media reach etc.)<br>● Evidence of local participant evaluation system |

| ID | Domain | Indicator | Assessment Approach |
|---|---|---|---|
| | | | ● Progress discussed at national PPIE meetings and reported in LCRN Annual Report |
| 6.5 | Stakeholder Engagement and Communications | Each LCRN has in place an active programme of learning activities supporting patient and public involvement in research | ● LCRN Annual Plan includes PPIE workplan with clear outcomes, milestones and measurable targets<br>● Non-pay budget line for PPIE and WTE for PPIE role(s) identified in LCRN Annual Plan<br>● Programme of work and continuous improvement in participant involvement, engagement, learning activities and participant experience reported in LCRN Annual Report |
| 6.6 | Stakeholder Engagement and Communications | Each LCRN supports awareness of, engagement with and delivery of National CRN Coordinating Centre-managed services, such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG)) | ● Review of outcomes as reported within LCRN Annual Report<br>● Review of performance on JDR |
| 6.7 | Stakeholder Engagement and Communications | Each LCRN delivers the Patient Research Ambassadors (PRAs) project as specified by the National CRN Coordinating Centre | Evidence of PRA activity, continuous improvement of project delivery and reporting of impacts in LCRN Annual Plan and Report |
| 6.8 | Stakeholder Engagement and Communications | Each LCRN delivers and reports on the Patient Research Experience Survey, as specified by the National CRN Coordinating Centre | ● Monitoring of the responses to the Patient Research Experience Survey as required by the Patient Research Experience Framework<br>● Patient experience survey findings and impacts reported to National CRN Coordinating Centre with an accompanying plan for continuous improvement presented in LCRN Annual Plan and Report |

| ID | Domain | Indicator | Assessment Approach |
|---|---|---|---|
| 6.9 | Stakeholder Engagement and Communications | Each LCRN develops and implements a plan to increase and continuously improve the quality of local healthcare engagement, capitalising on opportunities presented by national strategic initiatives such as new CQC research markers | ● Review of plans for continuously improving engagement in LCRN Annual Plan<br>● Review of improvement plan outcomes and impacts as reported within LCRN Annual Report<br>● Evidence of piloting utilisation of new data on being asked about research from CQC Inpatient Experience Survey<br>● Evidence of corporate positioning as a helpful partner in supporting LCRN Partners with new CQC requirements |
| 7.1 | Workforce, Learning and Organisational Development | Each LCRN has a senior leader in place to coordinate workforce planning, recruitment, development and retention. The identified lead will participate in nationally agreed workforce development initiatives, drive a culture of modern workplace learning, and support the delivery of an integrated approach to workforce development across the NIHR CRN | ● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Implementation of the local action plan to support the LCRN Workforce<br>● Review and monitoring of NIHR Learn metrics |
| 7.2 | Workforce, Learning and Organisational Development | Each LCRN has in place a senior leader with identified responsibility for the wellbeing of all LCRN-funded staff | ● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Implementation of a local action plan to support the CRN wide wellbeing framework |
| 7.3 | Workforce, Learning and Organisational Development | Each LCRN has an active programme of activities that engage the wider workforce to promote health and social care research as an integral part of healthcare for all | ● Evidence of a programme of learning opportunities provided in the LCRN Annual Plan and Report<br>● Increased engagement of LCRN Partners in promoting the work of the NIHR |

| ID | Domain | Indicator | Assessment Approach |
|---|---|---|---|
| 7.4 | Workforce, Learning and Organisational Development | Each LCRN has in place a senior leader with identified responsibility for driving a culture of Continuous Improvement (Innovation and Improvement) supported by an action plan aligned to local and national initiatives and performance metrics | ● Evidence of a programme of activities provided in the LCRN Annual Plan and Report<br>● Effective approaches shared by Continuous Improvement Leads at national meetings |
| 7.5 | Workforce, Learning and Organisational Development | Each LCRN has in place a Good Clinical Practice (GCP) Programme Lead, a suitably qualified individual responsible for strategic oversight of GCP education across their LCRN | ● Individual's name and contact details provided to the National CRN Coordinating Centre<br>● Annual plan of appropriate face-to-face GCP training, suitably resourced using approved GCP Facilitators<br>● Review and monitoring of NIHR Learn metrics |
| 8.1 | Business Development and Marketing | Each LCRN has an up to date business development and marketing Profile using the template provided by the National CRN Coordinating Centre | ● Profile template submitted as part of LCRN Annual Plan<br>● Individual's name and contact details provided for assigned LCRN Profile lead in LCRN Annual Plan |
| 8.2 | Business Development and Marketing | Each LCRN has an action plan for promoting the industry agenda aligned with the national business development strategy | ● Review and monitoring of LCRN Annual Plan<br>● Review of outcomes as reported within LCRN Annual Report |
| 8.3 | Business Development and Marketing | Each LCRN actively contributes to the intelligence gathering process from NIHR CRN Customers by actively engaging with the Business Development and Marketing team | LCRN reports interactions with NIHR CRN Customers at the Life Sciences Industry Forum meetings |

# Part C: Operating Framework

## C.1. Introduction

C.1.1. This Part C of Appendix A sets out the NIHR CRN Operating Framework effective from 1 April 2019.

C.1.2. The Operating Framework defines the organisational requirements, operational systems and processes that LCRNs are required to implement in order to ensure consistency across the LCRN infrastructure and, where necessary, standards for locally defined arrangements and systems.

## C.2. Governance and Management

### C.2.1. General Principles

C.2.1.1. In accepting the Authority's contract for the LCRN, the LCRN Host Organisation will need to:

(a) work to ensure the success of the LCRN and to secure a vibrant local NHS research environment within the LCRN's area and as part of a national system

(b) ensure the terms of the contract with the Authority are fully met

(c) ensure resources allocated to support clinical research activity are properly utilised, through the LCRN.

C.2.1.2. The LCRN Host Organisation board is accountable for the effective governance of the LCRN. The Board shall apply, in a proportionate and appropriate way, the principles of good governance and thereby promote:

(a) robust, transparent and accountable LCRN governance

(b) effective and supportive LCRN hosting arrangements

(c) effective and proportionate contracts with LCRN Partners and other organisations in receipt of LCRN funding or resources

(d) governance arrangements that ensure effective local performance management, LCRN Partner participation and engagement, research delivery and value for money.

C.2.1.3. The LCRN Host Organisation board will put in place governing structures, systems, terms of reference and local policies for the LCRN. As a minimum these shall include the specific governance requirements detailed in this contract in respect of:

(a) key personnel

(b) the Scheme of Delegation and LCRN Host Organisation board controls and assurances

(c) assurance framework and risk management system

(d) escalation process

(e) LCRN Partners

(f) The LCRN Partnership Group.

C.2.1.4. NHS patients, carers and the public are the key stakeholders in NIHR CRN research, and are to be included in LCRN governance arrangements.

C.2.1.5. LCRN governance arrangements should be documented in a single, up-to-date document and formally agreed by the LCRN Host Organisation board and by the National CRN Coordinating Centre.

**C.2.2. Scheme of Delegation and Host Board Controls and Assurances**

C.2.2.1. The LCRN Host Organisation shall have agreed a specific delegation of authority to the LCRN leadership team. This should be by a documented decision by the LCRN Host Organisation board.

C.2.2.2. As part of the delegation to the LCRN leadership team, the LCRN Host Organisation shall identify and agree appropriate board level controls and assurances around LCRN activities including:

(a) receipt of an LCRN Annual Plan, from the Nominated Executive Director, for approval

(b) receipt of an LCRN Annual Report, from the Nominated Executive Director, for approval

(c) submission of the LCRN Annual Plan and LCRN Annual Report to the National CRN Coordinating Centre for approval

(d) provision of the approved LCRN Annual Plan and LCRN Annual Report to all members of the LCRN Partnership Group.

C.2.2.3. The LCRN Host Organisation shall ensure the proper management of the LCRN in terms of compliance with the governance framework and processes of the LCRN Host Organisation, including human resources, standing financial, audit and standards of business conduct instructions. The LCRN Host Organisation shall ensure internal policies and standing financial instructions, as they affect the LCRN, do not unreasonably diminish the efficient management of the LCRN.

C.2.2.4. The LCRN Host Organisation shall ensure the LCRN is run in accordance with relevant laws and regulatory requirements, relevant national NHS policies and requirements, and the NHS Constitution.

### C.2.3. Assurance Framework and Risk Management System

C.2.3.1. The LCRN Host Organisation shall maintain an assurance framework including a risk management system in respect of the LCRN.

C.2.3.2. The LCRN assurance framework will be scrutinised by the LCRN leadership team at their regular meetings, and shared with the LCRN Partners at LCRN Partnership Group meetings.

C.2.3.3. The LCRN Host Organisation will ensure robust and tested local business continuity arrangements are in place for the LCRN. This is to enable the LCRN Host Organisation to respond to a disruptive incident, including a public health outbreak, e.g. pandemic or other related event, maintain the delivery of critical activities/services and to return to “business as usual”. Business continuity arrangements should be in line with guidance set out by the National CRN Coordinating Centre.

C.2.3.4. Annually, the LCRN Host Organisation must review its role in discharging the Authority contract for hosting the LCRN and must provide a report on this within the LCRN Annual Report. This report shall be shared with the LCRN Partnership Group and provided to the National CRN Coordinating Centre.

C.2.3.5. The LCRN Host Organisation must ensure LCRN activity is included in the local internal audit programme of work.

### C.2.4. Escalation Process

C.2.4.1. The LCRN Host Organisation shall set out, implement and maintain a documented LCRN escalation process, which is in line with the accountability arrangements.

C.2.4.2. There will be identified points of contact within the LCRN management structure, the LCRN Host Organisation, and the National CRN Coordinating Centre for concerns and issues to be escalated.

C.2.4.3. Escalation routes and levels shall include:

(a) LCRN Clinical Director and/or Chief Operating Officer

(b) LCRN Host Organisation Nominated Executive Director for the LCRN

(c) LCRN Host Organisation Chief Executive Officer

(d) National Chief Operating Officer, National CRN Coordinating Centre

(e) Chief Executive Officer, National CRN Coordinating Centre.

### C.2.5. Corporate Support Services

C.2.5.1. The LCRN Host Organisation shall act as an effective steward of LCRN resources and ensure all management processes, facilities and support services necessary for the effective leadership and management of the LCRN are provided.

C.2.5.2. These management processes, facilities and services shall include:

(a) governance, risk and assurance arrangements, including information governance

(b) financial management and reporting

(c) Human Resources (HR) services for LCRN staff, provided in a timely and expedited manner; this is to include streamlined HR and site access arrangements so that LCRN staff can work flexibly across all research sites

(d) Information and Communications Technology equipment as necessary and access to information systems as specified by the National CRN Coordinating Centre

(e) good-quality, modern office space, facilities and equipment for LCRN staff. The office for LCRN leadership and management staff is the de facto 'head office' of the LCRN, and it is important that it has the identity and is recognised as the local office of the NIHR CRN. The office must be provided by the LCRN Host Organisation to the satisfaction of the LCRN Clinical Director and LCRN Chief Operating Officer. The office should:

- be in an area accessible and welcoming to external visitors, including patients and members of the public
- include an allocation of private office space
- display appropriate NIHR CRN signage
- include separate reception arrangements; or, if this is impractical, shared reception arrangements agreed with the LCRN Clinical Director and LCRN Chief Operating Officer
- be clearly defined and demarcated from the space occupied by other LCRN Host Organisation departments if the LCRN space is within an open-plan environment.

(f) legal and contracting support, including sub-contracting administration.

