University Hospital Southampton
NHS Foundation Trust

Minutes Trust Board – Open Session

Date	30/01/2020
Time	9:00 – 11.45
Location	Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH
Chair	Peter Hollins
Present	Jane Bailey (JB) Non-Executive Director (NED) Gail Byrne (GB) Director of Nursing & Organisational Development Cyrus Cooper (CC) NED Jenni Douglas-Todd (JD-T) Senior Independent Director/NED Keith Evans (KE) NED Designate Paula Head (PH) Chief Executive David French (DAF) Chief Financial Officer Jane Hayward (JH) Director of Transformation & Improvement Tim Peachey (TP) NED Derek Sandeman (DS) Medical Director Joe Teape (JT) Chief Operating Officer
Attendees	*Steve Harris (SH) Interim Chief People Officer *Audley Charles (AC) Interim Company Secretary & Associate Director of Corporate Affairs Tristan Chapman, Director of Improvement & Partnerships (Item 5.1) David Young, Head of Leadership Development (Item 5.1) John Norton, Change Champion Angela Hempel, Change Champion 3 Members of Staff *Denotes non-voting member/attendee
Apologies	Dave Bennett, NED Simon Porter, NED

1 Chair's Welcome, Apologies and Declarations of Interest

The Chair welcomed members and attendees.

There were no interests declared in relation to items on the agenda.

2 Minutes of Previous Meeting held on 9 January 2020

The minutes were confirmed as an accurate record of the meeting.

RESOLVED: The minutes were **approved** as an accurate record.

3 Matters Arising and Summary of Agreed Actions

The Action Log was reviewed and updated as follows:-

- **Shared Research and Development Mission – Action 119.** PTH and PH would be meeting the University of Southampton Vice Chancellor and Chair of Council on the 14th February 2020.

- **Staff Stories – Action 127.** Action complete.

- **Patient Experience and Waiting Times – Action 130.** JH advised that an action plan to reduce cancer waiting times would be provided to the Board on the 26th March 2020.

  ACTION: *JH to provide an action plan to Board on the 26th March 2020.*

- **Patient Story – Action 145.** GB advised that she would be contacting the couple who had spoken at the 9 January 2020 Board.

  ACTION: *GB to contact the couple.*

- **Improving Patient Journeys – Action 146.** Action complete.

4 QUALITY, PERFORMANCE and FINANCE

Quality includes: clinical effectiveness, patient safety, and patient experience

4.1 Staff Story

DS introduced three members of staff who talked about their work and the interdependency of their services. Dr. Nick Coleman, Consultant Gastro-enterologist, talked about functional gastroenterology and Dr. Tom Daniels, Consultant Respiratory Physician talked about his work in the adult cystic fibrosis service. Both spoke of the importance of psychological support for patients and Dr. Adam Cox talked of his work in liaison psychiarty.

PTH thanked them for attending.

4.2 Briefing from Chair of Quality Committee for review (Oral)

Tim Peachey, Non-Executive Director, summarised the items discussed at the Quality Committee held on the 27th January and highlighted the following:-

- the Friends and Family Test in the Q3 patient experience report had shown that patients recommending the Trust remained at a high level, complaint handling was well within target and concerns being raised with PALS had been falling.

- the new patient experience metrics were far more targeted.

- the use of a new and easy feedback form for patients was being considered.

- the committee supported the three main areas of focus proposed in the Quality Improvement Framework:- a culture of safety, matching demand and capacity, transformation of outpatient services.

- quality impacting issues linked to emergency access performance would be an area of focus for the committee.

- re-admission rates were within commissioner expectations.

- a 95% reduction in glaucoma cases requiring review.

- that a system would be put in place to ensure that the Quality Committee looked for early warning signs, linked the new patient experience metrics.

4.3 Briefing from Chair of Audit and Risk Committee for review (Oral)

Keith Evans, Non-Executive Director Designate, summarised the items discussed at the Audit and Risk Committee held on the 13th January and highlighted the following:-

- reports from internal auditors had raised no significant concerns but had suggested a more careful look at the Trust's digital communications.

- the Treasury proposals put forward by DAF had been approved.

- the Trust's internal and external auditors had remained unchanged for the last three years and had now gone out to tender.

- the size of the Risk Register and the need to focus on key risks. GB advised that she and AC would be setting up a committee to review the Risk Register.

4.4 Briefing from Chair of Strategy & Finance Committee for review (Oral)

Jane Bailey, Non-Executive Director, summarised the items discussed at the Strategy & Finance Committee held on the 27th January and highlighted the following:-

- Month 9 performance had been good.

- a good grip was being maintained on the Cost Improvement Programme.

- the forward business case plan had been reviewed and would be an area of continuing focus.

- capital spending was behind budget (largely due to phasing) and the reasons for that and actions being taken, had been discussed.

- the operational plan update for next year had been reviewed.

4.5 Integrated Performance Report for Month 9 review

JH, Director of Transformation and Improvement, introduced the report.

Narrative

- JT noted that none of the ED performance indicators were where the Trust would like them to be and targeted pieces of work were being done (including work with NHSE/I) to improve the position. These would be reported to Board in March 2020.

  ACTION: *JT to report to Board in March 2020.*

- PH advised that compared to other Trusts, UHS was still not performing well against the emergency access target. There would be another phone call with NHSE/I and commissioners later in the day to see whether system partners could do more to support the Trust.

  JD-T asked why UHS was not performing as well as other trusts. The building work in Emergency Department and the number of working age adults going to the department later in the day, when fewer staff were working, were noted.

Delivering value based health and care.

- DAF advised that a new Chief Engineer had started work in the Trust and would be focussing on backlog maintenance.

- PTH noted that he had not heard anything about PLICS recently and DAF advised that a report was provided to the Trust Executive Committee on a quarterly basis. JH noted that 'Getting it right first time' (GIRFT) and Model Hospital were also now being used.

- PTH noted the drop off in patients logging on to My Medical Record. JH advised that a session for patient users had been well attended recentlyt. It had been suggested that if patients were notified when new information was added to their record, this might encourage them to log on more regularly.

Leading edge research, education and innovation

- PTH expressed concern around this report and noted that it would be discussed at the next Trust Board Study Session.

Key Performance Indicators (KPI) report

(VB10/VB11) Face to face OPA/Non Face to face OPA – PTH noted the rapid fall in the first and the modest rise in the latter. JH did not think that these were necessarily linked and thought that the latter were likely to be nurse/physio led.

(HL12) HSMR Crude Mortality Rate – PTH noted the July anomaly. JH agreed to check that the July data had not been misreported.

ACTION: *JH to ensure July data was checked.*

(HL17-N) Percentage of patients screened and found to have either moderate or high alcohol dependence given relevant advice – JD-T queried the dip in the graph and DS advised that the Trust was not managing to maintain the service at weekends and this was impacting on the data.

(HL6-N) Maternity/Continuity of Care – 8.2% against a target of 35 was noted. GB advised that this had been discussed at the Quality Committee. It was a new national target and actions were being taken to meet it.

(EW3-L) Nursing vacancies (Registered nurse only in clinical wards) – PTH congratulated GB, SH and the team on the reduction in vacancies.

Quartely Patient Safety Report

Sepsis - TP noted the drop in the number of patients receiving IV antibiotics within 60 minutes of diagnosis. GB advised that this figure was being impacted by some very experienced staff leaving and new people coming into post.

High Harm Falls – GB advised that these had all been investigated and that NICE guidelines had not been followed in all cases.

RESOLVED: The Board **noted** the report.

4.6 Finance Report for Month 9 for review

The Finance Report for Month 9 was presented by DAF. The Trust had exceeded its surplus plan in December and had therefore achieved its year to date plan, triggering receipt of £3.8m Q3 PSF, bringing year to date to £8m.

As expected, income in December had been affected by part of the month being on black alert with significant cancellations of elective surgery. This had only been partially offset by low profitability emergency patients displacing elective patients on surgical wards. December elective income was £0.5m lower than Plan which had already incorporated winter assumptions.

Year to date elective income was £3.4m lower than Plan. This was despite opening additional bed capacity, including another ward at PAH. However this had resulted in increased pay costs, particularly for agency doctors and nurses.

There had been a couple of one off benefits in December, notably a planned release of reserves, which had helped to achieve the bottom line.

Overall performance had been broadly in line with expectations and had supported submission of the forecast revision discussed at Board previously.

Risks for the Trust including the coding and counting dispute with local commissioners which was nearing agreement and the Trust's ability to

maintain its elective programme over the coming months.

- PTH noted recent comments at a consultants' meeting when concern was expressed about potental consultants being lured away by other local trusts. SH advised that UHS had a vibrant bank of junior doctors and that it saw a good fill rate but the change in the rules around their hours had had an impact. DS confirmed that a few established consultants had left and that surrounding hospitals were becoming more competitive. The Trust's focus on weekend working had also had an impact.

- JB noted the achievement of Q3 and acknowledged the work done by DAF and his team.

- PTH noted that it was unusual for the Trust to forecast an overspend of capital. DAF said that the Strategy and Finance Committed had looked into this and had taken learning from it.

RESOLVED: The Board **noted** the report.

5 STRATEGY and BUSINESS PLANNING

5.1 Change Champions for decision

PTH welcomed David Young, Head of Leadership Development and Change Champions, Angela Hempel and John Norton. GB advised that she was Executive Lead for the Change Champions, supported by SH.

DY advised that he had already received expressions of interest from other members of staff who wanted to become Change Champions and some of those were from areas of the Trust not previously represented. A half day would be held in early March for the Change Champions and ways of taking their report forward would be considered.

Angela said that being a Change Champion had given her the opportunity to talk to senior colleagues within the Trust. Not all issues raised by staff were within her gift to resolve but she felt the overriding theme was that staff should feel valued and be treated with kindness and civility.

John spoke of the importance of inclusion within the Trust and said that whilst progress was being made, issues were predominantly around recruitment.

- PH thanked Angela and John for "keeping the flame alive". She was encouraged by the work they were doing and noted the Heat Map in their report.

- PTH asked what advice they would give to a new generation of Change Champions and what the Board could do to support them. John said it was a great platform to engage with the workforce on issues they felt passionately about. Angela said that it provided an opportunity to influence things and asked the Board to be mindful of staff when making decisions.

- JD-T thanked the Change Champions for their commitment and noted the evidence in the report of demotivators for staff.

- JB asked whether the Change Champions felt there had been any change in staff morale. The importance of regular management training for staff at all levels was mentioned as the impact that line managers could have on staff morale was felt to be crucual.

PH thanked the Change Champions for the work they were doing and said that it was important the Board maintained contact with them.

RESOLVED: The Board **noted** the report.

6 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL

6.1 Feedback from Council of Governors' meeting 23 January 2020 (Oral)

PTH provided an oral report and highlighted the following:-

- this had been the second meeting of the CoG in the new format. It had provided an opportunity for governors to have lunch with the NEDs and this had been well received.

- JT had given the CEO report.

- Questions on pensions, the mental health of staff and caring for patients suffering with dementia, as part of their diagnosis, had all been discussed during a Q&A session.

- the suggested changes to the Trust's Constitution had been approved (see AoB below).

- the ToR for the working groups and training for governors had been reviewed.

- Karen Burwell had provided an update on membership.

- guidelines recently produced by NHSI around NED remuneration and premia for chairing committees had been reviewed.

- NEDs would only attend governor committees if invited to do so.

- a governor from Southern Health had attended the meeting as an observer.

JD-T advised that she had attended a workshop in the city looking at community engagement. The work being done around a 'City of Culture' had been raised and she wondered whether the CoG might be able to engage with it, as it was likely to have a health aspect.

RESOLVED: The Board **noted** the report.

6.2 Register of Seals, and Chair's Actions for ratification

PH advised that the seal had been used once and Chair's actions had been taken twice.

RESOLVED: The Board **endorsed** these actions.

6.3 Board Assurance Framework (BAF) 2019-20 Quarter 3 Report and Next Steps for review

The Board Assurance Framework 2019-20 Quarter 3 Report was presented by PH and the following were highlighted for focus:-

- BAF 2 – regulatory requirements
- BAF 4 – access to recourse
- BAF 5 – capability gaps
- BAF 7 – staff wellbeing
- BAF 9 – organisational changes

The proposed principal risks for next year were still being considered and the final version of the BAF would be brought to Board in March.

JH advised that a review of corporate objectives had been undertaken and these had been linked to measuring progress. Board members suggested that:-

- they only showed what had been achieved.
- the Trust should be transparent about what it had not acheived.
- the objectives should be more challenging.
- principal risks could be allocated to Board sub committees for review.

RESOLVED: The Board **noted** the report.

6.4 Board Committee Terms of Reference - Current Position for review (Oral)

Jane Bailey, Non Executive Director, advised that the ToR for Board committees continued to be reviewed. An issue still being considered was attendance at committees to ensure the appropriate balance of members. Everyone was engaged in the process and approved ToR would be available in March.

RESOLVED: The Board **noted** the report.

7 Any other Business

- PTH advised that the CoG had asked for the wording in the Trust's Constitution to be amended to read:-
    - 4.2.1 A non-executive chair who shall not be included in the count of NEDs in 4.2.2 and 4.2.3
    - 4.2.2 Not less than five or no more than seven each of executive and non-executive directors.

RESOLVED: The Board **approved** the amendments.

- PH advised that the Trust was training key staff/developing a plan for dealing with any admissions linked to the coronavirus outbreak and PPE had been ordered. GB confirmed that this equipment was in date.

8 To note the date of the next meeting: 26 March 2020, in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH.

List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board – Open Session 31/10/2019 4.3 Briefing from Chair of Audit and Risk Committee for review (Oral)				
116.	Annual Litigation & Insurance Review	• Charles, Audley • Peachey, Tim	26/03/2020	Pending
	Explanation action item TP to ensure nature of claims against the Trust is picked up through the Quality Committee and provide a periodic summary to Board. Acknowledged at the November Board and the Interim Company Secretary to discuss with Tim Peachey a Formal Report to be presented to the March Quality Committee, after which the Chair will update the Board in his briefing. An update will be brought to the March Board after the Annual Business Cycle for the Quality Committee has been approved.			
Trust Board – Open Session 31/10/2019 4.5 Integrated Performance Report for Month 6 for review				
117.	Patient Mis-identification	• Byrne, Gail • Peachey, Tim	30/04/2020	Pending
	Explanation action item The Quality Committee to review progress on eliminating the possibility of patient mis-identification in 6 months' time and feed back to the Board. This to be incorporated into the Quality Committee agenda for 27/04/19, with an update to Board.			
118.	Research and Development Strategy	• Hollins, Peter • Sandeman, Derek	05/05/2020	Pending
	Explanation action item Identify an opportunity to discuss R&D strategy during a Board Study Session. Item tentatively scheduled for the May Board Study Session.			

Trust Board – Open Session 28/11/2019 4.5 Integrated Performance Report for Month 7 for review				
130.	Patient Experience and Waiting Times	Hayward, Jane	26/03/2020	Pending
	Explanation action item The Board requested that positive assurance in relation to patient experience and waiting times be provided in the opening narrative of the next reports. JH advised that information on cancer waitiing times would be provided to the Board on 30th January 2020. 30/1/20: JH to provide an action plan to Board on 26 March 2020.			
Trust Board – Open Session 09/01/2020 4.1 Patient Story				
145.	Patient Story	Byrne, Gail	26/03/2020	Pending
	Explanation action item GB to advise the couple of actions taken in relation to their observations.			
Trust Board – Open Session 30/01/2020 4.5 Integrated Performance Report for Month 9 review				
175.	ED Performance Indicators	Teape, Joe	26/03/2020	Pending
	Explanation action item JT noted that none of the ED performance indicators were where the Trust would like them to be and targeted pieces of work were being done (including work with NHSE/I) to improve the position. These would be reported to Board in March 2020.			
176.	Key Performance Indicators	Hayward, Jane	26/03/2020	Pending
	Explanation action item (HL12) HSMR Crude Mortality Rate - PTH noted the July anomaly. JH agreed to check that the July data had not been misreported.			

Report to the Trust Board of Directors dated Thursday, 26 March 2020			
Title: Integrated Performance Report 2019/20 Month 11			
Category	Quality, Performance, and Finance		
Agenda item	7.4		
Sponsor	Director of Transformation and Improvement		
Author	Trust Performance Manager		
Provenance	The Integrated Performance Report is reviewed monthly by the Board of directors		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for REVIEW.		
Relevant strategic 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.
Assurance framework links	• BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways • BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services • BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care • BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual • BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider • BAF10 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status		
Impact assessments	n/a		
Other standards affected	n/a		

Integrated KPI Board Report Digest

Improving patient Journeys

Delayed transfers of care remained stable in February at 7.1% against a target of 3.5%. We have continued to work closely with system partners, including ensuring we have additional capacity during the winter months. The wider system has added 15 beds, as well as a home care service, and UHS opened the second tranche of 'winter beds', converting the Surgical Day Unit (as a 20 bedded medical ward).

The COO team have started to work with the Integrated Discharge Bureau to improve the escalation framework for Delayed Transfers Of Care, and are also convening a summit with the system to look at what more can be done, including how risk is more appropriately spread across the system at times of heightened pressure. Southampton City Council also has an external review expected by the Local Government Association Better Care Fund in March / April, which will hopefully also include Hampshire.

Adult bed occupancy was 97.1% in January, compared to 95.5% in the previous year. We have had a 6.9% growth in emergency attendances and a 2.8% increase in non-elective spells (year to date) though the rate of growth appears to be slowing currently.

Emergency Department performance rose very slightly in February for UHS to 76.6%. For the month, type 1 performance in February was 76.26% and we ranked 5th of 8 Major Trauma Centre peers (8th being worst). Local delivery system performance was at 85.9% in February against a local target of 90.0%.

A new clinically led action plan has been identified. While performance remains very important, the current crowding within the department, patient experience and outcomes are the driving factor in our improvements. The key improvements focus on:

- Internal assessment, decision making / treatment and discharge, and standardisation, within the Emergency Department
- 'Pull' from receiving specialties (including developing new pathways e.g. for patients with Fractured Neck of Femur)
- The potential to expand Same Day Emergency Care
- A longer term strategy on the future of the Emergency Department, including the estates (and the Emergency Village)
- What more the system can do to reduce attendances and improve discharges
- Mental Health presentations
- Introduction of the Emergency Department huddle
- Standardisation of staff roles (particularly for the nurse and consultant in charge)

To support this work PWC commenced a project in the Emergency Department.

Referral to 'elective' treatment
The percentage of patients on an open referral to treatment pathway (waiting list) who had waited less than 18 weeks deteriorated to 78% in January. The overall waiting list increased in size by 449 patients.

Diagnostics
The 6 week diagnostic performance did not achieve the target, delivering 97.74% against a target of 98% locally & 99% nationally.

Cancer

- The 62 day cancer metric declined in January to 73.9% a decrease of 2% from December
- The 31 day metric improved by 2.9% to 91.1% in January
- 2 week GP referral for suspect cancer waiting time performance remains high, achieving target for the 11th month in a row.

Delivering value based health and care

The percentage of complaints closed within target time frame have decreased due to factors including reduced capacity over Christmas, increased pressure on clinical services over the winter, and a temporary reduction in the staff hours available within the complaints team. All complainants are being made aware of, and kept informed regarding, the likely timeframes.

The Reference Cost Index (RCI) is a measure of relative efficiency within NHS providers. An RCI of 100 indicates costs are in line with the national average, below 100 indicates costs are below the national average, results are reported in arrears. UHS had an RCI of 98 in 2016/17, 96 in 2017/18 and maintained this in 2018/19 i.e. UHS was 4% more cost efficient than the average NHS Trust.

Cost per Weighted Activity Unit (WAU) is the headline productivity metric used within the Model Hospital. Costs are adjusted for geographical variations in the cost of providing healthcare using the Market Forces Factor (MFF). In 2017/18 UHS cost per WAU was £3,358 which was in quartile 1 (the lowest 25% in the nation). In 2018/19 UHS cost per WAU was £3,386 which was in quartile 2, the national 'peer' median for 2018/19 was £3,486.

The Model hospital in association with the GIRFT team has now published up to date clinical metrics for 7 surgical Specialties, these will be updated at regular intervals in the year for trust to monitor and review.

Getting it right first time (GIRFT) is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. At UHS 21 out of 33 clinical specialties

has been visited. With 19 of these now having a clinically lead quality improvement and specialty lead investigation programmes agreed with the GIRFT central team.

The latest national data (November 2019) showed a median Care hours per patient per day (CHPPD) for similar size (clinical output) trusts as 5.3 for registered nurses and 8.7 overall, UHS was at 5.6 and 8.9 respectively.

Supporting healthy lives

No never events were recorded in February, of the 3 new SIRI; 1 is a maternal death that will be investigated by HSIB and 2 were deaths following in patient falls.

There were 6 C.difficile cases in February compared to a 'limit' of 6. We are above the limit of cases to date with 61 cases against a year to date limit of 58.

Patients screened for risky behaviours (alcohol consumption and smoking) in January remain stable and well above target (currently 98% against a target >80%). Of those patients assessed to have moderate or high alcohol dependence, 86% were given relevant advice or a referral to specialist services in December, this performance is stable but not achieving the target 90% (last achieved December 2018). Of those found to smoke, 96% were given advice or offered medication in December, above the target of 90%.

Building an expert and inclusive workforce

In UHS ward-based areas, total nursing staff vacancies have decreased by 0.2% and registered nurse vacancies by 0.3% since last month. These changes reflect the balance of promotion, relocation of staff, reduction in contracted hours mainly following return from maternity leave, and 13 overseas nurses securing their UK registration.

The total CHPPD rate in the SGH has decreased from last month to RN 5.5 (previously 5.6), HCA 3.4 (previously 3.5) overall 8.9 (previously 9.0).
The CHPPD for ward based areas (excluding Critical care units) in in the Trust has decreased from last month to RN 4.0 (previously 4.1) HCA 3.4 (previously 3.4) overall 7.5 (previously 7.6)

This month staffing remains 'amber' overall because some key targets have been missed for staff turnover and appraisals. This month vacancy and CHPPD have both been affected by the opening of the two winter pressure wards. Sickness absences rates have seen a small dip, however are still over target. Only 7 of 12 measures of statutory and mandatory training compliance are being achieved. UHS has seen improvements in rates of employment for BAME Band 7+ to 9.18% which is positive.

Being agile in meeting people's needs

Estates helpdesk requests completed on time saw a major improvement and are now at 84.9% against a >85% target. Unresolved help desk requests numbers remain within target and

dropped sharply in February, at 715 against a target <1000. Unresolved requests over 30 days also dropped by 80 to 298 but remain outside the target <200. Percentage defect work orders completed on time jumped up to 87.8% against a target of >85%. Statutory and mandatory maintenance did achieve target in February at 96.2% against a target of >95%

eQuest showed a steep drop in Neuropathology acknowledgement which is being investigated. Histopathology has shown a steady increase as further Breast and Gynae specimen types have been added to eQuest.

UHS patient monthly logins to My Medical Record increased in January to 7080. Cumulative patient registrations are at 27,199. The plan is to increase to 100,000 registrations by the end of this year. At the current rate of increase this will not be achieved. Mr Dave Berry, Chair of the MyMR steering group, will review this and a new MyMR strategy is being developed.

Leading edge research, education and innovation

In Q3 2019/20 UHS was ranked 9th for non-weighted and 6th for weighted CRN recruitment against a target of being in the top 10 and top 5 respectively. Whilst we are still meeting target for non-weighted recruitment in terms of ranking our performance against our NIHR CRN target is significantly down, largely due to one large musculoskeletal study (5k participants) unlikely to hit target but also impacted by capacity constraints within clinical trials pharmacy. Our weighted recruitment is currently not meeting target, and again is also down against our NIHR CRN target which reflects in part that many of our more complex interventional clinical trials have been impacted by the capacity constraints within clinical trials pharmacy (see below for how these have been addressed)

In Q3 UHS are currently ranked 13th for contract commercial study recruitment, which whilst an improvement against previous recent performance (up from 16th), is still not meeting our target of being in the top 10, so we will continue our specific focus on improving our commercial performance.

Comparative CRN recruitment performance by specialty was on target in Q3 2019/20 with 52% specialties ranking as predicted (in the top 5 or top 10 based on prior performance).

Proportion of commercial studies closing in 18/19 FY on time and to recruitment target ended the year below the 80% target at 71%, however this was an improvement on the 17/18 performance of 57%. In Q3 2019/20 this metric is currently at 65%, and we anticipate a further improvement by year end, with an ambition that we will meet the 80% target.

Proportion of non-commercial studies closing on time and to recruitment target in Q3 is currently at 65% and again we anticipate that this will improve significantly by year end, such that Wessex will meet its 80% target.

Clinical study set up and recruitment (in particular for the commercial portfolio) has been impacted by capacity constraints across the research infrastructure and by pressures within the

clinical services, in particular with regards to pharmacy capacity to set up and deliver clinical trials. Capacity constraints within clinical trials pharmacy have been addressed in the longer term by a business case to double staffing levels, which was approved by TIG in November 2020 and the initial round of recruitment has recruited additional pharmacy staff due to start in the new year. In the shorter term the clinical trials pharmacy team have been working closely with the R&D office to streamline processes, and work together against a prioritised pipeline of studies in set up.

The year to date NIHR CRF & BRC publications in 2019/2020 are 329 currently (14.5% less than same time last year), related to a loss of clinical academic staff. This is a major concern for our next BRC and CRF applications and actions are currently in progress that will require Trust support in due course.

Andrew Asquith

Director of Financial and Productivity Improvement

24th March 2020

University Hospital Southampton NHS
NHS Foundation Trust

Integrated KPI Board Report

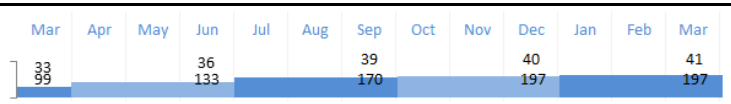
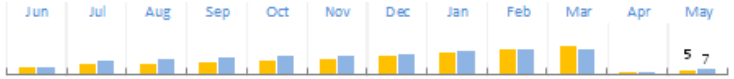
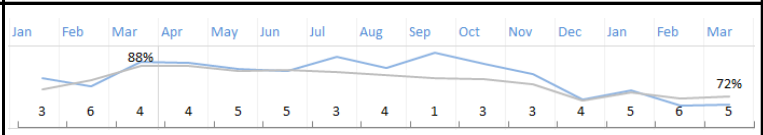
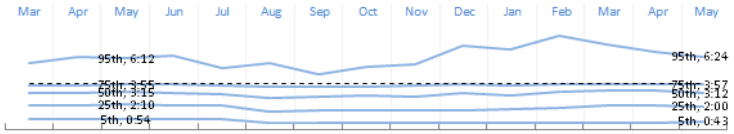
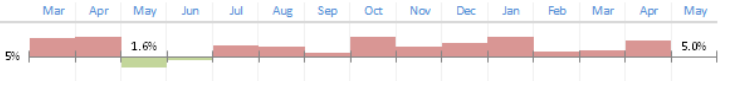
covering up to

Feb 2020

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

Report Guide

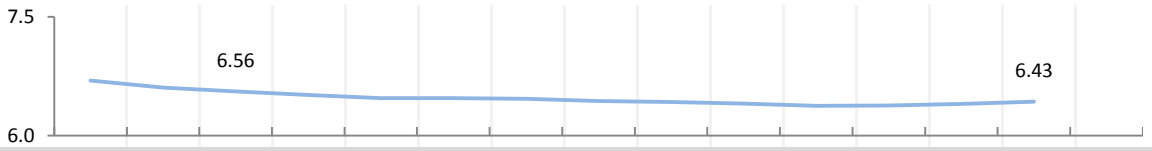
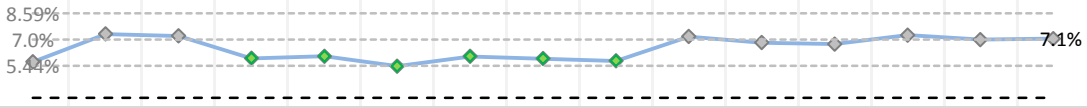
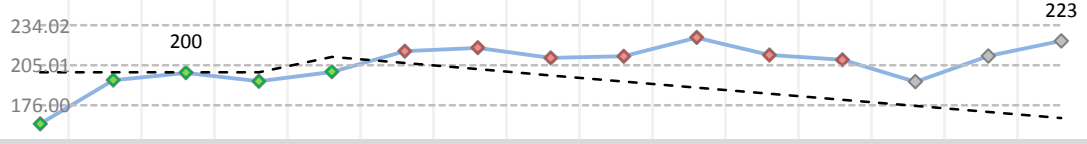
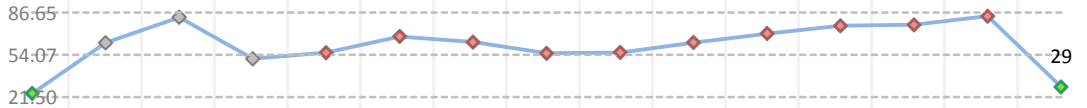
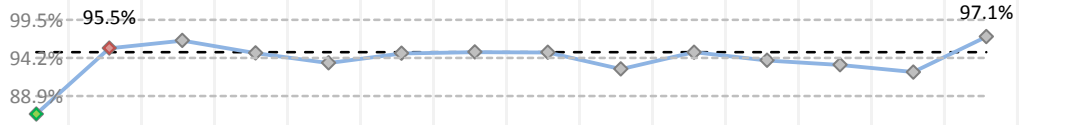
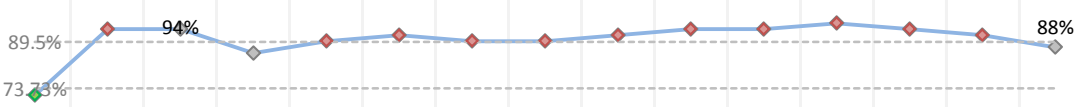
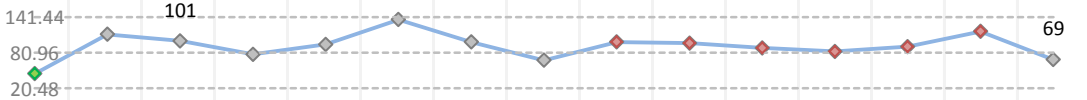
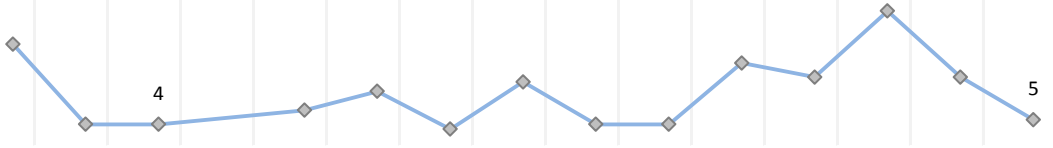
University Hospital Southampton NHS
NHS Foundation Trust

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 -Go outside control limits -Have 6 points in a row above or below the mean, -Trend for 6 points, -Have 2 out of 3 points past 2/3 of the control limit, -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.

March 2020

Improve Patient Journeys

University Hospital Southampton NHS Foundation Trust

			Monthly Target	YTD
IPJ1-L	Non Elective LOS Rolling 12 months		<=5.93 by April 2020	-
IPJ1-L No update available this month				
IPJ2-N	Delayed transfers of care (CQC Calculation)		<=3.50%	6.47%
IPJ3-N	Longer LOS Census average (Patients with LOS >=21days)		<=167	-
IPJ4	Outliers weekday (am) census average			
IPJ5-L	Adult midday bed occupancy		90-95%	-
IPJ6	AMU bed occupancy (8am census)		-	-
IPJ7	Overnight ward moves with a reason marked as non-clinical		-	-
IPJ8-N	Last minute cancelled operations not readmitted within 28 days		-	-

Current Data Benchmark
Previous Year Target

March 2020

Improve Patient Journeys

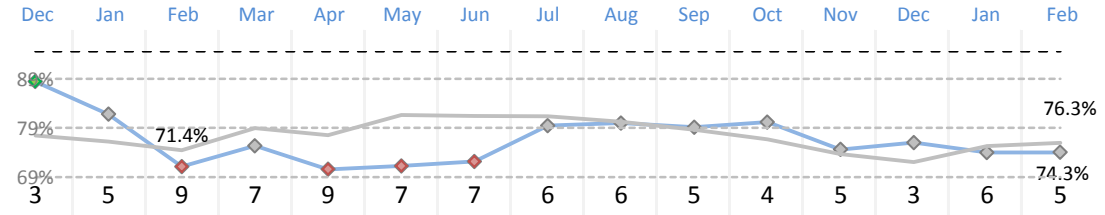
University Hospital Southampton NHS Foundation Trust

Percentage of patients spending less than 4 hours in ED

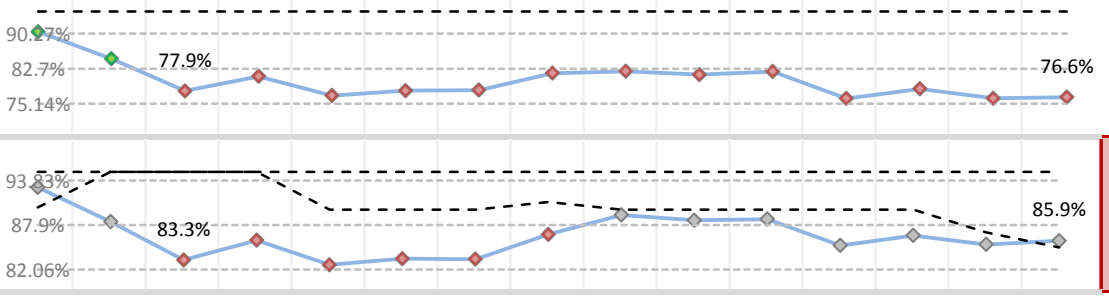
IPJ9-N SGH Main ED (Type 1 and UCH)

Major Trauma Centres (Type 1)

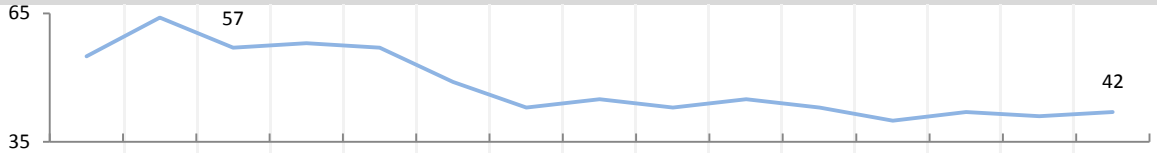
Rank of 11, (8 from May 19 onwards)->



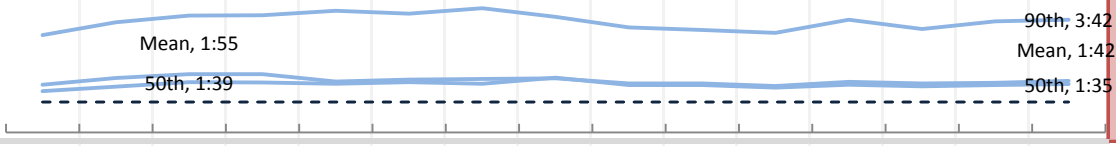
		QTD	Q Target
IPJ9-N	SGH Main ED (Type 1 and UCH)	75.0%	95%
IPJ10-N	UHS Total (includes SGH all types and lymington until Jul 19)	77.08%	95%
IPJ11-L/N	Local Delivery System	85.94%	L = 90% N = 95%



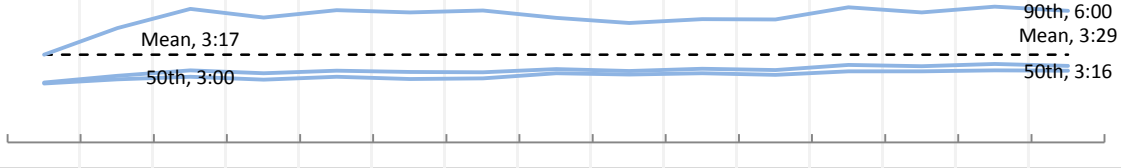
IPJ12 Same Day Emergency Care (SDEC) — Awaiting national data definition



IPJ13-N Time to initial assessment - 95th Centile UHS Total — QTD: - — Q Target: -



IPJ14-N Time to treatment - Percentiles UHS Total — QTD: < 1hr for 50th — Q Target: -



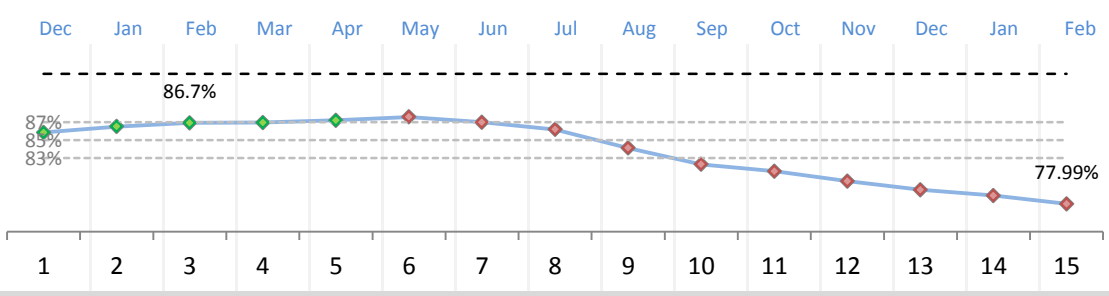
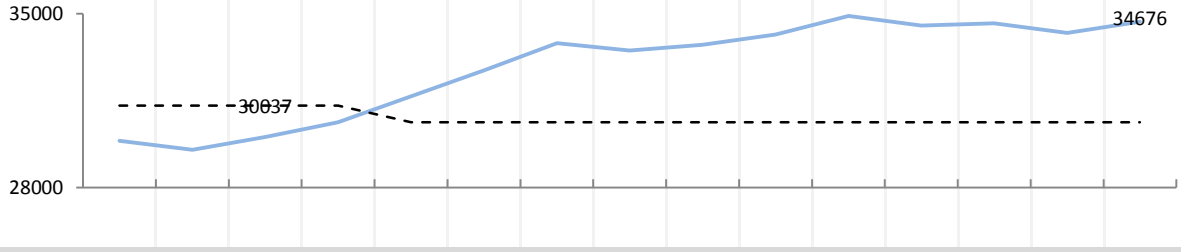
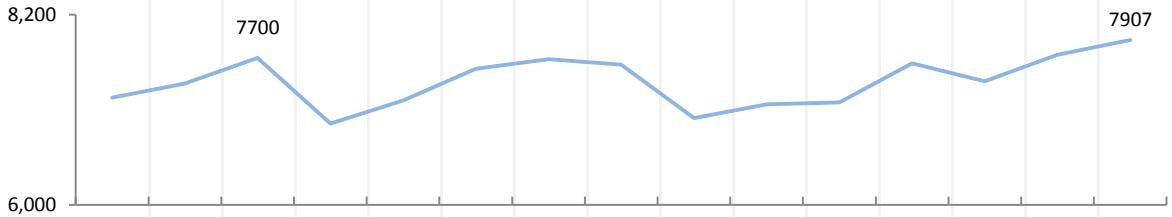
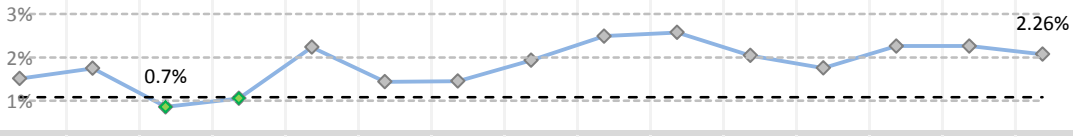
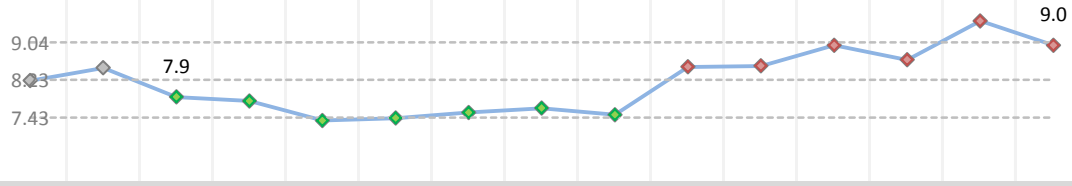
IPJ15-N Total time spent in ED - Percentiles UHS Total — QTD: - — Q Target: -

Current Data | Benchmark | Previous Year | Target

March 2020

Improve Patient Journeys

University Hospital Southampton NHS
NHS Foundation Trust

			Target
IPJ16-N	% Patients on an open 18 week pathway (within 18 weeks)		>=92%
IPJ17-N	Total number of patients on a waiting list		30633
IPJ18	Patients waiting for diagnostics		-
IPJ19-N	% of Patients waiting over 6 weeks for diagnostics		<=1%
IPJ20	Average weeks waited for first outpatient appointment		-