C.2.5.3. An annual funding allocation will be made available to the LCRN Host Organisation to support the provision of these services. Support should be provided by suitably qualified and experienced staff commensurate with the level of funding.

### C.2.6. Information Governance

C.2.6.1. The LCRN Host Organisation and LCRN Partners shall comply with the legal framework for information storage and access, and the information governance standards specified in the Authority's Data Security and Protection Toolkit (DSPT), and shall complete the annual return in the timeframe specified by NHS Digital. Organisations should complete all

mandatory evidence items and mandatory assertions within their assessment and publish their results. If published, NHS Digital note that the organisation should be DSPT compliant. Any organisation who has not published will not be DSPT compliant.

C.2.6.2. LCRN Host Organisations should check to ensure that LCRN Partners have published their DSPT results. If a LCRN Host Organisation finds this not to be the case, it must investigate whether lack of publication is due to deficiencies in not meeting the required mandatory evidence items or assertions, and whether these deficiencies impact on NIHR CRN-funded activities. If so, the LCRN Host Organisation shall propose remedial actions and seek confirmation from their LCRN Partners of associated improvement plans. Remedial actions taken must be reported by the LCRN Host Organisation to the National CRN Coordinating Centre as part of the LCRN Annual Report.

C.2.6.3. The LCRN Host Organisation must put in place measures to assure itself that LCRN Partners are compliant with information governance requirements as set out in section 2.6.1 in respect of LCRN funded activities. The LCRN Host Organisation may be required to provide confirmation of information governance compliance of LCRN Partners in respect of LCRN funded activities, as part of the National CRN Coordinating Centre annual information governance audit.

C.2.6.4. The LCRN Host Organisation must ensure a process exists to investigate and report all information security incidents arising from LCRN-funded activities to the National CRN Coordinating Centre in a timely manner. Information governance incidents should be notified to crncc.ig@nihr.ac.uk.

C.2.6.5. The LCRN Host Organisation must ensure that, where there is a requirement to share data relating to the management and performance of research related activities, either within the LCRN and/or its LCRN Partner organisations, any such data are shared across LCRN boundaries/information systems in accordance with information governance and information security best practice.

C.2.6.6. The LCRN Host Organisation will ensure any third party commercial information received by itself or LCRN Partner organisations from the NIHR CRN or accessed via NIHR CRN hosted information systems in support of any research related activities which is deemed commercially sensitive or marked as confidential will be treated as such, only used for the purpose for which it was provided and will only be distributed as required only to those LCRN Partner organisations in agreement of the disclosure terms.

C.2.6.7. The LCRN Host Organisation must actively promote and enable good information governance and information security within the LCRN Host Organisation and LCRN Partner organisations and make available someone with specialist knowledge of information governance to respond to queries raised relating to LCRN-funded activities. The LCRN Host Organisation must

report this information to the National CRN Coordinating Centre within the LCRN Annual Plan.

**C.2.7. Accountable Officer**

C.2.7.1. The Chief Executive Officer of the LCRN Host Organisation is the Accountable Officer for this Agreement.

**C.2.8. Leadership Team**

C.2.8.1. Overview

C.2.8.1.1. The LCRN Host Organisation shall appoint an LCRN leadership team, including as a minimum:

(a) the Nominated Executive Director

(b) the LCRN Clinical Director

(c) the LCRN Chief Operating Officer.

C.2.8.1.2. The core responsibilities of the LCRN leadership team are to:

(a) provide leadership across the range of LCRN activities

(b) ensure LCRN activities are delivered in line with the governance requirements within this contract

(c) carry out such activities as may be necessary for the proper governance of the LCRN

(d) ensure a proper and auditable process is executed for the fair and effective distribution of LCRN funding

(e) be available for regular meetings as a core leadership team

(f) support scrutiny and transparency, e.g. by providing any information as required for the internal auditors, and attending the audit committee of the LCRN Host Organisation as requested

(g) ensure the timely delivery of performance and other reports

(h) support the LCRN Host Organisation by adhering to any local governance requirements, such as the local standing financial instructions and all relevant national NHS requirements

(i) convene regular LCRN Partnership Group meetings

(j) make freely available to the LCRN Host Organisation and all LCRN Partner organisations, as requested, any information that is not commercial and/or in confidence and in line with national NHS policies

(k) manage the LCRN so as not to compromise either the LCRN Host Organisation or LCRN Partner organisations through reasons of conflicting issues such as competition law or data protection.

C.2.8.1.3. LCRN Host Organisations must inform the National CRN Coordinating Centre in writing and at the earliest opportunity of any changes in personnel or long-term absence of any member of the LCRN leadership team, including the Deputy Chief Operating Officer.

C.2.8.1.4. The LCRN Clinical Director and the LCRN Chief Operating Officer will participate in LCRN support and development programmes developed by the National CRN Coordinating Centre.

C.2.8.2. The Nominated Executive Director

C.2.8.2.1. The LCRN Host Organisation Chief Executive Officer shall nominate an executive director, who is a voting member of the LCRN Host Organisation board, to act as the Board Director responsible for the LCRN (the "Nominated Executive Director").

C.2.8.2.2. The Nominated Executive Director will be the line manager for the LCRN Clinical Director.

C.2.8.2.3. The Nominated Executive Director may be the LCRN Host Organisation's Board level lead for research; however the nominated Executive Director should not be the organisation's R&D Director or equivalent. There must be a clear separation between accountability for the LCRN and accountability for the LCRN Host Organisation's own research activities.

C.2.8.2.4. The Nominated Executive Director will:

(a) where the LCRN Host Organisation is not the employer of the LCRN Clinical Director, ensure that all necessary contractual arrangements are in place between the LCRN Host Organisation and the employer in order that the LCRN Clinical Director can fulfil the duties of the role in full and with delegated authority equivalent to a substantive employee of the LCRN Host Organisation

(b) meet regularly with and generally support the LCRN Clinical Director and LCRN Chief Operating Officer in the delivery of the LCRN Work Programme, and be assured that this is being delivered

(c) ensure the LCRN assurance framework and risk management system are being properly managed

(d) be part of the escalation process for issues and concerns

(e) be available to members of the LCRN Partnership Group as part of the escalation process

(f) have the right to attend the LCRN Partnership Group meetings

(g) produce the annual review of the LCRN Host Organisation's role in discharging the Authority contract for hosting the LCRN, which will include details of LCRN Host Organisation Board oversight around controls and assurances, any relevant audit committee and internal audit activity, and statements of compliance in respect of the required Board approvals.

C.2.8.2.5. The LCRN Host Organisation Nominated Executive Director will delegate responsibility to the LCRN Clinical Director and LCRN Chief Operating Officer for the day-to-day leadership, management and oversight of the LCRN.

C.2.8.3. Clinical Director

C.2.8.3.1. The LCRN Clinical Director shall be the senior officer responsible for overall leadership and management of the LCRN.

C.2.8.3.2. The LCRN Clinical Director will be the line manager for the LCRN Chief Operating Officer.

C.2.8.3.3. The Clinical Director may be employed by the LCRN Host Organisation or by one of the LCRN Partner organisations, on condition that the provision of the Clinical Director and authority and lines of reporting and accountability are clearly set out in a documented agreement between the LCRN Host Organisation and the Clinical Director's employer.

C.2.8.3.4. The LCRN Clinical Director should have an annual appraisal meeting with the LCRN Host Organisation Nominated Executive Director, to monitor performance and identify opportunities and need for continuing professional development, including the NIHR leadership programme. The Nominated Executive Director must advise the National CRN Coordinating Centre in advance of the appraisal meeting in order to enable Coordinating Centre involvement in the appraisal.

C.2.8.3.5. At the discretion of the LCRN Host Organisation, the post of LCRN Clinical Director may be filled as a job-share; in this situation, however, one individual must be nominated as the senior post-holder who reports to the LCRN Host Organisation Nominated Executive Director.

C.2.8.3.6. LCRN Clinical Director posts should be reappointed every three years, with a possible extension of no more than two years.

C.2.8.3.7. The LCRN Host Organisation shall ensure that the National CRN Coordinating Centre is involved in the selection process for LCRN Clinical Directors. All LCRN Clinical Director appointments must be ratified by the National CRN Coordinating Centre.

C.2.8.4. Chief Operating Officer

C.2.8.4.1. The LCRN Chief Operating Officer will be responsible for the operational delivery of the contract and overall operational management of the Network. The Chief Operating Officer must be employed by the LCRN Host

Organisation. The line management report must be to the LCRN Clinical Director.

C.2.8.4.2. The LCRN Chief Operating Officer should have an annual appraisal meeting with the LCRN Clinical Director, to monitor performance and identify opportunities and need for continuing professional development, including the NIHR leadership programme. The LCRN Clinical Director must advise the National CRN Coordinating Centre in advance of the appraisal meeting in order to enable Coordinating Centre involvement in the appraisal.

C.2.8.4.3. The LCRN Host Organisation shall ensure the National CRN Coordinating Centre is involved in the selection process for Chief Operating Officers.

C.2.8.5. Deputy Chief Operating Officer

C.2.8.5.1. It is a requirement that there is in place a named deputy for the LCRN Chief Operating Officer, by means of either (a) a substantive post of 'Deputy Chief Operating Officer' or (b) another LCRN senior manager who is the named deputy in the absence of the Chief Operating Officer.

**C.2.9. Management Team**

C.2.9.1. The arrangements for the management of LCRN activities will be critical to LCRN success and delivery of the contract requirements. The LCRN Host Organisation will implement management arrangements in line with the management structures and staffing set out in this Part C of Appendix A.

C.2.9.2. The LCRN Host Organisation shall appoint an LCRN management team that is sufficiently resourced to provide:

(a) effective management of the delivery of the LCRN portfolio of studies across all Clinical Research Specialties; and

(b) effective management of all necessary supporting activities; and

(c) effective engagement with the National CRN Coordinating Centre and other LCRNs in the continuous improvement of the nation-wide NIHR CRN systems and processes.

C.2.9.3. The LCRN management team must include identified managers for the following functions as a minimum:

(a) Study Support Service (including management of Divisional Research Delivery, Cross-divisional Research Delivery, and Industry Operations)

(b) Workforce Development

(c) Business Intelligence

(d) Patient and Public Involvement and Engagement

(e) Communications

(f) Information and Communications Technology

(g) Finance

(h) Human Resources

(i) General administration.

C.2.9.4. The core responsibilities of the LCRN management team are to:

(a) deliver the management and operational (i.e. non-clinical) activities of the LCRN

(b) ensure LCRN activities are delivered in line with the governance requirements within this contract, and raise any non-compliance issues with the LCRN Leadership Team

(c) support the LCRN leadership team to ensure activities are carried out as may be necessary for the proper governance of the LCRN

(d) ensure CRN Portfolio studies, including life sciences industry research, are delivered in accordance with any specific agreed governance requirements.

C.2.9.5. Members of the LCRN management team may be employed by the LCRN Host Organisation, or by any LCRN Partner organisation, by agreement between the LCRN Host Organisation and the LCRN Partner organisation.

C.2.9.6. The LCRN Host Organisation will ensure all appointments to the LCRN management team are conducted in line with good human resources practice and in an open and competitive manner, and appointments do not favour those employed by the LCRN Host Organisation over other candidates.

**C.2.10. Standard Role Outlines**

C.2.10.1. The LCRN Host Organisation shall adopt the standard role outlines provided by the National CRN Coordinating for the following roles, ensuring all responsibilities listed in the role outlines are fully supported:

(a) Clinical Director

(b) Chief Operating Officer

(c) Clinical Research Specialty Lead

(d) Divisional Research Delivery Manager

(e) Industry Operations Manager.

**C.2.11. Management Groups**

C.2.11.1. The LCRN Leadership Team shall put in place the following LCRN management groups as a minimum:

(a) Executive Group

(b) Clinical Research Leadership Group

(c) Operational Management Group.

C.2.11.2. The Nominated Executive Director shall convene the LCRN Executive Group, whose membership shall include, as a minimum, the Nominated Executive Director, LCRN Clinical Director and LCRN Chief Operating Officer.

C.2.11.3. The LCRN Clinical Director shall convene the LCRN Clinical Research Leadership Group whose membership shall include the Clinical Director (Chair) and the Clinical Research Specialty Leads. The role of the Clinical Research Leadership Group is to advise the LCRN Executive Group, with particular respect to:

(a) clinical implications of national policy at the local level

(b) the balance of the LCRN portfolio across Specialties, sites, patient groups and study composition, seeking opportunities to expand research participation

(c) resource allocations

(d) other clinical intelligence and advice to support LCRN research delivery.

C.2.11.4. The LCRN Chief Operating Officer shall convene the Operational Management Group. The role of the group will be to ensure effective LCRN management and performance, acting as the forum to address cross-divisional and operational issues. The group will liaise with the Clinical Research Leadership Group and LCRN Clinical Research Specialty Groups regarding performance issues, resource allocation, the balance of the LCRN portfolio and availability of opportunities in the LCRN area for all patients to participate in research. The Operational Management Group will monitor the day-to-day operational performance of the LCRN, in particular delivery of objectives, and work with the National CRN Coordinating Centre at an operational level on national work relating to the LCRN. This includes managing performance of NIHR CRN Portfolio studies by Specialty and Division and identifying ways to address underperformance. The Operational Management Group membership shall consist of the Chief Operating Officer (Chair) and the LCRN senior operational managers who comprise the LCRN management team, including Research Delivery Managers and the Industry Operations Manager.

C.2.11.5. The LCRN Leadership Team shall ensure that Terms of Reference are in place for each of these groups, in line with the LCRN Contract Support Documents provided by the National CRN Coordinating Centre.

C.2.11.6. The LCRN Leadership Team may convene other management groups as deemed necessary, such as meetings of Research and Development Directors and Managers.

## C.2.12. LCRN Partners

C.2.12.1. Organisations in receipt of LCRN funding to support NIHR CRN Portfolio research will be known as the LCRN Partners.

C.2.12.2. LCRN Partners will be of three types, of equal importance:

(a) Organisations that receive LCRN funding totalling £50,000 or more per annum for one or more financial years ("Category A Partners");

(b) Organisations that receive an allocation of LCRN funding of between £10,000 and £49,999 per annum for one or more financial years ("Category B Partners");

(c) Organisations that receive an allocation of LCRN funding less than £10,000 per annum for one or more financial years ("Category C Partners").

C.2.12.3. LCRN Host Organisations shall utilise the Category A, Category B, and Category C form of contracts, as provided by the DHSC and amended from time to time, for the purposes of sub-contracting with LCRN Partners.

C.2.12.4. It is expected that a single sub-contract should be put in place between the LCRN Host Organisation and each LCRN Partner organisation for a period not exceeding the term of the LCRN Host Organisation contract with the DHSC.

C.2.12.5. Where an LCRN Partner receives variable levels of funding such that its Partner category changes from year to year, then the single sub-contract used should be that for the higher amount (e.g. a Category A LCRN Partner Contract should be used to contract with a Partner that receives over £50,000 in some financial years, and between £10,000 and £49,999 in other financial years).

C.2.12.6. The LCRN Host Organisation will inform the National CRN Coordinating Centre in writing of the dissolution, merger or change of name of any LCRN Partner organisation.

## C.2.13. LCRN Partnership Group

C.2.13.1. The LCRN Host Organisation will constitute a formal forum for LCRN Partners. This forum may also include NHS service commissioning organisations that have NHS service contracts with LCRN Partners. This forum shall be known as the LCRN Partnership Group. The LCRN Partnership Group should be formed of delegates with authority to represent and make decisions on behalf of their organisation. The LCRN Partnership Group will include lay representation.

C.2.13.2. The LCRN Host Organisation will agree an appropriate process that enables less research-active providers, primary care, social care and independent contractors to the NHS, to be represented on the LCRN Partnership Group. Options for this might include, but are not limited to, representatives from NHS

Clinical Commissioning Groups, NHS England regional teams and Directors of Public Health, as well as research-active independent contractors.

C.2.13.3. Where an LCRN has a large number of LCRN Partnership Group members, an arrangement for representation may be adopted, provided the LCRN Partner organisations within that arrangement delegate responsibility in writing from their Chief Executive Officer (or equivalent) to their representative organisation on the LCRN Partnership Group.

C.2.13.4. The LCRN Partnership Group must be chaired by a Chief Executive Officer from an LCRN organisation; either from the LCRN Host Organisation or from an LCRN Partner organisation.

C.2.13.5. The LCRN Host Organisation should be considered an LCRN Partner in its capacity as a recipient of NIHR CRN funding to support clinical research, this being a capacity separate to the LCRN hosting role. The LCRN Host Organisation therefore should be represented on the LCRN Partnership Group as an LCRN Partner, in order to represent the interests of the LCRN Host Organisation outwith the LCRN hosting function.

C.2.13.6. Expected frequency of meetings is three times each year as a minimum.

C.2.13.7. The Terms of Reference of the LCRN Partnership Group will include:

(a) reviewing and agreeing LCRN business plans and reports, including annual financial and business plans, development plans and the Annual Report, in advance of approval by the LCRN Host Organisation board

(b) informed by financial and activity data, active oversight and constructive mutual challenge of LCRN activity and performance, including delivery performance compared to funding allocated, in order to raise ambition and improve performance in each LCRN Partner organisation (or group of organisations, for less research-active LCRN Partners)

(c) monitoring of any compliance requirements of LCRN Partner organisations.

C.2.13.8. As a condition to receiving LCRN funding, and as set out in the Agreement between the LCRN Host Organisation and the LCRN Partner, ‘Category A’ LCRN Partner organisations will be required to support the LCRN Host Organisation in effective governance by:

(a) identifying an individual who has authority to represent and act on behalf of the organisation, preferably a voting member of the Organisation’s Board, or alternatively a member of the Organisation’s executive or senior management team. Regardless of position, in all cases the representative must have full authority to act and vote on behalf of the Partner Organisation. Should the representative be unable to attend a Partnership Group meeting, and where the Terms of Reference of the Partnership Group permit deputies, the deputy should have the same authority to act for the purposes of that meeting

(b) ensuring activities and funding in LCRN Partner organisations are managed in accordance with good governance

(c) ensuring any relevant governance or compliance matters, such as research governance or information governance or internal audits, are properly attended to and relevant details shared with the LCRN leadership team

(d) facilitating all NIHR CRN related internal audit reviews and investigations

(e) receiving the LCRN Annual Report at the organisation's Board, to include details of their local involvement in the LCRN via a supplementary report from the organisation's LCRN Partnership Group representative

(f) reviewing and scrutinising LCRN business and funding plans, and performance against these, in order to maintain assurance around LCRN activities.

### C.2.14. LCRN Contract Support Documents

LCRN Leadership Teams should ensure that all elements of the LCRN operate in compliance with the following LCRN Contract Support Documents in respect of Governance and Management which are accessible on the NIHR Hub:

| Ref | Title |
|---|---|
| CSD003 | NIHR CRN Governance, Leadership & Management |
| CSD009 | Representation on LCRN Partnership Groups of primary care and independent contractors to the NHS |
| CSD036 | Notification of Absence of LCRN Host Organisation Nominated Executive Directors, LCRN Clinical Directors or LCRN Chief Operating Officers |
| CSD037 | Process for Notification of Changes to LCRN Host Organisation Nominated Executive Directors, LCRN Clinical Directors or LCRN Chief Operating Officers |

## C.3. Financial Management

C.3.1.1. The LCRN Host Organisation will receive, manage and distribute the allocated funding within the LCRN via the DHSC approved standard template sub-contracts as instructed by the National CRN Coordinating Centre.

C.3.1.2. The LCRN Host Organisation will use the funding solely to support the Work Programme as set out in this contract. The LCRN Host Organisation will put in

place measures to provide assurance that LCRN funding provided to LCRN Partners is used solely for this purpose.

C.3.1.3. The LCRN Host Organisation will ensure that national 'top-sliced' funding is spent specifically on the purpose intended and underspends arising from this funding are not redistributed within the LCRN. Any national 'top-sliced' funding underspends should be reported at the earliest opportunity to the National CRN Coordinating Centre where reallocation decisions will be made.

C.3.1.4. The LCRN Host Organisation, through the LCRN Executive Group, will set out an annual local funding allocation model which will clearly describe the basis on which funding is allocated to LCRN Partner organisations. The local funding allocation model will be publicly available. Further detail regarding the required controls can be found in the Funding Allocations section of the LCRN Minimum Financial Controls Contract Support Document.

C.3.1.5. The LCRN Host Organisation will ensure that all payments made to distribute allocated funding are valid, complete, accurate, appropriately authorised and made promptly and within 30 days (as per Clause 6.2 of the DHSC/Host contract). Further detail regarding the required controls can be found in the Payments section of the LCRN Minimum Financial Controls Contract Support Document.

C.3.1.6. The LCRN Host Organisation, through the LCRN Executive Group, will draw up an Annual Financial Plan for the LCRN as part of the LCRN Annual Plan. The LCRN Partnership Group will review and comment on the Annual Financial Plan. The plan shall be approved by the LCRN Host Organisation board and submitted to the National CRN Coordinating Centre for approval.

C.3.1.7. The LCRN Host Organisation will implement a budgetary control system to monitor actual expenditure to the Annual Financial Plan to ensure a full year forecast is produced at least quarterly. This forecast will be managed to ensure a breakeven position. Further detail regarding the required controls can be found in the Budgetary Control section of the LCRN Minimum Financial Controls Contract Support Document.

C.3.1.8. The LCRN Host Organisation will implement a system to ensure that financial reports provided to the National CRN Coordinating Centre are accurate, complete and up to date. Further detail regarding the required controls can be found in the Reporting section of the LCRN Minimum Financial Controls Contract Support Document.

C.3.1.9. The LCRN Host Organisation will report to the National CRN Coordinating Centre:

(a) a forecast outturn for the financial year which agrees to the Annual Financial Plan together with quarterly financial returns, via the NIHR CRN Finance Tool or any other system specified by the National CRN Coordinating Centre, to agreed deadlines. Further detail regarding the required controls for the NIHR CRN Finance Tool can be found in the

Finance Tool section of the LCRN Minimum Financial Controls Contract Support Document.

(b) an end-of-year financial return to the National CRN Coordinating Centre in respect of all LCRN funding received. The financial return must report on all LCRN funding and expenditure, for all organisations in receipt of that funding, and agree to the year-end figures in the respective Trusts' or other organisations' accounts by the deadlines specified by the National CRN Coordinating Centre.

(c) the end-of-year financial return to the National CRN Coordinating Centre must include a signed disclosure statement from the LCRN Host Organisation Director of Finance and LCRN Chief Operating Officer as specified by the National CRN Coordinating Centre.

C.3.1.10. The LCRN Host Organisation must obtain assurance that the financial information provided by the LCRN Partner Organisations is accurate and complete and that all costs are valid and appropriately authorised. Further detail regarding the required controls can be found in the Monitoring of LCRN Partner organisations section of the LCRN Minimum Financial Controls Contract Support Document.