Current Data
Previous Year
Benchmark
Target

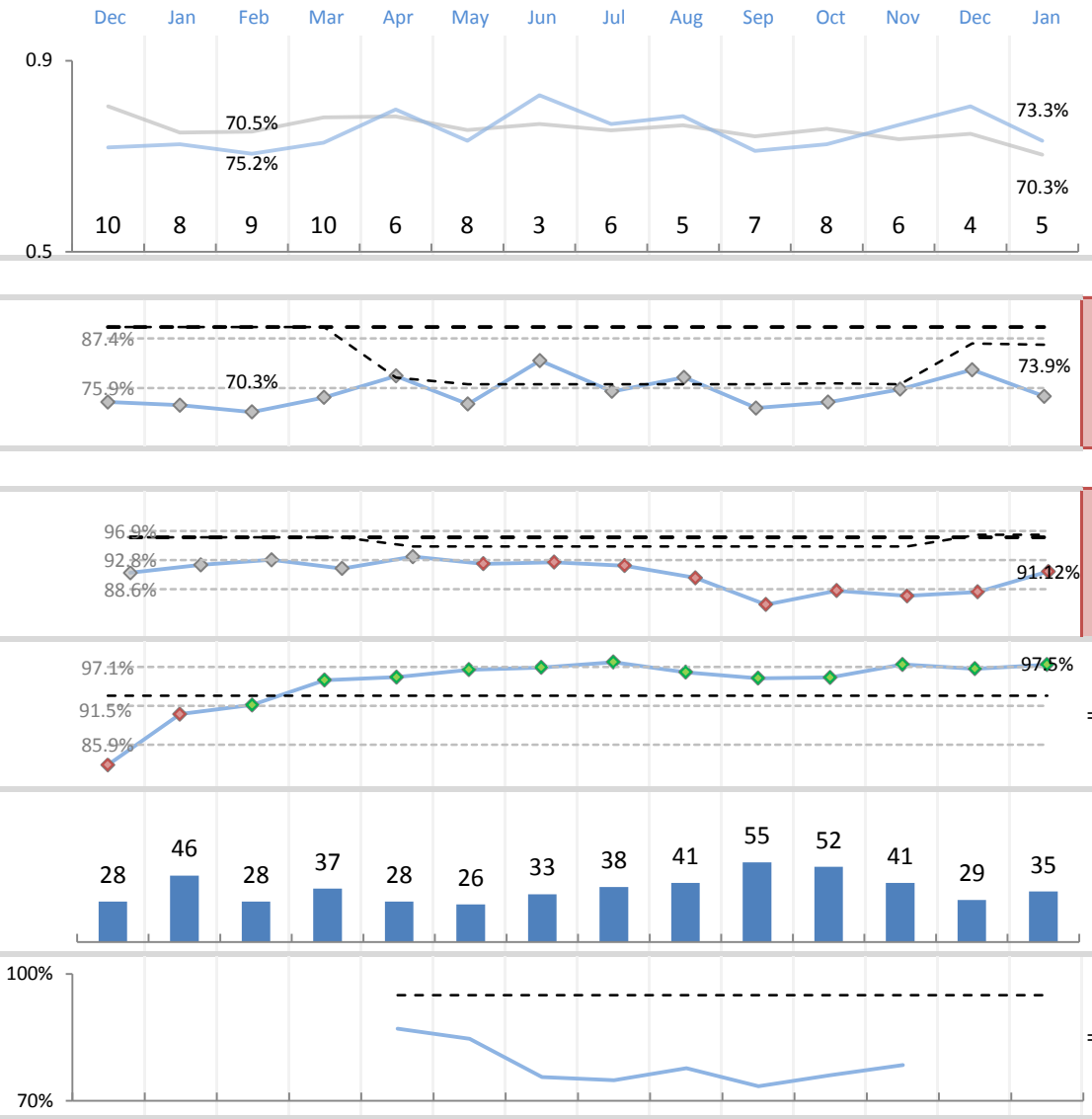
March 2020

Improve Patient Journeys

University Hospital Southampton NHS
NHS Foundation Trust

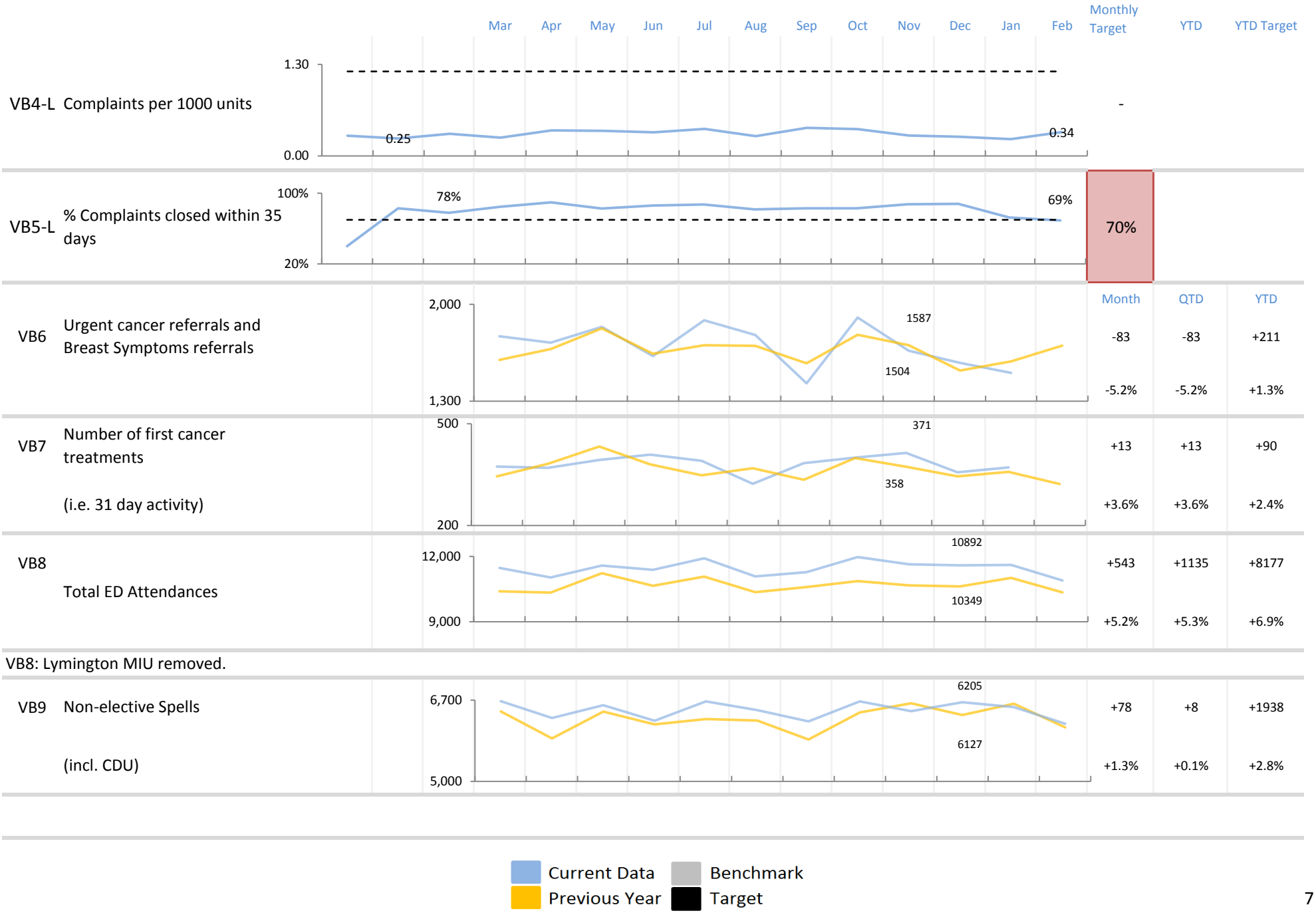
62 Day Performance Benchmark

			Monthly Target	no.patients to recover target	QTD
IPJ21	Teaching Hospitals vs. UHS Total	Rank(of 10)-> 10 8 9 10 6 8 3 6 5 7 8 6 4 5			-
IPJ22-NL	62 day cancer wait performance		N=> 90% L=> 86%	N = 16 L= 10 of 165.5	76%
IPJ23-NL	31 day cancer wait performance		N=> 96% L=> 96%	N=63 L=66 of 814	89%
IPJ24-N	Urgent GP referrals seen in 2 weeks		=>93%	0 of 1506	97%
IPJ25	Snapshot of waits > 104 days	28 46 28 37 28 26 33 38 41 55 52 41 29 35	-	-	-
IPJ26	28 Day Faster Diagnosis		=>95%	#N/A	#N/A

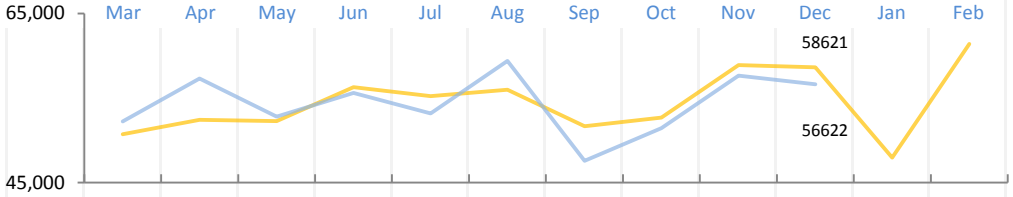


IPJ26 - this KPI is being shadow monitored by UHS in preparation for national submissions beginning April 2020. Latest data is for November

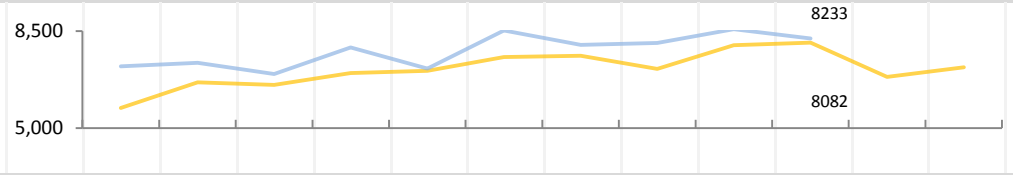
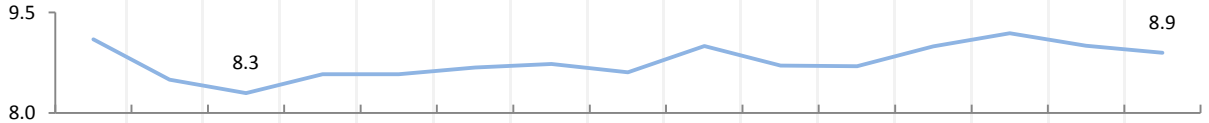
March 2020


Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb
Monthly Target
YTD
YTD Target
VB4-L Complaints per 1000 units
1.30
0.00
0.25
0.34
-
VB5-L % Complaints closed within 35 days
100%
20%
78%
69%
70%
VB6 Urgent cancer referrals and Breast Symptoms referrals
2,000
1,300
1587
1504
Month QTD YTD
-83 -83 +211
-5.2% -5.2% +1.3%
VB7 Number of first cancer treatments
(i.e. 31 day activity)
500
200
371
358
+13 +13 +90
+3.6% +3.6% +2.4%
VB8 Total ED Attendances
12,000
9,000
10892
10349
+543 +1135 +8177
+5.2% +5.3% +6.9%
VB8: Lymington MIU removed.
VB9 Non-elective Spells
(incl. CDU)
6,700
5,000
6205
6127
+78 +8 +1938
+1.3% +0.1% +2.8%
Current Data
Previous Year
Benchmark
Target

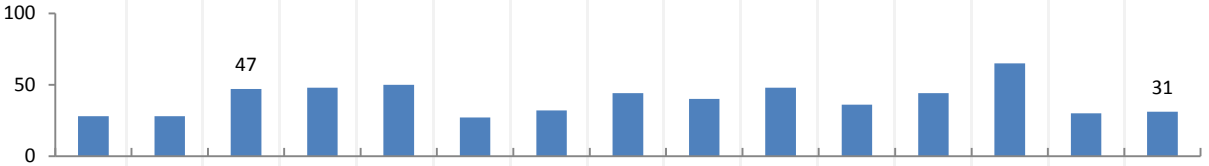
March 2020

			Month	QTD	YTD
VB10	Face to Face OPA		-1999 -3.4%	- -	-2500 -0.5%

VB10/VB11: These metrics include non-billed activity so will not match the finance report.

			Month	QTD	YTD
VB11	Non-Face to Face OPA		+151 +1.9%	- -	+5126 +7.8%
VB12	Total nursing staff all inpatient areas - Care hours per patient day (CHPPD)		-		

The total CHPPD rate in the SGH has decreased from last month to RN 5.5 (previously 5.6), HCA 3.4 (previously 3.5) overall 8.9 (previously 9.0). The CHPPD for ward based areas (excluding Critical care units) in the Trust has decreased from last month to RN 4.0 (previously 4.1) HCA 3.4 (previously 3.4) overall 7.5 (previously 7.6)

			Month	QTD	YTD
VB13	Red Flag staffing incidents		-		

Current Data Benchmark
Previous Year Target

March 2020

Supporting Healthy Lives

University Hospital Southampton NHS
NHS Foundation Trust

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly Target	YTD	YTD Target
HL1-N	Cumulative Clostridium difficile															37 61	6	61	<=58
HL2	Number of pressure ulcers causing moderate/severe harm					2										0			
HL2 KPI commenced in April 2019, no historic data available																			
HL3-N	Medication Errors (severe/Moderate)				1											7	<=3	29	<=33
HL4	Serious Incidents Requiring Investigation (SIRI)				8											3	-	42	-
HL5-L	Number of overdue SIRIs				4											0		0	-
HL6-N	Maternity - Continuity of Care															12.5%		>=35%	
HL7-N	Neonatal admission temperature within range rate				100% 40%	88%										67%		>=80%	
HL8-N	Bronchopulmonary Displasia (BPD) rate					17%										50%		<=30%	
	Antibiotic usage	in development																	
	Number of high harm falls	in development																	

Current Data
Previous Year
Benchmark
Target

March 2020

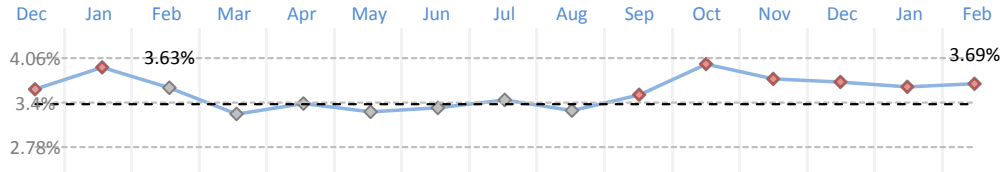
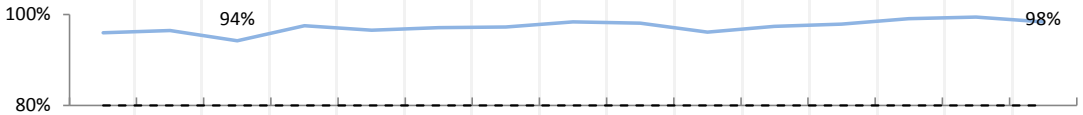
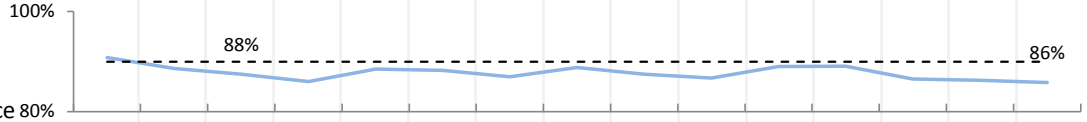
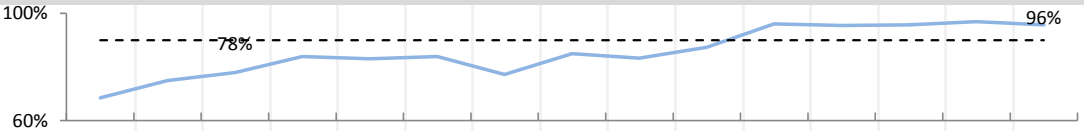
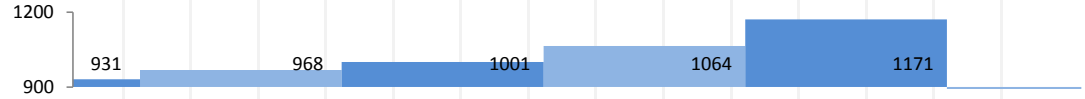
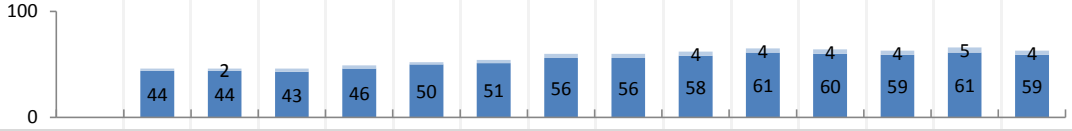
Supporting Healthy Lives

University Hospital Southampton NHS
NHS Foundation Trust

March 2020

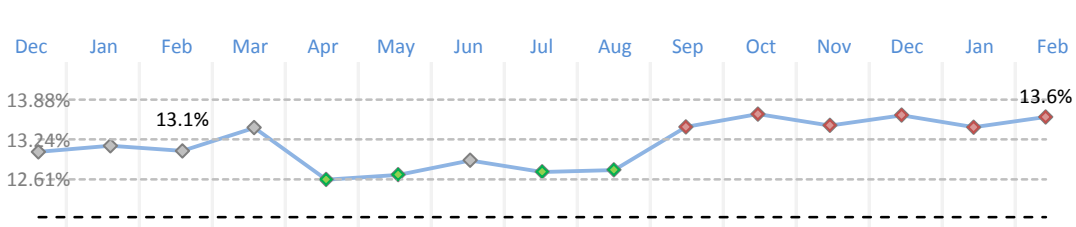
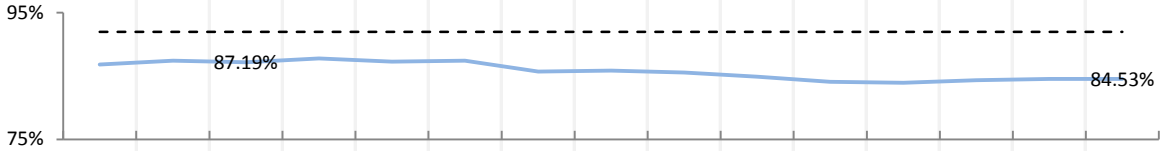
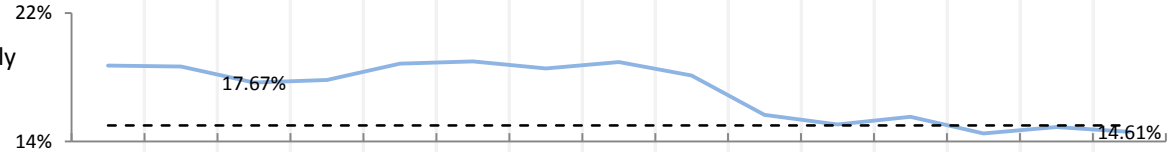
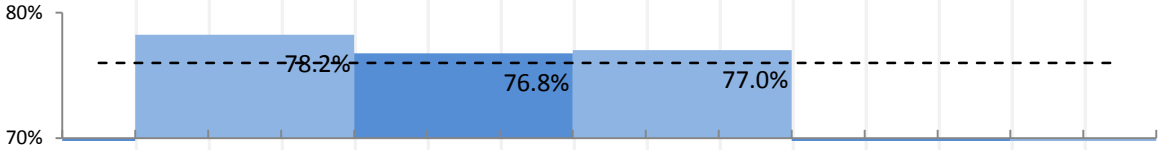
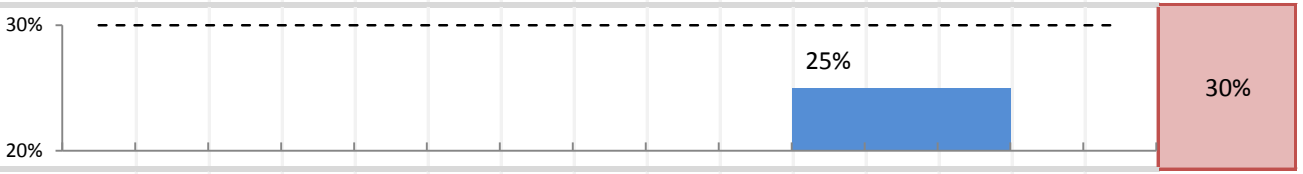
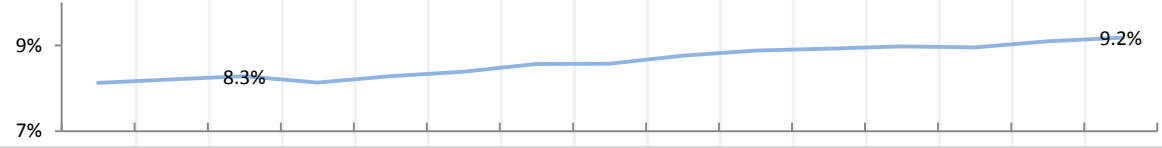
Supporting Healthy Lives

University Hospital Southampton NHS
NHS Foundation Trust

			Monthly Target
HL15-L	Staff - Sickness absence		<=3.4%
HL16-N	Percentage of patients screened for alcohol and smoking		>80%
HL17-N	Percentage of patients screened and found to have either moderate or high alcohol dependence given relevant advice		>90%
HL18-N	Percentage of patients screened for smoking and found to smoke that were given brief advice or a medication offer		>90%
HL19	Cumulative Number of staff trained in QI		
HL21	Number of fully and partially accredited wards		

Current Data
Previous Year
Benchmark
Target

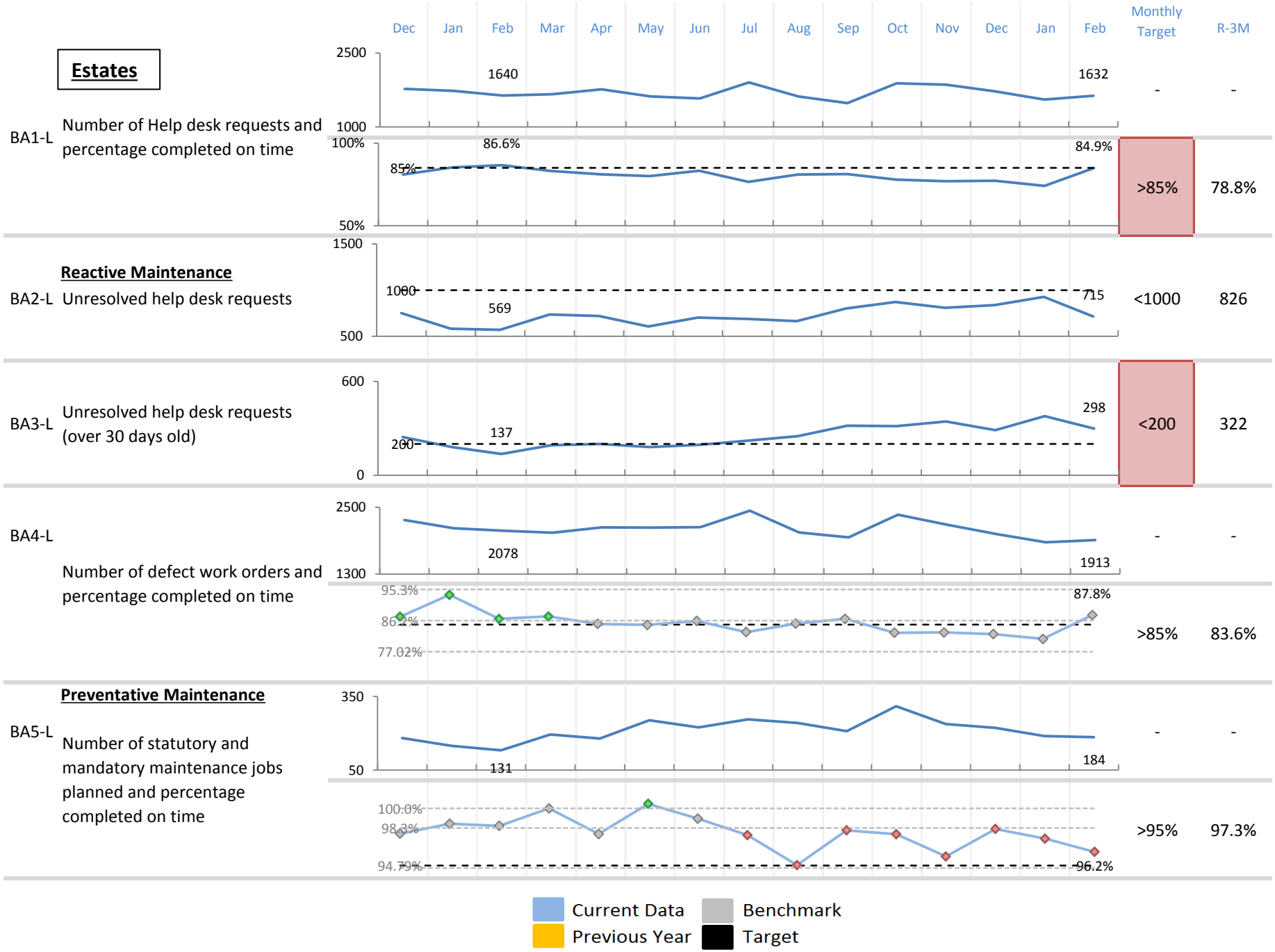
March 2020

			Monthly Target
EW1-L	Staff - Turnover - Rolling 12-months		<=12%
EW2-L	Staff - Appraisals completed (non-medical) - Rolling 12-months		=>92%
EW3-L	Nursing Vacancies (Registered Nurse only in clinical wards)		<=15.00%
EW4-L	Staff FFT - % of staff recommend UHS as a place to work. (Quarterly)		>=76%
EW5	Staff FFT response rate		
EW6-L	Black & Minority Ethnic Band 7+ Percentage		-

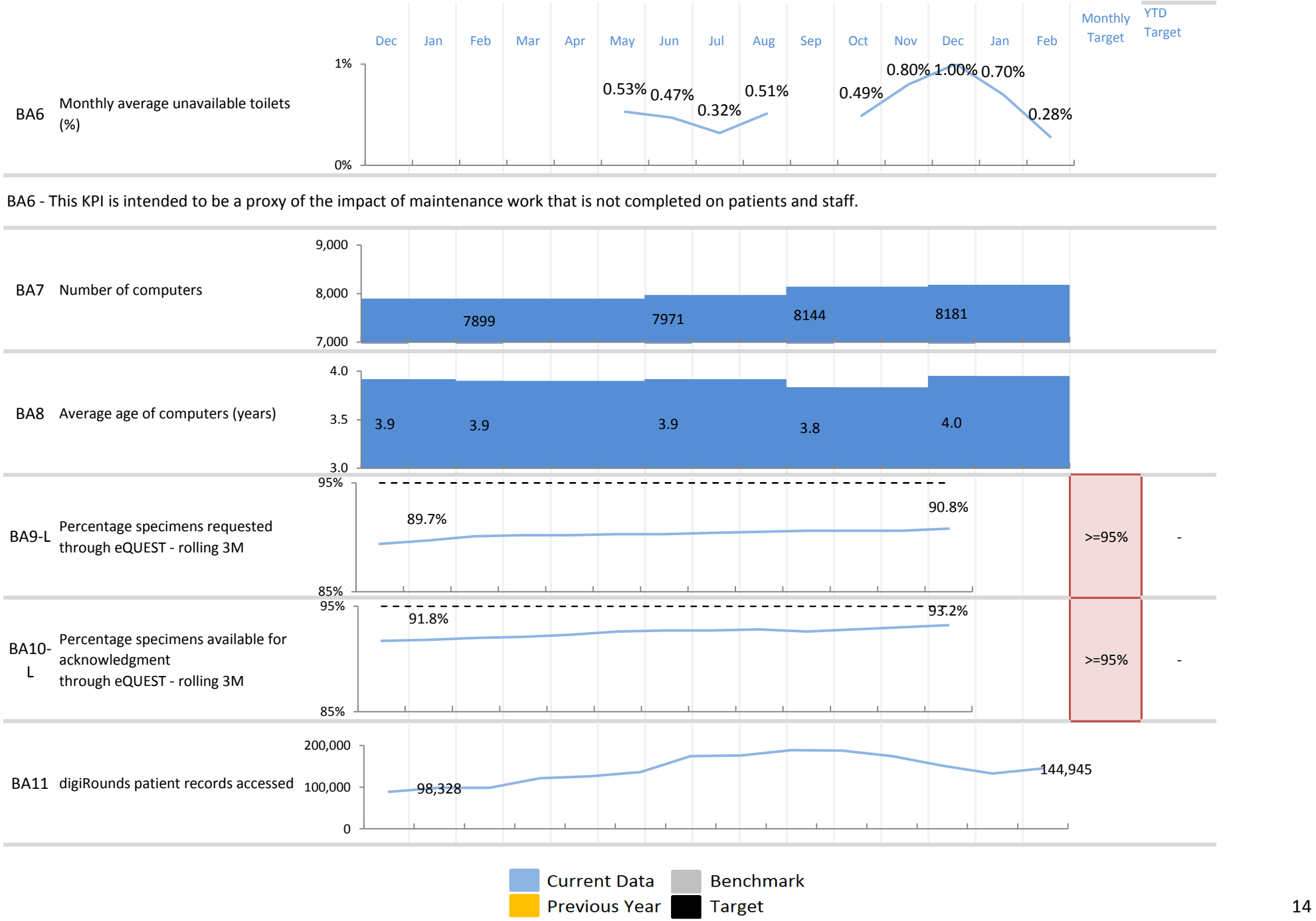
EW6 UHS has a target of 15% Band 7+ BME staff by 2023.

Current Data Benchmark
Previous Year Target

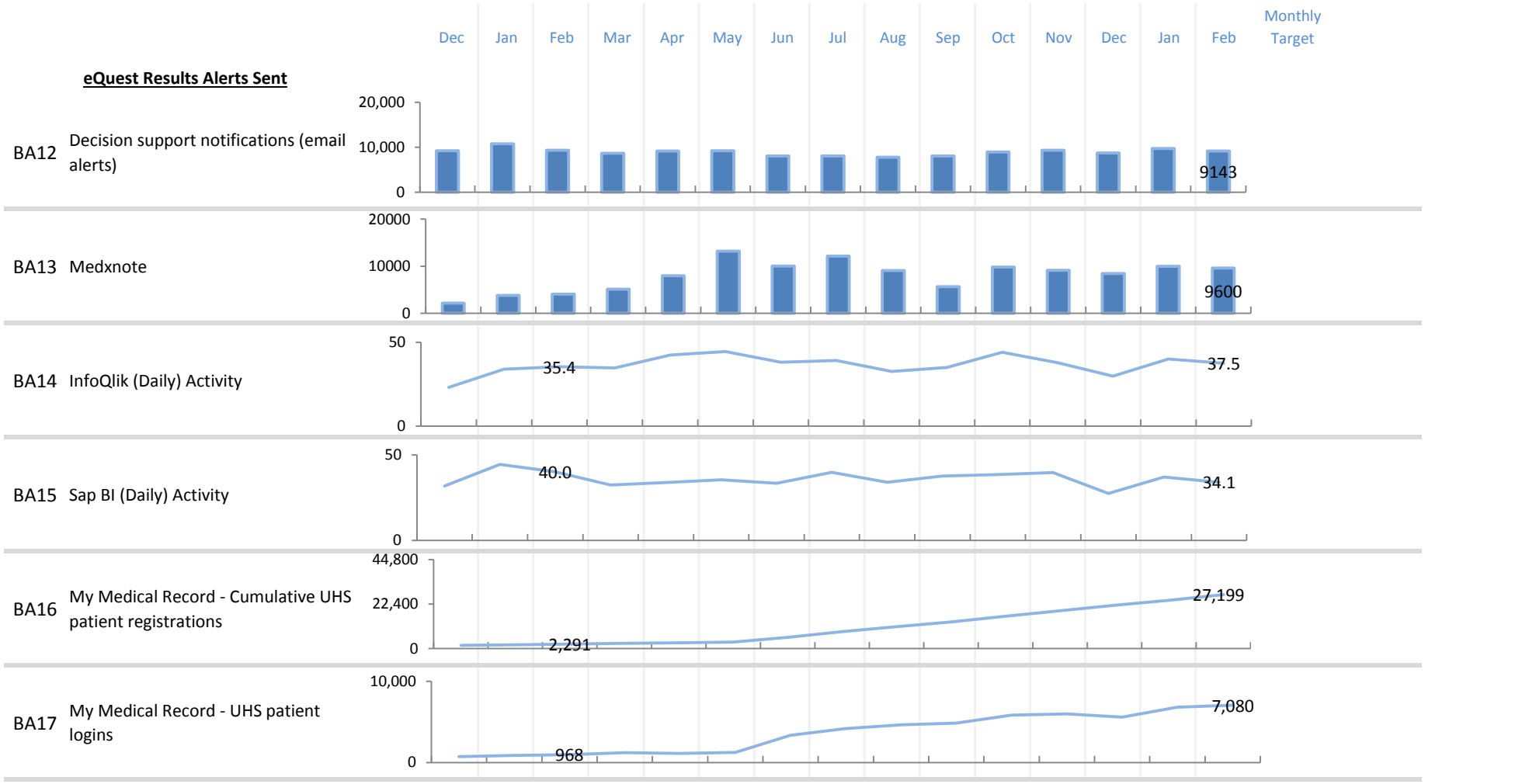
March 2020


Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb
Monthly Target
R-3M
Estates
BA1-L
Number of Help desk requests and percentage completed on time
2500
1000
1640
1632
100%
50%
86.6%
85%
84.9%
>85%
78.8%
Reactive Maintenance
BA2-L
Unresolved help desk requests
1500
500
1000
569
715
<1000
826
BA3-L
Unresolved help desk requests (over 30 days old)
600
0
200
137
298
<200
322
BA4-L
Number of defect work orders and percentage completed on time
2500
1300
2078
1913
95.3%
86.2%
77.02%
87.8%
>85%
83.6%
Preventative Maintenance
BA5-L
Number of statutory and mandatory maintenance jobs planned and percentage completed on time
350
50
131
184
100.0%
98.3%
94.79%
96.2%
>95%
97.3%
Current Data
Previous Year
Benchmark
Target

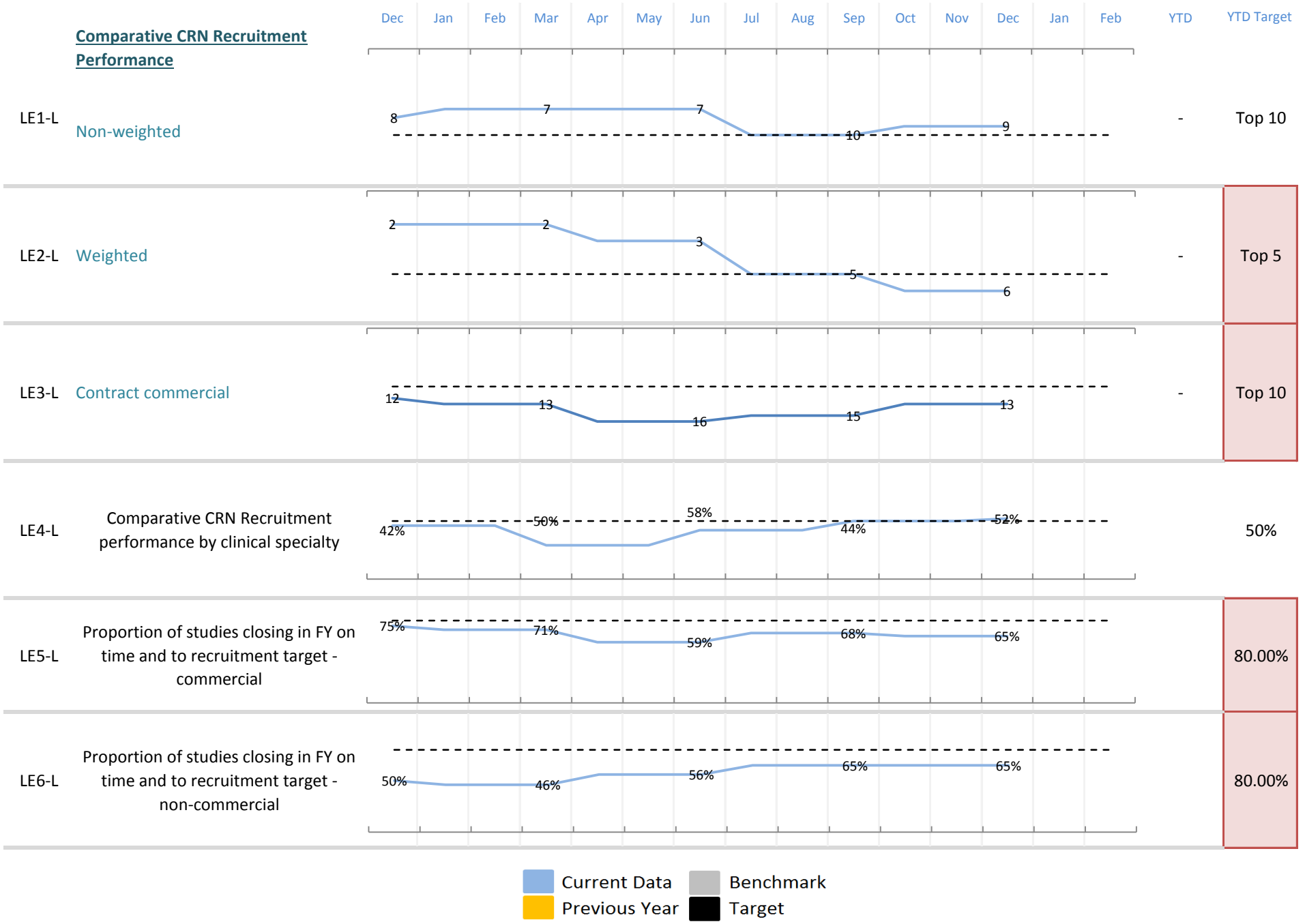
March 2020


Monthly Target
YTD Target
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb
BA6 Monthly average unavailable toilets (%)
1%
0%
0.53% 0.47% 0.32% 0.51% 0.49% 0.80% 1.00% 0.70% 0.28%
BA6 - This KPI is intended to be a proxy of the impact of maintenance work that is not completed on patients and staff.
BA7 Number of computers
9,000
8,000
7,000
7899 7971 8144 8181
BA8 Average age of computers (years)
4.0
3.5
3.0
3.9 3.9 3.9 3.8 4.0
BA9-L Percentage specimens requested through eQUEST - rolling 3M
95%
85%
89.7% 90.8%
>=95%
-
BA10-L Percentage specimens available for acknowledgment through eQUEST - rolling 3M
95%
85%
91.8% 93.2%
>=95%
-
BA11 digiRounds patient records accessed
200,000
100,000
0
98,328 144,945
Current Data
Previous Year
Benchmark
Target

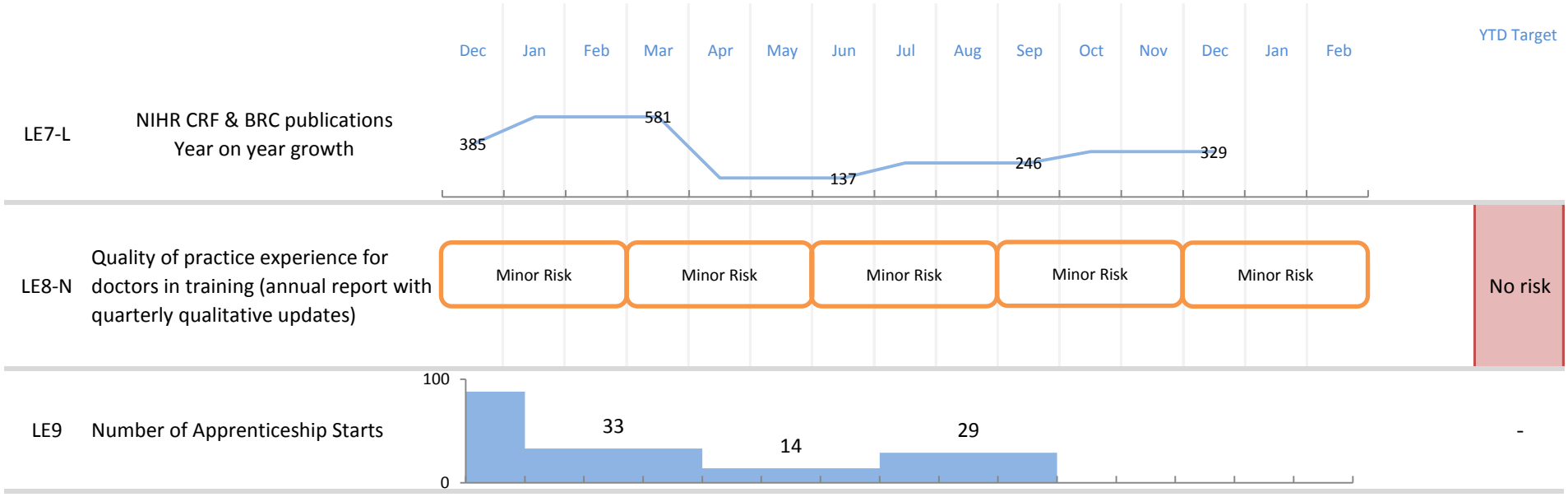
March 2020


Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Monthly Target
eQuest Results Alerts Sent
BA12
Decision support notifications (email alerts)
20,000
10,000
0
9143
BA13
Medxnote
20000
10000
0
9600
BA14
InfoQlik (Daily) Activity
50
0
35.4
37.5
BA15
Sap BI (Daily) Activity
50
0
40.0
34.1
BA16
My Medical Record - Cumulative UHS patient registrations
44,800
22,400
0
2,291
27,199
BA17
My Medical Record - UHS patient logins
10,000
0
968
7,080
Current Data
Previous Year
Benchmark
Target

March 2020


Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb YTD YTD Target
Comparative CRN Recruitment Performance
LE1-L Non-weighted
8 7 7 10 9
- Top 10
LE2-L Weighted
2 2 3 5 6
- Top 5
LE3-L Contract commercial
12 13 16 15 13
- Top 10
LE4-L Comparative CRN Recruitment performance by clinical specialty
42% 50% 58% 44% 52%
50%
LE5-L Proportion of studies closing in FY on time and to recruitment target - commercial
75% 71% 59% 68% 65%
80.00%
LE6-L Proportion of studies closing in FY on time and to recruitment target - non-commercial
50% 46% 56% 65% 65%
80.00%
Current Data
Previous Year
Benchmark
Target

March 2020



Current Data
Previous Year
Benchmark
Target

Item 7.5

University Hospital Southampton NHS
NHS Foundation Trust

2019/20 Finance Report - Month 11

Report to:	**Board of Directors & Finance & Investment** **March 2020**
Title:	**Finance Report for Period ending 29/02/2020**
Author:	**Gavin Hawkins, Assistant Director of Finance**
Sponsoring Director:	**David French, Chief Financial Officer**
Purpose:	**Standing Item**
	The Board is asked to note the report

Financial Arrangements for Covid-19

- **We will retain compliance with SFIs but with ability to waive SFIs on written approval of CFO / DDoF when we need to proceed urgently.**
- **Why?** Appropriate balance of financial governance vs timely ordering of supplies / equipment / services.

- **We have successfully negotiated fixed income payments from our commissioners for 19/20 so cash income (and surplus) is confirmed.**
- **Why?** Ensures cash income is received in line with our 19/20 forecast despite lower activity in Feb / March due to Covid

- **Centre has stopped all work on 20/21 operational planning. UHS will set an internal expenditure budget for the Covid period using a combination of current expenditure run-rate and planned 20/21 expenditure, adjusted for growth, inflation etc. The team are finalising this so that we have a budget in place for April 1.**
- **Why?** As well as enabling the centre to performance manage us, budgets are also useful for our internal financial management as they provide a baseline against which we can track our performance and authorise managers to incur expenditure.

- **We are keeping a record of all Covid related expenditure. It is important that all Covid related expenditure is captured and recorded.**
- **Why?** All Covid related expenditure will be reimbursed by the centre.

- **For 20/21, the centre will provide monthly cash equivalent to our existing expenditure run-rate i.e. we will continue to receive what we were spending pre-Covid.**
- **Why?** Our surplus position will be maintained and our cash balance protected from Covid activity losses

- **We are not invoicing for activity but we will keep coding and counting activity, ideally throughout the entire Covid period.**
- **Why?** We need to keep a record of what activity we have done (and have not done) to quantify the overall impact of Covid.

2019/20 Finance Report - Month 11

Report to:	**Board of Directors & Strategy & Finance** **March 2020**
Title:	**Finance Report for Period ending 29/02/2020**
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 January 2020, the Trust delivered a loss of £1.4m, mainly linked to CCG repayments as anticipated in the forecast. Year to date the Trust is reporting a £5m surplus.

2. **The Trust is on-track to deliver the revised forecast of £5m.** Year end agreements have been reached with the majority of Commissioners, removing the risk of delivery. Additional expenditure linked to Covid-19 has been incurred but is being reimbursed nationally.

3. When non-recurrent items are excluded the year to date position is a £2.5m surplus. Non-recurrent items include a reclaim of VAT paid on agency nursing invoices in 18/19.

4. The cash position was £34.4m above Plan at £81.1m. The above Plan position has primarily been driven by:
   - Cash start point better than assumed at the time the cash plan was agreed
   - Additional PSF for 18/19 over and above that assumed at the point the Plan was finalised
   - Working Capital position better than assumed in Plan.
   - Some slippage compared to plan profile on capital. Remedial action has bene taken to minimise slippage at year end; significant cash receipts from central funding have already been received in March.