C.3.1.11. The LCRN Host Organisation will obtain a signed disclosure statement from each Partner organisation signed by the Director of Finance of the Partner organisation. An example disclosure statement can be found as an appendix of the LCRN Minimum Financial Controls Contract Support Document.

C.3.1.12. The LCRN Host Organisation must ensure the financial management, budgeting and reporting of LCRN funding is managed by suitably qualified and experienced finance staff both within the LCRN Host Organisation and in LCRN Partners, commensurate with the level of funding.

C.3.1.13. The LCRN Host Organisation must obtain assurance from the Host and LCRN Partner organisations that NIHR funding is not used to subsidise commercial research. A cost recovery basis as stated in HSG(97)32 "Responsibilities for meeting patient care costs associated with research and development in the NHS" and reiterated in "Attributing the costs of health and social care Research and Development" (AcoRD) guidance issued by the Authority and its eligibility criteria for NIHR CRN Support, which is available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/140054/dh_133883.pdf should be adopted within the LCRN Host Organisations and Partner organisations standard operating procedures. Further detail regarding the required controls can be found in the Commercial Cost Recovery section of the LCRN Minimum Financial Controls Contract Support Document.

C.3.1.14. LCRN funding cannot be used to meet redundancy costs.

C.3.1.15. CRN funding must be treated as a ring-fenced budget. Therefore, CRN funding must not be subject to spending restrictions that might be applied to

other budgets in LCRN Host or Partner organisations, e.g. restrictions on recruitment of staff or non-pay spend. CRN funding cannot be used for the purposes of contribution to an organisation's Cost Improvement Programme or similar cost saving exercises. It is expected that LCRN funding is held within ring-fenced accounts in the financial ledgers of the LCRN Host Organisation and LCRN Partner organisations to facilitate financial management and reporting.

C.3.1.16. The LCRN Host Organisation shall comply with any other financial guidance from the National CRN Coordinating Centre in respect of LCRN funding.

**C.3.2. NIHR CRN Finance Tool Data Protection**

C.3.2.1. The National CRN Coordinating Centre processes personal data consisting of information provided by LCRN Host Organisations relating to staff funded in part or in whole by the NIHR CRN, including job title, employer and salary details.

C.3.2.2. These data are processed for the following purposes:

(a) in order to ensure public funds are spent appropriately

(b) in order to aid in financial audit

(c) to provide aggregated anonymised information on numbers, types and grades of staff funded by the NIHR CRN

(d) for resource management activity for which the National CRN Coordinating Centre has responsibility.

C.3.2.3. The National CRN Coordinating Centre processes these personal data in order to exercise its function as the managing agent for the Authority. The Authority is the Data Controller for these data.

C.3.2.4. The National CRN Coordinating Centre processes all data fairly and lawfully in accordance with the Data Protection Act.

C.3.2.5. Access is granted solely to those with responsibility for carrying out these activities.

C.3.2.6. Only relevant data are collected and there is no further processing other than for those reasons noted in section C3.2.2. above.

C.3.2.7. All data are saved on a secure network that is regularly backed-up.

C.3.2.8. Data are retained for seven years post contract end date and are then destroyed via secure means.

C.3.2.9. The LCRN Host Organisation is responsible for informing its CRN-funded staff that their data will be shared with the National CRN Coordinating Centre, including the nature of the data and why it is shared.

### C.3.3. Audit

C.3.3.1. The LCRN Host Organisation must undertake an internal audit at least once every three years in respect of LCRN funding.

C.3.3.2. The internal audit must cover the LCRN Minimum Financial Control standards specified by the National CRN Coordinating Centre in a Contract Support Document.

C.3.3.3. The LCRN Host Organisation shall provide a report of each internal audit to the National CRN Coordinating Centre (crnfinance@nihr.ac.uk) within a month following receipt of the final audit report, including the summary, recommendations and implementation plan.

C.3.3.4. Further updates regarding the implementation of the audit recommendations should be provided to the National CRN Coordinating Centre, timings as agreed with the NIHR CRN Finance team. The LCRN shall provide additional information in respect of the internal audit as requested by the National CRN Coordinating Centre.

C.3.3.5. The costs incurred by the LCRN Host Organisation in undertaking an internal audit can be charged against LCRN funding

C.3.3.6. An Internal audit in respect of LCRN funding managed by Partner organisations should be undertaken in the event of a material or reputational risk being identified by the LCRN Host Organisation through the monitoring visits or by any other means. Further detail on the monitoring visits is contained in the LCRN Minimum Financial Controls Contract Support Document. It is our expectation that any such audit is undertaken by the Partner organisations internal audit provider and any areas of concern related to NIHR funding are highlighted to the Host Organisation and the National CRN Coordinating Centre. The costs incurred by the Partner organisations in undertaking an internal audit arising in this way can be charged against LCRN funding.

C.3.3.7. Where a review of NIHR funding is routinely incorporated into a Partner organisation's own cyclical internal audit plan, and where this review highlights a control weakness, this weakness should be reported to the LCRN Host Organisation.

### C.3.4. LCRN Contract Support Documents

LCRN Leadership Teams should ensure that all elements of the LCRN operate in compliance with the following LCRN Contract Support Documents in respect of Financial Management which are accessible on the NIHR Hub:

| Ref | Title |
|---|---|
| CSD004 | CRN Funding Reporting |

| CSD007 | LCRN Minimum Financial Controls |
|---|---|

## C.4. CRN Specialties

C.4.1.1. The NIHR CRN has adopted a framework of 30 Clinical Research Specialties for the purposes of engagement with clinical research communities and to enable clinical leadership and oversight of the NIHR CRN Portfolio of research studies.

C.4.1.2. Each LCRN will engage with local patient and clinical research communities through local Clinical Research Specialty Groups that provide the structure through which those working in Specialties within the LCRN area are able to network and engage with study delivery. Each LCRN Clinical Research Specialty Group will maintain an overview of the Specialty research portfolio, ensuring it is balanced, where possible, includes both non-commercial and commercial contract research, and includes clinical trials (including prevention, diagnosis, treatment and care) and other well designed studies relevant to the needs of the local population. The LCRN Clinical Research Specialty Groups will promote consistent delivery to time and target of the local research portfolio, underpinned by robust feasibility, and contribute to the Study Support Service, as appropriate. It will be essential for the LCRN Clinical Research Specialty Groups to seek opportunities to develop new studies and expand participation in relevant studies on the NIHR CRN Portfolio and those progressing through the funding pipeline. It is expected that these groups will have representation from the full range of clinical and healthcare professionals and relevant participant groups.

C.4.1.3. Each LCRN Clinical Research Specialty Group will be led by an appointed LCRN Clinical Research Specialty Lead. The LCRN Clinical Research Specialty Leads will report to the LCRN Clinical Director or Clinical Research Leads (Divisional), and to the relevant National Clinical Research Specialty Lead. LCRN Clinical Research Specialty Leads will be responsible for the clinical leadership of their research communities within the LCRN area, development of LCRN Clinical Research Specialty Groups and clinical oversight of the performance of the Specialty portfolio of studies.

C.4.1.4. Each LCRN Host Organisation will ensure that support is provided to the LCRN Clinical Research Specialty Leads to enable them to undertake their role in contributing to the NIHR CRN's nation-wide study support activities, specifically in respect of commercial early feedback and non-commercial expert review for the eligibility decision and including where applicable, local feasibility activities, delivery assessments and performance reviews.

C.4.1.5. Each LCRN Host Organisation must inform the National CRN Coordinating Centre of any changes to LCRN Clinical Research Specialty Leads.

C.4.1.6. The LCRN Clinical Research Specialty Leads will be expected to play an active role in the national Clinical Research Specialty Group for each

Specialty, which comprises the Clinical Research Specialty Leads from all the LCRNs. Each national Clinical Research Specialty Group is led by a National Clinical Research Specialty Lead who reports to a Specialty Cluster Lead within the National CRN Coordinating Centre. Together with other LCRN Clinical Research Specialty Leads and the communities of practice within that Specialty, they will constitute national networks of Specialty expertise.

C.4.1.7. The LCRN Clinical Research Specialty Leads will provide clinical intelligence and advice, particularly to the Divisional Research Delivery Manager(s) and through the nation-wide Study Support Service elements including commercial early feedback, non-commercial expert review, delivery assessments and performance reviews to support research delivery across the LCRN, addressing resource allocations and the balance of the LCRN portfolio across Specialties, sites, patient groups and study composition, as well as providing guidance on the clinical implications of national policy at the local level.

C.4.1.8. The LCRN Clinical Directors and LCRN Clinical Research Specialty Leads may be employed by the LCRN Host Organisation or one of the LCRN Partner organisations within the LCRN area through a formal agreement between the LCRN Host Organisation and the relevant organisation.

C.4.1.9. The National CRN Coordinating Centre is responsible for the selection and performance management of NIHR CRN National Clinical Research Specialty Leads. The LCRN Host Organisation will support the National CRN Coordinating Centre in these activities, through the provision of information and other support as required.

### C.4.2. LCRN Contract Support Documents

LCRN Leadership Teams should ensure that all elements of the LCRN operate in compliance with the following LCRN Contract Support Documents in respect of CRN Specialties which are accessible on the NIHR Hub:

| Ref | Title |
|---|---|
| CSD014 | NIHR CRN Urgent Public Health Research: Urgent Public Health Champion Role Outline |
| CSD039 | Process for the Management and Escalation of Issues Relating to Local Specialty Performance |

## C.5. Research Delivery

### C.5.1. Research Delivery Divisions

C.5.1.1. Operational management and delivery of the LCRN portfolio of studies will be organised through Research Delivery Divisions. These Divisions are determined nationally and each will manage research delivery for Clinical Research Specialties.

C.5.1.2. The 30 Clinical Research Specialties are grouped into six Divisions for operational management purposes, typically as follows:

(a) Division 1: Cancer

(b) Division 2: Cardiovascular disease; Diabetes; Metabolic and endocrine disorders; Renal disorders; Stroke

(c) Division 3: Children; Genetics; Haematology; Reproductive health and childbirth

(d) Division 4: Dementias and neurodegeneration (DeNDRoN); Mental health; Neurological disorders

(e) Division 5: Ageing; Dermatology; Health services and delivery research; Oral and dental health; Musculoskeletal disorders; Primary care; Public health

(f) Division 6: Anaesthesia, perioperative medicine and pain management; Critical care; Ear, nose and throat; Gastroenterology; Hepatology; Infectious diseases and microbiology; Injuries and emergencies; Ophthalmology; Respiratory disorders; Surgery.

C.5.1.3. This grouping may be amended locally at the discretion of the LCRN Leadership Team in order to reflect local circumstances and operational efficiency. Each Specialty must be able to map to a Division detailed in C5.1.2 to support national oversight and clinical engagement.

C.5.1.4. Each local Division will have a nominated Research Delivery Manager to provide operational leadership. In each Division, Research Delivery Managers will also form national networks of operational expertise for Divisional groupings of Specialties, led by the Research Delivery function at the National CRN Coordinating Centre. A local Research Delivery Manager may provide operational leadership for more than one Division.

C.5.1.5. The LCRN Research Delivery Managers will be responsible for the local management and delivery of all NIHR CRN Portfolio studies (commercial, collaborative and non-commercial), through nation-wide processes as defined by the Study Support Service, relating to the grouping of Specialties within their Division. They will work with the LCRN Operational Management Group to manage Divisional resources, identifying innovative and flexible approaches where appropriate. Effective interfaces with the Industry Operations Manager are essential. Each Research Delivery Manager will be the local single point of initial contact for all matters related to their respective portfolio of studies. The LCRN single point of contact for commercial studies will triage to the Research Delivery Manager or other appropriate person. The LCRN single point of contact is used by the national Research Delivery function for feasibility requests and portfolio management, and external industry partners for study site queries, issues and escalation. Study level matters relating to

commercial research studies will be initially channelled to the national single point of contact and cascaded to LCRNs, as appropriate.