University Hospital Southampton NHS
NHS Foundation Trust

Finance: I&E Summary

Metric	2019/20		
	YTD Actual	YTD Metric	YTD Plan
Capital service cover rating	2.17	2	2
Liquidity rating	18.11	1	1
I&E Margin Rating	1.64%	1	1
I&E Margin Variance Rating	-1.25%	3	1
Agency Variance from ceiling	47.94%	1	1
Use of Resources Average Metric		1.60	1.20
Use of Resources Final Metric		2	1

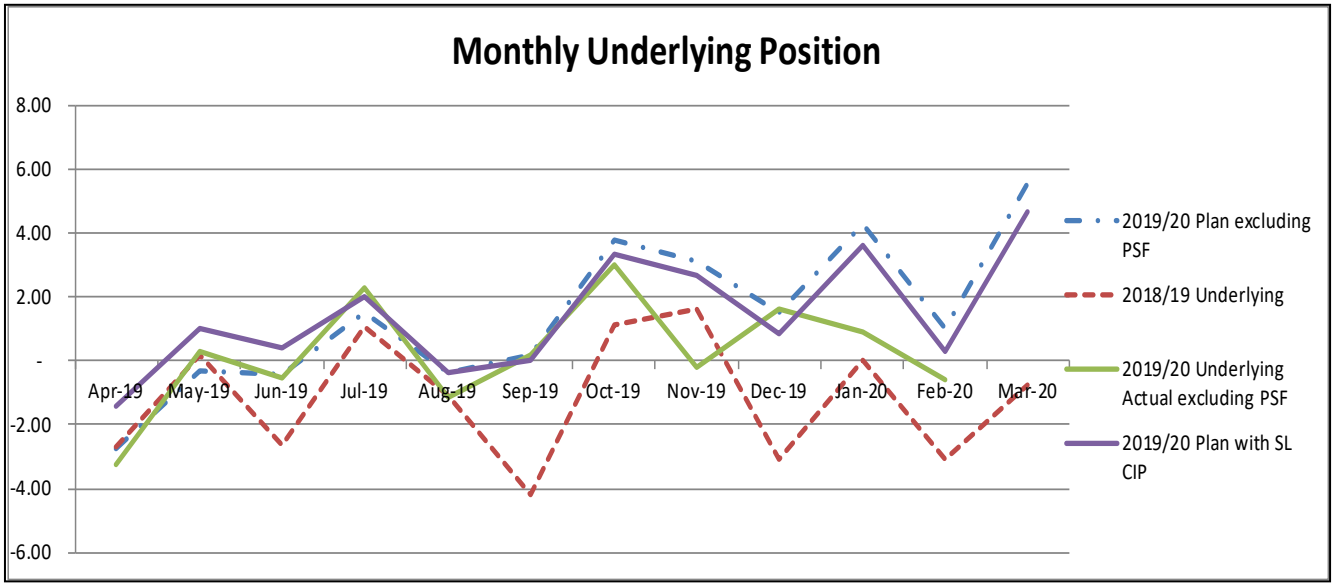
		Current Month			Year to Date				Full Yr
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m		Plan £m
NHS Income:	Clinical	52.5	50.9	1.6	585.0	576.3	8.7	A	630.6
	Pass-through Drugs & Devices	8.8	9.4	(0.6)	101.9	103.7	(1.8)	G	115.2
Other income	Other Income excl. PSF	11.0	12.0	(1.1)	111.5	117.9	(6.3)	G	105.0
Total income		**72.3**	**72.3**	**(0.0)**	**798.4**	**797.9**	**0.6**	A	**850.8**
Costs	Pay-Substantive	39.6	39.5	(0.0)	430.4	435.1	4.8	A	461.0
	Pay-Bank	1.9	2.5	0.6	21.3	24.3	3.0	R	22.8
	Pay-Agency	1.2	0.7	(0.5)	12.5	6.7	(5.8)	G	14.1
	Drugs	0.9	1.0	0.1	12.7	14.8	2.1	R	14.2
	Pass-through Drugs & Devices	8.8	9.4	0.6	101.9	103.7	1.8	A	115.2
	Clinical supplies	5.2	6.3	1.1	64.3	64.5	0.2	A	65.5
	Other non pay	10.7	11.6	0.9	110.6	111.3	0.6	A	105.1
Total expenditure		**68.2**	**71.0**	**2.8**	**753.8**	**760.3**	**6.6**	A	**797.9**
EBITDA		**4.1**	**1.4**	2.7	**44.7**	**37.5**	7.1	R	**52.9**
EBITDA %		5.6%	1.9%	3.8%	5.6%	4.7%	0.9%		6.2%
	Depreciation	2.0	2.0	(0.0)	20.9	21.8	0.8	R	22.6
	Non Operating Income/Expenditure	1.1	0.8	(0.3)	12.2	10.8	(1.4)	G	13.3
Control Total Surplus / (Deficit)		**1.0**	**(1.4)**	**2.4**	**11.5**	**5.0**	**6.6**	R	**17.1**
Memo - Other technical items:									
Prior Period Adjustment - PSF 2018/19			-	0.0		0.9	(0.9)	G	
Provider Sustainability Funding		1.5	-	1.5	11.2	8.2	3.0	R	12.7

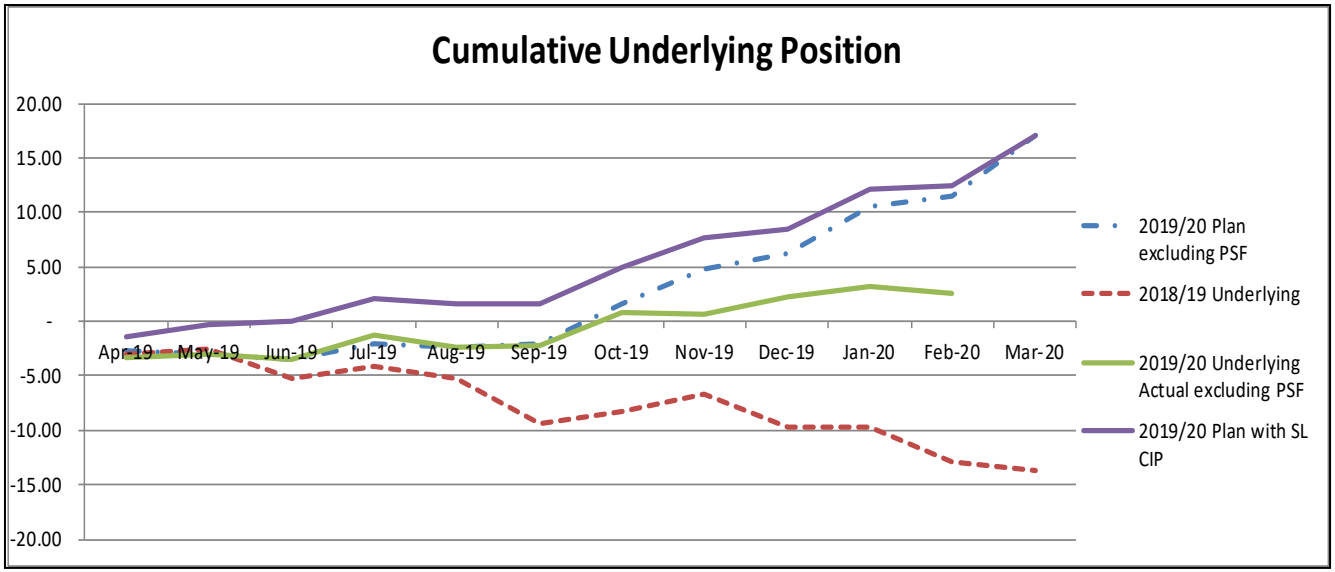
Underlying Run Rate Position

These graphs show the actual underlying position was £0.6m behind Plan in the month and the Trust is £9m off Plan year to date.

It also shows an alternative presentation of the Plan phasing assuming that the £40m CIP target is delivered equally each month through the year.

All figures in these graphs exclude PSF including the amount received as a prior year adjustment.





Underlying Run Rate Position

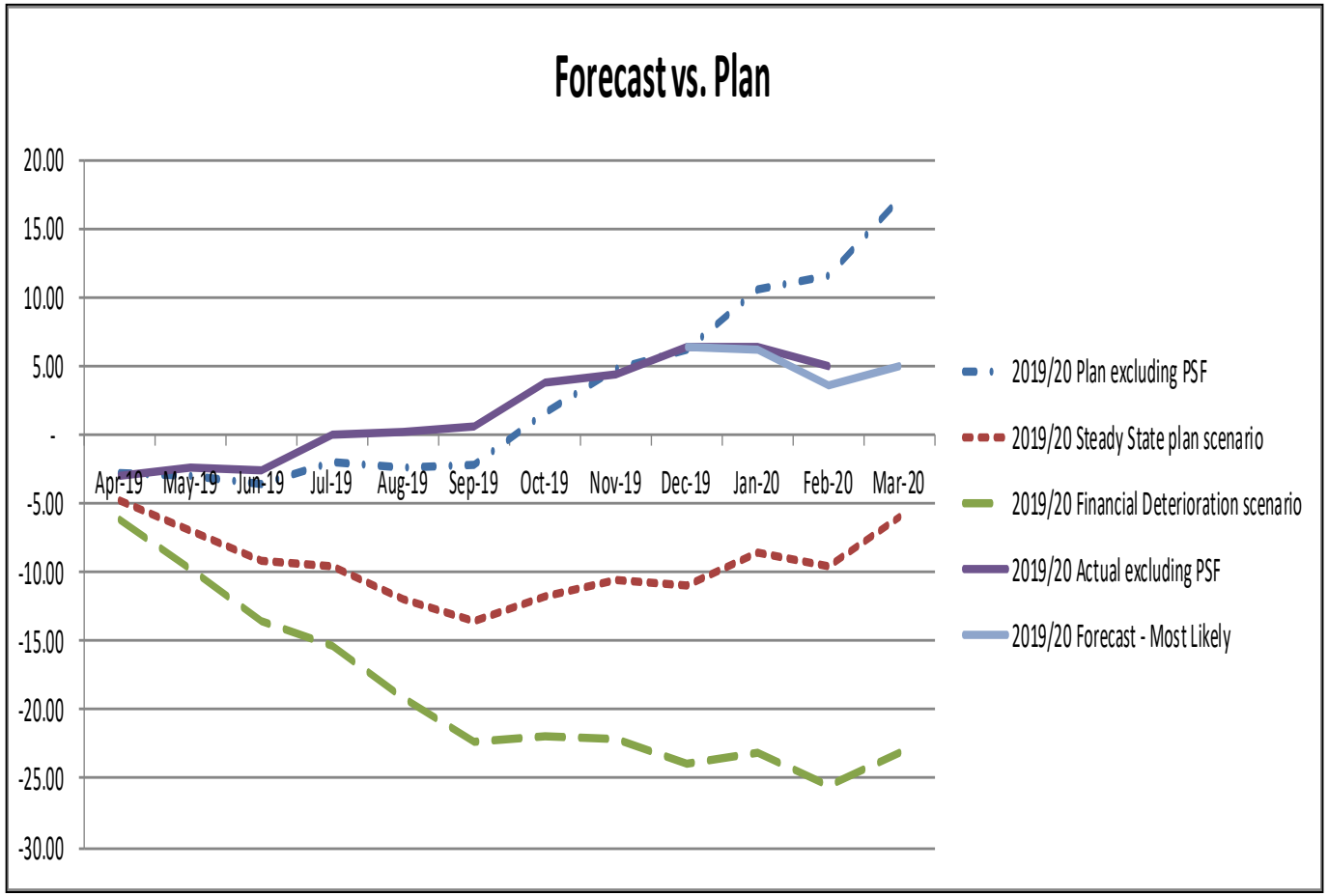
This graph shows the surplus position to February 2020, comparison to Plan and the forecast for 2019/20.

The forecast position for 2019/20 is a £5m surplus excluding PSF as discussed at the previous S&FC & Trust Board

The main reasons for our forecast movement were outlined in a separate paper to both S&FC and TB.

The forecast position for February 2020 was £2.5m deficit, with £1.4m surplus being achieved in the month.

Post February 2020 the Trust is on target to achieve its forecast for 19/20.

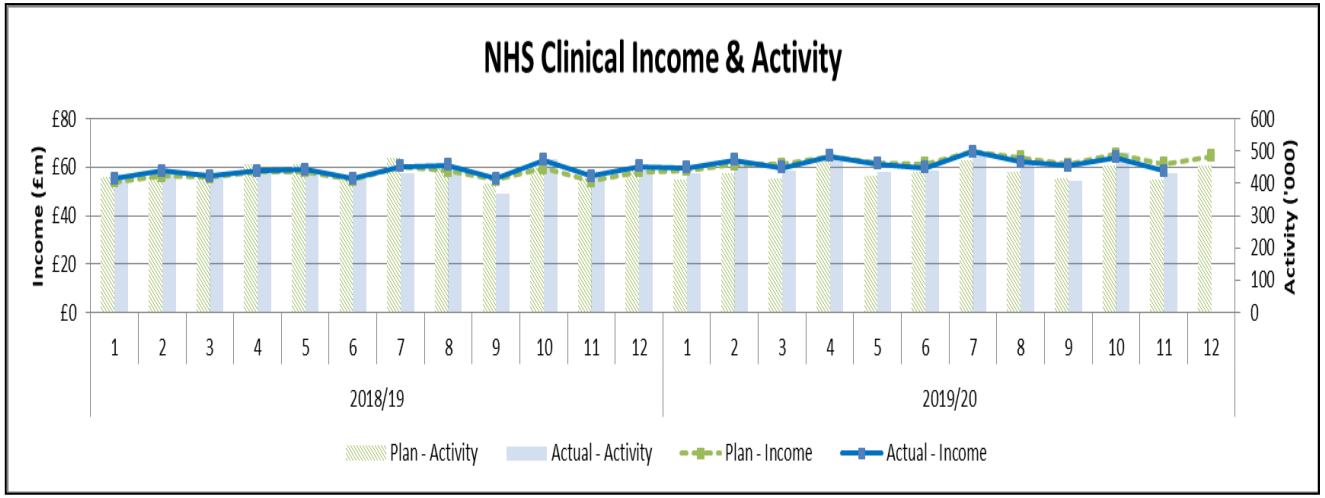


University Hospital Southampton NHS
NHS Foundation Trust

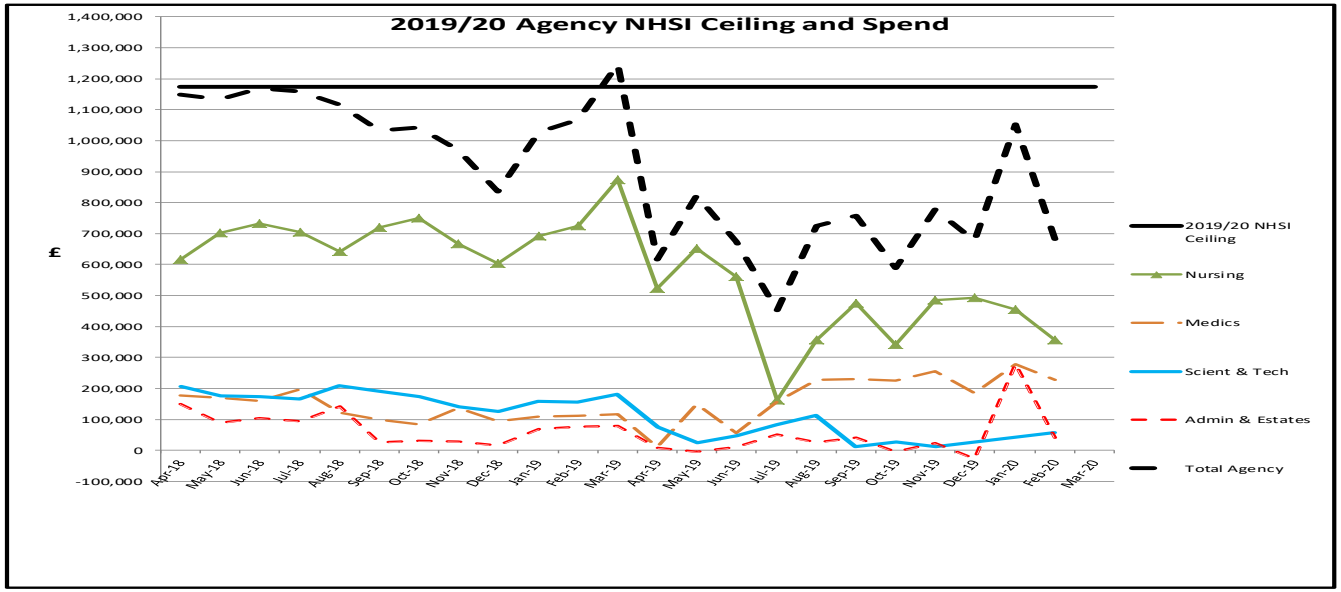
Clinical Income

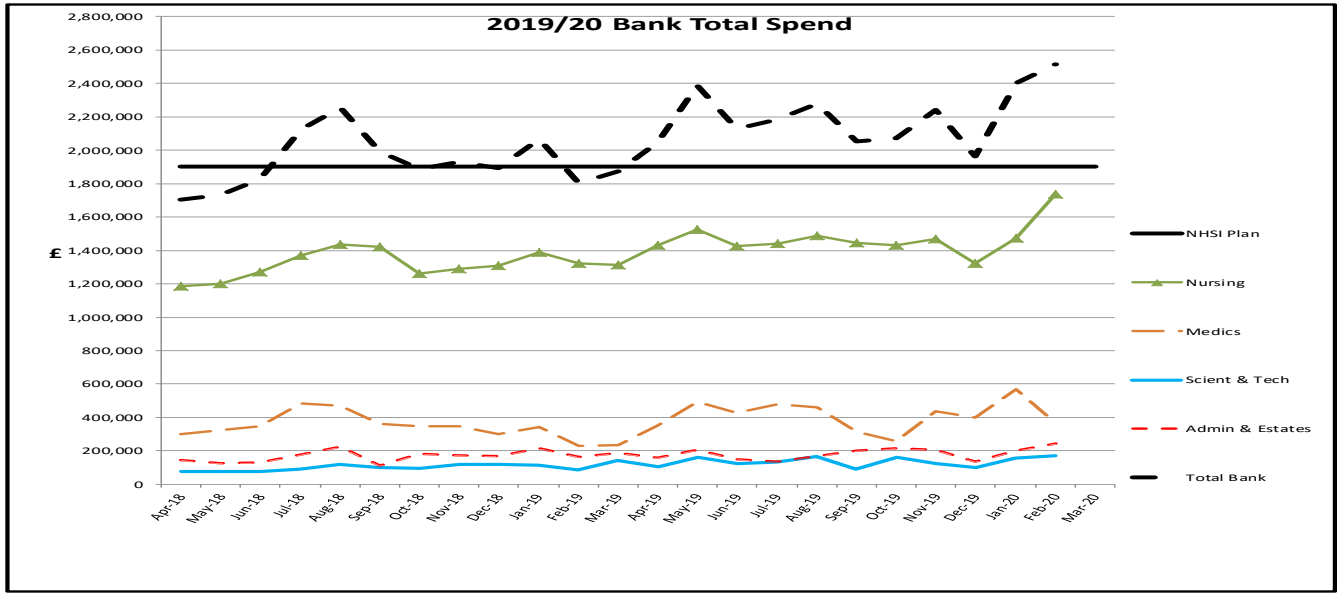
(Fav Variance) / Adv Variance

POD GROUP	2018/19 YTD Actuals £000s	2019/20 Annual Plan £000s	2019/20 YTD Plan £000s	2019/20 YTD Estimate £000s	2019/20 YTD Variance £000s	2019/20 In Month Plan £000s	2019/20 In Month Estimate £000s	2019/20 In Month Variance £000s	Monthly Run Rate Done	Monthly Run Rate To Do
NHS Clinical Income										
Elective Inpatients	£122,461	£147,974	£134,582	£130,230	£4,351	£12,272	£11,735	£537	£11,839	£17,744
Non-Elective Inpatients	£172,407	£199,870	£182,585	£198,445	(£15,860)	£16,184	£17,032	(£848)	£18,040	£1,425
Blended payment adjustment	£0	£0	£0	(£4,034)	£4,034	£0	(£357)	£357	(£367)	£4,034
Outpatients	£67,642	£81,626	£74,245	£76,990	(£2,745)	£6,382	£6,852	(£470)	£6,999	£4,636
Other Activity	£105,354	£129,745	£118,442	£118,767	(£324)	£10,731	£10,382	£349	£10,797	£10,978
CQUIN	£13,491	£8,375	£7,640	£7,794	(£154)	£678	£656	£22	£709	£580
Blocks & Financial Adjustments	£4,956	£22,242	£21,746	£1,972	£19,774	£2,328	(£976)	£3,304	£179	£20,270
Other Exclusions	£3,526	£46,419	£45,743	£46,112	(£370)	£3,961	£3,768	£193	£4,192	£307
Prior month adjustment	£0	£0	£0	£0	£0	£0	£1,820	(£1,820)	£0	£0
Subtotal NHS Clinical Income	*£489,839*	*£636,251*	*£584,983*	*£576,277*	*£8,706*	*£52,537*	*£50,912*	*£1,625*	*£52,389*	*£59,974*
Pass-through Exclusions	£107,553	£115,237	£101,897	£103,710	(£1,813)	£8,781	£9,361	(£580)	£9,428	£11,527
Total NHS Clinical Income	**£597,392**	**£751,488**	**£686,880**	**£679,987**	**£6,893**	**£61,318**	**£60,273**	**£1,045**	**£61,817**	**£71,501**
Non NHS Clinical Income										
Private Patients		£6,572	£6,077	£4,751	£1,327	£618	£705	(£87)	£432	£1,822
CRU		£2,500	£2,288	£2,586	(£298)	£208	£411	(£203)	£235	(£86)
Overseas Chargeable Patients		£1,434	£1,320	£1,364	(£44)	£140	£41	£99	£124	£70
Total Non NHS Clinical Income		**£10,506**	**£9,685**	**£8,700**	**£985**	**£966**	**£1,157**	**(£191)**	**£791**	**£1,806**
Grand Total	**£597,392**	**£761,994**	**£696,565**	**£688,687**	**£7,878**	**£62,284**	**£61,430**	**£855**	**£62,608**	**£73,307**



Temporary Staff Costs





University Hospital Southampton NHS
NHS Foundation Trust

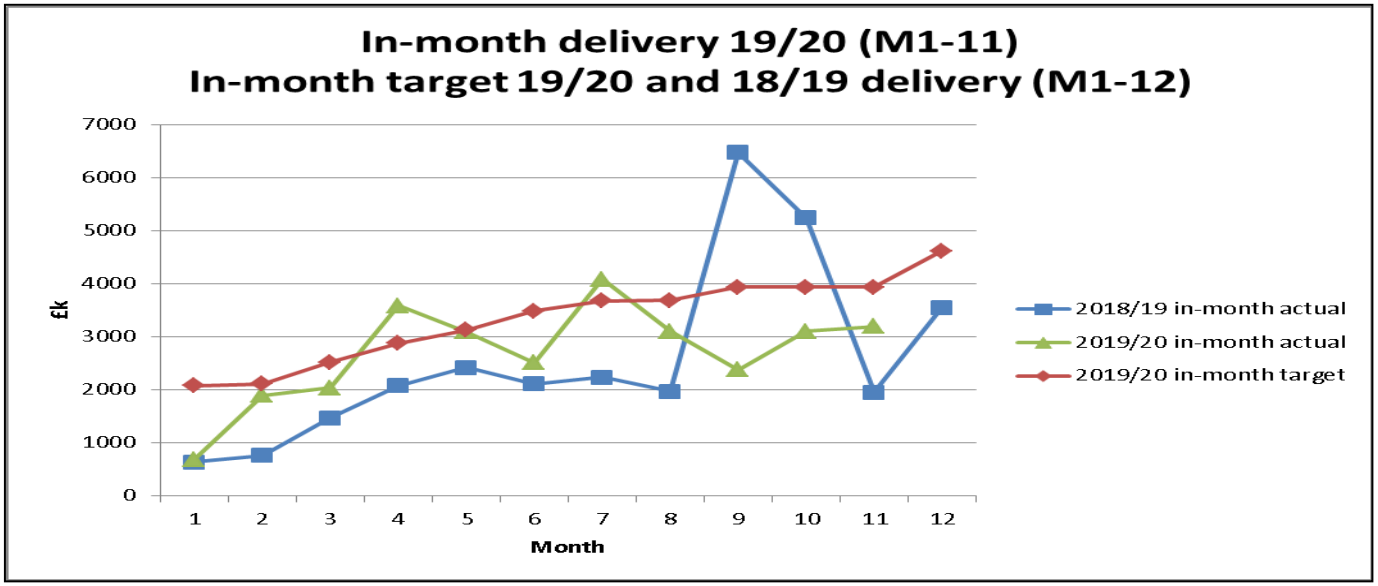
Cost Improvement Programme

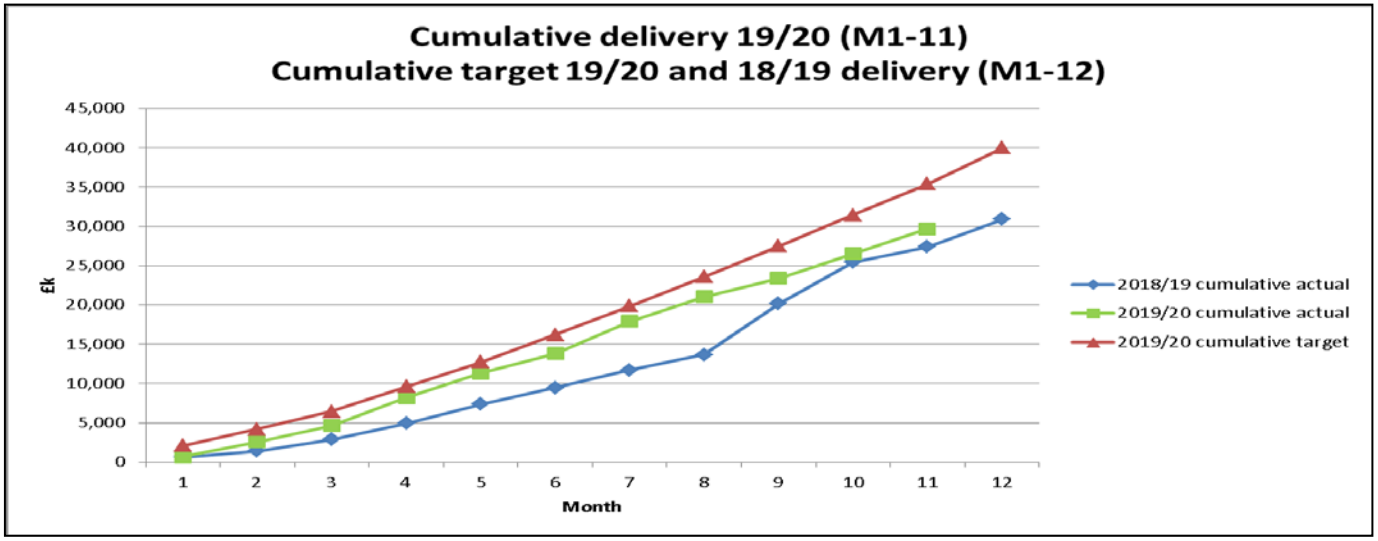
CIP delivery in February 2020 was £3.2m against a Plan of £3.9m.

Income CIP scheme award rose from M9 although was predicted to be higher still based on current levels of identification.

Year to date the Trust is £5.7m behind Plan for 2019/20, with £29.7m being delivered to date.

Forecast for the year suggests CIP delivery will be circa £33m as previously discussed.





Cash

The cash balance was £81.1m at the end of February 2020, £34.4m above Plan. This is primarily due to:

1) Working capital position better than plan by circa £15m. The Accounts Receivable position is better than Plan due to improvements in negotiated payment arrangements with Commissioners.

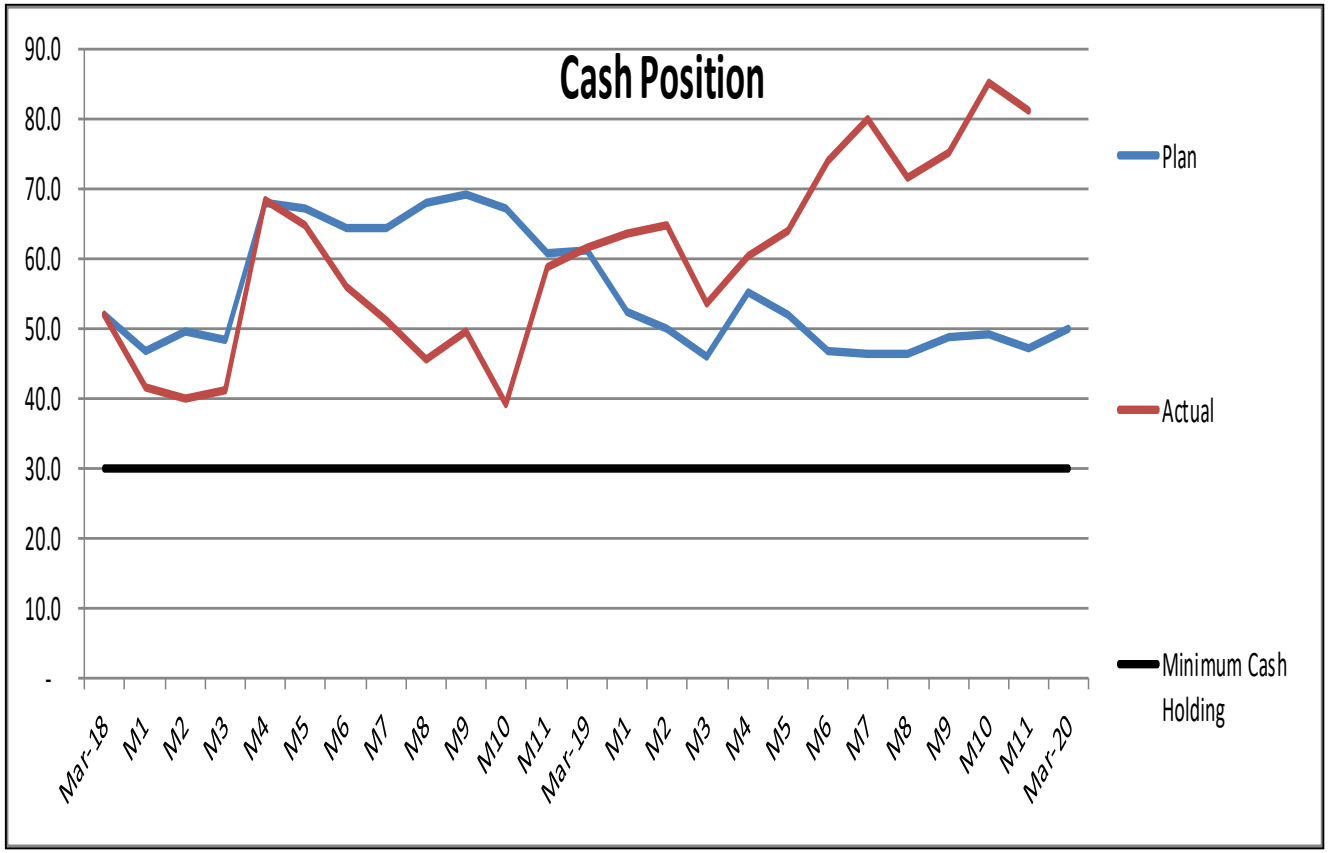
2) Year-end cash position from 18/19 finishing above the level assumed at the point the Plan was set (circa £3m).

3) Receipt of PSF bonuses for 18/19 £9.5m in excess of the level assumed in the Plan.

4) Net spend on property, plant and equipment (through capital expenditure and lease interest and principal payments) £7m less than Plan.

The latest cash forecast is currently being reviewed to inform our 2020/21 plan and capital prioritisation process.

We are anticipating increased capital expenditure in M12; however we have also received large capital cash receipts from central funding.



Capital Expenditure

(Fav Variance) / Adv Variance

	Month			Year to Date			Full Year						
Scheme	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	Original Plan £000's	Revised Plan £000's	Latest Forecast £000's	Variance £000's	To Do £000's	Risk Adjusted Forecast £000's	Movement £000's
Childrens Hospital	100	58	42	1,033	564	469	1,893	1,196	577	619	13	577	0
ED Adult Resus	200	288	(88)	1,175	1,136	39	1,509	1,501	1,244	257	108	844	(400)
IT Schemes	525	461	64	6,068	5,511	557	11,872	7,246	6,703	543	1,192	6,703	0
Strategic Maintenance	350	513	(163)	3,504	3,508	(4)	4,000	4,000	4,000	0	492	4,000	0
Medical Equipment Panel	80	100	(20)	1,602	2,088	(486)	2,100	2,100	2,500	(400)	412	2,250	(250)
GICU Expansion	1,580	1,478	102	7,502	7,443	59	13,614	12,122	9,549	2,573	2,106	8,549	(1,000)
Refurbish Eye Theatre	20	2	18	60	24	36	1,177	60	60	0	36	60	0
Energy Efficiency	250	434	(184)	1,200	1,312	(112)	2,223	1,473	1,667	(194)	355	1,667	0
New Theatres E level	200	276	(76)	3,236	1,879	1,357	3,637	3,236	3,600	(364)	1,721	3,600	0
Urology Day Unit	0	(15)	15	2,177	1,882	295	2,173	2,177	2,047	130	165	1,882	(165)
Steam Project	0	214	(214)	103	333	(230)	2,126	103	473	(370)	140	473	0
Princess Anne Theatre Ventilation	14	44	(30)	355	355	(0)	580	355	355	0	(0)	355	0
Spend to Save	155	(64)	219	525	256	269	1,104	847	255	592	(1)	255	0
Radiotherapy Equipment	0	(22)	22	834	739	95	658	834	921	(87)	182	739	(182)
Divisional / Donated Equipment	150	86	64	962	663	299	1,350	1,350	909	441	246	749	(160)
Decorative Improvements / Staff Fund	80	(19)	99	581	190	391	625	741	341	400	151	190	(151)
Other Projects	45	107	(62)	3,628	4,197	(569)	6,006	4,472	4,817	(345)	620	4,304	(513)
ED offices and minors space	0	8	(8)	0	122	(122)	0	0	600	(600)	478	600	0
CT, MR & Mammography	0	0	0	0	0	0	0	0	592	(592)	592	592	0
Endoscopy	0	0	0	0	0	0	0	0	600	(600)	600	600	0
Capital Mitigations	0	147	(147)	0	147	(147)	0	0	3,629	(3,629)	3,482	2,629	(1,000)
Total Excluding Finance Leases	**3,749**	**4,097**	**(348)**	**34,545**	**32,350**	**2,195**	**56,647**	**43,813**	**45,439**	**(1,626)**	**13,089**	**41,618**	**(3,821)**
Finance Leases-IISS	407	0	407	4,473	3,603	870	5,815	4,880	4,158	722	555	3,603	(555)
Finance Leases-Other	286	0	286	3,147	3,062	85	2,000	3,433	4,660	-1,227	1,598	4,160	(500)
Total Capital Expenditure	**4,442**	**4,097**	**345**	**42,165**	**39,015**	**3,150**	**64,462**	**52,126**	**54,257**	**(2,131)**	**15,242**	**49,381**	**(4,876)**
Donated Asset Additions	(78)	(85)	7	(2,708)	(2,683)	(25)	(2,796)	(2,796)	(2,848)	52	(165)	(2,848)	0
Total Net CDEL Expenditure	**4,364**	**4,012**	**352**	**39,457**	**36,332**	**3,125**	**61,666**	**49,330**	**51,409**	**(2,079)**	**15,077**	**46,533**	**(4,876)**
										-4.2%			
Memo:													
Internal Funding								31,738	32,540	(802)			
External Funding								12,075	12,899	(824)			
Total								**43,813**	**45,439**	**(1,626)**			

Report to the Trust Board of Directors dated Thursday, 26 March 2020			
Title: National Institute of Health Research (NIHR) Clinical Research Network (CRN) Wessex Annual Plan 2020/21			
Category	Quality, Performance, and Finance		
Agenda item	8.1		
Sponsor	Medical Director		
Author	Rebecca McKay, chief operating officer CRN Wessex		
Provenance	CRN Wessex is an organisation hosted by UHS. The UHS Board is required to review and approve the annual plan. The plan has been compiled in partnership with the NHS organisations in Wessex. It has been circulated to partner organisations for comment and the Partnership Group reviewed and approved it on 12 March 2020.		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for APPROVAL. The paper sets out the National Institute for Health Research Clinical Research Network Wessex (NIHR CRN Wessex) annual plan for the 2020/21 financial year. CRN Wessex is hosted by UHS and the Trust Board has a responsibility to review and approve the plan as holder of the hosting contract. These are unprecedented times. The UHS Board are requested to review and approve the plan with the caveat that the response to the pandemic may compromise some of the ambitions. CRN Wessex will prioritise COVID-19 related studies. However, clinical care will, after COVID research, be the priority for all Network funded staff in order to support the response to the pandemic in Wessex.		
Relevant strategic 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.
Assurance framework links	The CRN Wessex UHS board assurance framework is included in appendix one to this report. The performance of CRN Wessex partner organisations also impacts the following Board Assurance Framework entries: ● BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways ● BAF010 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status		
Impact assessments	n/a		
Other standards affected	● CQC Well-led Framework		

National Institute of Health Research (NIHR) Clinical Research Network (CRN) Wessex Annual Plan 2020/21

1. Introduction or Background

- 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 system that is the LCRN.
- The NIHR CRN provides NHS, public health and social care providers with an excellent research infrastructure to support the 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.
- 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; the NIHR CRN features prominently within the government's Life Sciences Industrial Strategy.
- The NIHR CRN allocates and manages funding to meet NHS and social care support and other specified costs for eligible studies. 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.

2. Analysis and Discussion

The attached plan was agreed and written prior to the COVID 19 pandemic. The NIHR will prioritise all portfolio adopted COVID studies in order to deliver the nations priorities. Clinical care will, after COVID research, be the priority for all Network funded staff in order to support the NHS and social care cope with the pandemic.

Therefore, some of the ambitions of the plan may be challenging to deliver in 2020/21. The UHS Board will be updated quarterly on progress and the plans to mitigate issues as they rise. The Network is working and will continue to work flexibly and pragmatically to maintain the safety of patients enrolled in studies whilst supporting clinical services in these times of unprecedented pressure on NHS and social care services.

The table below summarises the ambition of CRN Wessex set out in the plan .

1	Recruitment	Increase the opportunities for patients in Wessex participate in research by ensuring parity of opportunity: ● resource allocation based on activity appendix 1 ● studies are set-up rapidly and recruit to time and target. (During the pandemic that is limited to urgent public health studies). ● supporting specialty leads to develop portfolios in under-represented areas to match disease burden and participation appendix 2
2	Engagement with NHS, social care and public health	Work with partners to ensure that learning is shared across the network by: ● sharing best practice ● promoting the wider benefits of research to the whole system and ensuring visibility at board level ● celebrating the success of research with an awards event

		● increasing research in non NHS setting to support the development of research in social care and public health
3	Public and patient engagement / communications	Celebrate the successes and benefits that research brings to patients: ● promoting the benefits of research through news stories ● recruiting and working with patient research champions ● promoting parity of access by publicising research through multi-media channels
4	Workforce development	Providing a fit for purpose research workforce: ● diversification of roles e.g. associate principal investigator role, national register clinical research practitioners ● education and peer support programme for CRN Wessex funded research fellows
5	Working with life science industry	Ensure that Wessex offers a consistent service to pharma by: ● streamlining and accelerating study set-up ● delivering studies to time and target with reliable study feasibility informed by database searches ● ensuring there is a well trained workforce to deliver studies
6	Information and knowledge	Drive efficiency by ensuring that all partners have real time accurate data to inform business decisions and drive improvements by: ● offering access to bespoke apps on the NIHR open data platform ● leading project to link recruit my specialty to deprivation and disease prevalence ● promoting digital solutions to support recruitment in acute care settings
7	Business development and marketing	Work with small to medium size enterprises in conjunction with the AHSN to help commercial innovators gather NHS evidence on their products, and get effective innovations to patients faster.

3. Conclusion

When the plan was reviewed by the CRN Wessex Partnership Group on 12 March it was noted that the ambitions were appropriate for a Wessex in a 'steady state'. However, it was acknowledged these are unprecedented times and the plan may need reviewing and amending during the course of 2020/21.

4. Recommendation

The UHS Board are requested to review and approve the plan with the caveat that response to the pandemic may compromise some of the ambitions. CRN Wessex will prioritise COVID-19 related studies. However, clinical care will, after COVID research, be the priority for all Network funded staff to support.

5. Appendicies

Appendix 1 - funding allocations and recruitment targets for 2020/21

Funding model

Organisation	Core	Performance Premium	Contingency	Research Fellows	Wessex Clinical Leadership	Total
DCHFT	£477,962	tbc	tbc	£20,000		£497,962
DHUFT	£251,825	tbc	tbc			£251,825
HHFT	£650,716	tbc	tbc	£30,000	£2,000	£682,716
IOW	£333,198	tbc	tbc			£333,198
PHFT	£842,757	tbc	tbc	£30,000	£50,000	£922,757
PHT	£2,560,429	tbc	tbc	£127,380	£87,500	£2,775,309
RBCH	£824,650	tbc	tbc	£20,000	£31,250	£875,900
SFT	£583,384	tbc	tbc	£20,000		£603,384
SOLENT	£421,860	tbc	tbc	£16,274		£438,134
SCAS	£116,000	tbc	tbc			£116,000
SHFT	£461,332	tbc	tbc	£28,966	£37,500	£527,798
UHS	£5,550,541	tbc	tbc	£207,380	£222,250	£5,980,171

Chart 1: Summary of funding allocations 2020/21 to partner organisations. Two elements, performance premium and contingency, will be confirmed in Q1 20/21

Organisation	2020/21 target
DCHFT	**930**
DHUFT	**706**
HHFT	**2,118**
IC	**4,449**
IOW	**936**
PHFT	**2,028**
PHT	**6,209**
RBCH	**1,841**
SFT	**1,432**
Solent	**1,691**
SCAS	**104**
SHFT	**1,520**
UHS	**19,593**
Wessex	**43,557**

Chart 2: 2020/21 recruitment targets by CRN Wessex partner organisation

Appendix 2 - Priority specialities 2020/21

PRIORITY AREA	SPECIALTY	BASIS FOR THIS CHOICE
All qualifying studies	Diabetes	Contingency funding to support collaboration between primary and secondary care in Dorset CCG to increase activity in this population. SGLs working to increase home-grown portfolio across region.
Hyperacute studies	Stroke	HSRC awarded as of April 2020 to University of Southampton NHS Foundation Trust, ambition to grow portfolio to serve Wessex region.
All studies	Public Health	High recruiting study due to start in FY 2020/21 in socially deprived population on Isle of Wight and Southampton CCGs. (CPMS ID 44145)
Orthopaedics	MSK	High recruiting orthopaedic related NIHR Research for Patient Benefit funded interventional, Chief Investigator led study started early 2020 (CPMS ID 43333 - CLEAT Study)
Occular Inflammation	Ophthalmology	We have a new consultant with an interest in ocular inflammation who we are keen to support
Endoscopy	Gastroenterology	Working with local CI to share endoscopy research opportunities across the region. Engaging with endoscopy clinical nurse specialists to support their involvement in research delivery by establishing tri-annual regional meetings
Alcohol Related Disease	Hepatology	High incidence of alcohol related disease in more deprived areas within the region and so we are supporting trainees and established PIs to develop home grown research in this area
Asthma	Respiratory	High incidence within the region with centres of research activity within Portsmouth and Southampton. Our ambition is to support CIs to collaborate across the region to provide opportunities for patients in Dorset and North Hampshire
COPD	Respiratory	High incidence within the region with centres of research activity within Portsmouth and Southampton. Our ambition is to support CIs to collaborate across the region to provide opportunities for patients in Dorset and North Hampshire
Interventional	Surgery	Engaged group of surgeons and trainees across Wessex with homegrown research in the pipeline

Appendix 3 – full annual plan

Requirements for 2020/21 Annual Plan, Mid Year Progress Report and Annual Report

LCRN Planning Queries

This document contains a list of queries from LCRN colleagues and CRNCC responses.
This is being updated as queries are received.

Introduction

This 2020/21 Annual Plan, Mid Year Progress Report and Annual Report Template (hereafter referred to as 'Template') is provided to enable LCRNs to Plan / Report at three time points. The purpose of providing an integrated Template is to enable LCRNs to have visibility and early access to a single template per financial year containing the available planning and reporting requirements. It is hoped that this will minimise duplication of effort. The CRNCC will endeavour to make minimal changes during the operational year.

The Template has been created for each LCRN to complete in 2020/21. Section 4 (HLOs) has been populated with the available information on the proposed High Level Objectives and associated measures for 2020/21. Please note, the HLOs are still to be approved by the DHSC. We will confirm final objectives as soon as we are able by email or in the LCRN Bulletin. Please ensure that edit permissions for 'LCRN Support' and 'PM Team' are not amended locally. If you make local copies of this Template, please ensure that this information is communicated and local systems are in place to forward the pending requirements.

The main points to note for the completion of the Annual Plan elements of the Template can be found below. Further specific guidance / details for specific elements have also been included in parentheses [ ] within individual tabs.

Please direct any queries on this Template or the 2020/21 Annual Plan, Mid Year Progress Report and Annual Report to **crncc.performance@nihr.ac.uk**
An optional call has also been scheduled on Thursday 30 January between LCRN COOs / Deputy COOs and SMT colleagues to discuss the template and clarify expectations.