C.5.1.6. The LCRN Research Delivery Managers will work closely with all LCRN Clinical Research Specialty Leads to support clinical research within those Specialties.

C.5.1.7. The LCRN Research Delivery Managers will work closely with the LCRN Industry Operations Manager to ensure an effective Study Support Service is delivered for commercial research in each of the LCRN Research Delivery Divisions.

C.5.1.8. The LCRN Research Delivery Managers may be employed by the LCRN Host Organisation or other LCRN Partner organisations. This should be documented in the sub-contract agreement between the LCRN Host Organisation and the relevant organisation.

**C.5.2. Cross-divisional Research Delivery Team**

C.5.2.1. The LCRN will have a cross-divisional research delivery team to undertake activities that support all clinical Specialties. This will include the LCRN Industry Operations Manager. The core functions of the cross-divisional team will include provision of the Study Support Service as defined by the National CRN Coordinating Centre adhering to the relevant Standard Operating Procedures and LCRN Contract Support Documents. These include:

(a) industry operations activities, working closely with the Research Delivery Managers to include provision of a single point of contact service for the life sciences industry

(b) support for local confirmation of capacity and capability under the Health Research Authority (HRA) Approval process.

C.5.2.2. LCRNs should continue to drive and support arrangements that streamline and simplify these functions, such as “mutual recognition” and “single sign off” arrangements.

C.5.2.3. Members of the cross-divisional research delivery team may be employed by the LCRN Host Organisation or LCRN Partner organisations within the LCRN area through a formal agreement between the LCRN Host Organisation and the LCRN Partner organisation. These members are considered as LCRN staff working to deliver NIHR CRN support activities to the nation-wide standards defined by the Study Support Service.

**C.5.3. Delivery of Research**

C.5.3.1. The LCRN Host Organisation shall ensure all LCRN Partners adhere to national systems, Standard Operating Procedures and operating manuals in respect of research delivery as specified by the National CRN Coordinating Centre. Where applicable, Host and Partner organisations should apply the principles outlined in the HR Good Practice Resource Pack to document

individual access arrangements and support sharing of confirmation of pre-engagement checks for any NHS staff working on behalf of NIHR CRN as detailed in the LCRN sub-contract work programmes.

C.5.3.2. The LCRN Host Organisation shall ensure the LCRN management team provides effective study performance management, in line with Standard Operating Procedures and LCRN Contract Support Documents issued by the National CRN Coordinating Centre, in order to ensure all NIHR CRN Portfolio studies recruit to agreed timelines and targets; this is an organisation wide priority.

C.5.3.3. The LCRN Host Organisation will scope out appropriate mechanisms for engaging with and optimising performance in primary, secondary, public health and social care to improve delivery of all studies.

C.5.3.4. The LCRN Host Organisation will ensure the LCRN develops and implements a local engagement and communication strategy with stakeholders involved in the research delivery pathway (to include patients, carers and the public, other NIHR Infrastructure such as NIHR Research Design Services, Clinical Trials Units, Sponsors (industry/HEI) and Academic Health Science Networks). The strategy should promote a shared understanding of NIHR CRN processes and develop a culture that encourages early contact between the parties to facilitate the successful set-up and delivery of research.

C.5.3.5. The LCRN Host Organisation will demonstrate a "one Network" approach to delivery, supported by engagement with and implementation of the Study Support Service, and will ensure that duplication of nation-wide support activities is avoided.

C.5.3.6. The LCRN Host Organisation will ensure the LCRN carries out its appropriate role in delivering all support activities throughout the research delivery pathway in line with the AcoRD guidance. Where the LCRN Host Organisation or any LCRN Partner determines it cannot carry out the role set out in this policy for any 'high priority' CRN Portfolio study (as defined in the CRN Eligibility Criteria) on grounds other than non-feasibility, the LCRN must advise the National CRN Coordinating Centre in advance of communication of this decision to the investigator. Any such refusal of a high-priority study must be reported in the LCRN Annual Report to the National CRN Coordinating Centre.

C.5.3.7. In line with NHS England activities to simplify research arrangements, LCRNs are required to provide support for researchers to use the national standard templates referenced in the AcoRD guidance, which are mandatory for the presentation, negotiation and agreement of study costing and/or attribution. For example, the NIHR CRN Industry Costing Template for commercial contract studies or the Schedule of Events Cost Attribution Tool for non-commercial studies which enables the payment of Excess Treatment Costs.

C.5.3.8. The nation-wide support activity areas are defined below. They include a number of sub-activities as described by the Study Support Service to ensure consistent support for researchers:

(a) Early contact and engagement

(b) Early Feedback

(c) Site Identification

(d) Study optimisation

(e) Effective Study Set-up

(f) Study Performance.

C.5.3.9. The LCRN Host Organisation will ensure the LCRN involves patients, carers and the public in its activities at all stages of the research delivery pathway as part of a documented patient, carer and public involvement plan.

C.5.3.10. The LCRN Host Organisation must ensure appropriate arrangements are in place to support the rapid delivery of urgent public health research, which may be in a pandemic or related situation. It shall ensure the LCRN has an urgent public health research plan which can be immediately activated in the event the Authority requests expedited urgent public health research. The LCRN Host Organisation must also appoint an active clinical investigator as the LCRN's public health champion to act as the key link between the LCRN and the National CRN Coordinating Centre and support the Urgent Public Health Research Plan in the event of it being activated.

C.5.3.11. As part of the objectives of the NIHR's CRN Teenage and Young Adults (TYA) Cancer Strategy (NIHR CRN Teenage and Young Adult Cancer Strategy LCRN Contract Support Document), the LCRN Host Organisation must identify an appropriately skilled Teenage and Young Adult Cancer Research Nurse (NIHR CRN Cancer: Teenage and Young Adult Cancer Research Nurse role outline LCRN Contract Support Document). The TYA Cancer Research Nurse will work across all relevant organisations within the LCRN to improve the access of Teenagers and Young Adults to NIHR CRN Portfolio cancer studies.

C.5.3.12. All LCRN research delivery staff must endeavour to locate and deliver study sites in areas of the greatest associated health need wherever possible, as described in the Targeting Research According to Health Needs LCRN Contract Support Document.

**C.5.4. Life Sciences Industry**

C.5.4.1. The LCRN Industry Operations Manager will work closely with the LCRN Chief Operating Officer to enable the implementation of the NIHR CRN Working with the Life Sciences Industry Strategy within the LCRN. The Industry Operations Manager will lead the oversight of the Study Support Service for commercial

research, including the single point of contact service, within the LCRN. The Industry Operations Manager will work closely with the Research Delivery Managers to deliver an effective and responsive local service which improves delivery to time and target and increases the number of commercial studies delivered within their LCRN. The Industry Operations Manager will liaise with the Study Start Up and Feasibility Research Delivery and Research Operations functions within the National CRN Coordinating Centre to ensure consistency of feasibility, study performance and national delivery of the Study Support Service for commercial research across the LCRNs. The Industry Operations Manager will be responsible for the promotion of the industry agenda to LCRN Partner organisations and investigators, delivering aspects of the NIHR CRN Working with the Life Sciences Industry Strategy and the NIHR CRN Business Development Strategy.

C.5.4.2. Promote and support delivery of commercial contract research in line with the requirements of the NHS England National Directive for Commercial Contract Research linked to the NHS Standard Contract requirements.

**C.5.5. Delivering on the Government Research Priority of Dementia**

C.5.5.1. In line with the Government's priority, the LCRN Host Organisation will ensure the LCRN will prioritise dementia research and will work with the National CRN Coordinating Centre and the office of the NIHR National Director for Dementia Research to deliver the NIHR CRN response to the Prime Minister's challenge on dementia.

C.5.5.2. The LCRN will deliver activities to increase the number of Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio that are conducted within the LCRN and improve how they are delivered across different healthcare settings.

C.5.5.3. The dementias and a range of other neurodegenerative diseases are increasingly understood to have commonalities both in terms of their underlying mechanisms, and in patient presentation, experience and management. It is recognised that advances in understanding of these diseases and new treatments are likely to come from inter-disciplinary research. Measuring the number of people recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, as opposed to recruitment into dementia-specific studies, will reflect the commonality across the dementias and other neurodegenerative diseases. The LCRN Host Organisation will ensure the LCRN supports this strategy by:

(a) engaging with local patient and clinical research communities at a disease level, in particular Dementias and Neurodegeneration (which includes Parkinson's disease, Huntington's disease and motor neurone disease)

(b) identifying and nominating a clinical research lead in each of these two disease areas to support the delivery of the Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio

through local clinical leadership and participation in national activities, including national feasibility review.

C.5.5.4. To support recruitment to dementia studies, the NIHR, in partnership with the Alzheimer's Society and Alzheimer's Research UK, manages a nationally consistent consent-for-approach system: (known as the "Join Dementia Research" system) for implementation by the NIHR and wider NHS. The LCRN will promote and support use of this system as advised by the National CRN Coordinating Centre and ensure its staff supporting the delivery of dementia studies are trained and equipped to use it.

C.5.5.5. The LCRN Host Organisation will ensure the LCRN works to increase access to research for people living in care homes and improve the delivery of dementia research in care homes by supporting a network of research-ready care homes and liaising with the NIHR School for Social Care Research and NIHR partners involved in the ENRICH project.

C.5.5.6. The NIHR CRN has created a web-based toolkit, as part of the Healthcare Professionals section of the Join Dementia Research website, to support NHS organisations to improve recruitment to dementia studies on the NIHR CRN Portfolio. The LCRN Host Organisation will promote use of the toolkit in its LCRN Partner organisations and encourage them to share learning through it.

C.5.5.7. The LCRN Host Organisation will ensure the LCRN identifies resources at appropriate levels and sites to underpin the implementation of the CRN National RATER Programme required to support dementia research delivery.