How to complete the Annual Plan:

Submission of Annual Plan
* The LCRN Annual Plan must be agreed by the LCRN Partnership Group and formally approved by the LCRN Host Organisation Board. Confirmation of review and agreement / approval by the LCRN Partnership Group and LCRN Host Organisation Board, respectively, should be provided under the Host Organisation Approval tab of the Template. Guidance on expectations and completion of the Template is provided in sections 2-9, below.
* The LCRN Annual Plan should be submitted to the CRNCC Performance Management Team by 5pm on **Friday 27 March 2020** by giving the LCRN Support email account (lcrn.support@nihr.ac.uk) edit permission to a copy of all relevant files on the NIHR Hub (Google Drive).

Submission of LCRN Annual Financial Plan
* The LCRN Annual Financial Plan should be submitted separately via the CRN Finance Tool by 5pm on **Friday 27 March 2020**. In case of queries in the interim, please contact crnfinance@nihr.ac.uk.

The LCRN Annual Plan should set out the specific activities and strategic initiatives to support achievement of the NIHR CRN performance objectives as documented in Section 2 (Part B) of Appendix A of the DHSC/LCRN Host Organisation Agreement. The LCRN Annual Plan should be developed in collaboration with the governance, management and influencing groups set out in Part C of the 2020/21 Performance and Operating Framework (POF); including but not limited to the LCRN Operational Management Group and the LCRN Partnership Group. LCRNs are encouraged to engage with colleagues in CRNCC Directorates and Research Delivery Divisional teams, and National Specialty Leads for support and specialist advice and expertise, as required. The LCRN Host Organisation is asked to ensure that plans for 2020/21 are informed by and build upon local performance, successes, challenges and priorities from 2019/20. Plans should reflect the working principles of the NIHR CRN, set out in A.3 of the 2020/21 POF, should address the NIHR CRN Priorities set out in A.4 of the 2020/21 POF (where applicable locally), and the CRN Performance Indicators, set out in Sections 2 and 4 of Part B of the POF.

Tab-by-tab guidance is provided below:

Coverpage: Please add the 'Date of Annual Plan submission'

1. Host Organisation Approval: The LCRN Annual Plan must be agreed by the LCRN Partnership Group and formally approved by the LCRN Host Organisation Board. Confirmation of review and agreement / approval by the LCRN Partnership Group and LCRN Host Organisation Board respectively should be provided under Section 1A of the Host Organisation Approval sheet. Section 1B and 1C should not be completed at this time.

2. Annual Performance Highlights: Section 2 of the Template is for information only at this stage and should not be completed as part of the Annual Plan.

1	**3. Part C: POF requirements:** Section 3 of the Template should be used to describe the actions that your LCRN plans to undertake in order to achieve or maintain compliance with the mandatory POF requirements in 2020/21. Please include actions and projects delivered locally, in collaboration with other LCRNs (as part of regional LCRN Supra-network collaborative activities or other LCRN collaborations), nationally / CRN-wide led locally by the LCRN, and in collaboration with other parts of the NIHR and / or other external organisations. The rows in this section of the Template are based on mandatory requirements within Part C: Operating Framework of the 2020/21 POF For each mandatory requirement please: * provide a description of the actions you will take to achieve / maintain compliance with the specified mandatory requirements in column E * provide the name of the individual responsible for the actions in column F * enter the date when full compliance is expected in column G. If your LCRN is already compliant please enter 1/04/2020 * enter the expected date of completion of the actions in column H * where requested and additionally, where relevant, provide a link / URL in column I The use of bullet points and cross-referencing between projects / sections of the plan, as relevant, is encouraged. Please provide sufficient contextual detail within the description of actions to ensure that the description can be understood by readers from across the NIHR CRN. **12/03/2020 -** The 2019/20 national funding model required LCRNs to ring-fence 2% of its 2019/20 allocation on initiatives to improve CRN activity in the ten health areas identified by DHSC as priorities in 'targeting local health needs'. However with the national model for 2020/21 reflecting LCRN performance in targeting local health needs', DHSC are content that CRNCC are not prescriptive regarding the proportion of funding allocated to support the targeting local health needs strategy. Therefore, there is no longer a requirement to spend a certain proportion of funding and the allocation of necessary funding to support local strategy is to be determined locally.
	4. High Level Objectives: In Section 4 of the Template, under column F 'LCRN Target', please enter the respective local forecast contributions / proposed targets for your LCRN for the Participant Recruitment Objective measures A&B and Dementia and Neurodegeneration Recruitment Objective (cells F13, F14 and F21, respectively). In column G of the associated rows, please describe how the target has been determined and provide the supporting rationale. For all HLOs, please complete columns H-J as needed to describe any special projects or initiatives planned to contribute to the Objectives not already captured in Section 3 'Part C: POF requirements. Column H can also be used to cross-reference as relevant to rows in Section 3.
	5. Local initiatives: Section 5 should be used to detail local initiatives and projects to be delivered in 2020/21 that the LCRN would like the CRNCC and other LCRNs to be aware of, including those to be delivered in collaboration with other parts of the NIHR CRN / NIHR or other organisations. In the case of Supra-network projects or collaborative projects with other LCRNs the project should be included in the Annual Plan of each participating LCRN. For each project or initiative, please: * provide a title and brief description of the project or initiative in column B * enter the intended outcome of the project or initiative in column C * confirm whether the project is Specialty specific, and if so, specify the applicable Specialty or Specialties in column D * enter the expected completion date in column E * download and populate the A3 CRN initiatives template linked in cell F3. Please name the template file based on the initials of your LCRN or LCRN Supra-network, followed by the relevant Section number, starting from 5.1 e.g. 'EM5.1' for East Midlands first local initiative or 'SNB5.1' if the first local project East Midlands plan to deliver will be delivered collaboratively across their LCRN Supra-network, Supra-network B. Enter the link URL for this document in column F.
	6. Financial Management: Section 6 should only be completed as part of the LCRN Annual Plan. It should not be completed as part of the LCRN Mid Year Progress Report or Annual Report. Section 6.2 relates to the local funding model. Rows 8-16 should be amended to reflect the local funding elements. Cell F17 will become white when the 9 cells above total 100%. In section 6.7, the date of the internal audit, if not specified in the internal audit report, should be taken as the last working day of the fieldwork.

	7. Appendices: As a minimum, Section 7 of the Template should include a link to AP Appendix 1 - Risk and Issues Log - please include a link to an updated copy of your Risk and Issues Log. Additional appendices may be added at the discretion of the LCRN, by completing row 5 and inserting additional rows below 5 as needed. For any additional appendixes, please complete columns A, B and C with the Appendix number, Title and document link.
2	**Contract Support Documents**
	8. CSDs: This reference tab has been included to provide ready access to the LCRN Contract Support Documents for 2020/21. This sheet provides the links to the finalised Contract Support Documents. It will be updated by the CRNCC Performance Management team as soon as the remaining documents become available, and we will also provide notification via the LCRN Bulletin of newly added links. Please note that the LCRN Contract Support Documents currently available via the LCRN Hubsite are those for 2019/20. We will be adding the CSDs for 2020/21 to the LCRN Hubsite in the near future and will advise LCRNs when this has been done.
3	**How to complete the Mid Year Progress Report:**
	Specific guidance on expectations will be provided as needed by the CRNCC ahead of the 2020/21 Mid Year Progress Report
4	**How to complete the Annual Report:**
	Specific guidance on expectations will be provided as needed by the CRNCC ahead of the 2020/21 Annual Report

NIHR | National Institute for Health Research

Clinical Research Network
CRN Wessex

2020/21 Annual Plan, Mid Year Progress Report and Annual Report

Date of Annual Plan submission: 27 March 2020

Date of Mid Year Progress Report submission: tbc

Date of Annual Report submission: tbc

Section 1. Host Organisation Approval

A. Annual Plan

Confirmation that this Annual Plan has been reviewed and agreed by the LCRN Partnership Group:	
Date of the LCRN Partnership Group meeting at which this Annual Plan was agreed:	12/03/20
Confirmation that this Annual Plan has been formally approved by the LCRN Host Organisation Board:	
Date of the LCRN Host Organisation Board meeting at which this Annual Plan was (or will be) approved:	26/03/20

B. Mid Year Progress Report

Host Organisational approval and LCRN Partnership Group agreement is not required for the Mid Year Progress Report

C. 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:	

If this Annual Plan / Annual 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 Plan / Report to crncc.performance@nihr.ac.uk

Section 2. Annual Performance Highlights (Annual Report only) - maximum 1 page of A4 (portrait)

Section 2. Annual Performance Highlights 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 2020/21

Summary of performance against the national performance indicators		
Performance against the HLOs, LCRN Partner Satisfaction Survey Indicators, LCRN Customer Satisfaction Indicators and LCRN Patient Experience Indicators		
Please summarise 3 local or Supra-network initiatives that your LCRN has delivered or been involved in during 2020/21. Section 2.1 should relate to targeting research to meet the health needs of the local population. This section is an opportunity to highlight excellent performance, successes and or challenges and associated learning. The intention is to enable opportunities to showcase these examples as case studies, opportunities for regional or national roll-	2.1	

studies, opportunities for regional or national roll-out and sharing of best practice	2.2	
	2.3	

Section 3 of the template should be used to detail the key projects to be delivered by the network in 2020/21 to fulfil the mandatory requirements of the Performance and Operating Framework. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN Supra-networks 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.

Columns A-G should be completed as part of the 2020/21 Annual Plan. In column G, if your LCRN is already compliant with the requirement please enter '1/04/2020'. Otherwise, please enter the earliest date in 2020-21 by which you expect to achieve full compliance with the requirement.
Columns H-I should be completed as part of the 2020/21 Mid Year Progress Report.
Columns J-K should be completed as part of the 2020/21 Annual Report.

Progress Status Information:

Colours in the Status column are automated. Please select Complete, Red or Green from the drop-down menu in column J or L and the colour will update automatically.

Complete	Fully compliant.
Red	Actions off-track or full compliance has not or will not be achieved by the date originally anticipated.
Green	Actions on-track and full compliance expected to be achieved by the date originally anticipated.

To complete at Annual Plan stage									To complete at Mid Year Progress Report stage		To complete at Annual Report stage	
Plan Ref	POF Section	CSD	POF requirement	Description of actions to achieve / maintain compliance with the requirement	Lead	Anticipated date of full compliance	Expected date of completion	Link URL (where applicable)	Status	Commentary	Status	Commentary
1. General Management												
3.1.1	C.2.1.	N/A	Provide LCRN Host Organisation corporate support services for LCRN management. These should include: risk management, finance management, Human Resources, Information and Communication Technology, high-quality office premises and facilities, and legal and contracting support.	Support in place from host with named leads for corporate support. Appropriate accommodation for team provided by host.	Chief Operating Officer	1 April 2020						
3.1.2	C.2.1.	CSD003	Maintain an LCRN leadership team comprising Nominated Executive Director, LCRN Clinical Director and LCRN Chief Operating Officer (the "LCRN Leadership Team") in compliance with the requirements and role outlines set out in CSD003.	Leadership in place with compliant JDs. New clinical director from 1 April 2020 - Prof Saul Faust. Co-director Prof Robert Peveler. Nominated Executive Director and Chief Operating Officer employed by the Host Organisation. The LCRN Clinical Directors are employed by the Host Organisation or hold an honorary contract with the Host Organisation.	Chief Operating Officer	1 April 2020		Clinical Director & Chief Operating Officer JD				
3.1.3	C.2.1.	N/A	Maintain an LCRN management team that includes an identified manager for each of the functions listed below, who has relevant management experience and who has sufficient capacity to manage the full range of activities in the area. The role outlines / job descriptions for these posts must be consistent with National CRN Coordinating Centre role outlines, where provided - Business Intelligence - Communications - Continuous Improvement - Finance - General Administration - Human Resources - Industry Operations - Information and Communications Technology - Patient and Public Involvement and Engagement - Study Support Service (including management of Divisional Research Delivery, Cross-divisional Research Delivery, and Industry Operations) - Workforce Development	Business Intelligence - Graham Halls Communications - Kim Appleby Continuous Improvement - Alex Jones Finance - Lewis Towner-White Industry Operations - Carolina Paras Information and Communications Technology - Isaac Parr/Graham Halls & Silver Lining Patient and Public Involvement and Engagement - Kim Appleby Study Support Service - Tsiloon Li Workforce Development - Kelly Adams	Chief Operating Officer	1 April 2020		Organogram				
3.1.4	C.2.1.	CSD088	Convene an LCRN Partnership Group that will meet a minimum of three times per year and in line with the model Terms of Reference as provided by the National CRN Coordinating Centre.	In place - meeting dates agreed and Terms Of Reference (ToR). Conflict of interest register of declarations maintained and referred to at the beginning of each meeting.	Chief Operating Officer	1 April 2020		TORs & declarations of interest for partnership group				
3.1.5	C.2.1.	CSD007	Maintain a fully executed contract with each LCRN Partner organisation using the Category A, Category B, or Category C LCRN Partner form of contract as included within the DHSC / LCRN Host Organisation contract.	Contracts in place.	Chief Operating Officer	1 April 2020		List of CAT A and CAT B partners				
3.1.6	C.2.1.	N/A	Maintain an LCRN Business Continuity and Disaster Recovery Plan, and test this plan a minimum of once per year.	Plan in place.	Chief Operating Officer	1 April 2020		Continuity Plan				
2. Financial Management												
3.2.1	C.3.1	CSD007	Implement and maintain measures that provide evidence and assurance that LCRN funding provided to LCRN Partners is used solely for the Work Programme as set out in the Category A, B and C contracts.	CRN Wessex fulfils the core principles outlined in the CDS relating to funding allocations, their payment and subsequent budgetary control. This is monitored through quarterly reporting and face to face monitoring visits. The quality controlled data is used to inform VFM metrics that are shared with partner organisations via the ODP application.	Chief Operating Officer	1 April 2020		VFM metrics				
3.2.2	C.3.1	CSD004	Ensure that LCRN funding that is 'top-sliced' to support the delivery of national initiatives is spent specifically on these initiatives. The LCRN must notify the National CRN Coordinating Centre of any underspends arising from this 'top-sliced' funding at the earliest opportunity to allow funding to be appropriately redistributed by the National CRN Coordinating Centre.	In place and reported on Finance Tool quarterly.	Chief Operating Officer	1 April 2020						
3.2.3	C.3.1	CSD007	Set out an annual local funding distribution model which will clearly describe the basis on which LCRN funding is allocated to LCRN Partners. The local funding model must be publicly available in a stand-alone document.	Document in place and approved by partnership annually.	Chief Operating Officer	1 April 2020						
3.2.4	C.3.1	CSD007	Ensure that all payments made to distribute LCRN funding to LCRN Partners are valid, complete, accurate and appropriately authorised.	Standing financial instructions of host complied with.	Chief Operating Officer	1 April 2020						
3.2.5	C.3.1	CSD007	Implement a budgetary control system to monitor actual expenditure against the LCRN Annual Financial Plan, and ensure that a forecast is produced at least quarterly for the remainder of the financial year. This forecast must be managed to ensure a breakeven position at year end.	Quarterly report and meeting with host Assistant Director of Finance.	Chief Operating Officer	1 April 2020						
3.2.6	C.3.1	CSD007	Implement a system to ensure that financial reports provided to the National CRN Coordinating Centre are accurate, complete and up to date.	Standard Operating Procedures (SOPs) in place. Feedback from CRNCC confirms high standard of reporting.	Chief Operating Officer	1 April 2020						

3.2.7	C.3.1	CSD004	Report to the National CRN Coordinating Centre: a)the 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 b)all LCRN funding and expenditure, for all organisations in receipt of that funding, and agree to the year-end figures in LCRN Partners' accounts by the deadlines specified by the National CRN Coordinating Centre c)the end-of-year financial return including 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.	Compliant - SOPs in place. Quarterly feedback from National CRN Coordinating Centre (CRN CC) finance team positive.	Chief Operating Officer	1 April 2020							
3.2.8	C.3.1	CSD007	Obtain written assurance that the financial information provided by LCRN Partners is accurate and complete and that all costs are valid and appropriately authorised, including a signed disclosure statement from each LCRN Partner organisation signed by the Director of Finance (or equivalent authority) of the LCRN Partner organisation.	Compliant - signed declaration required quarterly. Followed up with face to face monitoring visits annually.	Chief Operating Officer	1 April 2020							
3.2.9	C.3.1	CSD007	Implement and maintain Standard Operating Procedure(s) specifically to ensure that NIHR CRN funding is not used to subsidise commercial contract research delivery in the LCRN Host and Partner Organisation, and that commercial research is supported on a 'full cost recovery' basis.	Compliant - SOP in place with requirement for partners to sign a declaration to verify that all commercial research is supported on a full cost recovery basis.	Chief Operating Officer	1 April 2020							
3.2.10	C.3.1	CSD007	Undertake an internal audit at least once every three years in respect of LCRN funding to review the LCRN Minimum Financial Control standards. The costs incurred by the LCRN Host Organisation in undertaking an internal audit can be charged against LCRN funding.	Compliant. Next internal audit due Dec 2021.	Chief Operating Officer	1 April 2020							
3. CRN Specialties												
3.3.1	C.4.1	CSD080	Put in place a named Local Specialty Research Lead (LSRL) for each National Specialty Group (NSG). The LSRL role must conform to the NSG Terms of Reference.	Compliant- see link.	Chief Operating Officer	1 April 2020		List of LSRLs				
3.3.2	C.4.1	CSD081	Inform the National CRN Coordinating Centre of any changes to LSRLs, and involve the CRN National Specialty Leads in the appointment or replacement of LSRLs, prior to confirmation of appointment.	Compliant - consult with national leads as appropriate.	Chief Operating Officer	1 April 2020						
3.3.3	C.4.1	CSD003 CSD033	Maintain a documented mechanism locally to ensure LSRLs deliver their role in accordance with the role description. LCRNs are expected to report on SRL involvement in the following as part of the LCRN Annual Plan - Attendance at NSG meetings - Contribution to NSG strategic projects locally and nationally - Mentoring, training and communication of local Investigators, particularly those new to research - Promotion of the CRN and its activities - Engagement with external stakeholders including Royal Colleges and professional bodies	Attendance at NSG meetings is monitored as part of ongoing performance monitoring. LSRLs regularly lead and participate in local specialty meetings held across the region to encourage networking and engagement in portfolio activities. A growing number of specialty specific training courses (e.g. PI workshops) provide increasing opportunities for LSRLs to mentor, train and communicate with new and established local investigators. A number of LSRLs are involved in national strategic projects, including commercial leads for gastroenterology and hepatology, PPIE lead for anaesthesia and the national IT solutions group for primary care. The CRN Wessex local specialty lead for cancer is also national sub-specialty lead for skin cancer.	Chief Operating Officer	1 April 2020		Specialty meeting and engagement event				
3.3.4	C.4.1	CSD082	Support LSRLs to complete expert feasibility reviews for which they receive requests and ensure their compliance with the study support process (minimum 50% of agreed LSRL reviews completed within the required timeline).	Compliant. Industry Operations Manager (IOM) now cc'd on commercial requests and followed up as required. Respond to all requests from cluster offices.	RDMs	1 April 2020						
3.3.5	C.4.1	N/A	Undertake analyses to identify disparities between local health and care needs and the local research portfolio in all CRN Specialties; and, in consultation with the Specialty Clusters / National Specialty Leads / LSRLs, develop plans to address any such disparities. Any projects undertaken in this area should be reported through the LCRN Annual Report.	Use deprivation and research activity data to identify where populations may be being overlooked. Work with the research delivery teams (including LSRLs) and partner organisations to address any identified gaps. In addition to year of birth (described in section 3.3.7) collect further anonymised demographic data from research participants and compare this to the equivalent statistics about the Wessex population. Report on the outcome through maps on the Wessex ODP dashboard.	BI, IOM, RDMs and LSRLs	30 September 2020						
3.3.6	C.4.1	N/A	Develop and support national and local initiatives to expand research in multimorbidities. Any projects undertaken in this area should be reported through the LCRN Annual Report.	Wessex led studies investigating multimorbidities are identified and supported through early engagement with the study support service and reported through the annual report via the linked multimorbidity study list.	RDMs	1 April 2020		3.3.6 - Wessex led multimorbidity studies				
3.3.7	C.4.1	N/A	All LCRN Partner organisations must report participant year of birth within LPMS for all studies.	Primary care and non-NHS partners are compliant as year of birth (recorded as 01/01/YYYY) has been a compulsory field within Edge since April 2019, where the participant type is a patient and the upload route is LPMS. Secondary care partner organisations have been prepared by the BI workstream and LCRN leadership to start collecting this data and report back quarterly. The plan for collecting and reporting this data has been included in the supporting documentation.	Business Intelligence Manager	31 July 2020		3.3.7 - Capturing and reporting data for Specialty Group Objective 5 (03-Dec-19)				
3.3.8	C.4.1	~~CSD086~~	Establish a process to identify and communicate with those new to research, and report through the LCRN Annual Report how those new to research have been mentored and supported to increase involvement in NIHR CRN Portfolio research.	A process to identify and communicate with those new to research will be established and implemented across the LCRN. This will build on the work carried out during 2019/20 as part of the harmonised specialty objectives. Plans to mentor and support the increased involvement of those new to research will form a part of the refreshed LCRN workforce plan and be reported through the annual plan mid-year review and annual report.	WFD Lead	1 March 2021						

3.3.9	C.4.1	~~CSD087~~	Put in place a named Local Imaging Champion (LIMC) in liaison with the NIHR Imaging Group or Specialty Cluster C and inform them of any changes to the LIMC. The LIMC role must conform to the Imaging Champion Supporting Information.	Wessex have two Local Imaging Champions (LIMCs) • Dr Angela Darekar - Lead for MRI Physics and Trust MR Safety Expert • Dr Charles Peebles - Consultant Radiologist Wessex LIMCs ran a successful meeting in February 2020 to discuss and debate how best to improve imaging and radiology research delivery and development in the region.	WFD Lead	1 January 2020		Wessex imaging research workshop programme				
4. Research Delivery												
3.4.1	C.5.1	CSD021 CSD023 CSD024 CSD040 CSD042 CSD043 CSD045 CSD046 CSD048 CSD049 CSD050 CSD051 CSD052 CSD053 CSD054 CSD055 CSD056 CSD057 CSD059 CSD069	Deliver the Study Support Service in accordance with the national Standard Operating Procedures to enable customers to experience a 'one Network' service. This must include support for local confirmation of Capacity and Capability. Compliance will be assessed against a set of research delivery compliance indicators. To support the UK in being a more cost-efficient place to conduct commercial contract research, LCRNs should develop and implement plans / projects to reduce the number of zero (and low recruiting) sites. This should not include rare disease- or low recruiting studies (where the number of participating sites exceeds the UK target), or extension studies. To support the UK in being a more cost-efficient place to conduct commercial contract research, LCRNs should develop and implement plans / projects to reduce the number of zero (and low recruiting) sites. This should not include rare disease- or low recruiting studies (where the number of participating sites exceeds the UK target), or extension studies. LCRNs are asked to include this information in Section 3.4.1 of their Annual Plan.	Study support service delivered in accordance with SOPs and Q3 data confirms compliance at above 80% for all aspects. Overall service delivery on Q3 study progress tracker at 97% for studies opened within 2019/20. Early contact and engagement and optimising delivery recorded for 97% studies and effective study start up for 82% studies opened within 2019/20. Performance management recorded for 83% of studies open within 2019/20. -Monthly portfolio management meetings are held to monitor Study Progress Tracker data quality -Quarterly regional study support meetings with all PO R&D support teams to review HLO9 -SoECAT awareness workshops delivered by Study Support Service (SSS) manager -LCRN team regularly working from partner organisation offices across the region to support Capacity & Capability (C&C) and other relevant activities. - Close working between division 5 team with CRN Wessex and general practices to support timely C&C review -Training modules delivered to ensure local teams are up to speed with new single cost and contract process for commercial studies. - Performance of Wessex led studies reviewed at quarterly specialty meetings with investigators and delivery staff	Deputy COO, SSS Lead and IOM	31 March 2021		3.4.1 Supporting documents				
3.4.2	C.5.1	CSD022 CSD068 CSD071	Ensure the LCRN and its Partner organisations work to meet the local population's health priorities by delivering studies in areas of the greatest health need (including the nine 'national priorities' and identified local priority areas), by engaging with, and optimising delivery and performance in, all appropriate research settings ~~and endeavouring to deliver studies in areas of the greatest health need~~.	Leadership Forum with Delphine Purves on 13 February 2020 to agree priority specialties. Ongoing monitoring via specialty meetings, leadership forum and trust visits. Local initiative to map recruitment by postcode, disease prevalence and deprivation	Divisional Leads and RDMs	31 March 2021		See local initiative SD5.1				
3.4.3	C.5.1	CSD021 CSD022 CSD050	Develop and implement an engagement and communication plan with local stakeholders involved in the research delivery pathway. The purpose is to ensure a shared understanding of NIHR CRN processes and to develop a culture that encourages early contact between the parties to facilitate the successful set-up and delivery of research.	A local communications and engagement plan is in place. Quarterly CRN Wessex study support regional meeting held with representation from PO R&D managers from across the region CRN Wessex Research Sites Initiative scheme has been revised in the light of the development of Primary Care Networks and circulated as reference document for 2020/21 application process. CRN Wessex actions to maintain the confidential nature of information supplied by Life Sciences Industry: - industry team supporting CDA arrangements through Early Contact and Engagement interactions (companies new to the network): SSS education and CDA arrangemetns escalations to CC. - Early Feedback/other SSS: supporting CC with new clinical specialty leads and relevant staff CDA arrangements. - Wessex-wide module about "Confidentiality Disclosure Agreements" delivered in Feb 2020 (primary and secondary care), webinar link to be published by Aprl 2020.	Communications and Engagement Manager	1 April 2020		3.4.3 Supporting documents				
3.4.4	C.5.1	CSD040 CSD049 CSD051	Deliver all support activities throughout the research delivery pathway in line with the AcoRD guidance. In particular, where the LCRN Host Organisation or any LCRN Partner determines it cannot carry out the role set out in the AcoRD policy for any 'high priority' CRN Portfolio study (as defined in the CRN Eligibility Criteria) on grounds other than non-feasibility, then they must advise the National CRN Coordinating Centre in advance of communication of this decision to the investigator via supportmystudy@nihr.ac.uk. Please mark your message 'Unable to support high priority study FAO RDD leadership team'. Any such refusal of a high-priority study also must be reported in the LCRN Annual Report to the National CRN Coordinating Centre.	SSS leads work to support portfolio applications for Wessex led studies in line with NIHR CRN eligibility criteria. Three ACoRD specialists within CRN Wessex support completion and validation of SoECATs and provide regional ACoRD and SoECAT information workshops. Please see 3.4.5 in relation to support for attribution in relation to commercial research. Opportunities for POs to express interest in non-commercial studies are managed real time via EDGE and current notification of PO EOI, or reasons for not expressing interest are captured via email communication. We will review the current EDGE process with a view to capturing reportable data on studies that are not delivered on grounds other than unfeasibility.	APMs/SSS manager	1 April 2020						

3.4.5	C.5.1	CSD006 CSD051	Promote and support delivery of commercial contract research in line with the requirements of the NHS England and Improvement's National Directive for Commercial Contract Research linked to the NHS Standard Contract requirements.	The new single cost and contract process was introduced to all our local sites (including Primary Care) in March 2019 and further updates have been provided at our quarterly SSS and Primary Care consortium meetings. iCT training has been provided and a Supra-wide session with Phil Good was delivered in Nov 2019. Regular support has been provided to sponsors and research teams. We have maintained regular communication with our national coordinators (Southampton General and Queen Alexandra hospitals) throughout the new process pilot phase. Further actions -Wessex wide training session with national coordinators scheduled, to include primary and secondary care representatives - 16 March. -Maintain communication and support for local teams through SSS meetings, forums, visits and newsletters. -Sharing learning resources available with local organisations and commercial sponsors (via email and LCRN website). -Providing industry representatives assistance with new process and escalating queries to coordinating centre accordingly. -New process developments to be included in Wessex weekly/monthly newsletter.	Industry Operations Manager	1 April 2020		3.4.5				
3.4.6	C.5.1	CSD010 CSD011 CSD012 CSD013 CSD014	Put in place arrangements to support the rapid delivery of urgent public health research, which may be in a pandemic or related situation. This will include: a)an LCRN Urgent Public Health Research Plan which can be immediately activated in the event the DHSC requests expedited urgent public health research b)the nomination of an active clinical investigator who will act as the LCRN's public health champion and the key link between the LCRN and the National CRN Coordinating Centre and in the event that the LCRN Urgent Public Health Research Plan is activated.	CRN Wessex urgent public health plan provided via link to supporting documents. Dr Tristan Clark - Associate Professor and Honorary Consultant in Infectious Diseases is the infection specialty lead for CRN Wessex and public health champion.	DCOO	1 April 2020		Urgent public health research plan				
3.4.7	C.5.1	CSD058	Promote Join Dementia Research in LCRN Partner organisations, the purpose being to improve recruitment to NIHR CRN Portfolio dementia studies.	RDM oversees promotion of JDR campaign at meetings and events. Assistant portfolio manager for Division 4 acts as point of contact and joins national meetings on JDR. GPs have been approached to support a mailout pilot which will be completed and assessed in 2020-21.	Div 4 RDM	1 April 2020						
3.4.8	C.5.1	CSD068	Increase access to research for people living in care homes, including delivery of dementia research, by developing and 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.	Div 4 RDM joins Google community and national telecon meetings for ENRICH programme. Network team working with local investigators to prepare grant application for social care as well as regional hang outs to ensure all HEE and other partner organisations are aware of and able to support research in this setting (ARC, RDS). Local trust has successfully delivered research in care homes and will build on existing links to promote further opportunities.	Div 4 RDM	31 March 2021						
3.4.9	C.5.1	CSD063 CSD064	Identify an appropriately skilled Teenage and Young Adult Cancer Research Nurse, in line with the objectives of the NIHR CRN Teenage and Young Adults (TYA) Cancer Strategy. 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.	Dedicated 0.4 WTE TYA network research nurse in post based at University Hospital Southampton NHS Trust (Kim Stevens). The RN supports the weekly Wessex-wide TYA MDT using CancerLine (online clinical trial search tool) to identify and refer potential patients. The RN is supported by the TYA Lead Nurse for Wessex, Louise Hooker.	Div 1 RDM	1 April 2020						
5. Information and Knowledge												
3.5.1	C.6.1	TBC	Ensure appropriate, well functioning, and well maintained CRN information systems and services are in place and up-to-date.	A representative from the CRN host trust has provided confirmation of their security testing, downtime, disaster recovery and continuous improvement plans. This is included in the linked document. For reference information from our LPMS provider Edge has also been provided as the service is procured by the CRN host.	Business Intelligence Manager	1 April 2020		3.5.1 - Information systems				
3.5.2	C.6.1	N/A	Maintain a contract with the Local Portfolio Management System (LPMS) provider which covers all system requirements and allows for appropriate change management to support continual improvement.	A contract with the LPMS provider is in place covering all CRN requirements and provides provisions for continuous improvement.	Business Intelligence Manager	1 April 2020						
3.5.3	C.6.1	CSD059	Ensure that the LPMS solution meets the latest version of the published Minimum Data Set in support of Research Activity, HLO reporting, and local performance management.	All of the required fields within the Minimum Data Set (MDS) are currently provided within our LPMS. An audit and summary can be found in the linked document. Partner organisation adherence to the MDS is tracked using the 'Data checker' section of the CRN Wessex app.	Business Intelligence Manager	1 April 2020		3.5.3 - CSD059 - Local Portfolio Management System Minimum Data Set 19/20 - Wessex annual plan audit				
3.5.4	C.6.1	N/A	Ensure that any CRN-specific Information Systems meet all legal requirements such as Accessibility and relevant GDPR Information Security requirements.	The Communications lead, as well as the Digital Learning Designer employed by the supra-network have produced training materials on the accessibility requirements and these have been shared with the four networks. The local sites have had an audit and issues and actions have been identified in the linked document. All eLearning commissioned by the supra-network has been designed with accessibility built in. They are hosted on NIHR Learn which will also be undergoing an accessibility audit. The commercial systems that are used by the LCRN e.g. SurveyMonkey have been accessed for their compliance under GDPR and are included on a digital asset register. It is now standard practice for all surveys and event invitations to be shared with a privacy statement included (link provided) which advises the subject of their rights, use of their personal data and relevant contact information. This statement has been reviewed against the GDPR checklist provided on the ICO website.	Business Intelligence Manager, Digital Learning Designer, Communications and Engagement Manager	30 June 2020		3.5.4 - Making public sector websites more accessible- 09.12.19, 3.5.4 - Eventbrite, SurveyMonkey and Google forms GDPR statement, 3.5.4 - Compliance report				
3.5.5	C.6.1	N/A	Ensure an appropriate Exit Plan is in place for all Information System suppliers.	A representative from the Clinical Informatics Research Unit at the University of Southampton (Edge developers) has confirmed that a clause covering the removal of all data from the system in an agreeable format exists in the contract termination section.	Business Intelligence Manager	1 April 2020						

3.5.6	C.6.1	N/A	When sharing or citing LCRN performance data (e.g. in LCRN Annual Reports, plans, and local communications) the data used must be the official data as produced or issued by the National CRN Coordinating Centre.	All reports produced by the study support service or shared via the communications, PPI or business intelligence workstream make use of data provided on the NIHR's open data platform or in the CRN Coordinating Centre's other publications e.g. league tables. Where necessary to do so only data cut data is used, again sourced from the official ODP dashboards.	Business Intelligence Manager & Communications and Engagement Manager	1 April 2020							
3.5.7	C.6.1	N/A	Provide appropriate business intelligence (BI) tools and systems to allow the Business Intelligence Lead and supporting staff to provide a modern BI Service to the Host Organisation, LCRN staff and Partners.	QlikView is used primarily within Wessex as a self service tool for our stakeholders to find information on performance and also for LCRN and LSRLs to generate automated reports. Other offline reports are created using the Google and Microsoft office suites provided by the NIHR and host trust respectively. Three LCRN staff are active QlikView developers and meetings are held monthly to decide the priorities for the continuous improvement of the Wessex dashboard app. Partner organisations are updated on developments to the Wessex and national dashboards at quarterly study support and data management meetings.	Business Intelligence Manager	1 April 2020							
6. Communications													
3.6.1	C.7.1	N/A	Promote research opportunities to patients and public in line with the NHS Constitution for England (available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf on page 8), 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 should be communicated to all appropriate stakeholders.	CRN Wessex will continue to promote research opportunities to patients and public in line with NHS Constitution. Please see local communications and engagement plan for a detailed overview of delivery.	Communications and Engagement Manager	31 March 2021		Communications, Patient and Public Involvement and Engagement plan					
3.6.2	C.7.1	CSD016	Develop and deliver a local communications plan that recognises the LCRN's position as part of a national system, and that supports: a)the development and maintenance of the LCRN's positive reputation b)transparency of local performance on research delivery c)strong external and internal stakeholder relationships including effective working with other parts of the NIHR d)local delivery of national NIHR and CRN campaigns and initiatives.	A local communications plan has been developed and is available to view.	Communications and Engagement Manager	31 March 2021		Communications, Patient and Public Involvement and Engagement plan					
3.6.3	C.7.1	CSD016	Ensure the whole LCRN operates in line with the brand guidelines, operational requirements, website and social media guidelines and national messaging as advised by the National CRN Coordinating Centre.	CRN Wessex will continue to ensure that it operates in line with brand guidelines, operational requirements, website, social media guidelines and national messaging. Please see local communications and engagement plan for further information.	Communications and Engagement Manager	1 April 2020		Communications, Patient and Public Involvement and Engagement plan					
3.6.4	C.7.1	CSD016	Promote the acknowledgement of NIHR support in publications and press releases, in communications with local researchers and LCRN Partners in receipt of funds or support from the NIHR.	CRN Wessex will continue to communicate the value of the NIHR, ensuring acknowledgement of support in publications and press releases.	Communications and Engagement Manager	1 April 2020		Communications, Patient and Public Involvement and Engagement plan					
7. Patient and Public Involvement and Engagement (PPIE)													
3.7.1	C.8.1	CSD058	Create an annual Patient and Public Engagement (PPIE) Plan, to be included as a section within the LCRN Annual Plan.	CRN Wessex has developed a bespoke PPIE plan to deliver national and local initiatives.	Communications and Engagement Manager	31 March 2021		Communications, Patient and Public Involvement and Engagement plan					
3.7.2	C.8.1	CSD058	Assign appropriate resources, including the minimum of a 1.0 Whole Time Equivalent (WTE) PPIE lead, to enable effective delivery of the PPIE Plan.	PPIE will be supported by a communications and engagement manager (WTE 0.4) and assistant portfolio manager (WTE 0.4). A clinical lead (WTE 0.1), will provide strategic oversight and support. PPIE will also be delivered in collaboration with the NIHR Wessex Public Involvement Network (Wessex PIN), a collaboration of NIHR partners in the Wessex region.	Communications and Engagement Manager	31 March 2021							
3.7.3	C.8.1	CSD058	Ensure representation at the PPIE Leads Forum by a relevant LCRN representative.	CRN Wessex will ensure representation at all national PPIE leads forums.	Communications and Engagement Manager	31 March 2021							
3.7.4	C.8.1	CSD058	Ensure engagement in National CRN Coordinating Centre PPIE initiatives by relevant local representative(s).	CRN Wessex will support CRN CC PPIE initiatives. Please see local PPIE plan for further detail.	Communications and Engagement Manager	31 March 2021		Communications, Patient and Public Involvement and Engagement plan					
3.7.5	C.8.1	CSD074	Deliver the Research Champions initiative.	CRN Wessex will continue to support the Research Champions initiative, collaborating with partner organisations and local Research Champions to embed the new programme changes. Please see local plan for further information.	Communications and Engagement Manager	31 March 2021		Communications, Patient and Public Involvement and Engagement plan					
3.7.6	C.8.1	CSD070	Conduct the Participant in Research Experience Survey (PRES) with Partners, providing quarterly data returns to the National CRN Coordinating Centre.	Building on the success of 2019/20, CRN Wessex will conduct PRES alongside its partner organisations and ensure quarterly data returns.	Communications and Engagement Manager	31 March 2021							
3.7.7	C.8.1	CSD070	Develop and implement a PRES Action Plan showing how PRES results have been acted upon by Partners. Progress against the PRES Action Plan should be tracked and reported via the National CRN Coordinating Centre PPIE Impact Framework.	CRN Wessex will develop and implement a PRES Action Plan in collaboration with partner organisations. Please see local PPIE plan for further detail.	Communications and Engagement Manager	31 March 2021		Communications, Patient and Public Involvement and Engagement plan					
3.7.8	C.8.1	CSD070	Implement the improvements to the PRES delivery system as introduced by National CRN Coordinating Centre throughout the year.	CRN Wessex will deliver the national PRES in collaboration with its partner organisations.	Communications and Engagement Manager	31 March 2021							
3.7.9	C.8.1	CSD072	Deliver the National CRN Coordinating Centre PPIE Impact Framework, ensuring the return of all required data by quarterly deadlines.	CRN Wessex will deliver against the PPIE Impact Framework, ensuring the return of all required data by quarterly deadlines.	Communications and Engagement Manager	31 March 2021							
3.7.10	C.8.1	CSD058	Promote the Be Part of Research service to patient groups and the public.	CRN Wessex will utilise local engagement activities to promote Be Part of Research to patients, carers and the public. Please see local comms and engagement plan for further information.	Communications and Engagement Manager	31 March 2021		Communications, Patient and Public Involvement and Engagement plan					
3.7.11	C.8.1	CSD058	Support the involvement of local Research Champions and other public contributors with national opportunities within the NIHR as such opportunities arise.	CRN Wessex will continue to support the involvement of Research Champions and other public contributors in national opportunities as appropriate.	Communications and Engagement Manager	31 March 2021							

3.7.12	C.8.1	CSD058	Put in place a structure for involving public contributors in the governance and leadership of their LCRN.	CRN Wessex will appoint a minimum of one public contributor to support its governance and leadership.	Communications and Engagement Manager	31 March 2021						
3.7.13	C.8.1	CSD074	Deliver PPIE capacity building activities, to Research Champions and any other public contributors, as specified in the Research Champions Contract Support Document.	CRN Wessex will deliver PPIE capacity building activities to Research Champions and other public contributors. Please see local PPIE plan for further information.	Communications and Engagement Manager	31 March 2021		Communications, Patient and Public Involvement and Engagement plan				
3.7.14	C.8.1	CSD058	Deliver a programme of PPIE capacity building activities to Partners.	CRN Wessex will deliver PPIE capacity building activities. Please see local PPIE plan for further information.	Communications and Engagement Manager	31 March 2021		Communications, Patient and Public Involvement and Engagement plan				
8. NHS Engagement												
3.8.1	C.9.1	CSD078	Develop and deliver a Local NHS Engagement Plan for continued engagement of LCRN Host and Partner organisation staff in line with the Care Quality Commission (CQC) Well Led Framework, the NHS 10 Year Plan, and the NHS Constitution for England. The Local NHS Engagement Plan should involve CRN Local Research Specialty Leads and LCRN Partners' Research and Development Directors and teams.	Local NHS Engagement Plan to be developed and delivered with input from LCRN OMG, LRSLs and LCRN Partners' Research & Development Directors and teams. To be discussed and agreed during the OMG meetings and with input from the LCRN senior leadership team and clinical leadership group, comprising of divisional leads and R&D Directors. Draft plan to be discussed at partnership group meeting on the 12 March 2020.	CQC Well-Led Champion and Communications & Engagement Manager	31 March 2021		CRN Wessex NHS engagement plan 2020/21				
3.8.2	C.9.1	CSD078	Support the role of the LCRN Well Led Champion(s) in catalysing high quality collaborations that help fulfil the Local NHS Engagement Plan.	LCRN to continue to support the role of the CQC Well-Led Champion and ensure resources and opportunities to engage with NHS POs are provided. CQC Well-Led Champion to engage with and participate in national work as required, providing feedback and local insights.	CQC Well-Led Champion	1 April 2020		CRN Wessex NHS engagement plan 2020/21				
3.8.3	C.9.1	CSD078	Develop an LCRN Action Plan based on the results of the research question in the 2019 CQC inpatient experience survey as it applies to supporting partnership organisations to improve patient access to research.	Develop an action plan which will form part of the NHS Engagement Plan (see 3.8.1). To include (where appropriate) reference to use of other data sources to inform the plan and local intelligence and insights to ensure greatest impact.	CQC Well-Led Champion and Communications & Engagement Manager	31 March 2021		CRN Wessex NHS engagement plan 2020/21				
9. Workforce Learning and Organisational Development												
3.9.1	C.10.1	N/A	Develop and implement a comprehensive LCRN Workforce Plan for LCRN staff ensuring a responsive and flexible workforce to deliver NIHR CRN Portfolio studies.	The WFD Lead is suitably qualified and positioned to undertake the role. The current Wessex Workforce Plan extends to September 2020. Progress on the objectives listed in section 6 of the plan will be assessed with a view to updating key stakeholders such as POs and local NIHR partners. A key activity for 2020/21 will be to work with those key stakeholders to create and implement an updated plan.	Kelly Adams is the named Workforce Development Lead for Wessex.	30 Sept 2020		Workforce Plan				
3.9.2	C.10.1	N/A	Establish, maintain and report on a profile of NIHR CRN funded staff employed within the LCRN geography.	Quarterly reports on the profile of the LCRN funded workforce to be produced using the CRN Finance Tool. Reports to be shared with CRN CC on the same basis.	WFD Lead & Senior Management Accountant	1 April 2020						
3.9.3	C.10.1	N/A	Nominate a senior leader as Wellbeing Lead with identified responsibility for the wellbeing of all LCRN-funded staff, having oversight of wellbeing initiatives across the LCRN.	Clare Rook, Deputy COO, is suitably qualified for this role and as wellbeing lead supports the core team to deliver twelve wellbeing themes via a monthly wellbeing blog, wellbeing notice board and team activities. Wellbeing initiatives are shared across the LCRN region at quarterly senior nurses meeting. Wellbeing lead to deliver a wellbeing workshop with host organisation senior research nurse at NIHR International Nurses Day conference on 12 May 2020.	Clare Rook - Wellbeing Lead	1 April 2020		12 months of wellbeing				
3.9.4	C.10.1	N/A	Provide LCRN-funded staff with opportunities to engage with the strategic initiatives of the NIHR CRN, including the continuing development of learning resources in support of the NIHR CRN.	COO & DCOO have expressed an interest in some of the projects listed on the strategic initiatives Google sheet and will await further guidance from CRN CC.	COO & DCOO	31 March 2021						
3.9.5	C.10.1	CSD025	Identify a Good Clinical Practice (GCP) Programme Lead who is a suitably qualified individual responsible for the strategic oversight of GCP education across the LCRN.	The current GCP Programme Lead has been in place since the creation of the role. As such, she is suitably qualified and positioned to undertake this role. An annual programme of GCP training to be maintained on NIHR Learn.	Kelly Adams - GCP Programme Lead	1 April 2020						
3.9.6	C.10.1	CSD026	NIHR Learn must be used to manage all GCP and NIHR learning directory courses.	All GCP, NIHR Learning Directory and other local courses are managed on NIHR Learn by recognised NIHR Learn administrators from the Wessex region.	WFD Lead	1 April 2020						
3.9.7	C.10.1	CSD073	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. The LCRN will be required to identify examples of Continuous Improvement through the LCRN Annual Report and ensure staff have the knowledge and skills required to support Continuous Improvement and the sharing of activities and outcomes.	CI lead is working collaboratively with the supra region to promote a culture of CI, sharing best practice and showcasing examples. CI lead attends monthly hangout and face to face meetings.	Alex Jones CI Lead	1 April 2020						
10. Business Development and Marketing												
3.10.1	C.11.1	CSD032	Include any LCRN business development and marketing plans in the LCRN Annual Plan and ensure they are aligned to national NIHR CRN business development objectives.	Local annual plan projects aligned with BDM initiatives. Meeting with Sarah Cooper to review Supra-wide plans (14 February 2020). Regular catch ups with BDM team (F2F and TCs). Key workstreams: - SME engagement through Technology Support Programme and Study Support Services - Pirmary Care commercial research consortium	Industry Operations Manager	1 April 2020		Refer to local initiative We5.4				
3.10.2	C.11.1	CSD032	Work with the national Business Development and Marketing (BD&M) team to support national business development initiatives.	Regular communication with BDM team through F2F meetings and TCs.	Industry Operations Manager	1 April 2020						
3.10.3	C.11.1	CSD032	Provide the national BD&M team with intelligence on LCRN interactions with NIHR CRN customers.	Local intelligence shared regularly with BDM team (see section 3.10.2). BDM team e-introductions to companies new to the network.	Industry Operations Manager	1 April 2020		3.10.3				

3.10.4	C.11.1	CSD032	Ensure that life sciences companies are appropriately briefed about the national NIHR CRN Study Support Service.	In 2018/19, IOM led the development of interactive industry route map and SSS resources/webinars for industry as part of National Improvement Plan aiming to help industry navigate the NIHR SSS. Plans for financial year 2020-21: -Ongoing support for life science industry: IOM/industry team to continue supporting companies navigating NIHR CRN services through: 1) Early Contact and Engagement, 2) Effective Study Start Up, 3) Performance Monitoring and 4)Ad-hoc interactions -Consistent message: use of national resources including website, interactive industry route map and CRN Learn.	Industry Operations Manager	1 April 2020		interactive industry route map				
3.10.5	C.11.1	CSD032	Use the template provided by the National CRN Coordinating Centre to include a LCRN marketing profile in the LCRN Annual Plan.	Local BDM profile	Industry Operations Manager	1 April 2020						
3.10.6	C.11.1	CSD032	Provide details of a named individual responsible for producing the LCRN marketing profile.	Local BDM profile	Industry Operations Manager	1 April 2020						

Section 4: High Level Objectives

Columns F-J should be completed as part of the 2020/21 Annual Plan. The greyed out cells do not require completion.
Columns K and L are expected to be completed as part of the 2020/21 Mid Year Progress Report.
Columns M and N should be completed as part of the 2020/21 Year End Report.

Progress Status Information:

Colours in the Status column are automated. Please select Complete, Green or Red from the drop-down menu in columns K or M and the colour will update automatically

Complete	Compliant with Objective and additional initiative(s) complete. Commentary is optional.
Red	Not compliant with Objective or additional initiative(s) are off-track. Commentary is mandatory and should clarify the issue and action being taken to address.
Green	Compliant / on target to achieve compliance with the Objective and all additional initiative(s) are on track.

					To complete at Annual Plan stage					To complete at Mid Year Progress Report stage		To complete at Annual Report stage	
Plan Ref	Objective		Measure	Ambition	LCRN Target	How target has been determined and supporting rationale	Additional initiatives to achieve the Objective	Lead	Link URL (where applicable)	Status	Commentary	Status	Commentary
4.1	Efficient Study Delivery	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%	As per CRN Target		Exemplar feasibility site project Further CRN Wessex app developments to highlight low recruitment (refer to section 4.4)	IOM and Commercial Clinical Leads	4.4 RTT exemplar				
4.2			(B) Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	As per CRN Target		Portfolio management team participating in the pilot to performance manage Wessex led studies using new Performance Monitoring ODP app and revised SOP.	RDMs					
4.3	Participant Recruitment	Deliver significant levels of participation in NIHR CRN Portfolio studies	(A) Number of participants recruited to NIHR CRN Portfolio studies	50,000	43,557	A review of current portfolio of studies on our LPMS, their recruitment rates, expected end dates and targets has resulted in predicted recruitment of 19,024 for the 2020/21 financial year. This includes all studies that are registered as in the setup and recruiting phases. From experience in the previous two years this figure is between 80-120% less than the actual recruitment achieved each financial year. This is because we cannot predict new studies that are not currently recorded in the LPMS or known to the study support service. It is therefore estimated that 38,048 participants will be recruited during this financial year, but the network will be aiming for a target in excess of that set for 2019/20.		RDMs	Recruitment prediction using LPMS data				
4.4			(B) Number of participants recruited to commercial contract NIHR CRN Portfolio studies	2,000	1,000	Please see section 4.3 for the rationale and source data. Edge records suggest a total of 791 will be recruited to commercial research during 2020/21. Commercial studies usually have lower targets and less scope for over-recruitment therefore we would predict a small increase over this number to account for unknown studies opening during the year.	A section of the Wessex app will be developed across the supra-network which flags studies that have not recruited for longer than a to be determined period. This will prevent the unnecessary closure of some study sites by sponsors for being inactive (if the reason for not recruiting is not related to eligibility).	IOM and Commercial Clinical Leads	Recruitment prediction using LPMS data				
4.5	New Commercial Studies	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	17	N/A		Meetings with key industry partners to review pipeline.	IOM and Commercial Clinical Leads	Refer to 3.10.3				
4.6			(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	TBC	N/A		As above.	IOM and Commercial Clinical Leads	Refer to 3.10.3				
4.7	Provider Participation	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	100%	As per CRN Target			Chief Operating Officer					
4.8			(B) Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies	90%	As per CRN Target		Over 90% of NHS Trust recruiting to commercial studies.	IOM and Commercial Clinical Leads					
4.9			(C) Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies	30%	As per CRN target			DIV 5 RDM and Primary Care Locality Leads					
4.10			(D) Number of non-NHS sites recruiting into NIHR CRN Portfolio studies	TBC	CRN target			Chief Operating Officer					
4.11	Dementia and Neurodegeneration Recruitment	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	2,000	1,073	Please see section 4.3 for the rationale and source data. Edge records suggest a total of 426 will be recruited to DeNDRoN research during 2020/21. Other local intelligence suggests that recruitment will exceed 1,000 and so a target of 1,073 has been suggested.	Outputs from the regional dementia and brain ageing conference will be followed up during 2020/21 including promoting collaboration between NHS and academia. Divisional lead working to develop homegrown projects which will be open to other sites in the region, allowing them to develop their portfolio.	Div 4 RDM	https://www.ideac.org/				
4.12	Participant Experience	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 Participant in Research Experience Survey, each year	750	[LCRN contribution to CRN target tbc by CRNCC. Expected to be based on fixed percentage of participant numbers]			Communications and Engagement Manager					
4.13	Site Set-up	Reduce intra-study site set-up times for NIHR CRN Portfolio studies	(A) Median intra-study site set-up time for commercial contract studies, at confirmed Network sites (days)	80	As per CRN target		HLO9 monitoring through CRN Wessex commercial app and regular interactions with R&D teams and study support	IOM and Commercial Clinical Leads					
4.14			(B) Median intra-study site set-up time for non-commercial studies (days)	60	As per CRN target		Continued review of study set up times at quarterly study support service meetings and sharing of best practice from high performing POs. Trust visits to POs performing below target to support process mapping activities with a view to more efficient study start up.	SSS Manager	Business Development and Marketing Profile				

4.15	Local Specialties	Improve access to research by increasing recruitment in priority specialties (including underserved groups)	(A) Percentage increase in the number of participants recruited to NIHR CRN Portfolio studies within local priority areas	5%	5%	Specialties/subspecialties have been selected based on prevalence data and CRN Wessex ambition to support CIs/PIs to collaborate and provide opportunities for patients to participate in research across the region		RDMs	Specialty Objectives		Business Development and Marketing Profile		
4.16			(B) Proportion of LCRN local priority areas with an increased recruitment of 5% or more	80%	80%								

Calculation notes		
4.1	Efficient Study Delivery (A)	Ambition value 80% - unchanged from 2019/20 Ambition value
4.2	Efficient Study Delivery (B)	Ambition value 80% - unchanged from 2019/20 Ambition value
4.3	Participant Recruitment (A)	Ambition value TBC - will be the mean of the annual out-turn values for the 5-year period 2015/16 to 2019/20
4.4	Participant Recruitment (B)	Ambition value TBC - will be the mean of the annual out-turn values for the 5-year period 2015/16 to 2019/20
4.5	New Commercial Studies (A)	Ambition value 750 - unchanged from 2019/20 Ambition value
4.6	New Commercial Studies (B)	Ambition value 75% - unchanged from 2019/20 Ambition value
4.7	Provider Participation (A)	Ambition value 99% - unchanged from 2019/20 Ambition value
4.8	Provider Participation (B)	Ambition value 70% - unchanged from 2019/20 Ambition value
4.9	Provider Participation (C)	Ambition value 45% - unchanged from 2019/20 Ambition value
4.10	Provider Participation (D)	Ambition value TBC - will be the 2019/20 out-turn value plus 5%
4.11	DeNDRoN Recruitment	Ambition value TBC - will be the mean of the annual out-turn values for the 5-year period 2015/16 to 2019/20
4.12	Participant Experience	Ambition value 12,000 – an increase of 2,000 on the 2019/20 Ambition value
4.13	Site Set-up (A)	Ambition value TBC - will be the 2019/20 out-turn value less 5%
4.14	Site Set-up (B)	Ambition value TBC - will be the 2019/20 out-turn value less 5%
4.15	Local Priorities (A)	Ambition value 5% - an LCRN-level baseline for each local priority research area will be calculated, this will be the mean of the equivalent annual out-turn values for the 2-year period 2018/19 to 2019/20. The ambition is to recruit at least 5% more participants in each local priority research area in 2020/21. (So, if CRN had recruited a mean average of 60,000 participants to
4.16	Local Priorities (B)	Ambition value 80% - the ambition is that 80% of all LCRN local priority research areas achieve the 5% increase in recruitment. (So, if each LCRN selects 5 priority areas, that will be 65 (15 x 5) local priority areas identified in total across the CRN. The ambition is to achieve a 5% increase in at least 80% of these, i.e. in at least 52 local priority areas in 2020/21).

Local Priorities - New HLO
Each LCRN will select between 5 and 10 'local priority research areas' for 2020/21, from a 'menu' list produced by the CRN National Specialty Leads. These 'local priority research areas' will be the focus of increased research engagement and activity in 2020/21, the purpose being to expand research activity in 'underserved' populations and research areas locally. The objective for each LCRN will be to increase research activity (recruitment) in each of these 'local priority research areas' by at least 5%.
The HLO will have two measures: (A) the actual % increase in recruitment in 'local priority research areas', and (B) the proportion of all LCRN 'local priority research areas' in which recruitment has been increased by at least 5%.

Section 4: High Level Objectives

Columns F-J should be completed as part of the 2020/21 Annual Plan. The greyed out cells do not require completion.
Columns K and L are expected to be completed as part of the 2020/21 Mid Year Progress Report.
Columns M and N should be completed as part of the 2020/21 Year End Report.

Progress Status Information:

Colours in the Status column are automated. Please select Complete, Green or Red from the drop-down menu in columns K or M and the colour will update automatically

Complete	Compliant with Objective and additional initiative(s) complete. Commentary is optional.
Red	Not compliant with Objective or additional initiative(s) are off-track. Commentary is mandatory and should clarify the issue and action being taken to address.
Green	Compliant / on target to achieve compliance with the Objective and all additional initiative(s) are on track.

					To complete at Annual Plan stage					To complete at Mid Year Progress Report stage		To complete at Annual Report stage	
Plan Ref	**Objective**		**Measure**	**Ambition**	**LCRN Target**	**How target has been determined and supporting rationale**	**Additional initiatives to achieve the Objective**	**Lead**	**Link URL (where applicable)**	**Status**	**Commentary**	**Status**	**Commentary**
4.1	Efficient Study Delivery	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%	80%		Exemplar feasibility site project Further CRN Wessex app developments to highlight low recruitment (refer to section 4.4)	IOM and Commercial Clinical Leads	4.4 RTT exemplar				
4.2			(B) Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	80%		Portfolio management team participating in the pilot to performance manage Wessex led studies using new	RDMs					
4.3	Participant Recruitment	Deliver significant levels of participation in NIHR CRN Portfolio studies	(A) Number of participants recruited to NIHR CRN Portfolio studies	50,000	43,557	A review of current portfolio of studies on our LPMS, their recruitment rates, expected end dates and targets has resulted in predicted recruitment of 19,024 for the 2020/21 financial year. This includes all studies that are registered as in the setup and recruiting phases. From experience in the previous two years this figure is between 80-120% less than the actual recruitment achieved each financial year. This is because we cannot predict new studies that are not currently recorded in the LPMS or known to the study support service. It is therefore estimated that 38,048 participants will be recruited during this financial year, but the network will be aiming for a target in excess of that set for 2019/20.		RDMs	Recruitment prediction using LPMS data				
4.4			(B) Number of participants recruited to commercial contract NIHR CRN Portfolio studies	2,000	1,000	Please see section 4.3 for the rationale and source data. Edge records suggest a total of 791 will be recruited to commercial research during 2020/21. Commercial studies usually	A section of the Wessex app will be developed across the supra-network which flags studies that have not recruited for longer than a to be	IOM and Commercial Clinical Leads	Recruitment prediction using LPMS data				
4.5	New Commercial Studies	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	750	N/A		Meetings with key industry partners to review pipeline.	IOM and Commercial Clinical Leads	Refer to 3.10.3				
4.6			(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%	N/A		As above.	IOM and Commercial Clinical Leads	Refer to 3.10.3				
4.7	Provider Participation	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%	99%			Chief Operating Officer					
4.8			(B) Proportion of NHS Trusts recruiting into NIHR CRN Portfolio commercial contract studies	70%	70%		Over 90% of NHS Trust recruiting to commercial studies.	IOM and Commercial Clinical Leads					
4.9			(C) Proportion of General Medical Practices recruiting into NIHR CRN Portfolio studies	45%	45%			DIV 5 RDM and Primary Care Locality Leads					
4.10			(D) Number of non-NHS sites recruiting into NIHR CRN Portfolio studies	TBC	All LCRNs to contribute towards National CRN Ambition			Chief Operating Officer					
4.11	Dementia and Neurodegeneration Recruitment	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	2,000	1,073	Please see section 4.3 for the rationale and source data. Edge records suggest a total of 426 will be recruited to DeNDRoN research during 2020/21. Other local intelligence suggests that recruitment will exceed 1,000 and so a target of 1,073 has been suggested.	Outputs from the regional dementia and brain ageing conference will be followed up during 2020/21 including promoting collaboration between NHS and academia. Divisional lead working to develop homegrown projects which will be open to other sites in the region, allowing them to develop their portfolio.	Div 4 RDM	https://www.ideac.org/				
4.12	Participant Experience	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 Participant in Research Experience Survey, each year	12,000	[LCRN contribution to CRN target tbc by CRNCC. Expected to be based on fixed percentage of participant numbers]			Communications and Engagement Manager					
4.13	Site Set-up	Reduce intra-study site set-up times for NIHR CRN Portfolio studies	(A) Median intra-study site set-up time for commercial contract studies, at confirmed Network sites (days)	TBC	As per CRN Ambition		HLO9 monitoring through CRN Wessex commercial app and regular interactions with R&D teams and study support	IOM and Commercial Clinical Leads					
4.14			(B) Median intra-study site set-up time for non-commercial studies (days)	TBC	As per CRN Ambition		Continued review of study set up times at quarterly study support service meetings and sharing of best practice from high performing POs. Trust visits to POs performing below target to support process mapping activities with a view to more efficient study start up.	SSS Manager	Business Development and Marketing Profile				
4.15	Local Specialties	Improve access to research by increasing recruitment in priority specialties (including underserved groups)	(A) Percentage increase in the number of participants recruited to NIHR CRN Portfolio studies within local priority areas	5%	5%			RDMs	Specialty Objectives		Business Development and Marketing Profile		
4.16			(B) Proportion of LCRN local priority areas with an increased recruitment of 5% or more	80%	80%								

Calculation notes	
4.1 Efficient Study Delivery (A)	Ambition value 80% - unchanged from 2019/20 Ambition value

Local Priorities - New HLO

Each LCRN will select between 5 and 10 'local priority research areas' for 2020/21, from a 'menu' list produced by the CRN National Specialty Leads. These 'local priority research areas' will be the focus of increased research engagement and activity in 2020/21, the

4.2	Efficient Study Delivery (B)	Ambition value 80% - unchanged from 2019/20 Ambition value
4.3	Participant Recruitment (A)	Ambition value TBC - will be the mean of the annual out-turn values for the 5-year period 2015/16 to 2019/20
4.4	Participant Recruitment (B)	Ambition value TBC - will be the mean of the annual out-turn values for the 5-year period 2015/16 to 2019/20
4.5	New Commercial Studies (A)	Ambition value 750 - unchanged from 2019/20 Ambition value
4.6	New Commercial Studies (B)	Ambition value 75% - unchanged from 2019/20 Ambition value
4.7	Provider Participation (A)	Ambition value 99% - unchanged from 2019/20 Ambition value
4.8	Provider Participation (B)	Ambition value 70% - unchanged from 2019/20 Ambition value
4.9	Provider Participation (C)	Ambition value 45% - unchanged from 2019/20 Ambition value
4.10	Provider Participation (D)	Ambition value TBC - will be the 2019/20 out-turn value plus 5%
4.11	DeNDRoN Recruitment	Ambition value TBC - will be the mean of the annual out-turn values for the 5-year period 2015/16 to 2019/20
4.12	Participant Experience	Ambition value 12,000 – an increase of 2,000 on the 2019/20 Ambition value
4.13	Site Set-up (A)	Ambition value TBC - will be the 2019/20 out-turn value less 5%
4.14	Site Set-up (B)	Ambition value TBC - will be the 2019/20 out-turn value less 5%
4.15	Local Priorities (A)	Ambition value 5% - an LCRN-level baseline for each local priority research area will be calculated, this will be the mean of the equivalent annual out-turn values for the 2-year period 2018/19 to 2019/20. The ambition is to recruit at least 5% more participants in each local priority research area in 2020/21. (So, if CRN had recruited a mean average of 60,000 participants to these areas for the years 2018/19 and 2019/20, then the ambition would be to recruit at least 63,000 participants (i.e. 3,000 or 5% 'more' participants) in 2020/21).
4.16	Local Priorities (B)	Ambition value 80% - the ambition is that 80% of all LCRN local priority research areas achieve the 5% increase in recruitment. (So, if each LCRN selects 5 priority areas, that will be 65 (15 x 5) local priority areas identified in total across the CRN. The ambition is to achieve a 5% increase in at least 80% of these, i.e. in at least 52 local priority areas in 2020/21).

purpose being to expand research activity in 'underserved' populations and research areas locally. The objective for each LCRN will be to increase research activity (recruitment) in each of these 'local priority research areas' by at least 5%.
The HLO will have two measures: (A) the actual % increase in recruitment in 'local priority research areas', and (B) the proportion of all LCRN 'local priority research areas' in which recruitment has been increased by at least 5%.

Section 5: Local Initiatives

Section 5 of the template should be used to detail local initiatives and projects to be delivered in 2020/21, that the LCRN would like the CRNCC and other LCRNs to be aware of. Please include local network projects and activities, projects to be delivered in collaboration with other LCRNs (as part of regional LCRN-Supra-network 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.

In order to communicate the rationale for iniatives and projects planned, their scope, impact and anticipated outcomes, LCRNs are asked to make a copy and populate the following linked template which will capture progress of delivery and learning to be shared on an ongoing basis. Please provide a link to the completed template in column G including the relevant Annual Plan project reference. This name the template file based on the initials of your LCRN or LCRN Supra-network, followed by the relevant Section number, starting from 5.1 e.g. 'EM5.1' for East Midlands first local initiative or 'SNB5.1' if the first local project East Midlands are planning will be conducted across their Supra-network, Supra-network B. In the case of Supra-network projects or collaborative projects with other LCRNs the project should be included in the Annual Plan of each participating LCRN.	**Link to A3 CRN initiatives template**

Columns A-F should be completed as part of the 2020/21 Annual Plan.
Columns G&H should be completed as part of the 2020/21 Mid Year Progress Report.
Columns I&J should be completed as part of the 2020/21 Annual Report.

Progress Status Information:

Colours in the Status column are automated. Please select Complete, Red or Green from the drop-down menu in column G or I (as relevant) and the colour will update automatically.

Complete	Initiative/project complete. Commentary is optional.
Red	Initiative/project off-track or incomplete. Commentary is mandatory.
Green	Initiative/project on-track and will be delivered by the expected completion date. Commentary is optional.

		To complete at Annual Plan stage				To complete at Mid Year Progress Report stage		To complete at Annual Report stage	
Plan Ref	**Title and brief description of Project or Initiative**	**Intended outcome**	**Specialty specific? (Please specify)**	**Expected completion date**	**Please add link URL to A3 template**	**Status**	**Commentary**	**Status**	**Commentary**
SD5.1	Targeting health needs	Develop tools to map recruitment to postcode to be able to describe accurately if research opportunities are being offered to patients in areas of greatest disease prevalence and deprivation.	N/A	March 2021	SD 5.1				
SD5.2	Data driven research	Supporting real world and opportunistic recruitment in acute settings with data driven solutions.		April 2021	*awaiting detail from SWP*				
SD5.3	Social care	Supporting the initiation of research in social care settings.		April 2021	SD 5.3 Social Care				
We5.4	SME engagement	SMEs engagement with local clinicians and stakeholders to facilitate the introduction of new Medtech into the NHS to meet key clinical challenges and reduce costs.	N/A	March 2021	SD 5.4 SME engagement				
We5.6	Workforce planning using SoECAT	To understand whether workforce planning is possible using LPMS and SoECATs.	N/A	March 2021	We5.6 Workforce planning using SoECAT				
We5.7	Child mental health	Increased collaboration for children's mental health research	Mental health/childrens and reproductive health	March 2021	awaiting a3 template from SF				

Section 6: Financial Management

6.1	Please provide details of the plans that you anticipate impacting on the allocation of LCRN funding for 2020/21. (For example particular studies that require large investment, concentration on a particular Specialty)			
6.2	In respect of the LCRN 2020/21 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			
*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%			
Funding Element		**Examples**	**Description of model**	**% of Total CRN Funding Budget 2020/21 Budget (Please note that these should total 100%)**
A	Host Top sliced element	Core Leadership team, Host Support costs, LCRN Centralised Research Delivery team	Core team see organogram in appendices.	7%
			Host costs	2%
B	Block Allocations	Primary care, Clinical support services (i.e. pharmacy), R&D contributions	Primary care RSI scheme, primary care research nurses, GP research locality leads x 5 and primary care service support cost budget.	6%
C	Activity Based	Recruitment HLO 1, number of studies, activity weighting	Based on percentage of recruitment into band 2 and 3 studies adjusted for complexity excluding primary care as that allocation is top sliced	74%
D	Historic allocations	PO funding previously agreed	-	
E	Performance Based	HLO performance, value for money metric	Based on volume and % RTT for closed studies with £5K per first global commercial recruit.	3%
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 to meet emerging priorities during the year, including targeting local health needs	Funding to support within year cost pressures	1%
I	Other funding allocations		LSRL and divisional leads £400,000; 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 £65,000, TSP £45,000, REDCAP £10,000.	7%
Total				100%
Cap and Collar		Please provide your upper and lower limits if applicable	5	%CAP
			5	% COLLAR
Comments				
6.3	If the 2020/21 local funding model methodology has changed since 2019/20, please give a brief description of the changes and the implications for Partner organisations' allocations		No change.	
6.4	Please confirm whether monitoring visits will be taking place over the course of 2020/21. 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 partner A organisations will be monitored.	
6.5	Please confirm if an amount of funding is being set aside to address local health needs and if so which applicable diseases will be prioritised. This should be highlighted as 'strategic funding' in the CRN Finance Tool		Priority speciaties listed in section 4.15. Research fellows funded to support.	
6.6	What are the key financial risks and mitigations for 2020/21? Please include cost saving initiatives / measures		None	

6.7	In which financial year did your previous internal audit take place? Have all of the auditor's recommendations been implemented and, if not, when will they be implemented?	December 2018
6.8	If the next internal audit is due in 2020/21, please give the estimated date of the audit	N/A

Section 6: Appendices

Ref no	Title	Link URL
Annual Plan Appendices		
AP Appendix 1	Risk and Issues Log	Risks and issues log
AP Appendix 2	Organogram	Organagram
Mid Year Progress Report Appendices		
MYPR Appendix 1	Risk and Issues Log	
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	

Document Ref.	Document Link	Contract Support Document Name	POF Section Ref.	Document Description	Directorate
CSD002	https://drive.google.com/open?id=1sguQvWwkSSctIkUnqNTGvl3WhFqVGxqU	NIHR CRN High Level Objectives Data Point Grid v1.6 December 2019	Section 3	Outlines the methodology used to calculate the National Institute for Health Research (NIHR) Clinical Research Network (CRN) High Level Objectives	Corporate Operations
CSD003	https://drive.google.com/file/d/11WITs6dDJ8s9fV6uPgh9KtDOZhFzvVMN/view?usp=sharing	NIHR Clinical Research Network Governance, Leadership and Management	Section 2	This contract support document compiles information to support LCRN delivery against the CRN Performance and Operating Framework, specifically section 2: LCRN Governance and Management. This document is formed of two sections: terms of reference and role outlines.	Corporate Operations
CSD004	https://drive.google.com/open?id=1bIGU9sVoH30gRllL5mG1EzYCSc6tsCAW	NIHR CRN 2019/20 Funding Reporting v6.0 August 2019	Section 3	This document provides contract support on the use of NIHR Clinical Research Network (CRN) Funding and completion of the 2019/20 Financial Returns for CRN Funding using the CRN Finance Tool.	Corporate Operations
CSD006	https://drive.google.com/open?id=1_9X4n8UvYDPHZRt5L7KlaquotFwdxPod	Income distribution from NIHR CRN Industry Portfolio Studies V5.0 August 2019	Section 5	To inform stakeholders within NHS Organisations and the National Institute for Health Research Clinical Research Network (NIHR CRN) in England of the principles and best practice for distribution of income made available via NIHR CRN Portfolio commercial contract trials as a mechanism for local sites to promote and incentivise their researchcommunity to participate in such commercial research	Corporate Operations
CSD007	https://drive.google.com/open?id=1w4iAfovLWvfrtyKRz9Ip-eiO93XvpeNm	LCRN Minimum Financial Controls v4.1 August 2019	Section 3	To inform LCRN Host Organisations of national CRNCC expected minimum standards to meet LCRN internal audit requirements under the NIHR CRN POF 2019/20. To ensure NIHR funded activities are included within the scope of internal audit and providing assurance over the controls in place together with confirmation that the controls are operating effectively.	Corporate Operations
CSD009	https://drive.google.com/open?id=1NiA7QhSW3vp4PsELz7VKu_m_gD8lvdB8	Representation on LCRN Partnership Groups of primary care and independent contractors to the NHS v3.2 January 2019	Section 2	This document sets out contract support on representation of primary care and independent contractors to the NHS on LCRN Partnership Groups	Medical
CSD010	https://drive.google.com/open?id=1_n3tnz1RRx6fkaFOUDal1SMBNjELhEHs	NIHR CRN Urgent Public Health Research: Set-up v4.2 January 2019	Section 5	To explain the processes for expediting the set-up of all urgent public health researchstudies (which includes commercial contract, non-commercial funded andInvestigator initiated studies)	Research Delivery
CSD011	https://drive.google.com/open?id=1MwDo3oqYcVmnifRnjDUl4Whth-15ExBQ	NIHR CRN Urgent Public Health Research: Initiation v4.3 August 2019	Section 5	When the Department of Health and Social Care (DHSC) has requested expedited urgent public health research, which may be in a pandemic situation, there are a number of related research studies which will need to be delivered. This document gives an overview of the processes for initiating and managing urgent public health research	Research Delivery
CSD012	https://drive.google.com/open?id=1D0Id3LhWe1kNyiB6IiFtgmdyIHHu6gY	NIHR CRN Urgent Public Health Research: Delivery v4.1 January 2019	Section 5	Operational document outlining procedures to ensure the delivery of clinical research during an urgent public health outbreak. This document should be used to advise	Research Delivery
CSD013	https://drive.google.com/open?id=1ZF4q8RwmPGo1E2RGoKXDtIbGAw6B-3cp	NIHR CRN Urgent Public Health Research: Reporting v3.2 January 2019	Section 5	This document outlines procedures to ensure the reporting of clinical research during anurgent public health outbreak. This document should be used to advise LCRN staff andPartner organisations of necessary processes that will be implemented if an outbreakoccurs.	Research Delivery
CSD014	https://drive.google.com/open?id=1opo16WzPAmlkXdSWCN8FoTtMiSqSh5RJ	NIHR CRN Urgent Public Health Research: Urgent Public Health Champion role outline v3.3 January 2019	Section 4 and Section 5	A specialty specific objective to increase awareness of Urgent Public Health Planningand to increase recruitment of patients to NIHR CRN Portfolio studies through theidentification of a local Urgent Public Health Champion.	Medical
CSD016	https://drive.google.com/open?id=1NcvbobLvZ2N-rHO4ATxtdPO24XEIF8vy	Communications v9.0 January 2019	Section 7	This document provides clarity on expectations relating directly to the communications functin requirements set out in the CRN Performance and Operating Framework (POF).	Stakeholder Engagement & Comms
CSD021	https://drive.google.com/open?id=1Ih9McVhmZMx6VHqMyYfA54lNVT9sGs	Confidential Information Arrangements for the Life Sciences Industry Feasibility Services – Confidential Disclosure Agreement (CDA) process v3.2 January 2019	Section 5	Clarification of the NIHR CRN arrangements for maintaining the confidential nature of information supplied by Life Sciences Industry in during the submission process for NIHR CRN Life Sciences Industry feasibility services	Research Delivery
CSD022	https://drive.google.com/open?id=1ipR9-Coa2S9t0S4vHXd1TkrLsLXA-IA9	Provision of infrastructure support for research delivery in primary care settings v4.2 January 2019	Section 5	This document sets out the framework for the continuation or establishment of infrastructure provision to independent contractor sites to ensure they can support the delivery of NIHR CRN Portfolio studies	Medical
CSD023	https://drive.google.com/open?id=19pXvoVtXrKNIc_kHAQIHunisK3tk-aUA	Provision of good practice in assessing, arranging and confirming local capacity and capability for Participating Organisations for NIHR CRN Portfolio Studies v2.0 August 2019	Section 5	This document sets out the framework for: 1) The support an LCRN provides to its Participating Organisations across all care settingsto help them meet their responsibilities for assessing, arranging and confirming localcapacity and capability as required for NIHR CRN Portfolio stusies. 2) The general lines of responsibility and accountability between the ParticipatinOrganisation and the LCRN for assessing, arranging and confirming local	Research Delivery
CSD024	https://drive.google.com/open?id=1Pl0ZHyU325IL7oQl2VEwbDbVCuc1DNHV	Principles of good practice for Sponsors to enable assessing, arranging and confirming local capacity and capability for participating organisations delivering NIHR CRN Portfolio studies v2.0 August 2019	Section 5	The purpose of the document is to provide contract support for the principles of good practice to enable Partner Organisations in assessing, arranging and confirming local capacity and capability to an agreed standard for NIHR CRN Portfolio studies	Research Delivery
CSD025	https://drive.google.com/open?id=1_23Dp3bRkhQfmVexil2wmAdo1qOL454W	NIHR CRN Good Clinical Practice Programme v2.1 January 2019	Section 8	The purpose of this document is to outline what the NIHR CRN Good Clinical Practice (GCP) suite of education is, who maintain it, how it is rolled out and the responsibilities of the LCRN. The expectations of LCRNs in respect to the NIHR CRN Good Clinical Practice (GCP) suite of education helps maintain quality standards and ensures the expertise and knowledge of network staff contribute to continuing development through the GCP Community of Practice	Workforce Learning & Organisational
CSD026	https://drive.google.com/open?id=116An9zHV_Jr1-Kfw5r5Hq9lvQ5cuV8c	National Learning and Development Programmes (NIHR National Learning Directory v1.4 January 2019	Section 8	This document describes the expectations of LCRNs in respect to the NIHR National Learning Directory. The Directory is the central database of quality assured training programmes for CRN delivery staff, sharing best practices and helping inform CRNCC e-learning development priorities	Workforce Learning & Organisational
CSD027	https://drive.google.com/open?id=1478pZgvZddIsPBRE1qT1HdAnlAvn8-D7	Eligibility criteria for NIHR Clinical Research Network Support: Policy (January 2018) Annex A FAQs v1.2 September 2018	Section 5	Supports implementation of Department of Health and Social Care Eligibility Criteria for NIHR Clinical Research Network support (January 2018)	Research Delivery
CSD028	https://drive.google.com/open?id=1_xvUuGaZHmlvlE7sCnX-JT-F1IPzu1-0	Business Acceptance Test Practice and LCRN Information Support v1.2 February 2019	Section 6	This document outlines the Business Acceptance Testing (BAT) approach used by NIHRCRNCC and associated networks, and details key points for consideration. It describes how the Information and Knowledge Directorate approaches Business Acceptance Testing, by adoption and adaptation of best practice and industry standards.	Information & Knowledge
PM.031	https://drive.google.com/open?id=1tWT2pdU23xvF59sC4r4Odk__PtoaHCWj	NIHR CRN Performance Management Framework - awaiting refresh	Section 3	The PMF sets out the overarching principles and approach to developing a high performing organisation. It describes why Performance Management matters, the principles of Performance Management, and the arrangements by which the CRN will actively monitor, review, and report performance against our performance ndicators.	Corporate Operations
CSD032	https://drive.google.com/open?id=19vcrJlvdBKO9Faj7I1AAalt12HzvMEuv	Business Development & Marketing v1.0 January 2019	Section 9	This contract support document provides additional advice and information to enable LCRNs to fulfil the contractual obligations relating to the business development and marketing function requirements as specified within the NIHR CRN Performance andOperating Framework (POF) 2019/20.	Business Development & Marketing
CSD033	https://drive.google.com/file/d/1ie6a9zIa_jmLvy0uer0oPj5w6b9crWUm/view?usp=sharing	Requirements for LCRN Annual Planning 2019/20 (Working Draft Version)	Section 3	This document is updated and issued annually by the National CRN Coordinating Centre. The LCRN Annual Plan will set out the strategic direction of the LCRN within the reporting year. Readers should ensure that the latest version is being viewed.	Corporate Operations
CSD034	https://drive.google.com/file/d/1Il0PmZoe7WOnn0cPv57waqTi-NLMOSbh/view?usp=sharing	Requirements for LCRN Annual Reporting 2018/19 v2.0 March 2019	Section 3	Provide contract support for the delivery of LCRN Annual Reporting	Corporate Operations
CSD035	https://drive.google.com/open?id=1MAlkRJoIZmYu1H8ZXPamM_fmU07y6mt3	LCRN Risks and Issues Log Requirements 2018/19 v1.0 January 2019	Section 3	To provide contract support, structure and consistency in the recording and reporting of the latest risks and issues related to LCRN delivery.	Corporate Operations
CSD036	https://drive.google.com/open?id=1RJJg16lkwicGjOI9TqgercPEUSD2QW7I	Notification of Absence of LCRN Host Organisation Nominated Executive Directors, LCRN Clinical Directors or LCRN Chief Operating Officers v1.2 August 2019	Section 2	To provide guidance and information relating to the process for reporting absence within the LCRN Leadership team	Corporate Operations
CSD037	https://drive.google.com/open?id=1WIcNS9-P-2xDuqvanJUsXT3tXfKzQbUC	Process for Notification of Changes to LCRN Host Organisation Nominated Executive Directors, LCRN Clinical Directors or LCRN Chief Operating Officers v1.1 August 2019	Section 2	To provide contract support relating to the process for reporting changes within the LCRN Leadership team	Corporate Operations
CSD040	https://drive.google.com/open?id=1mQurAUG4y8a2G8vw8JEx_wu5pIIVQrY7	Eligibility criteria for NIHR Clinical Research Network Implementation Guidance document v1.1 September 2018	Section 5	Supports implementation of Department of Health and Social Care (DHSC) Eligibility Criteria for NIHR Clinical Research Network Support (January 2018)	Research Delivery
PM.041	https://drive.google.com/open?id=1IIP0asMSWn16DLl-PsxoJSUaie1l1MCb	NIHR CRN Specialty Objectives Data Point Grid March 2018 awaiting refresh		Outlines the methodology used to calculate the CRN Specialty Objectives	Corporate Operations
CSD042	https://drive.google.com/open?id=19kJpyXg-FPrJLB90u-Ro5DELJaC3wib	NIHR CRN Study Support Service: Principles and Process for Setting and Amending Study and Site Targets v2.2 December 2018	Section 5	To define the NIHR Clinical Research Network (CRN) process of setting and amending commercial contract research study and site targets	Research Delivery
CSD043	https://drive.google.com/open?id=1uKZVEFv4v7JX1CvY6x3Fa8tW_Apo3aYB	CRN Study Support Service Principles for Local CRN Site Identification Process for commercial studies Standard Operating Procedure v1.2 January 2019	Section 5	Agreed principles for the management of the site identification service between local and National teams.	Research Delivery
CSD044	https://drive.google.com/open?id=1cszefgzgCmK1sgsTp-bh6IU0fZ0X7H6Q	Research Delivery Community Meeting Structure v1.1 January 2019	Section 5	Formally outline all CRNCC hosted meetings and interactions to support research delivery and ensure visibility of all research delivery agenda discussions and outputs such as minutes or papers	Research Delivery
CSD045	https://drive.google.com/open?id=1QC55dqxNmcPlsTxZXG0DFTIqWkqNWHx8	Annex B: Policy and Principles for new non-commercial studies applying outside of IRAS v2.0 September 2018	Section 5	To describe the policy and principles for studies that do not require HRA approval or have incorrectly completed the IRAS project filter but are not yet open to recruitment. For simplification this will be referred to as Route 2.	Research Delivery
CSD046	https://drive.google.com/open?id=1TzMmtMH6AUbRzEf2acYUZrrE30o65xEs	Annex C: Policy and Principles for Open Studies v2.0 September 2018	Section 5	To describe the process and principles for studies that are already open, including therecruitment policy. For simplification, this will be referred to as Route 3	Research Delivery
CSD048	https://drive.google.com/open?id=1cBXy62JlDo-0gsKH2B2VkWW7xat4RMvt	Annex D: Policy and Principles for non-commercial studies taking place in non-CRN NIHR Infrastructure sites that require CRN support v1.0 September 2018	Section 5	to describe the policy and principles for studies that are open to recruitment at Non-CRN NIHR Infrastructure sites that have received additional funding / or need to open at additional CRN-supported sites. For simplification this will be referred to as Route 4.	Research Delivery
CSD049	https://drive.google.com/open?id=1idVAuNOPe1ft2DF5fPt20YNbAwYChc8	CRN Study Support Service for Activity Attribution Support and Review Standard Operating Procedure v1.8 September 2018	Section 5	To define the support process to assist and review the activity attribution for a study to apply the AcoRD principles, inform the level of CRN support required for the study and supports local planning and delivery to recruitment time and target.	Research Delivery
CSD050	https://drive.google.com/open?id=1b7zSJopny4q0dDFcTUCEhezEJRJnUEwY	CRN Study Support Service Early Contact and Engagement StandardOperating Procedure v5.4 April 2019	Section 5	To define the process for providing the CRN Early Contact and Engagement service for all Researchers (non-commercial and commercial) during the 'Research Ideas' and 'Study Development and Planning' stages prior to the 'Study Start-up/Set-up' stage to ensure effective delivery of eligible research.	Research Delivery
CSD051	https://drive.google.com/open?id=1J6fBA2Yk7irCcZoKY9l1I66pcvCrhX2V	CRN Study Support Service Industry Costing Template Validation Standard Operating Procedure v4.4 December 2018	Section 5	To define the process to provide a study wide validation of the Industry Costing Template completion prior to the commencement of individual site cost negotiation, which will identify life-sciences companies requiring support to complete and or understand the costing template.	Research Delivery
CSD052	https://drive.google.com/open?id=185nXvk0briZ_9dJqFpEtk22wkzZzP-Wz	CRN Study Support Service Study Performance Monitoring Standard Operating Procedure v1.13 September 2018	Section 5	To define the processes for performance management of studies deemed eligible for inclusion on the CRN Portfolio as outlined in the Research Delivery Function Paper.	Research Delivery
RD.053	https://drive.google.com/open?id=1J4AUpiG5-Vunhb5YGobcEc_TSKDjz69W	CRN Study Support Service Non- Commercial Feasibility Process: National Study Delivery Assessment Standard Operating Procedure	Section 5	To define the network feasibility support for non-commercial studies for inclusion onthe CRN Portfolio across both primary and secondary care as outlined in the Research Function Delivery Paper. Covering CRN conduct of the mandatory nationalassessment for study delivery.	Research Delivery
CSD054	https://drive.google.com/file/d/1kMDuxUamzgwDOhMNPokEFqeGm6r-lv8q/view?usp=sharing	CRN Study Support Service for Effective Start-Up Non Commercial studies Standard Operating Procedure v3 April 2019	Section 5	To define the CRN process to provide added value during study start-up for CRN Portfolio studies enabling: For the Chief Investigator: Bespoke study start-up recommendations to share with all sites to overcome any delivery challengesidentified and support overall study delivery to time and target For the Participating Organisation (R&D and Study team): Access the study wide action plan, templates, tools and best practice to facilitate peer support with a 'do once and share' approach For the CRN: Study-wide support to impact set-up and ultimately delivery of the study. Confirmation of study milestone information required for study performance monitoring to identify support for delivery to time and target	Research Delivery
CSD055	https://drive.google.com/file/d/1iuqGiuJwFi4Di3gjK8KtXC0fJdWJqhW2/view?usp=sharing	CRN Study Support Service for Effective Start-Up Commercial studies Standard Operating Procedure	Section 5	To define the CRN process to provide added value during study start-up for CRN Portfolio studies enabling: For the Commercial Sponsor/CRO: Offer of a study start-up call to discuss the study and any challenges which may be present during the set-up and delivery of the study in the UK, the outputs of which will be shared with all sites to overcome any delivery challenges identified and support overall study delivery to time and target For the Participating Organisation (R&D and Study team): Enhanced information provided through the Industry Feasibility Service by the company to support the decision making for expressing an interest in a study. Early notification of any potential challenges to study set-up to enable local mitigations to be put in place. For the CRN: Study-wide support to impact set-up and ultimately delivery of the study. Communication of the full Study Support Service offering to support the provision of information required for study performance monitoring to identify support for delivery to time and target - linked to the Performance Monitoring SOP.	Research Delivery
CSD056	https://drive.google.com/open?id=1opWDpegwyByZgRaxA0sLJcmMzBdO2KDh	CRN Study Support Service Helpdesk Standard Operating Procedure v5.3 April 2018	Section 5	This Standard Operating Procedure (SOP) describes the process to be used by the CRN Study Support Service Helpdesk (the Helpdesk) when handling enquiries received by theHelpdesk mailbox	Research Delivery
CSD057	https://drive.google.com/open?id=1WMRt6pgof71pOIPoMiCTFSdRa5vCYol8	NIHR CRN Commercial Eligibility and Feasibility Process SOP v1.7 January 2019	Section 5	this document describes the process to be employed by the Feasibility Team in undertaking commercial services (Early Feedback, Site Identification and Site Intelligence) and undertaking eligibility and feasibility assessments of commercial studies.	Research Delivery
CSD058	https://drive.google.com/file/d/1gQi04am9RmN-Z_m59w2R7oNfzov2_bG/view?usp=sharing	Stakeholder Engagement v3.0 August 2019 (refresh September 2019)	Section 7	To help support Patient and Public Involvement and Engagement (PPIE) leads and colleagues working within an LCRN to deliver the PPIE and Healthcare Systems Engagement elements of the Performance Operating Framework (POF) 2019/20, as well as the local delivery of the CRN managed services Joint Dementia Research (JDR) and UK Clinical Trials Gateway (UKCTG).	Stakeholder Engagement & Comms
CSD059	https://drive.google.com/open?id=14BPwlE6DJ-0oy2Wb951bxlvkyuOoAi1	Local Portfolio Management System Minimum Data Set v2.0 March 2019	Section 6	This contract support document provides a link that takes you through to a live Google sheet that may be updated in advance of the LCRN Contract Support documents being refreshed each quarter. We advise that each LCRN has access to the document and any changes made, through the setting up of notifications available through this Google sheet.	Information & Knowledge
CSD060	https://drive.google.com/open?id=1DgDeol18grrb3HkYDz6mH6vhYIKkCR9X	Review Cycle: Key dates 2018/19 & 2019/20 v1.0 March 2019	Section 3	This contract support document provides the LCRN Planning, Reporting and Review Cycle with key dates for 2018/19 and 2019/20	Corporate Operations
CSD063	https://drive.google.com/open?id=1efehWa5ocJqsFwrA8lyEAyOJrA-p8SEu	NIHR CRN Teenage and Young Adults (TYA) Cancer Strategy v1.1 November 2018	Section 5	This document supports the strategy to explore ways to increase opportunities for TYA participation in NIHR Portfolio studies	Medical
CSD064	https://drive.google.com/open?id=16kI23iPiXq0VWNLPzKCyLZfbLZXue-hk	Teenage and Young Adults (TYA) Cancer Research Nurse Role Outline v1.0 January 2019	Section 5	This document provides background and role outline for a Cancer Research Nurse to support studies for cancer in teenage and young adults	Medical
CSD065	https://drive.google.com/open?id=1iW3JdiRpEXCW4iPbv2RjrlybuDpotC9i	Targeting Research According to Health Needs v1.0 January 2019	Section 5	Provide support to LCRNs trying to encourage research in areas of highest need	Research Delivery
CSD067	https://drive.google.com/file/d/1GdDeHacA-9ebKdR8vUOcEm6C-8yrE4bK/view?usp=sharing	LCRN Operating Framework Indicators Data Point Grid v1.0 September 2019	Section 3	Outlines the assessment approach and source(s) of data and inclusions for the LCRN Operating Framework Indicators	Corporate Operations
CSD068	https://drive.google.com/open?id=1YhT9w-1u0sFfpcAY40CZihz0XPG_iQo	NIHR CRN support for research in wider health and social care settings v1.0 January 2019	Section 5	This document outlines current work to support research delivery in wider health and care settings and providesd some initial LCRN activities	Research Delivery
CSD069	https://drive.google.com/open?id=1di8KRApP2mDkD5ei2OiuwdoedhnpoxF	NIHR CRN Recruitment Policy v1.9 July 2019	Section 5	To set out the NIHR CRN's policies governing the collection of recruitment data relating to studies eligible for NIHR CRN support. (It only relates to England)	Research Delivery
CSD070	https://drive.google.com/open?id=1_7pPDMr4XONOdsNDvfzKY3if2xjq2UdZ	Research Participant Experience Framework: HLO 8 V2.0 August 2019	Research Participant Experience Survey HLO 8	To provide guidance on conduct of Research Participant Experience Survey as it applies to the HLO and other items in the Performance and Operating Framework	Public Engagement and Involvement
CSD071	https://drive.google.com/open?id=1RnS5OXomnkDvEGOEi6F4Cl9-1ffVdB4d	Principles for provision of a support service for non-NHS settings, including local set-up activities v1.2 August 2019	Section 5	This document describes the offer from the CRN Study Support Service for Study Set up Activities for non-NHS settings. The service is intended to facilitate set-up in a nationally consistent manner whilst recognising the different governance structures and processes that exist in non-NHS settings.	Research Delivery

CSD072	Wessex Dementia https://www.clahrc-wessex.nihr.ac.uk/research-themes/dementia-and-cognitive-ageing/	NIHR Engagement v1.0 January 2019	Part B Table 2 & Part C Table 2	To support building opportunities to integrate research into care	Workforce e-Learning & Organisational																					

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors dated Thursday, 26 March 2020			
Title: Register of Seals, and Chair's Actions			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	9.2		
Sponsor	Chairman		
Author	Audley Charles, Interim Company Secretary		
Provenance	This is a regular report to notify the Board of use of the seal and actions taken by the Chairman in accordance with the Scheme of Delegation for ratification.		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for RATIFICATION.		
Relevant strategic 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.
Assurance framework links	• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services		
Impact assessments	None		
Other standards affected	• Monitor NHS Foundation Trust Code of Governance (probity, internal control) • UHS Standing Financial Instructions and Scheme of Reservation and Delegation		

Register of Seals, and Chair's Actions

1. Signing and Sealing

1.1 **Licence to Assign** the Lease for Countess Mountbatten House (the Property) between NHS Property Services Limited (Landlord), University Hospital Southampton NHS Foundation Trust (Tenant) and Countess Mountbatten Hospice Charity Limited (Assignee). Seal number 185 on 17 February 2020.