**C.5.6. LCRN Contract Support Documents**

LCRN Leadership Teams should ensure that all elements of the LCRN operate in compliance with the following LCRN Contract Support Documents in respect of Research Delivery which are accessible on the NIHR Hub:

| Ref | Title |
|---|---|
| CSD006 | Income distribution from NIHR CRN Industry Portfolio Studies |
| CSD010 | NIHR CRN Urgent Public Health Research: Set Up |
| CSD011 | NIHR CRN Urgent Public Health Research: Initiation |
| CSD012 | NIHR CRN Urgent Public Health Research: Delivery |
| CSD013 | NIHR CRN Urgent Public Health Research: Reporting |
| CSD014 | NIHR CRN Urgent Public Health Research: Urgent Public Health Champion Role Outline |
| CSD021 | Confidential information arrangements for the Life Sciences Industry Feasibility Services - Confidential Disclosure Agreement (CDA process) |

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|---|---|
| CSD022 | Provision of Infrastructure Support for Research Delivery in Primary Care Settings |
| CSD023 | Provision of Good Practice in Assessing, Arranging and Confirming Local Capacity and Capability for Participating Organisations Delivering NIHR CRN Portfolio Studies |
| CSD024 | Provision of Good Practice for Sponsors to Enable Assessing, Arranging and Confirming Local Capacity and Capability for Participating Organisations Delivering NIHR CRN Portfolio Studies |
| CSD027 | Eligibility criteria for NIHR CRN support - Annex A- Frequently Asked Questions |
| CSD040 | Eligibility criteria for NIHR CRN support - Implementation |
| CSD042 | NIHR CRN Study Support Service Principles and Process for Setting and Amending Study Site Targets |
| CSD043 | Principles for Local NIHR CRN Site Identification Process for Commercial Studies SOP |
| CSD044 | Research Delivery Meeting Structure SOP |
| CSD045 | Annex B Policy and Principles for New Non-Commercial Studies Applying Outside of IRAS |
| CSD046 | Annex C: Policy and Principles for Open Studies |
| CSD048 | Annex D Policy and Principles for Non-Commercial Studies Taking Place in Non-CRN NIHR Infrastructure Sites That require CRN Support |
| CSD049 | NIHR CRN Study Support Service: For Activity Attribution Support and Review SOP |
| CSD050 | CRN Study Support Service Early Contact and Engagement SOP |
| CSD051 | NIHR CRN Study Support Service: Industry Costing Template Validation SOP |
| CSD052 | NIHR CRN Study Support Service: Study Performance Monitoring SOP |
| CSD053 | NIHR CRN Study Support Service Non-Commercial Feasibility Process: National Study Delivery Assessment SOP |
| CSD054 | NIHR CRN Study Support Service for Effective Start-up SOP |
| CSD055 | Commercial Study Milestone Schedule Process (Principles and Process for Setting and Amending Study and Site Targets) |

| | |
|---|---|
| CSD056 | Study Support Service Helpdesk SOP |
| CSD057 | Commercial Eligibility and Feasibility Process SOP |
| CSD063 | NIHR CRN Teenage and Young Adult Cancer Strategy |
| CSD064 | NIHR CRN Cancer: Teenage and Young Adult Cancer Research Nurse role outline |
| CSD065 | Targeting Research According to Health Needs |
| CSD068 | NIHR CRN Support for Research in Wider Health and Social Care Settings |
| CSD069 | NIHR CRN Recruitment Policy |

## C.6. Information and Knowledge

### C.6.1. Information Systems

C.6.1.1. The LCRN Host Organisation must ensure appropriate, reliable and well maintained information systems and services are in place and fully operational.

C.6.1.2. The LCRN Host Organisation should ensure that their operation of information systems and the way that information is managed meets the National Data Guardian's data security standards.

C.6.1.3. The LCRN Host Organisation must adhere to the Acceptable Use Policy for the NIHR Hub issued by the DHSC.

C.6.1.4. In order to ensure the safe, secure and legal management of public finances the LCRN Host Organisation must provide, or secure access to, a system to ensure robust financial management. This system should have the ability to undertake audit and provide financial reports as required.

C.6.1.5. The LCRN Host Organisation should ensure a suitable staff management system is in place to be able to provide (but not exclusively) mandatory HR returns on staffing levels and ethnicity. The system should also be capable of enabling the LCRN Host Organisation to conduct staffing audits and ensure effective workforce planning.

C.6.1.6. Where the LCRN Host Organisation undertakes any new or incremental development of local Information Systems that support LCRN activities, the LCRN Host Organisation must ensure the new or changed system interface aligns with existing NIHR CRN Information Systems.

C.6.1.7. Where the LCRN Host Organisation has procured information systems or applications to support LCRN activities (e.g. a Local Portfolio Management System) it is the responsibility of the LCRN Host Organisation (in association with the third-party provider) to ensure service management support is

provided, as detailed in the National CRN Coordinating Centre LCRN Contract Support Documents.

C.6.1.8. For information systems or applications which support LCRN activity (e.g. research delivery), the LCRN Host Organisation must, in association with any third-party provider, ensure service management support is provided, as detailed in National CRN Coordinating Centre LCRN Contract Support Documents.

C.6.1.9. Where an issue with a national system cannot be resolved locally (e.g. an issue with the NIHR Hub), the LCRN Host Organisation must ensure the issue is escalated to the national NIHR CRN Service Desk, as detailed in National CRN Coordinating Centre LCRN Contract Support Documents. The LCRN Host Organisation must ensure information systems utilised in LCRN activities comply with the 2015-17 NIHR Information Strategy v2.0.

C.6.1.10. LCRN Host Organisations and LCRN Partner organisations must ensure business-critical information and associated information systems are of sufficient quality so that they are fit for purpose, accurate and trusted to support the business operations.

**C.6.2. Local Portfolio Management System (LPMS)**

C.6.2.1. The LCRN Host Organisation must ensure LCRN research delivery is supported by an LPMS solution that conforms to the requirements of the National CRN Coordinating Centre. This system should support all LCRN Partner organisations to capture the defined nation-wide minimum data set to support HLO reporting, research activity and local performance management of NIHR CRN Portfolio research as part of the Integrated Research Intelligence System - to collect, share and visualise intelligence using multiple local portfolio management systems and an overarching central system. National CRN Coordinating Centre requirements for LPMS solutions are available on request, and any changes to the existing requirements will be communicated to LCRN Host Organisations.

C.6.2.2. The LCRN funding allocation provides for the ongoing provision of an LPMS solution, for use by LCRN-funded staff supporting research delivery in the LCRN Host Organisation and LCRN Partners. This should be made available for LCRN Partners to use for both NIHR CRN Portfolio and non-NIHR CRN Portfolio studies.

C.6.2.3. Where there is a requirement to migrate data from existing systems, the LCRN Host Organisation should work with its preferred supplier to support migration.

**C.6.3. LCRN Business Intelligence**

C.6.3.1. The LCRN Host Organisation is responsible for providing a specialist, experienced and dedicated LCRN Business Intelligence function which will provide information and data analysis relating to the performance of LCRN-

funded activities. There should be a nominated senior leader (Business Intelligence Lead) for each LCRN to oversee this work and to liaise with the National CRN Coordinating Centre.

C.6.3.2. The LCRN Host Organisation must ensure the LCRN Business Intelligence function has access to necessary Business Intelligence tools (e.g. QlikView) and adheres to requirements set out in the relevant LCRN Contract Support Documents provided by the National CRN Coordinating Centre.

C.6.3.3. The LCRN Host Organisation must ensure LCRN Business Intelligence staff contribute to the work of the national CRN Business Intelligence function, and support and collaborate with peers in other LCRNs, as required by the National CRN Coordinating Centre.

C.6.3.4. When sharing or citing LCRN performance data, e.g. in LCRN Annual Reports, plans and local communications, the LCRN Host Organisation must ensure that the data used are the official data as issued by the National CRN Coordinating Centre. Data should be generated from the NIHR CRN Open Data Platform as set out in the National CRN Coordinating Centre policy on data use and reporting.

### C.6.4. LCRN Contract Support Documents

LCRN Leadership Teams should ensure that all elements of the LCRN operate in compliance with the following LCRN Contract Support Documents in respect of Information and Knowledge which are accessible on the NIHR Hub:

| Ref | Title |
|---|---|
| CSD028 | Business Acceptance Test Practice and LCRN Information Support |
| CSD059 | Local Portfolio Management System Minimum Data Set |

## C.7. Stakeholder Engagement and Communications

### C.7.1. Engagement and Communication

C.7.1.1. The LCRN Host Organisation has a duty to promote research opportunities to patients and public in line with the NHS Constitution for England, including informing patients about research that is being conducted within the LCRN area. Engagement opportunities offered by the National CRN Coordinating Centre-managed services such as Join Dementia Research (JDR) and Be Part of Research (formerly known as the UK Clinical Trials Gateway (UKCTG) prior to 1 April 2019) should be communicated to all appropriate stakeholders.

C.7.1.2. The LCRN Host Organisation will take a proactive approach to supporting new and emerging NIHR strategies containing Stakeholder Engagement and Communication goals, relevant to the delivery of NIHR CRN objectives.

C.7.1.3. A sufficient non-pay budget line to deliver patient and public involvement, stakeholder engagement and communications activities should be provided. This includes LCRN-level resource required to deliver the JDR service.

C.7.1.4. The communications resource may be employed by the LCRN Host Organisation or another organisation, but the lead for communications must report directly to the LCRN Executive Group.

C.7.1.5. The LCRN Host Organisation will ensure the LCRN communications function develops and delivers a local communications plan that recognises the LCRN's position as part of a national system, and that supports:

(a) the implementation of the NIHR CRN NHS Engagement and Communications strategies and the NIHR Communications Strategy

(b) the implementation of the Communications Contract Support Document

(c) the development and maintenance of the LCRN's positive reputation

(d) transparency of local performance on research delivery

(e) strong internal and external stakeholder relationships

(f) patient, staff, carer and public awareness of local clinical research opportunities

(g) effective working with other parts of the NIHR, at a local, regional and national level.

C.7.1.6. The LCRN communications plan should also encompass local delivery of national NIHR campaigns.

C.7.1.7. The LCRN Host Organisation must contribute to national NIHR campaigns and initiatives in line with LCRN Contract Support Documents from the National CRN Coordinating Centre.

C.7.1.8. The LCRN Host Organisation must ensure the whole LCRN operates in line with the brand guidelines, operational requirements and national messaging as advised by the National CRN Coordinating Centre.

C.7.1.9. LCRN Partner organisations or researchers that are in receipt of funds or support from the NIHR should acknowledge this in publications.

**C.7.2. Patient and Public Involvement and Engagement (PPIE)**

C.7.2.1. The LCRN Host Organisation has a duty to promote research opportunities to patients and the public, in line with the NHS Constitution for England, including informing patients about research that is being conducted within the LCRN area, and continuously improving participant experience of research

through actively involving and engaging patients in research processes and engaging patients, carers and the public in research activities.

C.7.2.2. The LCRN Host Organisation will support the development and implementation of the NIHR CRN Patient and Public Involvement and Engagement Strategy and will write and deliver an adequately resourced workplan with outcomes, milestones and measurable targets for ensuring that patient choice, equality and diversity, experience, leadership and involvement are integral to all aspects of LCRN activity, in partnership across NIHR CRN. The LCRN Host Organisation must ensure adherence to the requirements set out in the Stakeholder Engagement Contract Support Document provided by the National CRN Coordinating Centre.

C.7.2.3. The LCRN Host Organisation will ensure it and LCRN Partners actively engage and involve patients, carers and the wider public in all aspects of local research delivery activity to improve the quality and delivery of NIHR CRN Portfolio research and patient access to it.

C.7.2.4. The LCRN Host Organisation will actively support, promote and facilitate LCRN Partners in developing and sustaining local Patient Research Ambassadors as specified by the National CRN Coordinating Centre. The LCRN will report on progress in the development and continuous improvement of local Patient Research Ambassador activity via the CRN Patient Research Ambassador reporting system as well as in the LCRN Annual Report.

C.7.2.5. The LCRN Host Organisation will work with other local research organisations (e.g. Collaborations for Leadership in Applied Health Research and Care, Biomedical Research Centres, Biomedical Research Units, the Research Design Service and regional INVOLVE initiatives) to provide a defined coherent local patient offer of information about, access to, and involvement in clinical research. The LCRN will report via the LCRN Annual Report.

C.7.2.6. The LCRN Host Organisation will support and coordinate the Patient Research Experience Survey (PRES) across their area. Research participants in NIHR CRN Portfolio studies will be surveyed in line with the NIHR CRN Patient Experience and Continuous Improvement Framework. Each LCRN is expected to achieve a minimum of 1% of survey responses based on the number of participants recruited into NIHR CRN Portfolio studies in the previous financial year. LCRN Priority Project objectives and findings will be shared with the National CRN Coordinating Centre. The LCRN Host Organisation will prepare an action plan following the survey to actively support implementation of any specific recommendations arising from the survey, as part of continuous improvement activities.