1.2 **Deed of Assignment** of the Lease for Countess Mountbatten House (the Property) between University Hospital Southampton NHS Foundation Trust (Transferor) and Countess Mountbatten Hospice Charity Limited (Transferee). Seal number 186 on 17 February 2020.

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.

2.1 **Award of Contact for Salary Sacrifice Staff Car Scheme 2020-2023** to Tusker Direct at a cost of £2,100,000 excluding vat. The car lease scheme is procured under a compliant framework through NOE CPC (North of England Commercial Procurement Collaborative) Framework. The £2.1m represents estimated pass-through payments, collected from employees via salary sacrifice, payable back to Tusker with no net cost to the Trust. Approved by the Chair on 27 January 2020.

2.2 **Single Tender Action for the Molecular Workflow-Automated DNA/RNA Extraction** awarded to Sysmex UK Ltd (Hamilton) for 5 years at a cost of £643,749 excluding vat. This award is made under the fully-ratified Trust Pathology Managed Service Contract (MSC) awarded to Sysmex & Beckman Coulter (Beckman Coulter declined to compete for this requirement). The award will deliver a VAT saving of £21,137 per annum, year 1 cash releasing and years 2-5 as cost avoidance. Approved by the Chair on 24 February 2020.

2.3 **Single Tende**r **Action for Nuffield Outsource Services** to Nuffield Health Wessex Hospital for 1 year at a cost of £1,246,862 excluding vat. The main outsource services are Trauma and Orthopaedics services, Gynaecology Repairs, Orthopaedic Spinal Surgery, Head, Neck and Skin Lymphatic, Minor Maxillofacial procedures and Urology Surgery. Approved by the Chair on 2 March 2020.

3. Recommendation

The Board is asked to **ratify** the Chair's Actions.

Report to the Trust Board of Directors dated Thursday, 26 March 2020			
Title: Learning From Deaths Quarter 3 Report			
Category	Quality, Performance, and Finance		
Agenda item	13.1		
Sponsor	Medical Director		
Author	Mr Neil Pearce and Amie Lancaster		
Provenance	Since September 2014 the Independent Medical Examiner's Group (IMEG) has been reviewing inpatient deaths. From April 2019 the national initiative of scrutinising all inpatient deaths was brought in. Since we started holding IMEG meeting we report every quarter to QGSQ and the Trust board.		
Classification	This report is intended for internal use and is not for publication.		
Purpose and recommendation	The paper is presented for INFORMATION. We are presenting this quarterly paper as is required by the department of health. It is recommended that the Trust continues to support the evolution of the Medical Examiner's Office in preparation of the required statutory initiative being brought in by the department of health, and for our trust being seen as an innovator for the medical examiners service.		
Relevant strategic 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.
Assurance framework links	• BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways. • BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6. • UHS introduced the Internal Medical Examiner Group (IMEG) in September 2014, prior to the national drive which was started in April 2019. • The group examines all deaths, to include a. All inpatient adult deaths b. Death's within the emergency department c. Paediatrics within CDAD. d. Neonatal deaths • The review identifies potential avoidable factors as well as aspects of good care to feedback to the clinical teams. • Currently a bereavement care team attends IMEG and focuses support where the medical team discuss issues that might have been specifically stressful for the relatives. This allows a proactive approach to supporting those likely to have stress or conflict complicating their grief. With the national guidance coming in this is set to evolve from bereavement care officers to medical examiner officers doing this role.		

	• In all cases Duty of Candour is discussed where appropriate ensuring that the clinical teams make early contact with the families. • All deaths which are required to be reported to HM Coroner not only initially fe but has fallen further due to the shift in the medical examiner's office working more closely with the coroner's office and agreeing new criteria for HMC referral which reduce the number of unnecessary referrals for expected deaths • All adult referral to the coroner are now completed electronically, there is no plan to extend this to paediatrics or neonates.
Impact assessments	• The proportion of deaths with avoidable features identified has reduced over the years and is believed to be a marker of improved care supported by the following observations a. HSMR has fallen across all hospital sites. b. The Trust Mortality Review Group is not identifying issues missed by IMEG and supports the findings. c. The introduction of IMEG dramatically reduced the number of complaints with care concerns related to the deceased, that were not previously identified. This volume has not increased. d. Junior Dr feedback suggests that the process has changed their practice and it is likely that care is improving as a consequence of IMEG. We additionally share learning with the teams but when relevan to the hospitals through OWL. However the direct hot feedback to the medical team is possibly the most powerful influence. e. The number of serious adverse events related to death investigated via SISG has reduced consistently over the last six years
Other standards affected	NHSI compliance

1. Introduction or Background

In March 2017 the Director of Health published *National guidance on learning from deaths.* From April 2017, Trusts have been required to collect information on deaths, reviews, investigations and resulting quality improvements; this is to be reported to its public board meeting via a quarterly paper. Whilst at this time there was no requirement to review all deaths, rather only those where concerns are raised by relatives; unexpected deaths; deaths of patients with either a learning disability or a severe mental illness; or deaths in a speciality or treatment group where an alarm has been raised (for example, an elevated mortality rate), we have been undertaking a 'hot review' of all deaths via our Internal Medical Examiner Group (IMEG) process since September 2014. In April 2019 we adjusted our IMEG system to comply with the new national requirement for the medical examiners system to review all inpatient deaths through a formal system funded in part by cremation fees.

2. Analysis and Discussion

In the third quarter of this year, 589 deaths have been reviewed by the medical Examiner office. This is slightly raised from last year's figures but not significantly. All cases get assigned an initial avoidability rating which gets adjusted accordingly if they are sent for further reviews such as to a Serious Adverse Event Case Review, Trust Mortality Review Group (TMRG) or a Morbidity and Mortality meeting (M&M), all but 3 cases have been allocated a provisional score, but these could be adjusted at a future date, depending on the outcome of subsequent reviews. In the 3rd Quarter we can see the scoring of probably avoidable deaths and Strong evidence of avoidability both have been allocated 1 case each, or 0.33% of all cases reviewed were either probably avoidable or had strong evidence of avoidability present. We had no cases which were deemed as definitely avoidable. This percentage / number of cases is more in keeping with what we have come to expect from the previous year's figures, therefore suggesting that last quarters rise in higher scoring avoidability cases was more likely a statistical cluster. This will continued to be closely monitored for trends due to the current severe clinical and financial pressures under which the trust is operating.

Cases being sent to speciality M&M meetings have slightly increased from last quarter, while the number of cases being sent for a TMRG review has slightly decreased along with the number of cases being sent for urgent case review. Although there is a difference from last quarter, the third quarter figures are in line with our previous trends, therefore reiterating the suggestion that last quarter was a statistical cluster rather than part of a new trend.

There has previously been no national requirement to report paediatric or neonatal deaths in the quarterly learning from death report, however, with the introduction of the national requirement for a medical examiners review of paediatric and neonatal deaths they are no longer excluded. As a guideline the medical examiner office should have a lighter touch on these areas as they nationally have rigorous reporting processes but we should be aware of all cases and look for trends. We have previously reported on paediatric deaths at trust level through reviews gathered by the Child Death and Deterioration group (CDAD) which reviews all paediatric deaths. This quarter has seen 8 paediatric deaths,4 or 50% were deemed as unavoidable, 3 or 37.5% were deemed as having a slight evidence of avoidability and 1 or 12.5% of cases were deemed as possibly avoidable but unlikely. We are running at a higher level of paediatric deaths than last year, but are at similar levels to the year 2017/18.

Prior to this quarter we have never been involved with the review of neonatal deaths, however in line with national guidance the midwives and neonatal team have updated their flow chart on what they should do in the event of a death to include phoning the medical examiner's office to discuss the death. Within the third quarter of this year we have discussed 6 neonatal deaths, all of which

were deemed unavoidable, predominantly due to extreme prematurity or severe congenital disorder.

Conclusion

Within the first 3 quarters of this year we have seen a 2.4% rise in the number of deaths compared to last year, however in comparison to previous year's they are within the statistical range we would expect. When we compare this to the rise in the number of patients that are admitted into our trust percentage wise, proportionately our crude mortality rate is falling. Encouragingly our proportion of avoidable deaths related to national benchmarking is also continuing to fall, this is demonstrated with our lowest HSMR of 85.7.

A limitation of this report is that a small number of cases remain outstanding for final grading as they are still under investigation within the SISG process. The Medical Examiners service is currently under staffed compared with the national expectation and recruitment to M.E and MEO posts is progressing slowly due to the delays in provision of national funding for non-cremation deaths reviewed by the team which has made it impossible to provide the precise financial model to finalise our business case. The lack of a full complement of staff whilst providing a full service gives limited opportunity for data analysis and review of evolving trends. This position is being resolved as permission has been given to advertise for vacant posts, whilst the national funding appears likely to materialise within the next quarter and be paid retrospectively for this financial year.

3. Recommendation

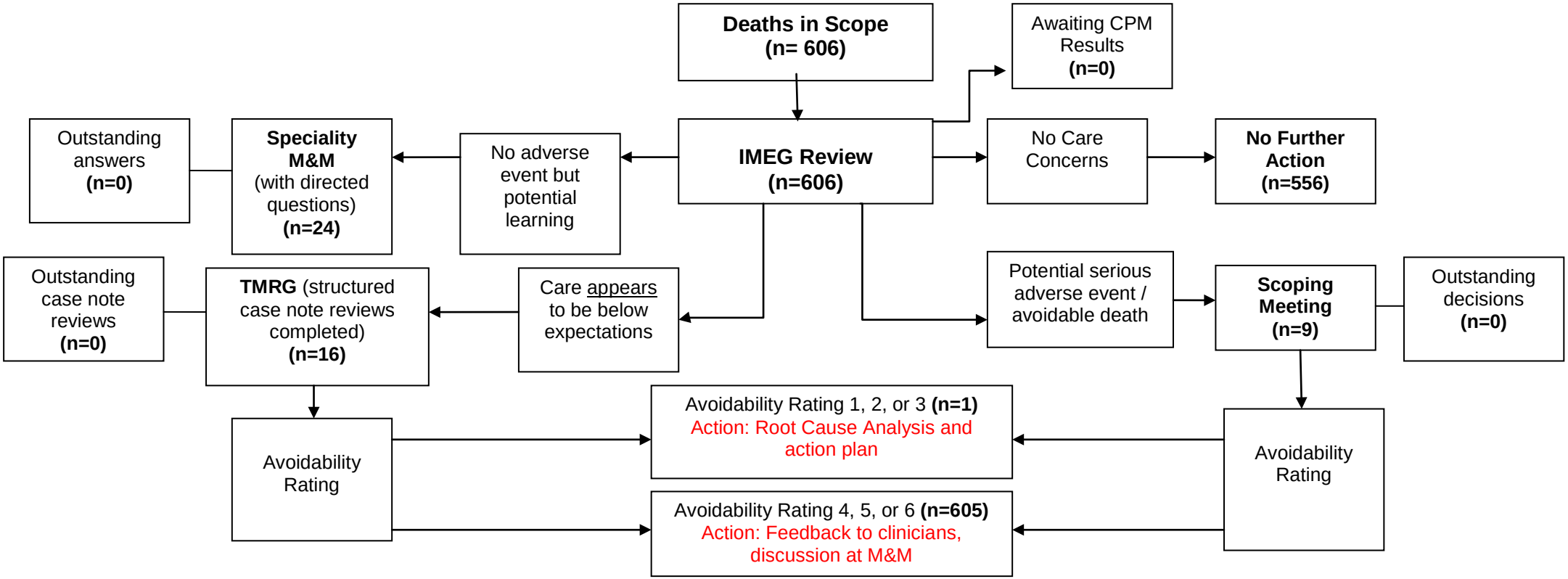
It is recommended that the Trust continues to support the evolution of the Medical Examiner's Office in preparation of the required statutory initiative being brought in by the department of health, and for our trust being seen as an innovator for the medical examiners service.

4. Appendices

- Appendix 1 – IMEG and Mortality review Process Q1 - 2019/2020
- Appendix 2 – IMEG and Mortality review process Q2 – 2019/2020
- Appendix 3 – IMEG and Mortality review process Q3 – 2019/2020
- Appendix 4 – Paediatric mortality review process (CDAD) – Q1 – 2019/2020
- Appendix 5 – Paediatric mortality review process (CDAD) – Q2 – 2019/2020
- Appendix 6 – Paediatric mortality review process (CDAD) – Q3 – 2019/2020
- Appendix 7 – Neonatal mortality process (Discussion with Medical Examiner) Q3 – 2019/2020

Appendix 1

IMEG and mortality review process (Q1 – 2019/20)



Avoidability Rating (non-LeDeR deaths)

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 0**
3. Probably avoidable (more than 50:50) **= 1**
4. Possibly avoidable, but not very likely (< 50:50) **= 5**
5. Slight evidence of avoidability **= 23**
6. Definitely not avoidable **= 576**

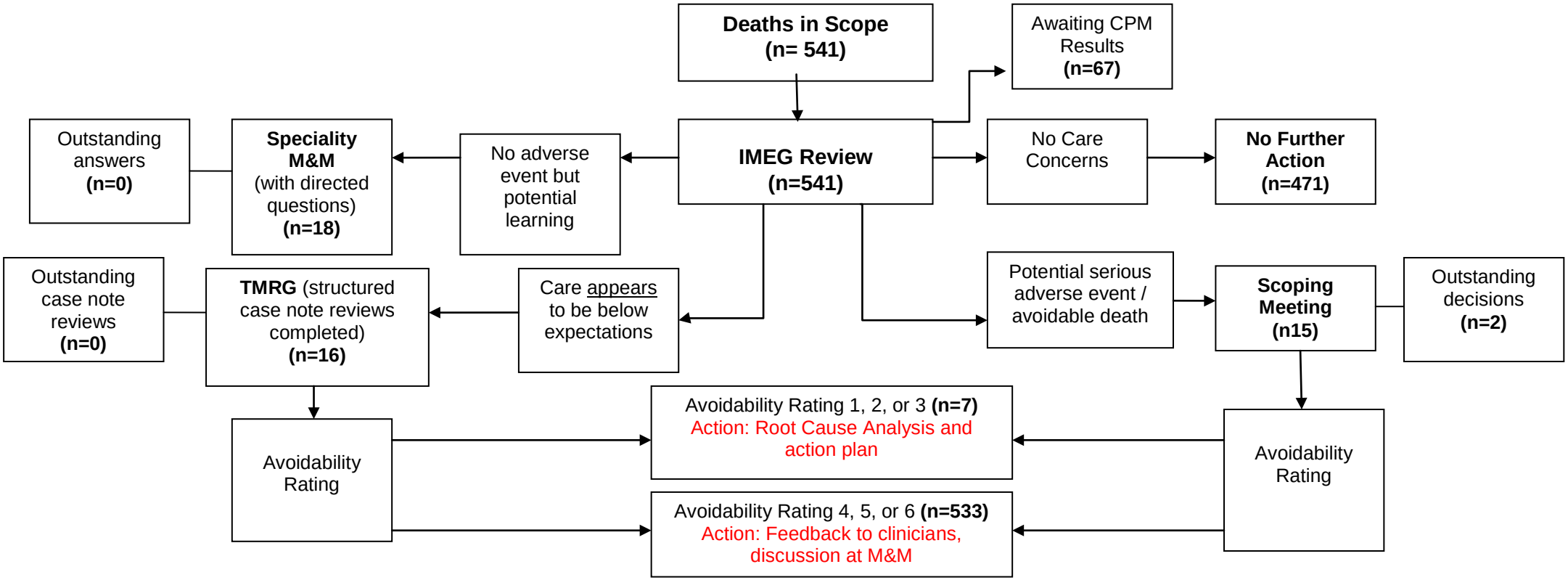
LeDeR deaths

Total LeDeR deaths = **1** (all cases subject to additional review captured within 'scoping' data)

Avoidability Rating - **6**

Appendix 2

IMEG and mortality review process (Q2 - 2019/20)



Avoidability Rating (non-LeDeR deaths)

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 3**
3. Probably avoidable (more than 50:50) **= 4**
4. Possibly avoidable, but not very likely (< 50:50) **= 3**
5. Slight evidence of avoidability **= 11**
6. Definitely not avoidable **= 519**

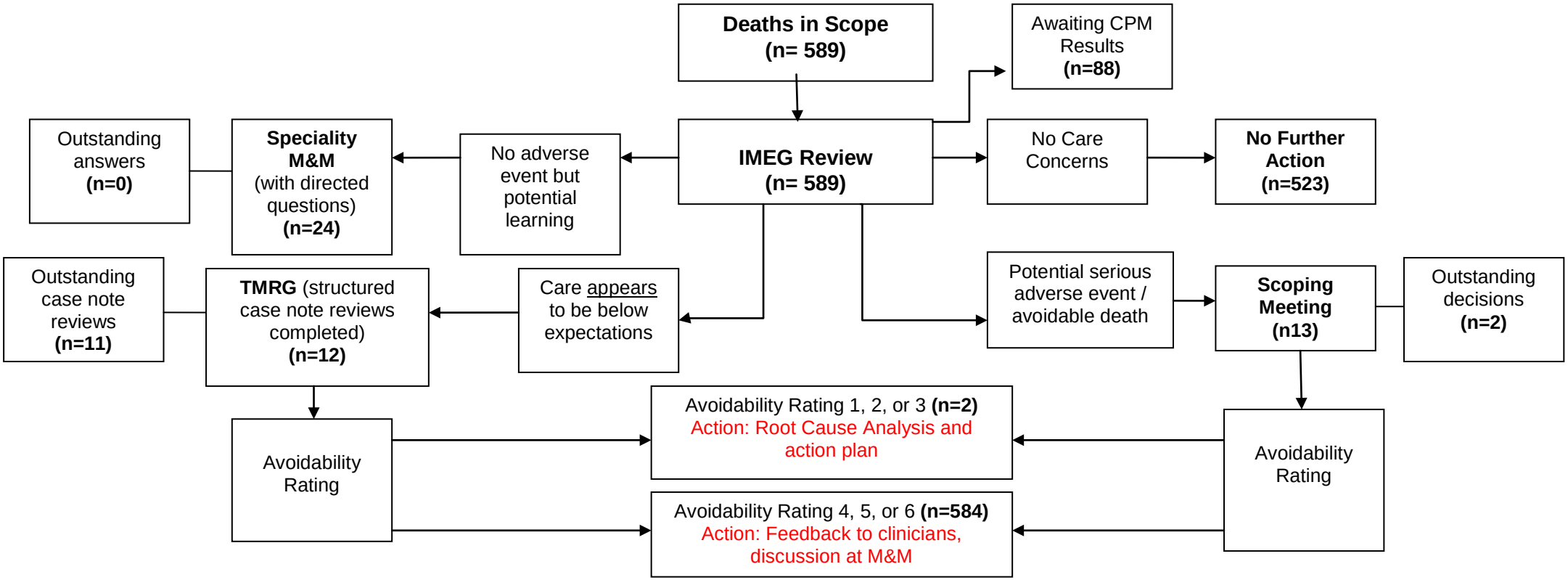
LeDeR deaths

Total LeDeR deaths = 1 (all cases subject to additional review captured within 'scoping' data)

Avoidability Rating – **6**

Appendix 3

IMEG and mortality review process (Q3 - 2019/20)



Avoidability Rating (non-LeDeR deaths)

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 1**
3. Probably avoidable (more than 50:50) **= 1**
4. Possibly avoidable, but not very likely (< 50:50) **= 7**
5. Slight evidence of avoidability **= 8**
6. Definitely not avoidable **= 566**

*** 3 remains unscored**

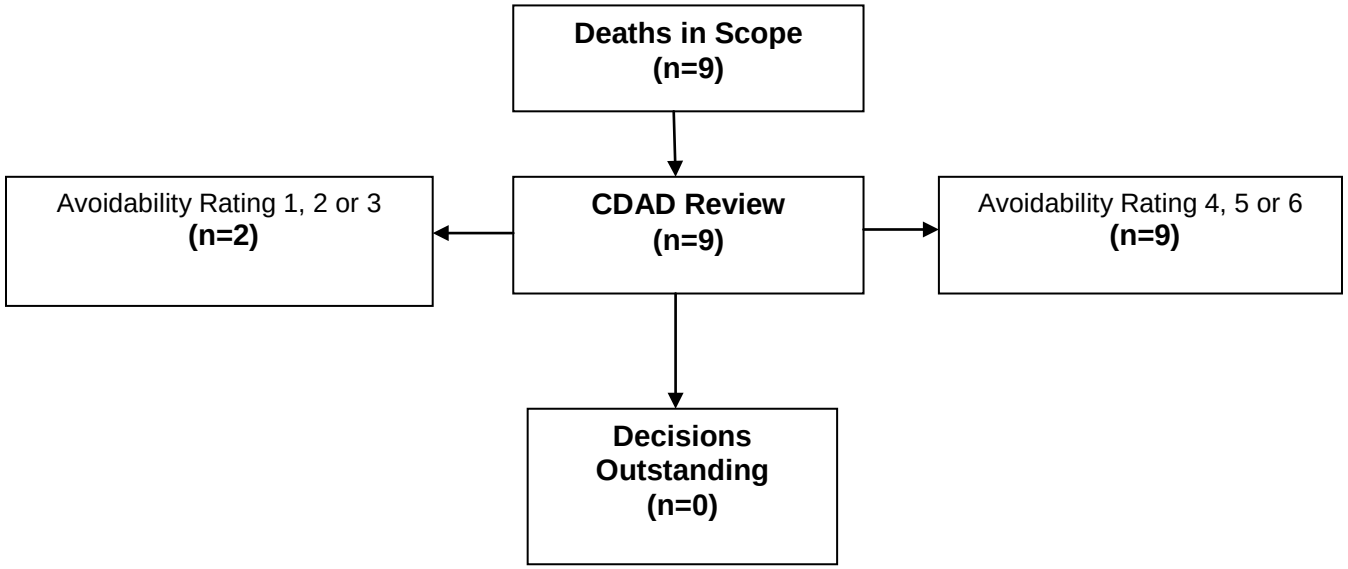
LeDeR deaths

Total LeDeR deaths **= 3**

Avoidability Rating –
6 – Definitely not avoidable = **3**

Appendix 4

Paediatric mortality review process (CDAD) (Q1 – 2019/20)

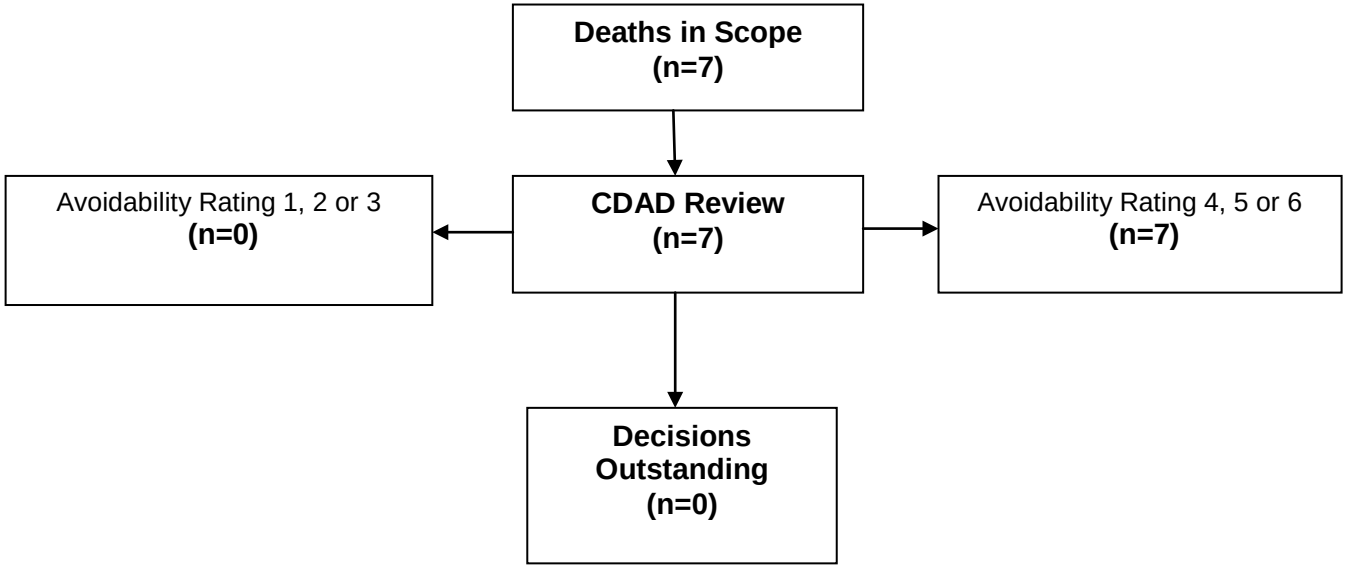


Avoidability Rating Avoidability Rating

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 0**
3. Probably avoidably (more than 50:50) **= 0**
4. Possible avoidable, but not very likely (<50:50) **= 2**
5. Slight evidence of avoidability **= 5**
6. Definitely not avoidable **=2**

Appendix 5

Paediatric mortality review process (CDAD) (Q2 - 2019/20)

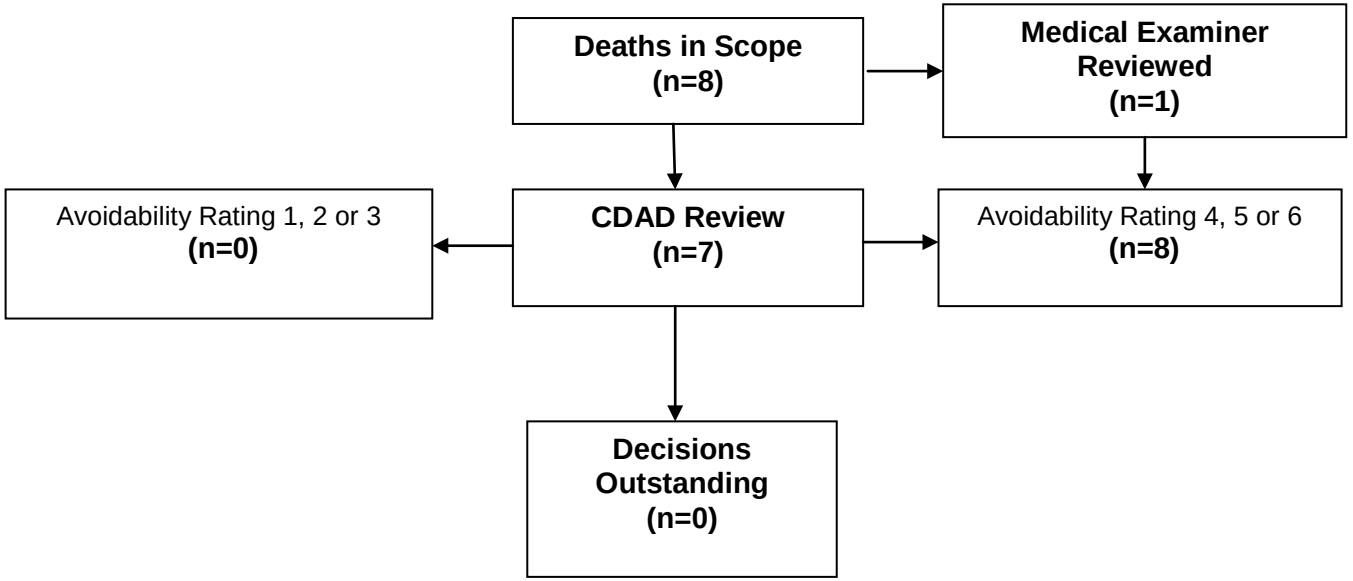


Avoidability Rating Avoidability Rating

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 0**
3. Probably avoidably (more than 50:50) **= 0**
4. Possible avoidable, but not very likely (<50:50) **= 2**
5. Slight evidence of avoidability **= 3**
6. Definitely not avoidable **= 2**

Appendix 6

Paediatric mortality review process (CDAD) (Q3 - 2019/20)

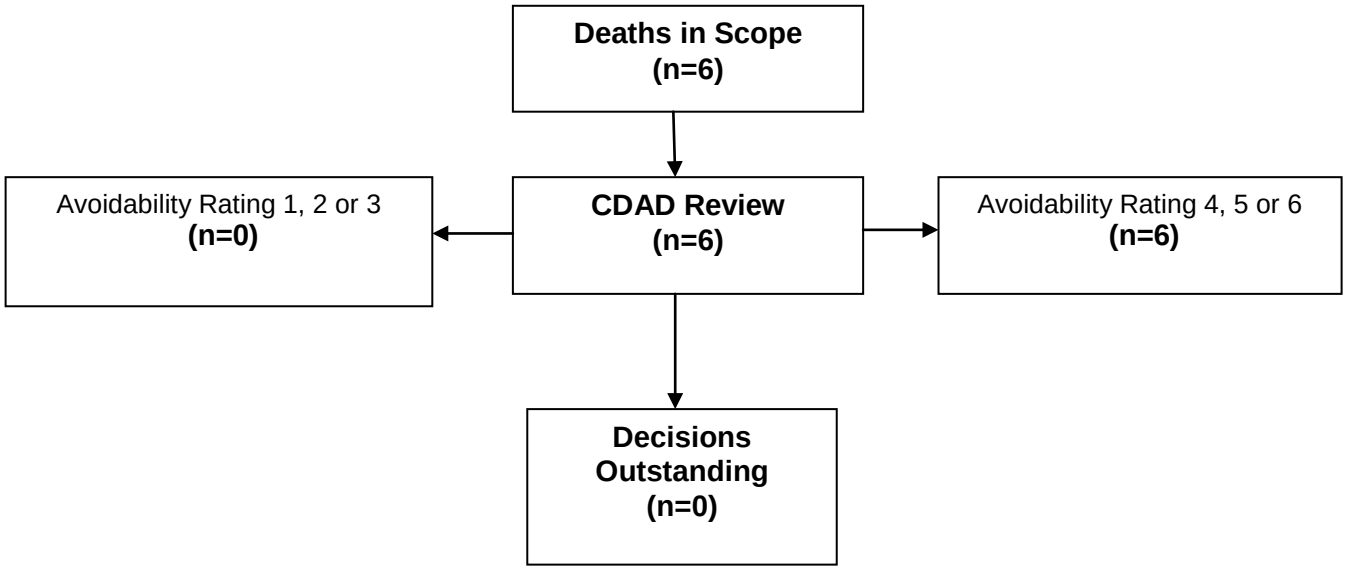


Avoidability Rating Avoidability Rating

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 0**
3. Probably avoidably (more than 50:50) **= 0**
4. Possible avoidable, but not very likely (<50:50) **= 1**
5. Slight evidence of avoidability **= 3**
6. Definitely not avoidable **= 4**

Appendix 7

Neonatal mortality review process (Discussion with Medical Examiner) (Q3 - 2019/20)



Avoidability Rating Avoidability Rating

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 0**
3. Probably avoidably (more than 50:50) **= 0**
4. Possible avoidable, but not very likely (<50:50) **= 0**
5. Slight evidence of avoidability **= 0**
6. Definitely not avoidable **= 6**

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors dated Thursday, 26th March 2020			
Title: Freedom to Speak Up Report			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	13.2		
Sponsor	Gail Byrne (Director of Nursing and Organisational Development)		
Author	Christine Mbabazi (Freedom to Speak Up Guardian)		
Provenance	This has been discussed at Trust Board and is a 6-monthly report		
Purpose	The report is presented for INFORMATION. To provide an update on the Freedom to Speak Up (FTSU) agenda and report on the number of cases received by the Trust in Quarter 2 & 3 of 2019. Trust Board is asked to: • Note the number of FTSU cases received to date. • Note the progress made to date in embedding the FTSU agenda. • Note and support the areas of improvement identified through the application of the self-review tool.		
Relevant to Board goals	☑ Goal 1 – Trusted on Quality	☐ Goal 2 – Delivering for Taxpayers	☑ Goal 3 – Excellence in Healthcare
	☐ 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	• BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways • BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services		
Equality Impact Assessment	This report does not affect any persons from any protected characteristic negatively.		
Other standards affected	• CQC Well-led domain		

1 Executive Summary

Following supplementary guidance from NHS Improvement published in July 2019, Trusts are encouraged to embed a speaking up culture throughout the organisation and to all staff groups. The guidance provides roles and responsibilities of Trust board and senior management and the elements a board should seek assurance on. A review of the NHS Improvement/FTSU office supplementary information tool identified the following main areas that needed further focus. These were:

1. Increase the number of FTSU Champions and ensure they are available across all Trust locations
2. Ensure that workers are not victimised and do not suffer reprisals after they have spoken up
3. Continuously communicate the FTSU message
4. Have a sustained and ongoing focus on reduction of bullying, harassment and incivility
5. Ensure that learning is identified and shared across the Trust

Please see Appendix B for an update on the progress of the above.

The Trust has received 29 FTSU cases from July to December 2019. 1 case remains in progress from Q4 2018/19, which relates to Team Dynamics and is currently undergoing investigation. 1 case remains open from Q1 2019, which also relates to bullying and harassment and team dynamics. Please see Appendix A for further detail.

2 Purpose/Context/Introduction

The purpose of this report is to update Trust Board on the FTSU cases received by the Trust and to provide an update on the overall progress of the FTSU agenda.

3. Case Update

The Trust has received 29 FTSU cases from July to December 2019. 1 case remains in progress from Q4 2018/19, which relates to Team Dynamics and is currently undergoing investigation. 1 case remains open from Q1 2019, which also relates to bullying and harassment and team dynamics. A summary of the cases received in Q2 2019 and Q3 2019/20 are detailed in Table 1 below:

	2019	**2019/20**	**Total**
Category	**Q2**	**Q3**	
Breach of confidentiality		1	1
Bullying and Harassment	5	4	9
Concern over HR process	2	3	5
Discrimination		1	1
Team Dynamics	4	3	7
Patient safety issue	1	3	4
Policy implementation	1	1	2
Total	13	16	29

It should be noted that, following guidance from NHS Improvement and the national FTSU office, a wide definition of what constitutes a ‘FTSU case’ is used by the Trust. Emphasis is placed on creating a culture of openness where staff feel able to raise any matter that they are concerned about, rather than whether it fits within a defined category of concern.

4. Progress on the FTSU Agenda

The NHS Improvement/FTSU office self–review tool identified five main areas of implementation.

1. **Increase the number of FTSU Champions and ensure they are available across all Trust locations.** The Trust currently has 15 FTSU champions who have been doing the role for a year. We have received concerns raised due to the availability of champions which has raised the profile of raising concerns at UHS.

   The next plan for us is to particularly focus on reaching vulnerable staff group e.g minority/vulnerable staff groups and agency staff. As well as increase the number of champions and raise the FTSU agenda in the other sites of the hospital.

2. **Ensure that workers are not victimised and do not suffer reprisals after they have spoken up.** The FTSU Guardian supports workers who are victimised working with HR to provide redress. All staff who raise concerns are given the guardian's mobile number to contact her if they receive any detriment to their raising concerns. Information has been provided on leaflets, staff net and posters advising staff on what to do if they are victimised or suffer reprisals when they speak up.

3. **Continuously communicate the FTSU message.** The FTSU Guardian has continued to visit departments to introduce herself and speak with staff about the importance of speaking up and raising anything that concerns them. We have continued to communicate the FTSU agenda through leaflets, inductions, posters, matron walkabouts and attendance at Trust meetings. FTSU Guardian supports workers who are unaware of the speaking process and is working with staff networks to reach vulnerable and minority groups of staff as well as agency staff. A look at the effectiveness of the speaking up process using feedback forms and learning from case reviews.

4. **Have a sustained and ongoing focus on reduction of bullying, harassment and incivility.** The Trust has an action plan on bullying and harassment. FTSU is to embed a culture of Speaking Up and increase the Trust's ability to respond to concerns and reduce risks to patients and staff. This has been done by reviewing processes and FTSU cases to identify lessons learned and assurances that continue to promote, refer to and support FTSU champions.

5. **Ensure that learning is identified and shared across the Trust.** There has been a lot of learning from the cases raised with the FTSU Guardian, some policies like the Recruitment policy have been amended due to concerns, leading to changes throughout the organisation. Teams have changed the way things are done following concerns raised in different parts of the hospital.

Please see Appendix B for further detail on how each of these areas will be developed over the next 12 months.

4 Next Steps / Way Forward / Implications / Impact

The five key areas outlined in Appendix B will continue to be the main focus during the next 3 to 6 months. A key aspect of this action plan is to develop and train the network of FTSU Champions to support the work of the Guardian.

5 Recommendation

Trust Board is asked to:

- Note the number of FTSU cases received in the last 6 months.
- Note the progress made to date in embedding the FTSU agenda.
- Note and support the areas of improvement identified through the application of the self-review tool.