C.7.2.7. The LCRN Host Organisation will ensure active programmes of learning activities supporting patient and public involvement in research are in place.

C.7.2.8. The LCRN Host Organisation will ensure LCRN-funded staff can routinely access the NIHR Hub, digital and social media and other developing sites as

required by the National NIHR CRN Coordinating Centre in order to reach out and engage diverse audiences in research.

C.7.2.9. The LCRN Host Organisation will hold up-to-date information on its contact with patient, carer, public groups and stakeholder organisations and make it available in line with the NIHR CRN PPIE Information Framework when requested by the National CRN Coordinating Centre or another LCRN.

C.7.2.10. The LCRN Host Organisation will record and assess the impact of PPIE engagement events delivered in the wider community to assess the extent of the LCRN's public reach and to increase shared learning on the impact of PPIE, as outlined in the NIHR CRN PPIE Reach Framework. This should be reported on a quarterly basis as specified by the National CRN Coordinating Centre.

C.7.2.11. The LCRN Host Organisation must identify a senior leader to take responsibility for PPIE within the LCRN. The identified lead will participate in nationally agreed PPIE initiatives and support the delivery of an integrated approach to PPIE across the NIHR CRN.

C.7.2.12. The LCRN Host Organisation will have an experienced PPIE operational lead, with a specified PPIE budget, to deliver the PPIE plan.

**C.7.3. NHS and Social Care Engagement**

C.7.3.1. The LCRN Host Organisation has a duty to promote research opportunities to patients and the public, in line with the NHS Constitution for England, including ensuring healthcare and care professionals are informed about research that is being conducted within the LCRN area, and continuously improving processes through actively involving and engaging staff and their representative organisations in research activities and empowering patients and public as catalysts for improvement. This will include promoting awareness of, and engagement with the National CRN Coordinating Centre managed services.

C.7.3.2. The LCRN Host Organisation will actively support its LCRN Partner organisations in fulfilling Care Quality Commission 'Well Led' Inspection and Monitoring expectations with regards to research. At least one 'Well Led' research support event to be hosted in 2019/20, as specified by the National CRN Coordinating Centre.

C.7.3.3. The LCRN Host Organisation will develop an Engagement Activities and Learning plan supported by an identified senior staff lead. The LCRN Host Organisation will report on progress to the National CRN Coordinating Centre as part of annual reporting, and the report should include any actions from the Care Quality Commission's NHS patient experience survey programme in respect of the research question asked of adult acute inpatients.

C.7.3.4. The LCRN Host Organisation will fully brief and engage with Local Specialty Leads to support the Care Quality Commission's 'Well Led' requirements for research.

C.7.3.5. The LCRN Host Organisation will actively promote and share the online Engagement support package and Toolkit for all frontline research staff (e.g. through special events, roadshows, and media channels). The LCRN Host Organisation will also provide feedback on the content of the support package and contribute to its continuous improvement.

C.7.3.6. The LCRN Host Organisation must ensure adherence to the requirements set out in the Stakeholder Engagement Contract Support Document provided by the National CRN Coordinating Centre.

### C.7.4. LCRN Contract Support Documents

LCRN Leadership Teams should ensure that all elements of the LCRN operate in compliance with the following LCRN Contract Support Documents in respect of Stakeholder Engagement and Communications which are accessible on the NIHR Hub:

| Ref | Title |
|---|---|
| CSD016 | Communications |
| CSD058 | Engagement and Involvement |

## C.8. Organisational Development

### C.8.1. Workforce, Learning and Organisational Development

C.8.1.1. The LCRN Host Organisation will support the development of effective networking leaders, who take an innovative and evidence-based approach to developing the capacity and capability of the workforce to deliver timely and high quality research in all health and social care settings.

C.8.1.2. The LCRN Host Organisation will support the continued implementation and refresh of the NIHR CRN Workforce Development strategy.

C.8.1.3. In order to ensure consistency in the provision of LCRN services, the LCRN Host Organisation will ensure LCRN-funded staff, patients and carers involved in the delivery of LCRN activities have learning and development commensurate with their role. LCRN Host Organisations will ensure that an awareness of clinical research is provided to staff at induction.

C.8.1.4. The LCRN Host Organisation shall establish a profile of NIHR CRN funded staff employed within the LCRN geography and demonstrate active workforce planning developed in partnership with relevant stakeholders.

C.8.1.5. The LCRN Host Organisation will develop a comprehensive workforce plan for LCRN staff that will enable a responsive and flexible workforce to deliver NIHR CRN Portfolio studies both current and anticipated. This will be developed in partnership with relevant stakeholders.

C.8.1.6. The LCRN Host Organisation shall identify a senior leader to coordinate workforce planning, recruitment, development and retention within the LCRN. The identified lead will participate in nationally agreed workforce development initiatives, drive a culture of modern workplace learning, and support the delivery of an integrated approach to workforce development across the NIHR CRN.

C.8.1.7. The LCRN Host Organisation will contribute to the continuing development of learning and development resources in support of the NIHR CRN its services and people. Time should be released for funded CRN staff to contribute their knowledge and expertise across workforce, learning and organisational development initiatives. In addition the LCRN will champion a culture of improvement and innovation including knowledge transfer across the NIHR and the development of best practice.

C.8.1.8. The LCRN Host Organisation will be responsible for adhering to NIHR CRN defined quality standards and processes applicable to learning materials, resources and tools made available by the National CRN Coordinating Centre via the National Learning Directory. The LCRN Host Organisation will ensure the LCRN adopts resources from the National Learning Directory where appropriate. Formal training offered by the LCRN to CRN funded staff should be managed via the NIHR Learn platform.

C.8.1.9. NIHR CRN (Good Clinical Practice) GCP courses must be made available to all research delivery staff conducting NIHR CRN Portfolio studies with freedom to act. The balance of online and face to face training used to meet this need in each LCRN may be different, and LCRN programmes should be planned with local priorities and resources in mind.

C.8.1.10. The LCRN Host Organisation will attend to the wellbeing of all LCRN-funded staff by providing a positive work environment including appropriate professional line management, performance reviews, continuing professional development plans and opportunities to undertake learning and development, in line with the NIHR CRN Workforce Development strategy.

C.8.1.11. The LCRN Host Organisation must ensure all LCRN-funded staff have opportunities to engage with the strategic initiatives of the NIHR CRN.

**C.8.2. Continuous Improvement**

C.8.2.1. The LCRN Host Organisation will promote and sustain a culture of Continuous Improvement (innovation and improvement) across all areas of LCRN activity to develop the NIHR CRN and its services including optimising performance.

C.8.2.2. The LCRN Host Organisation will ensure the LCRN adopts a breadth of appropriate approaches and interventions to ensure that it is responsive to the needs of its customers and the business, delivering innovative, streamlined, efficient and high quality services that demonstrate impact and benefit.

C.8.2.3. The LCRN Host Organisation will ensure continuous improvement awareness, knowledge and skills are a core competency of LCRN staff as appropriate to their role and that building capability (expertise and leadership) in this area is incorporated within the LCRN's Workforce Development strategy.

C.8.2.4. The LCRN Host Organisation shall identify a senior leader to take responsibility for embedding continuous improvement across the LCRN to:

(a) ensure the local delivery of the nation-wide Study Support Service is subject to continuous improvement, improving local processes and working arrangements to achieve the nation-wide service deliverables

(b) ensure LCRN leadership contributes to national/NIHR CRN-wide innovation and improvement programmes and projects

(c) work with the LCRN Chief Operating Officer and other key staff to oversee the development and execution of appropriate responses to improving local performance.

### C.8.3. LCRN Contract Support Documents

LCRN Leadership Teams should ensure that all elements of the LCRN operate in compliance with the following LCRN Contract Support Documents in respect of Workforce, Learning and Organisational Development which are accessible on the NIHR Hub:

| Ref | Title |
|---|---|
| CSD025 | NIHR CRN Good Clinical Practice Programme |
| CSD026 | National Learning and Development Programmes |
| CSD073 | Embedding Continuous Improvement across the NIHR CRN |

## C.9. Business Development and Marketing

C.9.1.1. Business development with established national life science companies and non-commercial funders is the responsibility of the National CRN Coordinating Centre. Engagement with local small and medium sized enterprises within LCRN areas is the responsibility of the LCRNs with support from the National CRN Coordinating Centre.

C.9.1.2. The LCRN Host Organisation will ensure close working and open communication with the Business Development and Marketing team in the

National CRN Coordinating Centre to ensure the needs of the customer are being met and the NIHR CRN is responsive to change.

C.9.1.3. The LCRN Host Organisation will:

(a) promote the continued importance of the industry agenda to LCRN Partner organisations and clinical teams

(b) work in partnership with the national Business Development and Marketing team to support national business development initiatives e.g. NIHR Medtech and Patient engagement in clinical development offers

(c) provide intelligence on local interactions with NIHR CRN customers

(d) maintain an up to date LCRN "profile" to highlight the unique selling points of the LCRN for use by the National CRN Coordinating Centre for marketing purposes nationally and internationally

(e) supported by the national Business Development and Marketing team in ensuring that life sciences companies are appropriately briefed about the NIHR CRN Study Support Service and the UK Plc clinical research offer.

**C.9.2. LCRN Contract Support Documents**

LCRN Leadership Teams should ensure that all elements of the LCRN operate in compliance with the following LCRN Contract Support Documents in respect of Business Development and Marketing which are accessible on the NIHR Hub:

| Ref | Title |
|---|---|
| CSD032 | Business Development & Marketing |

**END OF DOCUMENT**

## Appendix 4

### 1. CRN Wessex Funding Allocation 2019/20

The allocation of funding to the LCRNs from DHSC for 2019/20 is £285,816,002. CRN Wessex has secured £17,838,377 (6.24%) compared to £17,733,628 (6.23%) in 2018/19.