Appendix A: Freedom to Speak Up Dashboard (July–December 2019)

Case Number	Date Concern Raised	Department	Contact Method	Trust Board Summary	Status
51	**11.07.2019**	Division A	Internal	Bullying on ward, staff not trained	**Closed**
52	**11.07.2019**	Trust HQ	Internal	Lack of knowledge on gas cylinders, unsafe practices when transporting patients, Bariatric beds, lack of support when raising concerns	**Closed**
53	**12.07.2019**	Division A	Internal	Bullying and having a detriment to speaking up	**In progress**
54	**15.07.2019**	Division B	Internal	Bullying and Harassment by member of team	**Closed**
55	**12.08.2019**	Division B	NHSP	Problems with payment - NHSP	**Closed**
56	**15.08.2019**	Division A	Internal	Team Dynamics	**Closed**
57	**22.08.2019**	Division B	Internal	Team Dynamics	**Closed**
58	**26.08.2019**	Division A	Internal	Victimisation, Bullying and Discrimination	**In progress**
59	**30.08.2019**	Trust HQ	Internal	Bullying culture in Team	**In progress**
60	**04.09.219**	Division B	Internal	Team Dynamics	**Closed**
61	**06.09.2019**	Division C	Internal	Unfair treatment	**Closed**
62	**06.09.2019**	Division B	Internal	Query regarding working on Sunday	**Closed**
63	**16.09.2019**	Division C	Internal	Unfair allocation of flexible time, bullying	**In progress**
64	**18.09.2019**	Division A	Internal	Unfair treatment, bullying and harassment that is ongoing	**Closed**
65	**01.10.2019**	Division A	Internal	Bullying and Harassment	**Closed**
66	**10.10.2019**	Trust management	Internal	Working conditions and Team Dynamics	**Closed**
67	**12.10.2019**	Division D	Internal	Not following the Care of patient after Death policy	**Closed**
68	**14.10.2019**	Trust management	Internal	Department Dynamics	**In progress**
69	**18.10.2019**	Division B	Internal	Bullying and Harassment of Line manager	**Closed**
70	**18.10.2019**	Division A	Internal	New system implemented leading to incidents evidenced by the many incident reports & nepotism	**Closed**
71	**18.10.2019**	External Children Centre	External	Unfair treatment of staff	**Closed**
72	**25.10.2019**	Division B	Internal	Abuse of policy	**Closed**
73	**01.11.2019**	Agency (S)	External	Unsafe working conditions, not enough staff,	**In progress**
74	**01.11.2019**	DMW	External	Working with UHS needs to improve	**Closed**
75	**08.11.2019**	Outpatient Department	Internal	Unsafe working conditions - area is too cold, no heating for more than 6 months	**Closed**
76	**11.11.2019**	Trust management	Internal	Grievance with member of staff	**Closed**
77	**03.12.2019**	Division D	Internal	Bullying and harassment	**In progress**
78	**11.12.2019**	Division B	Internal	Emergency Department Fire Risk	**Closed**
79	**16.12.2019**	Division D	Internal	Unfairly dismissed	**Closed**
80	**23.12.2019**	Division B	Internal	Concern over letter of restriction	**Closed**
81	**28.12.2019**	Division A	Internal	Information regarding career development	**Closed**
82	**30.12.2019**	THQ	Internal	Bullying and Harassment of manager	**In progress**

Appendix B: UHS FTSU – Main Action Points for the next 12 months

#	Assessment Area	Action	Lead	Due	Progress
1	Increase the number of FTSU Champions and ensure they are available across all Trust locations	Increase the numbers of FTSU champions including other sites of the hospital (e.g (Royal South Hants, Lymington Hospital and The New Forest birth centre) and ensure that staff know, understand and are aware of FTSU agenda.	GB/AP/ CM	Ongoing	Currently the Trust has 15 FTSU champions from all levels and staff groups of the organisation. Culture of speaking up well established with steady flow of cases and concerns being address with the FTSU lead and relevant clinical and Trust departments.
2	Ensure that workers are not victimised and do not suffer reprisals after they have spoken up	Ensure that those who raise concerns are safe to do so without any detriment. They are advised to contact FTSU guardian if they experience any victimisation. Continue to distribute information at staff and doctor induction, trainings, meetings and other hospital gatherings	GB/AP/ CM	Ongoing	All persons who raise concerns are given the FTSU guardian mobile number to contact the guardian in case they are victimised or have a detriment.
3	Continuously communicate the FTSU message	Ensure staff in all areas know, understand and support the FTSU vision, are aware of the policy and have confidence in the speaking up process. To include: • Staffnet resource page, core brief and briefings • Leaflets and posters detailing process • FTSU Champions FTSU Guardian supports workers who are unaware of the speaking process and is working with staff networks to reach vulnerable and minority groups of staff as well as agency staff	GB/AP/ CM	Ongoing	Continue to distribute information at staff and doctor induction, trainings, meetings and other hospital gatherings. FTSU cases reviewed bi-monthly and feedback to individual staff who raise concerns given directly by FTSU lead.
4	Have a sustained and ongoing focus on reduction of bullying, harassment and incivility.	The organisation has set up an action plan on bullying and harassment. (See Tec paper on staff survey –Mar 2020) FTSU Guardian is working with all the 4 staff networks. Staff networks are another avenue that is a safe space for staff to raise concerns.	GP/SH/ CM	Ongoing	Continue to work with HR and staff network leads when concerns are raised. Follow up on incidents reports raised on matters of bullying and harassment to ensure lessons are learnt.
5	Ensure that learning is identified and shared across the Trust	Ensure lessons learnt are shared widely both within relevant service areas and across the trust	AP/CM	Ongoing	Lessons learnt log to be published on staffnet with testimonials from staff who have spoken up.

Report to Trust Board closed session dated Thursday, 26 March 2020			
Title: UHS Staff Survey Results 2019			
Category	Strategy and Business Planning		
Agenda item	13.3		
Sponsor	Interim Chief People Officer		
Author	Steve Harris - Chief People Officer (acting), Adam Pitt – Senior HR Business Partner		
Provenance	Discussed with Senior leads from HR, Training and Development and Workforce		
Classification	This report is intended for internal use and is not for publication.		
Purpose	The report is presented for INFORMATION. The 2019 National NHS Staff Survey Results have been published on 18th February 2020. This report provides a summary of the results including key areas of success and concern. The Board is asked to note the report for information and the key recommendations that were made to the Trust Executive Committee on 11 March 2020: • Communication of our results, celebrating areas of success and describing how we respond to staff survey feedback. • Implementation of a corporate action plan that focuses on areas of collective concern which dovetails with other areas of existing staff experience improvement plans. Ensure Divisions and Directorates consider how they can make local improvements by reviewing results and ensuring action plans. Since these recommendations were made to TEC the prospective intensity of the COVID 19 outbreak, and its likely effects on the NHS, has significantly increased. The ability to deliver the plan as set out is likely to be affected by the COVID outbreak and therefore we may need to modify our approach. The wellbeing and resilience of our staff will be key and is being factored into executive planning.		
Relevant strategic 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.
Assurance framework links	BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care. BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care. BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual.		

Report to Trust Board closed session dated Thursday, 26 March 2020	
Impact assessments	Impact assessment will be undertaken for specific pieces of activity as part of the work programme.
Other standards affected	CQC Well-led Framework NHSi Use of Resources

UHS Staff Survey Results 2019

Executive Summary:

UHS faced a challenging year in 2019 with significantly increased financial pressure, increasing demands, and challenges in achieving our key constitutional targets.

With the exception of questions relating to staff engagement, overall UHS staff survey results have remained the same against an overall picture of a challenging NHS environment. The reporting of survey data has been updated by the NHS survey coordination centre. In previous years, the survey questions were summarised into 32 key findings. From 2018 onwards, the survey questions are summarised into 11 themes which are each ranked on a 0 – 10 scale (see Figure 1).

Key headlines to note are as follows:

Participation Rates:

- 5826 out of 11308 eligible employees at UHS responded to the survey, representing 51.5% of the workforce (up from 43.4% in 2018). The Acute average response rate was 47.5% (an increase from 44.2% in 2018).

Things to celebrate:

- The UHS results are above the Acute Trust average in all 11 themes.
- Staff engagement at UHS has remained consistently high (7.3) compared to the NHS average (7).
- UHS is ranked as 9th in Acute Trusts for staff engagement overall.
- UHS has seen statistically significant improvements in the 'Quality of Appraisal' theme. This has increased from 5.8 to 6, which has been driven by improvements in questions relating to values being discussed, objectives being set, and staff feeling valued by the organisation.
- The percentage of BAME staff believing that the organisation provides equal opportunities for career progression or promotion has increased from 74.5% to 82.1%. This is still below the 91.3% reported by White staff however the gap is narrowing.
- A significant increase in survey participation to 51.5% which is well above the NHS acute average.

Areas of challenge:

- UHS has seen a statistically significant decrease in the 'Staff Engagement' theme. This has decreased from 7.4 to 7.3, however is still above the Acute Trust average of 7. This has been driven by a general reduction in scores for the 9 questions that make up the engagement theme.
- Experience of staff who have stated that they have a disability still reported consistently lower across most metrics.
- All survey questions relating to bullying, harassment, and violence are better than the Acute average, however the levels reported are still cause for concern.

Recommendations:

- Communication of our results, celebrating areas of success and describing how we respond to staff survey feedback.
- Implementation of a corporate action plan that focuses on areas of collective concern which dovetails with other areas of existing staff experience improvement plans.
- Ensure Divisions and Directorates consider how they can make local improvements by reviewing results and ensuring action plans.

1. Introduction and Purpose

1.1 Each year, UHS is required to participate in the National NHS Staff Survey. This survey is based on a series of nationally prescribed questions on aspects of staff experience for employees. The survey was conducted between 30th September and 29th November 2019. Results were made available for national publication on the 18th February 2020.

1.2 It should be noted the style of national reporting changed in 2018, moving away from 32 key finding areas to 11 themes each ranked from 1 to 10.

1.3 This report sets out a summary of key performance areas.

2. Summary of Performance in 2019 results

2.1. The UHS results from all 11 themes are above the Acute Trust average (see Figure 1).

2.2. The overall survey response rate has increased from 43% to 51.5%. 5826 staff responded to the survey. This is a significant rise on last year's results and places UHS above the national average for Acute Trusts (48.7%).

2.3. Appendix E contains a summary of the performance in our staff survey against last year's corporate action plan.

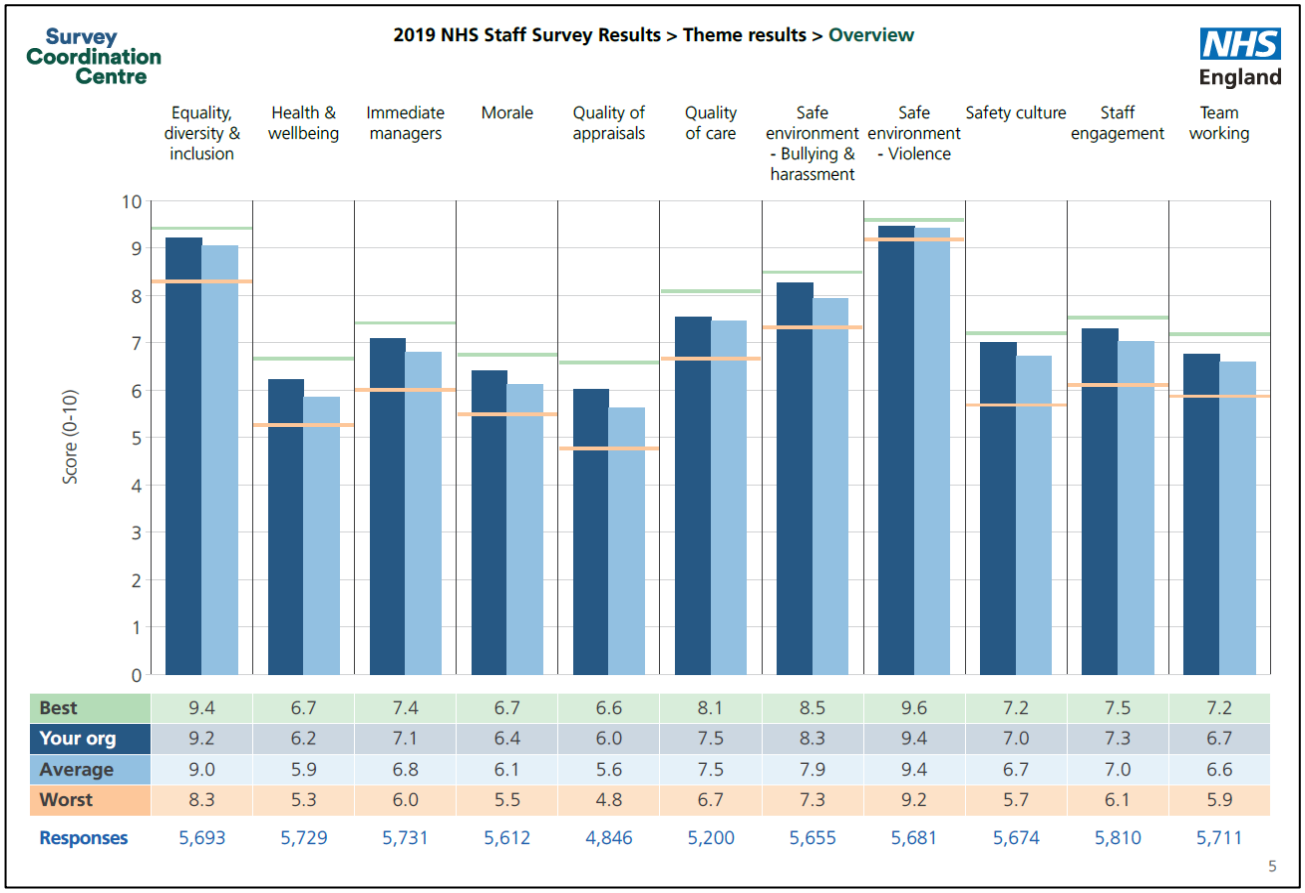


Figure 1 – 2019 UHS Staff Survey Results (Themes)

2.4. Staff Engagement

2.4.1. Overall, staff engagement (advocacy, involvement and motivation) has decreased slightly from 7.4 to 7.3. UHS is ranked as 9th in Acute Trusts for staff engagement overall.

2.4.2. As shown in Figure 2, overall engagement scores have been around 7.3/7.4 since 2016. However, there are some staff groups that report below/above average levels of staff engagement. Groups that are below the Trust average include: Medical/Dental (in Training) (7.0), Admin & Clerical (7.1), Other qualified AHPs (7.1), and Support to Healthcare Scientists (7.1). Groups that are above the Trust average include: General Management (7.7) and Registered Nurses & Midwives (7.6). There has been a noticeable improvement in the Maintenance/Ancillary engagement score from 6.9 in 2018 to 7.2 in 2019.

	Staff Engagement 2014	Staff Engagement 2015	Staff Engagement 2016	Staff Engagement 2017	Staff Engagement 2018	Staff Engagement 2019
Admin & Clerical	7.0	6.9	7.1	7.0	7.1	7.1
Central Functions/Corporate Services	7.5	7.5	7.8	7.7	7.7	7.5
General Management	8.0	7.7	8.0	8.0	7.8	7.7
Maintenance/Ancillary	6.0	6.7	7.1	7.4	6.9	7.2
Medical/Dental - Consultant	7.3	7.4	7.6	7.7	7.6	7.4
Medical/Dental - In Training	6.9	7.2	6.9	7.3	7.4	7.0
Medical/Dental - Other	7.0	7.4	7.5	7.4	7.3	7.2
Healthcare Assistants	7.0	7.3	7.3	7.4	7.4	7.3
Occupational Therapy	7.2	7.2	7.7	7.5	7.6	7.2
Other qualified AHPs	6.9	7.1	7.5	7.3	7.2	7.1
Other qualified Healthcare Scientists	7.0	7.0	7.1	7.2	7.2	7.3
Pharmacy	6.9	7.2	7.4	7.2	7.2	7.2
Physiotherapy	7.5	7.3	7.5	7.7	7.7	7.4
Radiography	6.7	6.7	7.3	7.4	7.4	7.2
Registered Nurses & Midwives: Adult/General	7.3	7.6	7.6	7.6	7.6	7.6
Registered Nurses & Midwives: Children	7.2	7.5	7.4	7.3	7.4	7.4
Registered Nurses & Midwives: Other Registered	7.2	7.1	7.5	7.4	7.4	7.6
Registered Nurses & Midwives: Midwives	7.3	7.3	7.4	7.6	7.6	7.2
Support to AHPs	7.1	7.2	7.0	7.4	7.4	7.2
Support to Healthcare Scientists	6.5	7.0	6.9	7.0	7.0	7.1
Other Occupational Group	7.0	6.8	7.4	7.4	7.4	7.5
UHS Average	7.1	7.2	7.4	7.4	7.4	7.3
Acute Average	6.8	7.0	7.0	7.0	7.0	7.0

RED	Score lower than the national average for Acute Trusts
AMBER	Score between national Acute average and the UHS average
GREEN	Score higher than the UHS average

Figure 2 – Staff Engagement by Occupational Group (2014 – 2019)

2.4.3. Staff engagement is also lower from our younger workforce (under 30s). Over 1300 staff in this group completed the survey (11.5% of the overall sample) and reported lower engagement scores. The age groups 16 – 20 and 21 - 30 reported an engagement score of 6.7 and 7.2 respectively. (See Appendix B).

2.5. Appraisals

2.5.1. UHS has seen statistically significant improvements in the 'Quality of Appraisal' theme. This has increased from 5.8 to 6, which has been driven by improvements in questions relating to values being discussed, objectives being set, and staff feeling valued by the organisation.

2.5.2. Q19e in particular, which asks staff whether the Trust's values were definitely discussed during the appraisal process, has been gradually increasing from 26.1% in 2015 to 44.6% in the 2019 survey. This follows the launch of the new appraisal paperwork and 'Appraisal Conversation' training in April 2018.

2.6. Health and Wellbeing

2.6.1. The reported levels of health and wellbeing fell from 41.4% in 2017 to 32.4% in 2018, this score had improved slightly to 32.6%. However, this has not returned to the high satisfaction levels recorded in 2018. The Trust's overall score for this theme remains above the Acute Trust average (5.9) at 6.2.

2.6.2. Workplace stress is a key reason for absence in the organisation. For the question, during the last 12 months have you felt unwell as a result of work related stress? (q11c), 36.6% of staff said yes. This is an improvement on the 2018 score of 37.3% and is better than the Acute average of 39.8%. This score is higher than the 2015 average which was 33.1%.

2.7. Safe Work Environment

2.7.1. All survey questions relating to bullying, harassment, and violence are better than the Acute average, however, the levels reported are still cause for concern. For example:

- Q12a: 14.9% of staff said that they've personally experienced physical violence at work from patients/service users, their relatives or other members of the public in the last 12 months.
- Q13a: 25.5% of staff said that they personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public in the last 12 months.

2.7.2. The breakdown below shows each of the staff survey questions relating to staff experiencing physical violence, bullying and harassment in the workplace. Registered Nurses and Additional Clinical Services (e.g. Health Care Assistants) experience the highest levels of physical violence from patients or relatives. They also experience the highest levels of harassment, bullying or abuse from patients or relatives as do the Medical and Dental staff group. All three of the groups experience the highest level of harassment, bullying or abuse from colleagues.

Q	Description	Trust Overall	Add Prof Scientific and Technic (n=254)	Additional Clinical Services (n=1059)	Administrative and Clerical (n=1376)	Allied Health Professionals (n=425)	Estates and Ancillary (n=198)	Healthcare Scientists (n=209)	Medical and Dental (n=581)	Nursing and Midwifery Registered (n=1724)
Q12a	Experienced physical violence from patients/service users, their relatives or other members of the public	16%	4%	28%	1%	13%	8%	3%	9%	26%
Q12b	Experienced physical violence from managers	0%	0%	1%	0%	0%	1%	0%	0%	0%
Q12c	Experienced physical violence from other colleagues	1%	0%	3%	0%	1%	5%	1%	0%	1%
Q13a	Experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	26%	14%	32%	13%	27%	17%	7%	29%	37%
Q13b	Experienced harassment, bullying or abuse from managers	9%	9%	8%	11%	6%	10%	11%	10%	10%
Q13c	Experienced harassment, bullying or abuse from other colleagues	18%	18%	20%	14%	12%	19%	16%	21%	20%

Figure 3 – Violence / Harassment, Bullying, or Abuse Questions

2.7.3. There has however, been a year on year overall improvement in Q13B which asks whether staff have personally experienced harassment, bullying or abuse at work from managers in the last 12 months. This has reduced from 12.2% in 2015 to 9.4% in the latest survey.

2.8. Communication

2.8.1. Satisfaction with communication between senior management and staff has slightly decreased from 48.2% in 2018 to 47.6% in 2019. There has also been a decrease in staff saying that they know who the Trust's senior managers are, with a reduction from 89.1% in 2018 to 86.1% in 2019.

2.9. WRES and WDES

2.9.1. Out of the 4 Workforce Race Equality Standard (WRES) questions in the staff survey, there has been an improvement in 2 questions, deterioration in 1 question, and the same score for 1 question. Most notably, there has been an improvement in the percentage of BAME staff believing that the organisation provides equal opportunities for career progression or promotion from 74.5% in 2018 to 82.1% in 2019. This is still below the 91.3% reported by White staff, however, the percentage is improving. There has unfortunately been an increase in the percentage of BAME staff reporting harassment, bullying or abuse from patients, relatives or the public in the last 12 months from 25.2% in 2018 to 28% in 2019. (See Appendix D).

2.9.2. Out of the 9 Workforce Disability Equality Standard (WDES) questions in the staff survey, there has been an improvement in 2 questions, and deterioration in 7 questions. All questions remain above the Acute Trust average, however, improvements are particularly needed in the percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months (30.8%), and percentage experiencing harassment, bullying or abuse from other colleagues in the last 12 months (24.6%). (See Appendix D).

2.10. Key Themes from Free Text Comments

2.10.1. 909 staff left a free text comment in the survey. Please see below for a thematic breakdown of comments and examples of the top 6 themes:

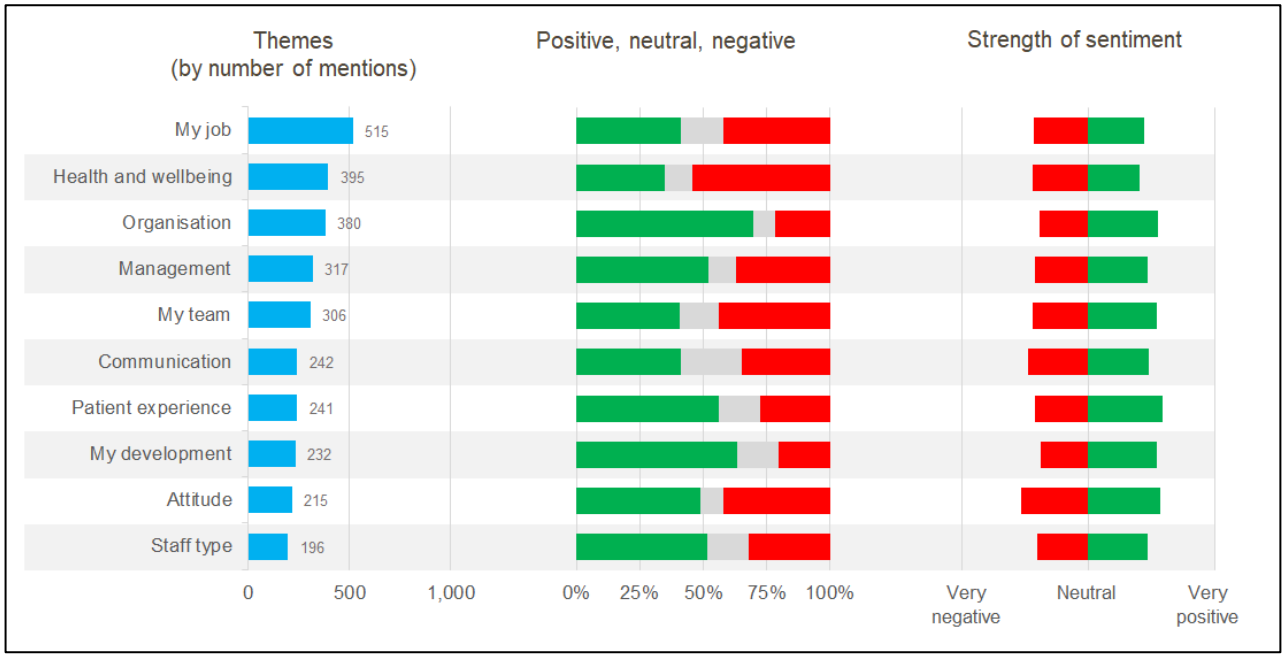


Figure 4 – Free Text Comments Themes and Sentiment Analysis

Top Themes	Example of Comments
My job	*"The parking situation, (all staff to park off site, adding up to a hour on to travel time and the working day), I felt showed the Trust didn't consider staff welfare, which is a shame as all of the team I work in always give 100%".*
Health and Wellbeing	*"I feel unsupported, especially after recent incidents occurred at work. My health and wellbeing has been affected by work."*
Organisation	*"This organisation delivers outstanding patient care. I feel very proud to work in that system although after 28 years I am feeling a little burned out."*
Management	*"I absolutely love my job and the ward I work on, there is always a great team spirit and I always feel supported in my role by my line manager/ nurse in charge."*
My Team	*There are many elements of my job which I still enjoy and I work with some terrific people however, the patient numbers, clinical complexity and IT inefficiencies have increased without proportionate increase in staffing levels.*
Communication	*"I love and am proud to work at UHS - I've moved organisations in the past, and nowhere has felt like a family like UHS does. Healthcare professionals work together in a multidisciplinary team to get the best outcome for the patient. Please, please, please continue sending out encouraging emails and encourage managers to do the same for their team - they pick people up on down days and keep people fighting for great care for*

	our patients. Encouragement and "carrot" really help everyone to do a fab job!"

3. Next Steps

3.1. Using the staff survey results and data already collected in 2019 from the change champions, the following actions are recommended for UHS to take forward.

3.2. Next steps are summarised in 3 key areas:

- Communication to our staff and wider stakeholders
- Corporate actions
- Local actions

3.3. Communication

3.3.1. Thanking our staff for the increased levels of participation and acknowledging the key messages we have heard is key. An initial summary of the results has been shared with Staff Brief.

3.3.2. This will be followed by an easy to digest summary of the results, the messages The Trust has understood, and the action being taken.

3.3.3. It is important that there is a clear communication to the Trust regarding any decision to increase and build capacity. The demand and capacity mismatch is a key theme for dissatisfaction for staff and one that causes concern. It also is a causal factor for many other associated issues which have underpinned some of the deterioration in staff survey results.

3.3.4. A clear compelling narrative for the organisation which provides an exciting future, linked to our vision, mission and new strategy is key. On finalisation of 2020/21 capital plans this will need to be communicated to the Trust.

3.4. Corporate Action planning

3.4.1. Outline action plan below has modified following discussion at TEC. The challenge of COVID 19 to the NHS is significant and will likely mean some of these programs of work may be harder to deliver as management and clinical bandwidth is prioritised.

3.5.

Area of focus	Detail	Action	Target Improvement
Pressure at work	Mismatch in Trust demand and capacity	• Additional capacity being reviewed for investment as part of 2020/21 Trust business plan • Appropriate recruitment plans to meet additional capacity requirements	An improvement in staff saying that they are able to deliver the care they aspire to, from 71.1% to 72%.

		through a further step change in international recruitment	
Participation rates	To continue to increase participation rates in the 2020 Staff Survey	• To continue to incentivise staff to participate through a small reward (such as free coffee) • To promote the actions that have taken place	A further increase of at least 1% in return rates to 52.5% in 2020.
Implementing the Always improving safety Quality Priority	Using COVID 19 to help launch a campaign of Kindness and Civility across the Trust	• To set up 'safe spaces' for staff to discuss concerns with Psychological support (Bi-weekly • Significant increase in psychological support to the organisation during COVID 19. • To ensure the TRiM trained individuals are well publicised • Continued promotion of the important of kindness and civility in key communications from senior leaders	• Increase in scores on health and wellbeing to above 6.2 • Increase in score relating to safety culture to above 7.0
Implementing the "Always Inclusive" 2020/21 Quality priority	Implementing year 2 of the Equality and Diversity Strategy to drive improvements in WRES and WDES scores	• To continue to work with all staff and network groups to improve staff experience for WRES and WDES groups.	Improvements in WRES and WDES scores across the key indicators
	Increasing engagement and staff voice across the Trust	• Create a mechanism to ensure diverse voice (age, race, disability) is heard in Trust strategy and business development • Enable staff to give frequent opportunities to show initiative and suggest	Increase the overall staff engagement figure from 7.3 to 7.4

		improvements in own team/department. • Continue to embed the 'Always improving' programme and ensure sustainability	
	Continuing to improve compassionate and inclusive team working	• Work in partnership with the Kings Fund to deliver a programme on improving team function and performance	Improvement in staff survey scores that measure the organisation of teams. This includes teams having: A clear shared purpose and objectives Regular opportunities to discuss the team's effectiveness • A working environment that is respectful, supportive, and unstrained
Safe Work Environment	Bullying and Harassment	• To implement the Trust bullying and Harassment action plan (Appendix F)	A reduction in staff reporting bullying and harassment from staff and managers to less than 10%
	Violence and Aggression	• To hold a Trust workshop on violence and aggression • Creation of a robust trust wide plan on violence and aggression • To pursue and increase in resources to support Violence and Aggression prevention in budget setting	Reduction in staff experiencing violence and aggression from patients and services users to less than 13%
Appraisals	Increase the volume of appraisals taking place in the Trust	• Ensuring performance improvements in volume of appraisal • Delivery of continued training on appraisals to	Increase in appraisal completed in the Trust to above 90% Continued increase in

		improve quality	overall quality of appraisals in 2020 staff survey from 6.0 to 6.5
Delivery of the commitments made to the change champions	To implement the plan co-created by Change Champions	• Address the top 5 areas of concern from the Change Champion survey	Improvement in staff survey scores that measure: • Improvements in workload and staffing levels • Effective management • Flexible working and work space opportunities • Fair recruitment and selection processes

3.6. Local Action Planning

3.6.1. Results have already been shared with Divisions and THQ departments, HR Business Partners are working with senior teams to establish priority areas of local focus.

3.6.2. Divisions are asked to work on local areas of priority and improvement.

3.6.3. There will be surgeries run with each DMT in the summer to discuss staff survey results and actions being taken.

Appendix A: Care Group / Directorate Results

	Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment - Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
Division A - 1158	9.0	6.0	7.0	6.4	5.9	7.8	8.1	9.3	7.0	7.3	6.6
Cancer Care - 287	9.3	6.1	7.1	6.4	5.9	7.6	8.3	9.7	7.0	7.3	6.6
Critical Care - 237	8.7	5.7	6.9	6.3	5.8	7.8	7.7	8.3	7.1	7.3	6.7
Theatre and Anaesthetics - 357	8.9	6.1	6.7	6.2	5.8	8.0	8.1	9.6	6.8	7.2	6.5
Surgery - 277	9.2	6.0	7.2	6.5	6.1	7.7	8.2	9.4	7.0	7.3	6.8
Division B - 1042	8.8	6.0	6.9	6.3	5.9	7.4	7.8	9.0	6.9	7.2	6.5
Emergency Care - 227	8.3	5.4	6.3	5.9	5.6	6.8	6.6	8.0	6.7	6.9	6.1
Medicine - 275	8.6	6.0	7.4	6.6	6.9	7.7	7.7	8.2	7.3	7.6	7.0
Ophthalmology - 115	9.1	6.1	6.7	6.1	5.4	7.2	7.8	9.9	6.9	7.0	6.1
Pathology - 190	9.0	6.1	6.8	6.1	5.7	7.5	8.7	9.9	6.9	7.2	6.7
Specialist Medicine - 235	9.3	6.4	7.2	6.6	5.6	7.5	8.3	9.7	6.7	7.3	6.6
Division C - 1333	9.5	6.1	6.9	6.4	5.8	7.3	8.4	9.7	7.0	7.3	6.8
Child Health - 396	9.6	6.3	6.8	6.5	5.6	7.2	8.1	9.7	7.0	7.3	6.6
Clinical Support - 546	9.6	6.3	7.2	6.4	6.1	7.3	8.9	9.7	7.0	7.3	7.0
Women and Newborn - 391	9.3	5.6	6.6	6.2	5.4	7.3	7.9	9.8	7.0	7.1	6.6
Division D - 1034	9.1	6.2	7.3	6.6	6.4	7.8	8.0	9.1	7.3	7.5	6.8
CV&T - 285	9.2	6.2	7.5	6.6	6.6	7.9	8.1	9.3	7.2	7.7	6.8
Neuro - 252	8.9	6.2	7.3	6.7	6.3	7.7	7.8	8.6	7.2	7.5	6.7
Radiology - 289	9.4	6.2	6.8	6.3	6.1	7.7	8.1	9.5	7.3	7.2	6.7
T&O - 208	8.9	6.4	7.7	6.8	6.9	8.0	8.0	8.8	7.4	7.6	7.0
THQ - 1092	9.4	6.7	7.2	6.4	6.1	7.5	8.8	9.9	6.9	7.3	7.0
Chief Finance Officer - 87	9.4	6.4	7.0	6.1	5.9	6.8	8.9	10.0	6.6	7.1	6.7
Clinical Development - 162	9.3	6.9	7.6	6.7	6.3	7.3	8.8	9.9	7.1	7.6	7.1
Estates - 174	9.2	6.6	6.9	6.3	5.7	7.1	8.7	9.7	6.4	7.0	6.5
HR - 116	9.7	7.2	7.2	6.3	6.9	8.0	9.4	9.9	7.5	7.5	7.5
Informatics - 155	9.6	6.8	7.1	6.3	6.0	7.4	8.9	9.9	6.9	7.1	6.6
R&D - 257	9.5	6.9	7.7	6.7	6.1	8.0	9.0	9.9	7.1	7.4	7.6
THQ Other Services - 193	9.1	6.4	7.2	6.2	6.0	7.3	8.3	9.9	6.7	7.3	7.1

2019 UHS Average	9.2	6.2	7.1	6.4	6.0	7.5	8.3	9.4	7.0	7.3	6.7
2019 Acute Average	9.0	5.9	6.8	6.1	5.6	7.5	7.9	9.4	6.7	7.0	6.6

RED	Score lower than the national average for Acute Trusts
AMBER	Score between national Acute average and the UHS average
GREEN	Score higher than the UHS average

Appendix B: Theme Results by Demographic Group

		Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment - Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
Age	Age 16 - 20	9.2	5.7	6.1	5.7	5.4	7.8	8.3	9.1	6.5	6.7	6.5
	Age 21 - 30	9.1	5.8	7.1	6.3	6.3	7.6	8.2	9.3	7.1	7.2	6.7
	Age 31 - 40	9.1	6.3	7.1	6.3	6.2	7.4	8.3	8.9	7.0	7.3	6.7
	Age 41 - 50	9.2	6.4	7.2	6.5	6.1	7.6	8.2	9.4	7.1	7.5	6.9
	Age 51 - 65	9.3	6.4	6.9	6.5	5.6	7.5	8.2	9.8	6.9	7.3	6.7
	Age 66+	9.5	7.5	7.4	7.3	6.3	7.6	8.8	9.4	6.8	7.7	6.5
Disability	Disabled	8.8	5.2	6.8	6.0	5.6	7.2	7.6	9.4	6.8	7.0	6.4
	Non-Disabled	9.3	6.4	7.1	6.5	6.1	7.6	8.4	9.4	7.1	7.4	6.8
Ethnic Background	BME Staff	8.4	6.4	7.2	6.4	7.0	8.0	8.0	9.4	7.2	7.5	7.0
	White Staff	9.4	6.2	7.1	6.4	5.8	7.4	8.3	9.4	7.0	7.3	6.7
Gender	Female	9.3	6.2	7.1	6.4	6.1	7.6	8.2	9.4	7.0	7.3	6.8
	Male	9.1	6.5	7.1	6.4	5.8	7.5	8.4	9.5	6.9	7.3	6.8
	Prefer not to say	8.5	5.6	6.3	5.6	5.6	7.4	7.8	9.3	6.7	6.7	6.1
Religion	Buddhist	9.0	6.5	7.5	6.3	6.4	7.9	8.3	9.2	7.4	7.2	6.5
	Christian	9.1	6.3	7.2	6.5	6.3	7.6	8.2	9.4	7.1	7.5	6.9
	Hindu	9.0	6.6	7.0	6.6	6.9	7.8	8.6	9.9	7.1	7.6	7.2
	Muslim	8.5	6.3	7.4	6.4	7.1	8.0	7.8	9.7	7.1	7.5	6.9
	Sikh	8.1	5.7	6.8	6.1	6.0	7.9	8.5	9.4	6.7	7.1	6.6
	No Religion	9.4	6.2	7.1	6.4	5.8	7.4	8.4	9.4	7.0	7.2	6.7
	Any Other Religion	8.1	5.8	7.0	6.6	5.9	7.8	7.7	9.3	7.2	7.5	6.7
	Prefer not to say	8.7	5.7	6.2	5.6	5.0	7.2	7.9	9.5	6.5	6.6	6.1
Sexuality	Bisexual	8.9	5.4	7.0	6.2	6.1	7.5	7.2	9.1	7.0	7.2	6.6
	Gay Man	8.9	5.8	7.3	6.2	6.3	7.6	8.2	9.3	7.4	7.2	6.5
	Gay Woman	9.0	5.7	7.0	6.6	6.2	7.8	7.5	8.9	7.0	7.6	6.5
	Heterosexual	9.2	6.3	7.1	6.5	6.0	7.6	8.3	9.4	7.0	7.4	6.8
	Other	8.3	6.2	5.9	5.6	5.3	6.2	7.4	9.8	6.6	6.3	6.5
	Prefer not to say	8.7	5.7	6.2	5.6	5.3	7.2	7.8	9.4	6.6	6.6	6.3
	2019 UHS Average	9.2	6.2	7.1	6.4	6.0	7.5	8.3	9.4	7.0	7.3	6.7
	2019 Acute Average	9.0	5.9	6.8	6.1	5.6	7.5	7.9	9.4	6.7	7.0	6.6

RED	Score lower than the national average for Acute Trusts
AMBER	Score between national Acute average and the UHS average
GREEN	Score higher than the UHS average

Appendix C: Theme Results by Occupational Group

	Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment - Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
Admin & Clerical - 713	9.5	6.5	7.1	6.4	5.7	7.5	8.6	9.9	6.8	7.1	6.4
Central Functions/Corporate Services - 258	9.5	6.9	7.4	6.4	6.4	7.5	9.0	9.9	7.1	7.5	7.0
General Management - 145	9.3	6.8	7.3	6.4	6.0	7.3	8.8	10.0	7.1	7.7	7.1
Maintenance/Ancillary - 119	9.2	6.7	7.1	6.4	5.8	7.5	8.3	9.7	6.5	7.2	6.4
Medical/Dental - Consultant - 286	9.3	6.4	6.7	6.9	4.9	7.2	7.8	9.8	6.6	7.4	7.0
Medical/Dental - In Training - 208	9.2	6.0	6.9	6.3	5.5	7.2	8.2	9.6	6.7	7.0	6.6
Medical/Dental - Other - 64	9.1	6.2	6.9	6.4	5.7	7.5	8.5	9.6	6.9	7.2	6.5
Healthcare Assistants - 533	8.8	5.9	7.1	6.3	6.4	8.1	7.7	8.6	7.2	7.3	6.5
Occupational Therapy - 42	9.5	5.8	7.0	6.3	6.2	7.3	8.8	9.5	6.5	7.2	6.8
Other qualified AHPs - 186	9.2	6.3	6.9	6.4	5.9	7.6	8.5	9.9	6.7	7.1	6.7
Other qualified Healthcare Scientists - 208	9.1	6.3	6.9	6.4	5.4	7.6	8.8	9.8	6.8	7.3	6.8
Pharmacy - 218	9.6	6.3	7.3	6.3	6.0	7.1	8.9	9.9	7.1	7.2	7.1
Physiotherapy - 119	9.7	5.9	7.2	6.2	6.3	7.3	8.9	9.4	6.9	7.4	6.6
Radiography - 201	9.4	5.9	6.7	6.1	6.3	7.9	8.0	9.4	7.3	7.2	6.7
Registered Nurses & Midwives: Adult/General - 1264	8.9	6.1	7.3	6.5	6.5	7.6	7.7	8.9	7.2	7.6	7.0
Registered Nurses & Midwives: Children - 275	9.6	6.2	6.9	6.4	5.8	7.0	8.1	9.6	7.1	7.4	6.6
Registered Nurses & Midwives: Other Registered Nurses - 46	9.3	6.4	7.4	6.2	6.5	7.9	8.5	9.5	7.2	7.6	6.9
Registered Nurses & Midwives: Midwives - 120	9.4	5.2	6.2	6.2	4.9	6.5	7.6	9.7	7.0	7.2	6.7
Support to AHPs - 148	9.1	6.1	7.2	6.2	6.4	8.1	8.3	9.1	7.0	7.2	6.7
Support to Healthcare Scientists - 106	8.6	5.9	6.7	6.0	6.4	7.8	8.5	9.5	6.9	7.1	6.7
Other Occupational Group - 221	9.3	6.5	7.4	6.6	6.0	7.8	8.8	9.7	7.0	7.5	7.0
2019 UHS Average	9.2	6.2	7.1	6.4	6.0	7.5	8.3	9.4	7.0	7.3	6.7
2019 Acute Average	9.0	5.9	6.8	6.1	5.6	7.5	7.9	9.4	6.7	7.0	6.6

RED	Score lower than the national average for Acute Trusts
AMBER	Score between national Acute average and the UHS average
GREEN	Score higher than the UHS average

Appendix D: WRES and WDES Results

Workforce Disability Equality Standard	Demographic	UHS 2018	UHS 2019	Acute Trust Average 2019
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Non-Disabled	23.3%	25.0%	27.3%
	Disabled	32.3%	30.8%	33.9%
Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months	Non-Disabled	9.1%	8.0%	11.0%
	Disabled	15.3%	15.8%	19.7%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	Non-Disabled	16.6%	16.4%	18.4%
	Disabled	26.3%	24.6%	28.1%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Non-Disabled	45.4%	45.5%	45.6%
	Disabled	50.8%	49.1%	46.7%
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Non-Disabled	89.2%	90.7%	85.6%
	Disabled	86.1%	85.4%	79.1%
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Non-Disabled	21.9%	18.9%	22.4%
	Disabled	30.2%	31.2%	32.7%
Percentage of staff satisfied with the extent to which their organisation values their work	Non-Disabled	56.0%	56.4%	49.5%
	Disabled	46.8%	44.5%	37.4%
Percentage of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled	81.5%	77.9%	73.3%
Staff engagement score (0-10)	Non-Disabled	7.5%	7.4%	7.1%
	Disabled	7.1%	7.0%	6.6%

Workforce Race Equality Standard	Demographic	UHS 2017	UHS 2018	UHS 2019	Acute Trust Average 2019
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	24.5%	24.3%	25.7%	28.2%
	BME	23.6%	25.2%	28.0%	29.9%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	20.8%	21.7%	21.0%	25.8%
	BME	26.0%	28.0%	25.7%	28.8%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	89.7%	90.7%	91.3%	86.7%
	BME	78.0%	74.5%	82.1%	74.4%
Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	White	7.1%	6.4%	5.3%	6.0%
	BME	14.6%	13.0%	13.0%	13.8%

Appendix E: Trust Performance against Plan

Area of focus	Key actions	Measure of improvement	Performance in 2019 Survey
Response Rates	• To review the methods of obtaining survey responses and review the incentives for completion.	To improve return rates to at least in line with Acute average (45%).	Response rate has increased from 43.4% to 51.5%
Appraisal Quality	• To improve the quality of appraisals reported by staff. • Implement training of line managers to improve appraisal quality.	An increase in over quality score of appraisals.	Increase from 5.8 to 6.0 in appraisal quality theme.
Improving Communications with Staff	• Review how communication with staff can be improved, including how best to engage with different demographics, role types and professions, and dispersed staff (not on-site). • Increase mechanisms for quality two way communications in the organisation. • Engaging staff on the long term vision for UHS in the context of the long term plan. This is to be led by the CEO.	Increase in staff reporting effective communication from senior managers to 50%.	Satisfaction with communication between senior management and staff has slightly decreased from 48.2% in 2018 to 47.6% in 2019.
Administration and Clerical	• Focus on increased use of apprenticeships to offer education and training opportunities to staff, and increase new career routes into the Trust. • Introduce a new training package for A&C team leaders, to support development in a range of leadership skills. • Target specific areas of very low experience and engagement with local listening sessions with the staff.	Improvements in A&C staff engagement from 7.1 to 7.4.	A&C Staff Engagement has stayed the same (7.1) against an overall Trust level reduction in staff engagement scores.
Health, Wellbeing and Safety	• To review the range of support offered by Live Well and Inspire (Health and Wellbeing programme), and ensure this is well publicised. • To continue existing work on staff safety through the Trust violence and aggression group. • To target specific areas of concern in low health and wellbeing using the assessment process set out in the Trust Mental Health Policy.	An improvement in staff reporting the organisation 'takes a positive interest in health and wellbeing'.	This score has improved slightly from 32.4% to 32.6%.
Equality and Diversity	• To deliver the first year of the new Equality and Diversity Strategy, including implementing the key actions set out for BAME and disabled staff. • To monitor progress through the equality and diversity steering committee and report progress 6 monthly to TEC.	Improvement in WRES scores in 2019 staff survey.	Out of the 4 Workforce Race Equality Standard (WRES) questions in the staff survey, there has been an improvement in 2 questions, deterioration in 1 question, and the same score for 1 question.
		Improvements in results in disabled staff in 2019 survey results.	Out of the 9 Workforce Disability Equality Standard (WDES) questions in the staff survey, there has been an improvement in 2

			questions, and deterioration in 7 questions.