### 2. Comparative allocations to other LCRNs

| | | Population | | Fixed Funding Element | | Variable Funding | | ETC Service Funding | LCRN adjustments | Total | | Top Slice |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | NT | 5,719,599.00 | 10.3% | £23,686,081 | 10% | £5,399,321 | 10% | £128,000 | -£142,400 | £29,071,002 | 10.3% | £52,040 |
| 2 | WM | 5,800,734.00 | 10.5% | £22,103,848 | 10% | £4,435,870 | 8% | £87,000 | -£283,200 | £26,343,518 | 9.3% | £20,040 |
| 3 | YH | 5,534,527.00 | 10.0% | £20,854,428 | 9% | £4,999,593 | 9% | £89,000 | | £25,943,021 | 9.1% | £281,555 |
| 4 | SL | 3,272,017.00 | 5.9% | £19,303,139 | 9% | £4,892,008 | 9% | £138,000 | | £24,333,147 | 8.6% | £59,491 |
| 5 | EM | 4,560,061.00 | 8.3% | £16,456,600 | 7% | £4,143,826 | 7% | £75,000 | £283,200 | £20,958,626 | 7.4% | £20,040 |
| 6 | E | 3,865,306.00 | 7.0% | £14,866,487 | 7% | £3,489,949 | 6% | £84,000 | -£184,800 | £18,255,636 | 6.4% | £1,243,040 |
| 7 | NENC | 2,955,077.00 | 5.3% | £14,328,680 | 6% | £3,796,411 | 7% | £78,000 | £184,800 | £18,387,891 | 6.5% | £48,701 |
| 8 | GM | 3,012,245.00 | 5.5% | £14,229,805 | 6% | £4,324,980 | 8% | £78,000 | £142,400 | £18,775,185 | 6.6% | £77,500 |
| 9 | W | 2,784,574.00 | 5.0% | £14,158,880 | 6% | £3,576,997 | 6% | £73,000 | | £17,808,877 | 6.3% | £29,500 |
| 10 | NWC | 3,928,445.00 | 7.1% | £13,004,284 | 6% | £3,023,739 | 5% | £49,000 | | £16,077,023 | 5.7% | £80,263 |
| 11 | TVSM | 2,385,709.00 | 4.3% | £12,134,992 | 5% | £3,234,887 | 6% | £85,000 | | £15,454,879 | 5.5% | £36,040 |
| 12 | KSS | 4,622,157.00 | 8.4% | £11,297,656 | 5% | £2,779,394 | 5% | £58,000 | | £14,135,050 | 5.0% | |
| 13 | NWL | 2,077,806.00 | 3.8% | £11,053,785 | 5% | £3,458,838 | 6% | £87,000 | | £14,599,623 | 5.2% | £42,743 |
| 14 | WoE | 2,466,452.00 | 4.5% | £10,043,354 | 4% | £2,470,607 | 4% | £66,000 | | £12,579,961 | 4.4% | £13,500 |
| 15 | SWP | 2,283,358.00 | 4.1% | £8,501,859 | 4% | £2,479,550 | 4% | £41,000 | | £11,022,409 | 3.9% | £65,701 |
| | | **55,268,067.00** | **100%** | **£226,023,878** | **100%** | **£56,505,970** | **100%** | **£1,216,000** | | **£283,745,848** | **100%** | **£2,070,154** |

**Chart 1: Summary of funding allocations to LCRNs 2019/20**

The fixed funding element (80%) was based on the 2018/19 funding allocations and the variable element (20%) was based on performance as detailed below.

### i. Performance elements:

HLO 1 5% - 2017/18 data based on recruitment multiplied by success rate

HLO 2a 5% - 2017/18 data based on number of passed studies multiplied by success rate

HLO 2b 5% - 2017/18 data based on number of passed studies multiplied by success rate

Specialty Objectives 5% - 2017/18 data. (not all specialty objectives were used).

### ii. LCRN Adjustments

'LCRN adjustments' were applied to six LCRNs as a result of trust mergers. These changes have caused the largest variance with the exception of SWP and NWL with an uplift in funding by 3.67% and 5.62% respectively and NWC with a drop of -1.12%

| | 18/19 | 19/20 | Variance |
|---|---|---|---|
| EM | £20,610,529 | £20,978,666 | 1.79% |
| E | £19,728,415 | £19,498,676 | -1.16% |
| GM | £17,890,167 | £18,852,685 | 5.38% |
| KSS | £14,126,480 | £14,135,050 | 0.06% |
| NENC | £17,977,719 | £18,436,592 | 2.55% |
| NT | £29,648,849 | £29,123,042 | -1.77% |
| NWC | £16,339,777 | £16,157,286 | -1.12% |
| NWL | £13,863,175 | £14,642,366 | 5.62% |
| SL | £24,193,630 | £24,392,638 | 0.82% |
| SWP | £10,695,417 | £11,088,110 | 3.67% |
| TVSM | £15,209,332 | £15,490,919 | 1.85% |
| W | £17,733,628 | £17,838,377 | 0.59% |
| WM | £27,658,293 | £26,363,558 | -4.68% |
| WoE | £12,571,613 | £12,593,461 | 0.17% |
| YH | £26,352,976 | £26,224,576 | -0.49% |
| | **£284,600,000** | **£285,816,002** | |

**Chart 2: Comparison of LCRN funding by FY**

## 3. CRN Wessex core allocation

CRN Wessex funding has been allocated in accordance with the funding model agreed by the partnership group on 16 January 2019 with recognition of the cost pressures presented by the 'pay deal'. Ninety percent of the budget is allocated directly to partner organisations with core funding forming 72% of the total funding allocation.

| Direct funding to partner organisations | | Indirect funding to partner organisations | |
|---|---|---|---|
| Core | 72% | Core team | 6% |
| Primary care | 6% | CRSLs and other clinical leadership | 3% |
| Performance premium | 4% | Wessex wide PPI and communications activity | <1% |
| Contingency | 1% | Technology support programme | <1% |
| Pay deal cost pressures | 4% | LPMS and Redcap | <1% |
| Research Fellows | 3% | | |
| | 90% | | 10% |

**Chart 3: Distribution of CRN Wessex funding**

The core allocation to each partner organisation is based on the percentage of the weighted activity over the last two years, excluding band 1 studies, benchmarked against the core allocation in the previous year using a a cap and collar of +/- 5 percent to determine the final allocation with a minimum uplift of £25k.

| | Core Allocation 18/19 | % Wt Activity | Indicative Budget | Variance | % Variance | Allocation 19/20 | Variance | % Variance |
|---|---|---|---|---|---|---|---|---|
| **DCHFT** | £ 501,988 | 2.9% | £ 408,117 | -£93,871 | -19% | £ 476,889 | -£25,099 | -5.00% |
| **DHUFT** | £ 190,000 | 2.1% | £ 291,503 | £101,503 | 53% | £ 215,000 | £25,000 | 13.16% |
| **HHFT** | £ 605,262 | 5.3% | £ 734,189 | £128,927 | 21% | £ 635,525 | £30,263 | 5.00% |
| **IOW** | £ 349,947 | 2.2% | £ 304,134 | -£45,813 | -13% | £ 332,450 | -£17,497 | -5.00% |
| **PHFT** | £ 762,469 | 6.1% | £ 854,187 | £91,718 | 12% | £ 800,592 | £38,123 | 5.00% |
| **PHT** | £ 2,201,312 | 18.4% | £ 2,571,657 | £370,345 | 17% | £2,311,378 | £110,066 | 5.00% |
| **RBCH** | £ 866,104 | 5.3% | £ 742,697 | -£123,407 | -14% | £ 822,799 | -£43,305 | -5.00% |
| **SFT** | £ 554,356 | 4.2% | £ 580,810 | £26,454 | 5% | £ 582,074 | £27,718 | 5.00% |
| **SOLENT** | £ 351,171 | 5.1% | £ 715,129 | £363,958 | 104% | £ 376,171 | £25,000 | 7.12% |
| **SCAS** | £ 110,922 | 5.3% | £ 739,299 | £628,377 | 567% | £ 116,468 | £5,546 | 5.00% |
| **SHFT** | £ 435,297 | 3.6% | £ 500,598 | £65,301 | 15% | £ 460,297 | £25,000 | 5.74% |
| **UHS** | £ 5,135,344 | 39.6% | £ 5,529,823 | £394,479 | 8% | £5,392,111 | £256,767 | 5.00% |

**Chart 4: CRN Wessex core funding allocation 2019/20**

## 4. CRN Wessex performance premium

Performance premium is comprised of two elements. Commercial performance is incentivised with a payment of £3,000 per study closed 'green' and £10,000 for each study that recruits a first global patient. For non-commercial the model is slightly different. Both volume of activity and performance against HLO2B, recruitment to time and target, are recognised with a 70:30 split respectively.

| | Performance commercial | Performance non commercial |
|---|---|---|
| DCHFT | £ 6,000 | £ 17,540 |
| DHUFT | | £ 16,169 |
| HHFT | £ 27,000 | £ 21,047 |
| IOW | | £ 15,700 |
| PHFT | £ 12,000 | £ 13,830 |
| PHT | £ 67,000 | £ 47,607 |
| RBCH | £ 33,000 | £ 25,334 |
| SFT | £ 40,000 | £ 33,325 |
| SOLENT | | £ 25,584 |
| SHFT | £ 12,000 | £ 11,549 |
| UHS | £ 108,000 | £ 72,314 |
| | £ 305,000 | £ 300,000 |

Chart 5a: Summary of performance premium allocation

The allocation to the performance premium has increased due the improved commercial performance with more studies closing 'green'.

| | Performance Premium 18/19 | Performance Premium 19/20 | Variance |
|---|---|---|---|
| **DCHFT** | £19,586 | £23,540 | 20% |
| **DHUFT** | £13,000 | £16,169 | 24% |
| **HHFT** | £58,992 | £48,047 | -19% |
| **IOW** | £14,430 | £15,700 | 9% |
| **PHFT** | £31,495 | £25,830 | -18% |
| **PHT** | £91,151 | £114,607 | 26% |
| **RBCH** | £55,627 | £58,334 | 5% |
| **SFT** | £30,855 | £73,325 | 138% |
| **SOLENT** | £23,739 | £25,584 | 8% |
| **SHFT** | £26,751 | £23,549 | -12% |
| **UHS** | £151,373 | £180,314 | 19% |
| | **£516,999** | **£605,000** | 17% |

Chart 5b: Comparison of performance premium allocation by FY

## 6. CRN Wessex treatment of pay award

At this point in time DHSC have not awarded an uplift to LCRN funding to cover the pay award. CRN Wessex realise this will be a cost pressure and have awarded partner organisations a 5.5% within year uplift to cover the costs in 2019/20. Allocations to partners will be adjusted accordingly, within year, when there is clarity about DHSC funding to cover the pay award.

An analysis of recent finance returns indicates that 20% of posts become vacant within year with the replacement often placed on a lower AfC spine point. Any underspend on this element of the allocation should be repurposed as as strategic funding and reported accordingly in the finance return. The same will apply if DHSC funding for the 'pay deal' is identified within year.

| | Pay award uplift | | Pay award uplift |
|---|---|---|---|
| **DCHFT** | £26,228.87 | **RBCH** | £45,253.93 |
| **DHUFT** | £11,825.00 | **SFT** | £32,014.06 |
| **HHFT** | £34,953.88 | **SOLENT** | £20,689.41 |
| **IOW** | £18,284.73 | **SCAS** | £6,405.75 |
| **PHFT** | £44,032.58 | **SHFT** | £25,316.34 |
| **PHT** | £127,125.77 | **UHS** | £296,566.12 |

Chart 6: Funding allocation to support pay award

## 7. CRN Wessex strategic funding

See section 6 and 9.

## 8. The employer pension contribution rate

There will be a rise from 14.3% to 20.6% from 1 April 2019 in the employer pension contribution rate. However, the NHS Business Service Authority will only collect 14.38% from employers. Central payments will be made by NHS England and the Department of Health and Social Care for their respective proportions of the outstanding 6.3%.

## 9. CRN Wessex research fellows

The allocation of support is detailed below and individual feedback will be sent to each applicant. In total 29 posts were supported. Three of these posts are currently vacant - reproductive health at HHFT; hepatology at PHT and anaesthetics at UHS. Funding will be transferred when postholder names and start dates are confirmed.

| | # | £ |
|---|---|---|
| **HHFT** | 2 | 21,700 |
| **PHFT** | 2 | 36,000 |
| **PHT** | 9 | 161,150 |
| **SFT** | 2 | 28,000 |
| **UHS** | 14 | 253,150 |

**Chart 7: Support for research fellows**

## 9. CRN Wessex Contingency

There is a contingency budget of circa £200k. Partner organisations will be able to submit bids within year using the template available on the website.

NIHR | Clinical Research Network Wessex
Commercial recruitment
Digitally enabling research across primary & secondary care
Bespoke specialty training & networking
Helping SMEs to navigate the maze of med tech
Optimising study delivery
CONTINUOUS IMPROVEMENT
Supporting research with advanced therapeutics
Developing research portfolios within under represented specialties
Supporting research in diverse settings
Networking of research champions
Care home
Police stations
Schools
Developing effective network leaders
Primary care research consortium
Improving the research experience of Wessex participants