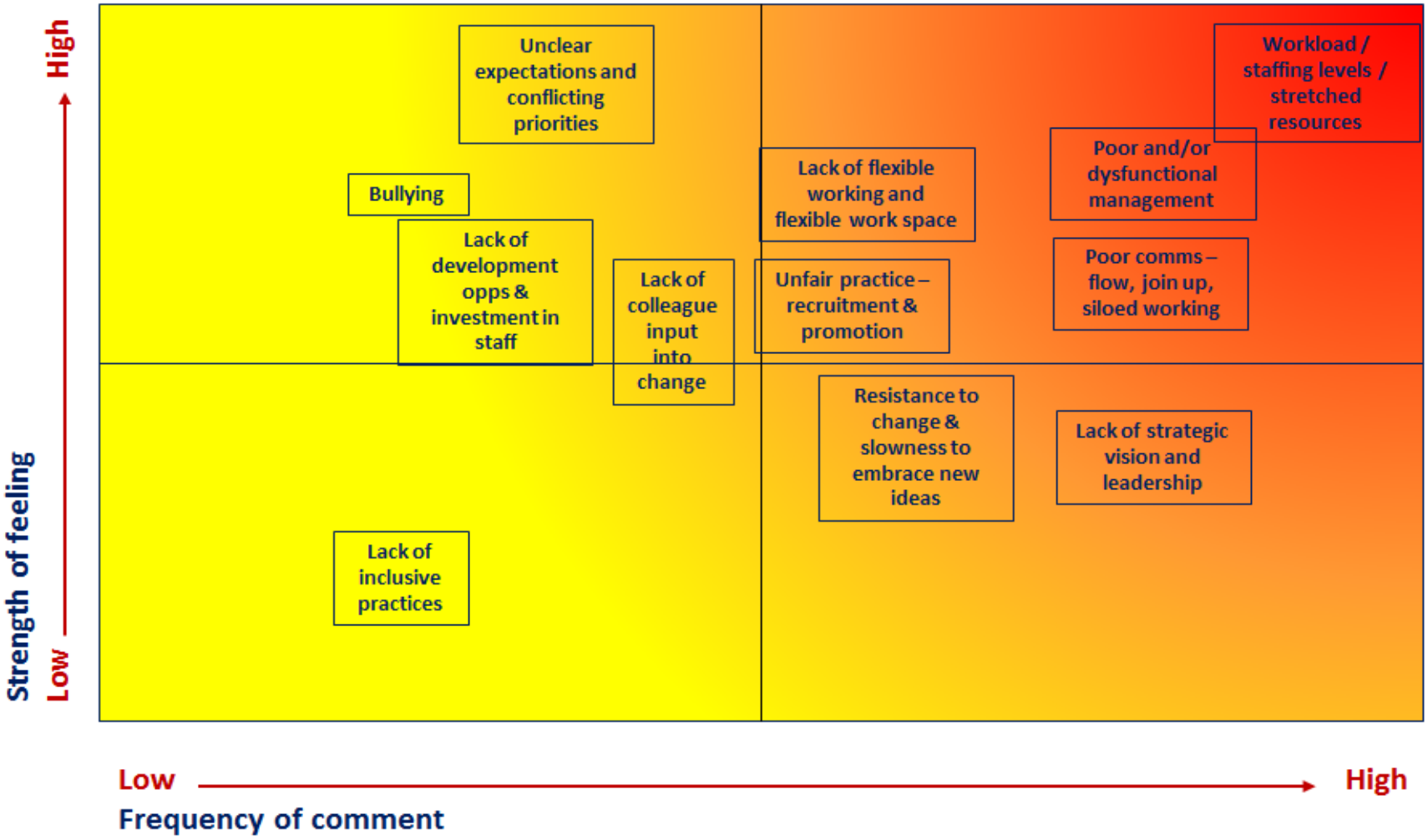
Appendix F – Bullying and Harassment Action Plan

Area	Action	Impact	Progress as at February 2020	Timescale
Culture	• Continue to communicate the reminder to be kinder message throughout the year with the support of the communications team • Develop a way to communicate actions taken as a result of bullying and harassment so staff know what actions have been taken to mitigate or reduce incidents	• Increased levels of staff awareness to interact with colleagues in a civil and kind way at all times and during periods of intense pressure. Enhance team coherence and team functionality in order to improve patient outcomes • Provide mechanism to feedback to staff that their concerns about incidents of bullying and harassment have been acted on in a proactive and consistent way	• Comms sharing the message and it is cascaded to staff via Core Brief and Divisional and THQ meetings • Feedback provided individually and personally to staff who raise concerns. Director of HR and Staffside Chair meeting on February 5th to agree message to feedback key themes and anonymised examples of how the Trust has acted on concerns about bullying	August 2020
Training	• Embed expectation to conduct honest/difficult/challenging conversations as part of induction, appraisal training, leadership training • Relaunch STOP IT training program for senior managers and 'hot spot' areas showing signs of a poor culture and less coherence in teamwork	• Clearly defined expectation in all of our training that early and honest conversations lead to more effective informal conflict and dispute resolution • Clearly defined expectation that senior managers need to role model behaviour that promotes and cascades professional civility and kindness to all colleagues	• Managing difficult/honest conversations introduced into appraisal training , Clinical Leaders Training, attendance management training • Recent Staff Attitude Survey to help identify hotspot areas and complement civility and kindness message with reinstatement of 'STOP IT' training • Staff Attitude Survey results still embargoed but once they are fully released action plans will follow	August 2020
Early Intervention	• Work with Edgecumbe to conduct Divisional Health Reviews, Culture Reviews and targeted interventions in areas where triangulated evidence shows issues with poor culture • Early resolution of disputes and conflict through early use of Trust Trained Mediators	• Create a culture of self-reliance by developing in-house training modules • Create a flowchart and clearly defined toolkit with mechanisms for senior managers to follow in cases of team conflict and dysfunctionality	• Edgecumbe and their Early Intervention Specialists have been actively working on Divisional Health Reviews and in some key areas delivered team mediation, team building and additional training modules e.g. for Clinical Leaders training etcFlowchart and toolkit in the process of being finalised. They will need completing after the Mediators Group meet in March and agree their final contribution to the guidance • Early Intervention Steering Group headed up by the CEO, Medical Director, Deputy Medical Director and Medical Director to meet in early April to review actions and their progress	August 2020

Reduction of Violence from Patients and Staff	• Continue to work with Violence and Aggression group to reduce aggression from patients to staff • Identify support and mechanisms to minimise exposure to vulnerable patients liable to act aggressively whilst in a state of confusion and distress	• Increase levels of staff competence, resilience and preparedness to de-escalate situations of patient aggression • Increase levels of support for staff experiencing aggression	• Led by Violence and Aggression Group Chaired by Jo Hall • Continue to implement action plan to support staff experiencing aggression in key Hot Spot areas (e.g. ED, Paeds ED, AMU etc.)	August 2020
Freedom to Speak Up Cases and process Review	• Review process and FTSU cases to identify lessons learned and assurances that continue to promote, refer to and support FTSU champions	• Embed culture of Speaking Up • Increase Trust's ability to respond to concerns and reduce risks to patients and staff	• Culture of Speaking up well established with steady flow of cases and concerns being addressed by the FTSU lead and relevant clinical and Trust departments • FTSU cases reviewed bi-monthly and feedback to individual staff who raise concerns given directly by FTSU lead • FTSU working closely with HRBPs, Employee Relations Service Manager, Assistant Director of HR, Nursing Director and Deputy Nursing Director to guide Divisions and THQ on how to address lessons learnt from each freedom to speak up case	August 2020

Appendix F – Change Champions Feedback – Summer 2019

UHS staff voice feedback – HR & management focus



Area of focus	Action taken to date	Further actions to take
Communicate the full range of travel options for staff and students	• Publication of the Travel Promise has taken place alongside the revalidation process	• Ensure continued publication of travel options at key touch points with staff
Honest, frequent and multi-channel communication	• An external communication team review has been conducted and additional short term corporate senior communications lead approved • Workplace and use of other social media channels continues to grow	• The Trust is recruiting to a new Director of Communications to lead the develop of coms strategy at UHS • Setting clearer expectations in the role of local managers in cascade of communications • A review of Core Brief and Staff brief • Explore other channels of communication: core & non-core
Improve basic IT functionality	• Windows 10 rollout • CAMIS server upgrade to increase 'load times'	• PC replacement programme (> 5 years old) • Training digital champions
Create pleasant and accessible outdoor spaces for patients and staff	• New garden spaces • Hoarding visually improved	• Separation of smoking areas • Increasing staff seating spaces • Feast outdoor space • 'Web Cam' for UHS birds of prey
Support equality and inclusion at UHS	• The Trust Board committed to a target of 15% of staff at Band 7 and above from BAME background by 2023. It has moved from 7% to 8.9% in 1.5 years. • Re-launch of the Trust BAME network with growing attendance and energy • Update of recruitment training	• Implementation of new policies in 2020 to mandate training on recruitment to panel members, more use of independent panel members and measurement of outcomes of recruitment • Communicate and follow-up policy implementation
Installation of water coolers accessible to staff and patients	• £20k budget for water coolers provided • Exploration of potential new supplier • Site survey underway	• Tendering process for new supplier
A positive approach to flexible working	• Advertisement of alternative types of contract (night only, term time) growing to seek new target employees	• Targeting areas of low reporting of flexible working in 2019 staff survey results • Further support & guidance for managers & their staff when considering flexible hours • Targeted communication when applicable • Provide positive case studies of flexible working solutions

		• Check employee assist programme is current on flexible working solutions
A proactive approach to valuing staff	• A number of new awards introduced alongside employee and team of the month (improving value, improving quality) • Increasing promotion of our teams for national and regional awards • Introduction of a new benefits platform with improved employee discounts	• Development of other options for recognising & celebrating staff e.g. Wow, thank you cards
A strong 'staff voice' in Trust decision making	• Strong staff partnership forum and relationships with staff side colleagues, including involvement in key management committees across the Trust • Increased participation in the 2019 staff survey with % response rate already exceeding 48%	• Set clearer expectations of departments for the standards expected on employee involvement in decision making • Consider how non-union individuals voices are recognised collectively • Promote QI as a mechanism for increasing employee involvement in decision making
Supporting frontline managers & leaders	• A comprehensive range of training programmes available for line managers and leaders at a variety of levels which are well accessed • Introduction of new appraisal training focusing on 'quality honest conversations'	• Consideration of mandating a core set of training programmes for leaders at all levels • Ensuring appropriate levels of corporate support functions to provide technical help and expertise • Extending coaching & mentoring support for frontline managers
Reduce bullying and harassment	• Increased training of Trust mediators (clinical, medical non-medical) during 2018 and 2019 to help to quickly resolve disputes • Introduction of the Freedom to Speak Up guardian, and Freedom to Speak up Champions across the Trust. A senior Trust group oversees concerns raised and recommends actions on themes. • A series of cultural reviews have been used in departments of concern which have resulted in changes in leadership or individuals	• A communication from HR Director and Staffside chair to outline how action is taken in partnership to address poor behaviours • Consideration of formal mandated 360 appraisal process for managers and leaders on a tri-annual basis • Guidance/training on how to address early warning signs of bullying • Develop summarised behaviours on posters or other media
Action taken on staff well-being	• UHS has a national recognised programme for health and wellbeing (Live Well and Inspire) which includes a range of offers for staff • Over 20 individuals have been trained as TRiM practitioners to help staff debrief from traumatic events • Widespread publication of the 'Reminder to be Kinder' campaign	• A review of expanding the support to staff e.g. consideration of investment in Swartz Rounds, resilience training etc.
Leadership in environmental sustainability	• A popular cycle to work scheme with significant salary sacrifice discounts • Significant discount reductions on public transport and loans on season tickets	• Promoting cycling facilities and green transport options • LED lighting • Increasing promotional material on recycling practices & energy wastage

Report to the Trust Board of Directors dated Thursday, 26 March 2020			
Title: CRN Wessex 2019/20 Quarter 3 Performance Report			
Category	Quality, Performance, and Finance		
Agenda item	13.4		
Sponsor	Medical Director		
Author	Graham Halls, Business Intelligence Manager and Rebecca McKay, Chief Operating Officer		
Provenance	Q1 2019-20 report submitted at the UHS Board meeting on 26 September 2019 Q2 2019-20 report submitted at the UHS Board meeting on 26 September 2019		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for INFORMATION. The report sets out the National Institute for Health Research Clinical Research Network Wessex (NIHR CRN Wessex) performance for the period 1 April 2019 to 31 December 2020 unless otherwise stated. Key achievements / issues: • CRN Wessex recruitment was 20 percent below the recruitment target agreed with the NIHR and 33 percent below the same period in 2018/19 • Recruitment to time and to target was strong on Wessex led non-commercial studies, with 85 percent achieving their goal • Only research activity confirmed by a representative of the sponsor will be included in the local and national funding models from quarter four 2019/20 Recommendation: • Monitor activity and performance via quarterly progress reports and the agreed assurance framework in appendix 1		
Relevant strategic 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.
Assurance framework links	The CRN Wessex UHS board assurance framework is included in appendix one to this report. The performance of CRN Wessex partner organisations also impacts the following Board Assurance Framework entries: • BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways		

	• BAF010 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status
Impact assessments	Not applicable
Other standards affected	CQC Well-led Framework (for research)

1. Introduction or Background

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 the National Institute for Health Research (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. Analysis and Discussion

2.1 Local Clinical Research Network (LCRN) performance is primarily measured on the number of research participants enrolled on to NIHR portfolio research projects within each region. Research recruitment represents opportunities for the population to take part in research that the NIHR considers high quality. Research can also be a source of funding for participating organisations and the wider NHS.

2.2 Chart one provides a summary of CRN Wessex's current performance against the NIHR's CRN high level objectives for the 2019/20 financial year (quarters one to three).

2.3 Recruitment within Wessex during this period was 20 percent below the year to date target agreed with the NIHR (chart 2a). If the currently monthly average recruitment continues in March 2020 then Wessex are predicted to finish the year with 34,872 participants; the 2019/20 target for Wessex is 43,479.

2.4 Research recruitment in England has fallen by 22 percent compared to the same reporting period year on year (chart 2b). Nationally this gap has been reducing throughout the financial year, however Wessex is tracking below the LCRN average with a 33 percent decrease.

High Level Objective			Target	CRN Wessex	National status
HLO 1	Deliver significant levels of participation in NIHR CRN Portfolio studies	(a) All studies	43,479	26,154	Amber
		(b) Commercial only	2,000	808	Red
HLO 2	Increase the proportion of studies delivering to recruitment target and time	(a) Commercial RTT (number of participating sites)	80%	77%	Amber
		(b) Non-Commercial RTT (number of Wessex led studies)	80%	85%	Green

HLO 3	Number of commercial studies recruiting in year (cumulative) Number of commercial studies recruiting in year (cumulative)	(a) Number of new commercial contract studies entering the NIHR CRN Portfolio	750 (National target)	Not locally measured	Amber
		(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% (National target)	Not locally measured	Green
HLO 6	Widen participation in research by enabling the involvement of a range of health and social care providers	(a) Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%	100%	Green
		(b) Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies (commercial only)	70%	83%	Green
		(c) Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	45%	29% (83 sites)	Red
		(d) Number of non-NHS sites recruiting into NIHR CRN Portfolio studies	2,000 (National target)	Not locally measured	Green
HLO 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	688 (2019/20)	1,179	Amber
HLO 8	Demonstrate to people taking part in health and social care research that their contribution is valued.	Number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey each year.	650	812	National results are not yet available

HLO 9	Reduce study site set-up times for NIHR CRN Portfolio studies by 5%	(a) Median study site set-up time for commercial contract studies, at confirmed Network sites	80 days	65 days	Green
		(b) Median study site set-up time for non-commercial studies	60 days	68 days	Green

Chart 1: Performance against NIHR Higher Level Objectives in Wessex 2019/20 – quarters one to three

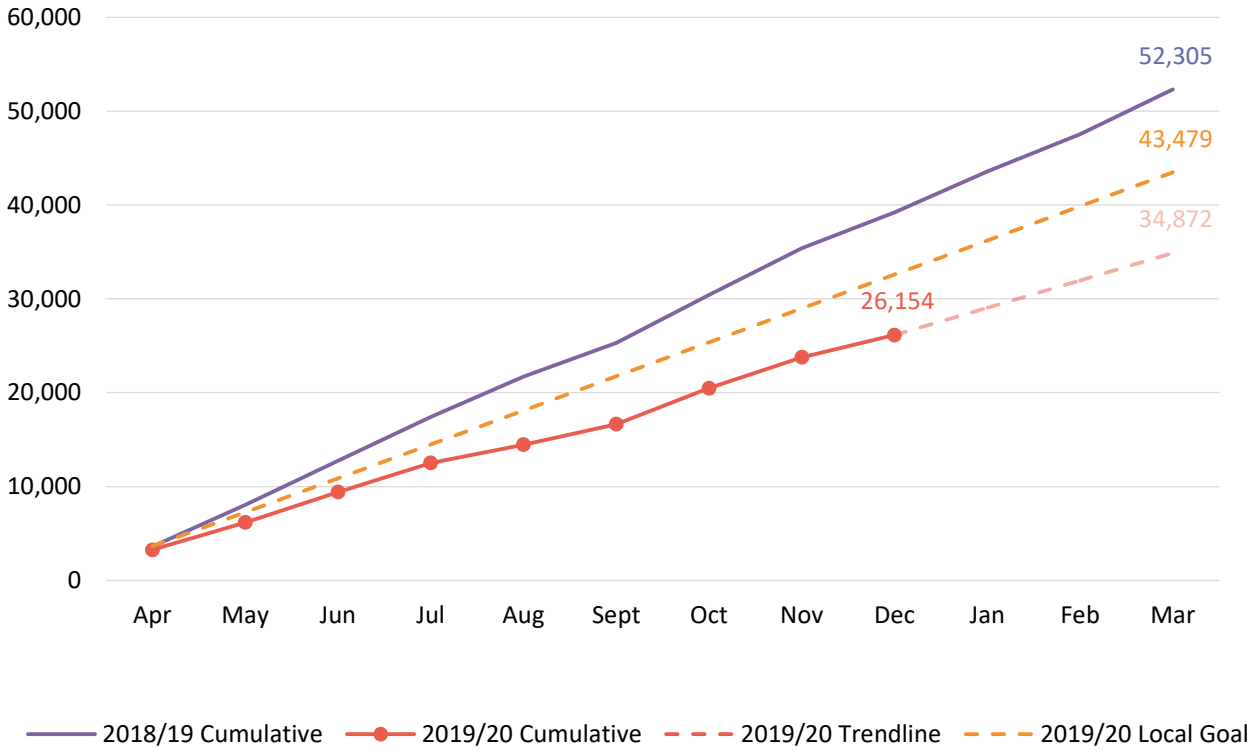


Chart 2a: Wessex recruitment against target – NIHR high level objective 1a – 2019/20 quarters one to three

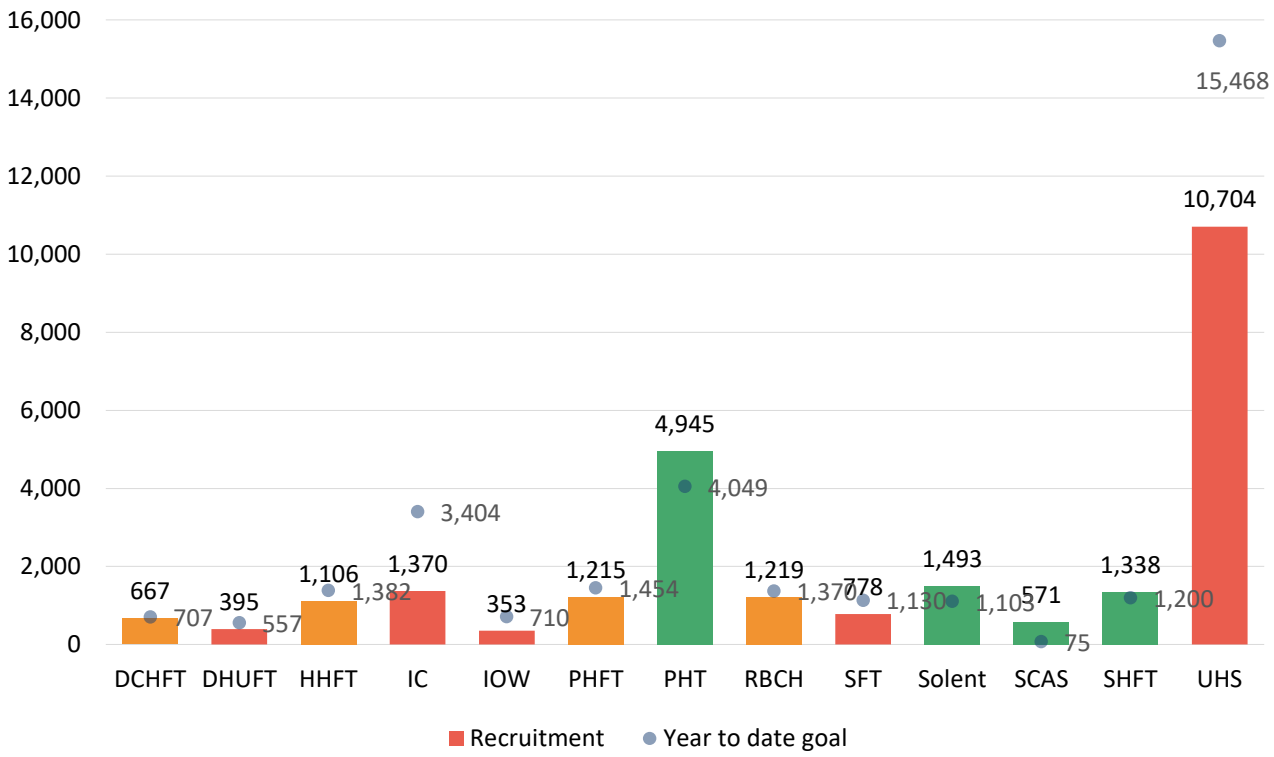
Network	2018/19 (Q1-3)	2019/20 (Q1-3)	Variance
East Midlands	49,646	39,439	-21%
Eastern	36,886	25,924	-30%
Greater Manchester	65,076	35,116	-46%
Kent, Surrey and Sussex	30,949	29,622	-4%
North East and North Cumbria	33,124	19,284	-42%
North Thames	61,900	50,398	-19%
North West Coast	27,821	22,174	-20%
North West London	30,571	21,228	-31%
South London	68,816	58,674	-15%
South West Peninsula	20,734	15,237	-27%
Thames Valley and South Midlands	47,960	43,980	-8%
Wessex	**39,226**	**26,154**	-33%
West Midlands	50,574	50,232	-1%
West of England	23,392	21,963	-6%
Yorkshire and Humber	71,274	55,044	-23%
Total	**657,949**	**514,469**	**-22%**

Chart 2b: Research recruitment by local clinical research network – 2019/20 quarters one to three

2.5 The percentage of sites meeting both recruitment to time and to target was three percent below the national goal for commercial research but was five percent above for Wessex led non-commercial studies. These objectives directly affect the network's future funding, with 10 percent of the model used for the 2020/21 financial year dependent on both the performance and volume of studies meeting these objectives.

2.6 CRN Wessex sites are meeting the NIHR target for the median study set-up time of commercial research. On Wessex led non-commercial studies the network is currently not meeting the set-up target of 60 days. Ten of fifteen LCRNs are achieving this non-commercial goal, with only two LCRNs exceeding Wessex's median set-up time.

2.7 The performance of CRN Wessex partner organisations against their year to date recruitment goals is shown in chart three. The performance is red, amber or green rated depending on whether the organisation is achieving their goal (green), within 20% (amber) or not currently meeting the goal (red). All organisations have maintained or improved their ratings since the end of quarter two.



IC = Independent Contractors refers to, but is not exclusive to; GP Surgeries,

Chart 3: Recruitment by partner organisation in Wessex against target – 2019/20 quarters one to three

2.8 Of the six NIHR clinical research network divisions (see glossary for further information) three were either above or within 20 percent of their year to date recruitment target (chart four). The position for divisions three and five have improved significantly since the end of quarter two, but both are unlikely to reach their annual targets.

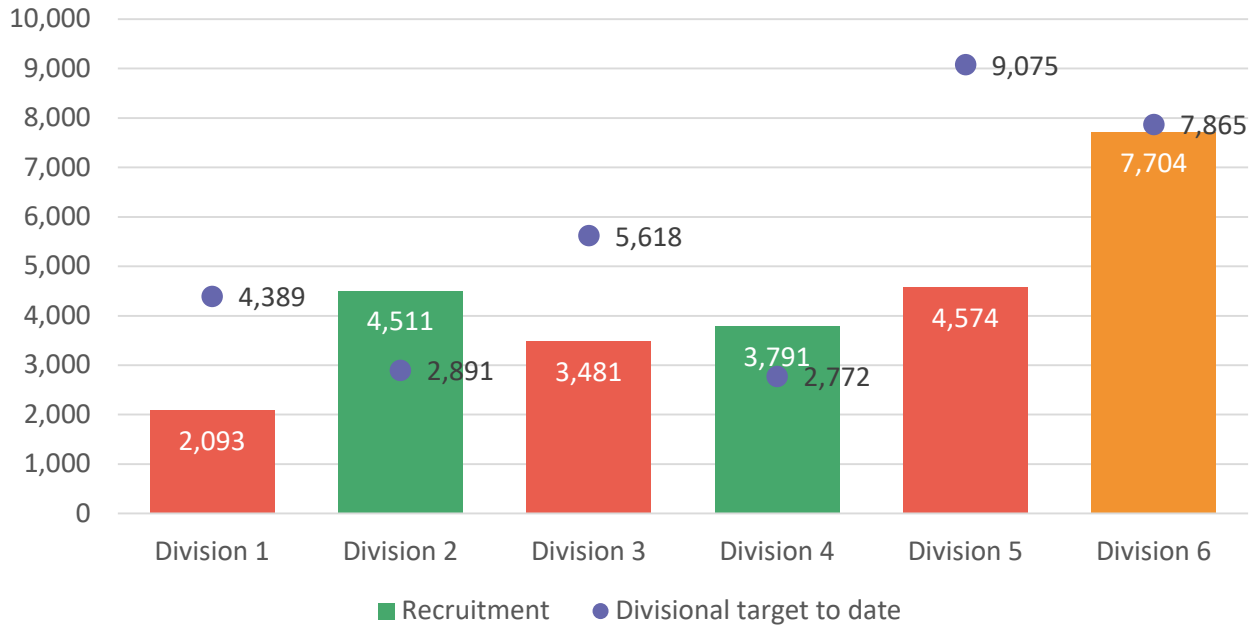


Chart 4: Recruitment by NIHR Division in Wessex against target – 2019/20 quarters one to three

2.9 CRN Wessex recruitment performance is benchmarked against the other LCRNs on a range of measures. Charts 5a-c show the network's rank for unweighted, population weighted and complexity weighted recruitment. Wessex historically ranks in the middle third of the 15 LCRNs and therefore this year the network has fallen below our expected position for unweighted recruitment. The glossary contains further information on LCRN populations and weighting recruitment for complexity.

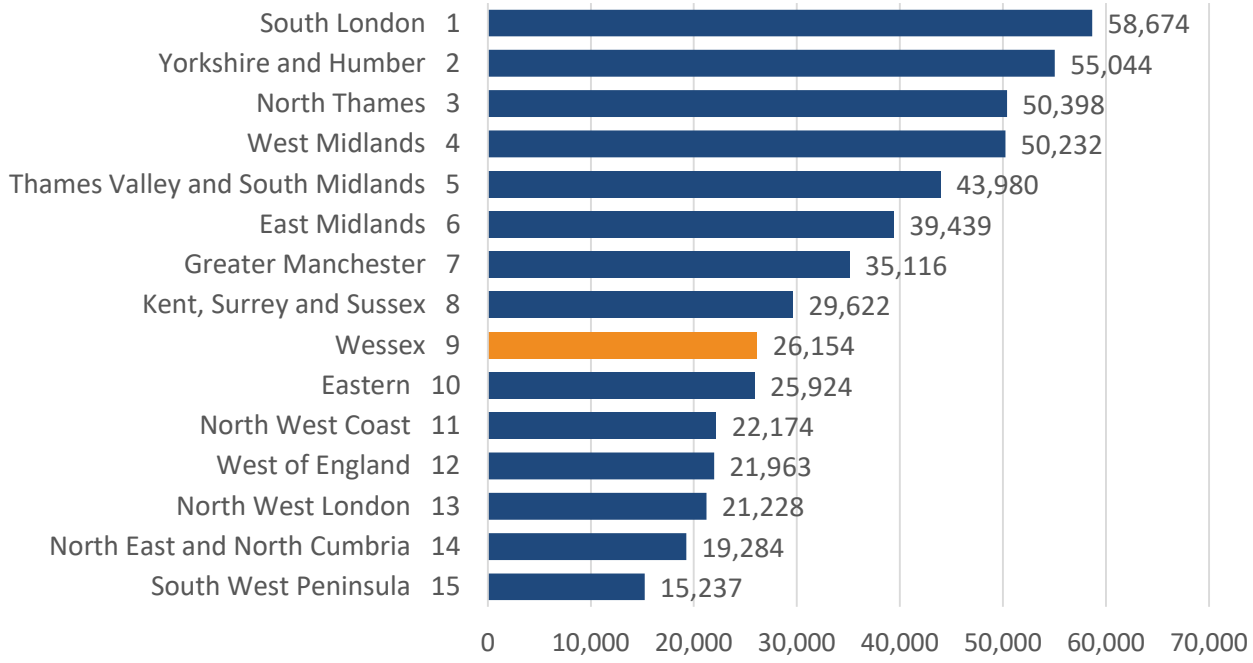


Chart 5a: Comparison of recruitment by LCRN – 2019/20 quarters one to three

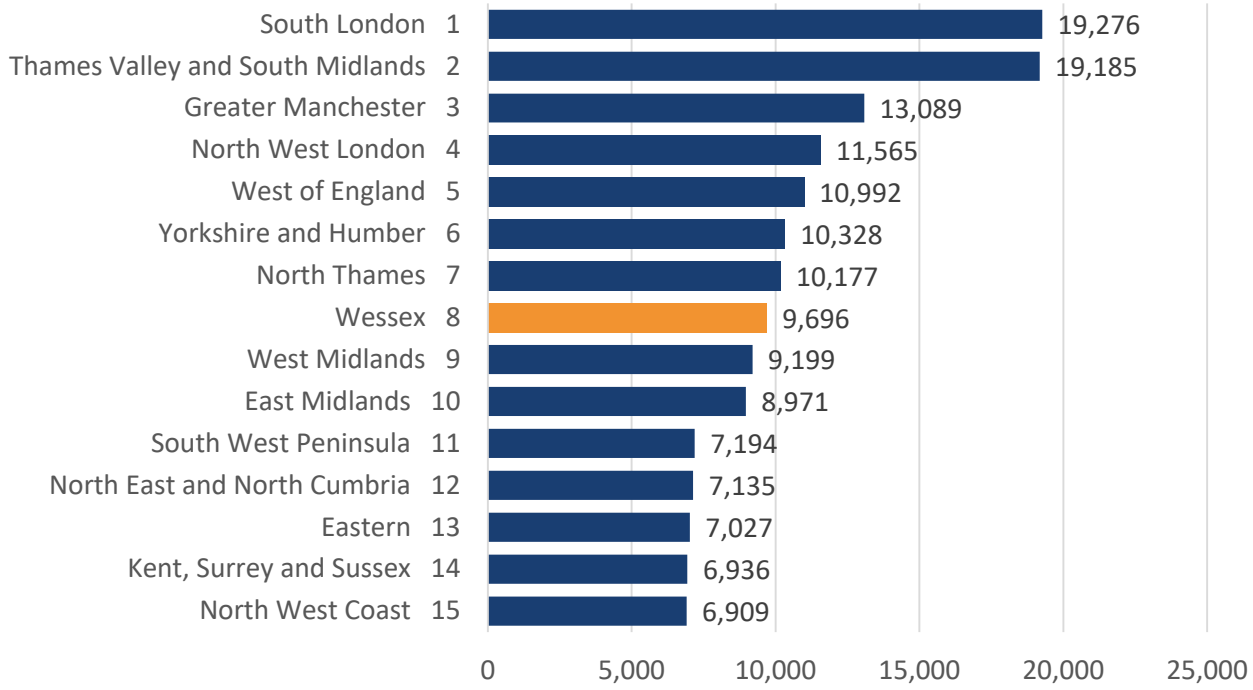


Chart 5b: Comparison of recruitment by LCRN weighted for local population – 2019/20 quarters one to three

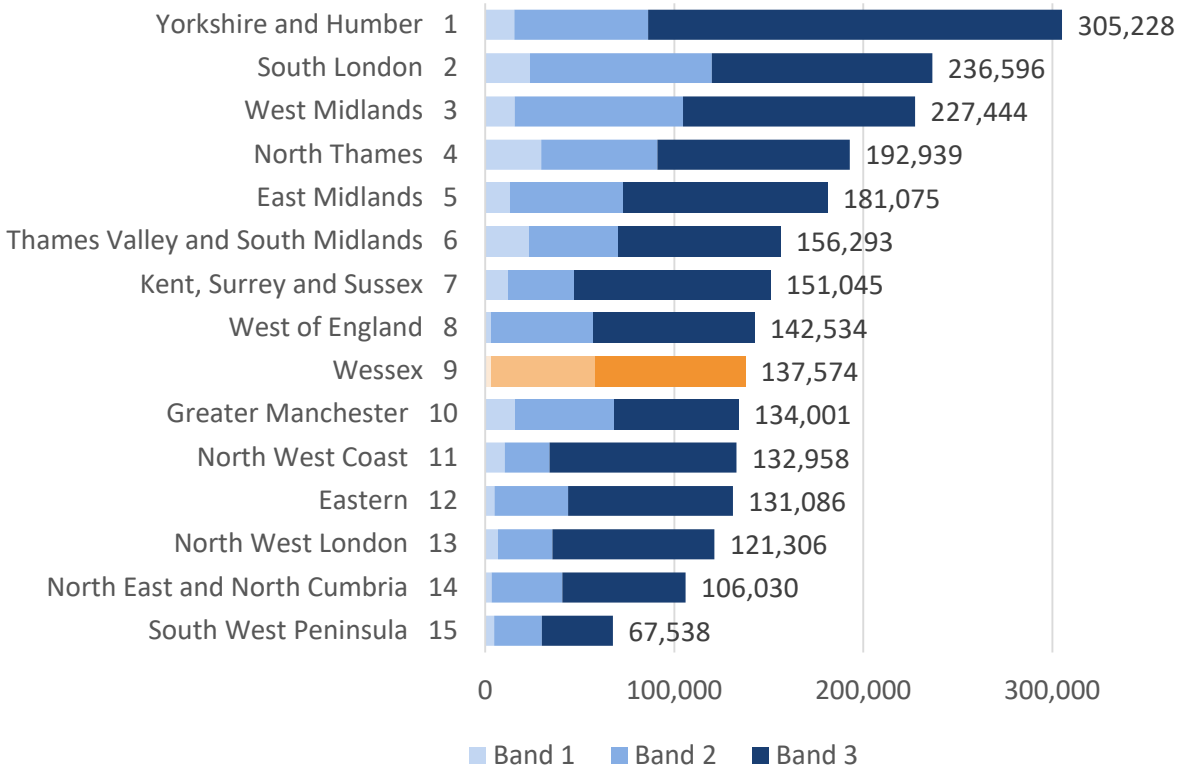


Chart 5c: Comparison of recruitment weighted by complexity by LCRN – 2019/20 quarters one to three

2.10 Five specialties are ranked in the top five for recruitment when compared to the 14 other LCRNs (chart six). When the population or the complexity of the research taking place in each LCRN is considered this increases. Wessex historically have had strong recruitment performance in the children, critical care, ENT, haematology, musculoskeletal, respiratory and surgery specialties (top three LCRN). This profile has shifted within this financial year but the LCRN rank can be greatly influenced by local CI led studies.

Specialty	LCRN Rank	LCRN Rank (Population Weighted)	LCRN Rank (Complexity Weighted)
Ageing	8	6	5
Anaesthesia, Perioperative Medicine and Pain Management	10	6	6
Cancer	9	7	10
Cardiovascular Disease	4	3	3
Children	4	5	6
Critical Care	6	5	7
Dementias and Neurodegeneration	8-9	4	7
Dermatology	6	4	5
Diabetes	8	7	6
Ear, Nose and Throat	6	5	3
Gastroenterology	11	7	7
Genetics	9	5	6
Haematology	7	6	6
Health Services Research	6	5	7
Hepatology	10	7	7

Specialty	LCRN Rank	LCRN Rank (Population Weighted)	LCRN Rank (Complexity Weighted)
Infection	13	10	7
Mental Health	10	4	10
Metabolic and Endocrine Disorders	14	13	12
Musculoskeletal Disorders	9	6	9
Neurological Disorders	3	1	3
Ophthalmology	10	7	10
Oral and Dental Health	14	14	9
Primary Care	10	10	9
Public Health	4	3	4
Renal Disorders	9	7	6
Reproductive Health and Childbirth	10	10	10
Respiratory Disorders	1	1	1
Stroke	9	9	10
Surgery	8	4	8
Trauma and Emergency Care	7	7	11

Chart 6: Comparison of Wessex unweighted, population and complexity weighted recruitment LCRN rank by specialty (red: position 11-15, amber: 6-10 and green 1-5) – 2019/20 quarters one to three

2.11 77 percent of sites in CRN Wessex closed having recruited to target and within their allocated time on commercial studies (chart seven). This is three percent below the NIHR's 80 percent target. Feedback has been received from some industry partners that they would expect 90 percent and above. The reputational effects of achieving this goal are therefore important for the continued growth of research within Wessex.

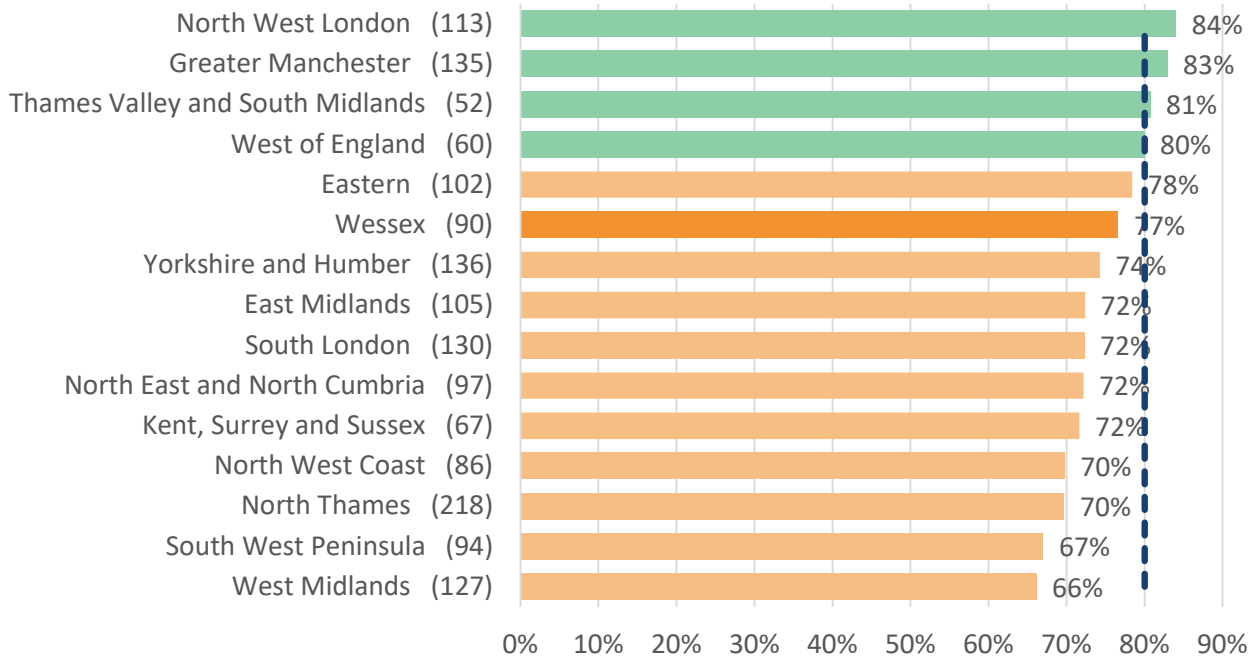


Chart 7: Percentage of sites recruiting to time and to target on closed commercial study sites – 2019/20 quarters one to three

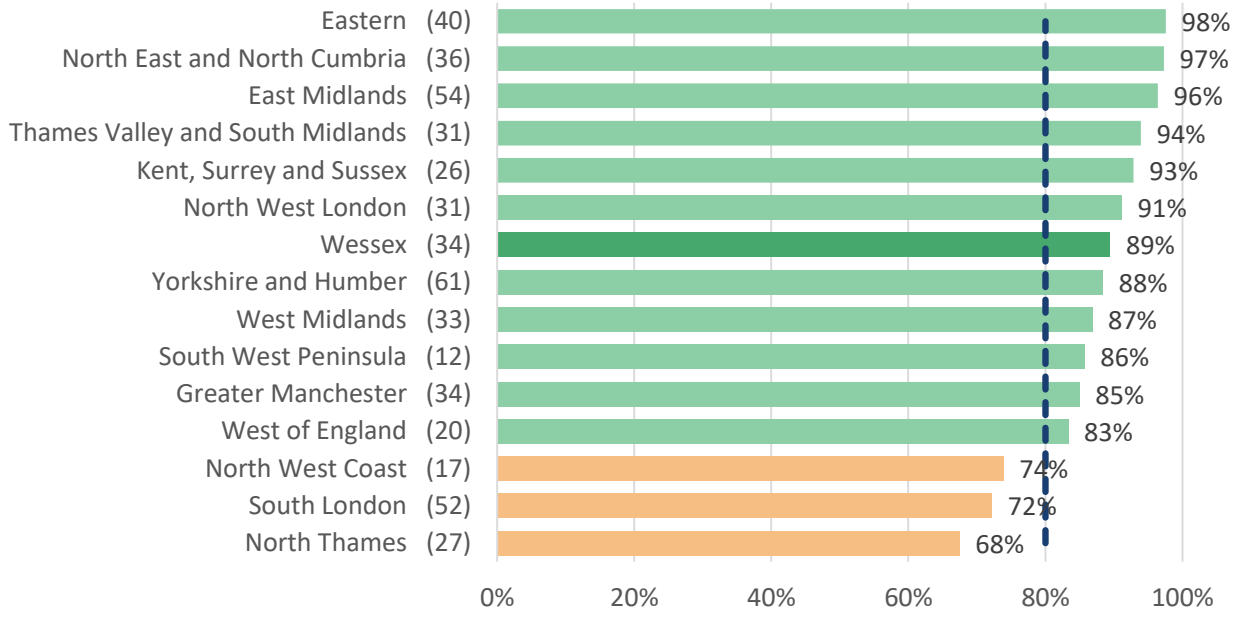


Chart 8: Percentage of sites recruiting to time and to target on closed non-commercial Wessex-led studies – 2019/20 quarters one to three

3. Conclusion

3.1 The shortfall in recruitment represents a financial risk to research service support funding within Wessex. 20 percent of the NIHR funding model (informing the allocation for 2021/22) is reliant on strong performance for high level objectives 1, 2a, 2b (see table 1 for further details), along with the NIHR's harmonised specialty objectives.

3.2 It is also necessary for commercial recruitment to time and to target and study setup times to improve not only to attract commercial sponsors with novel therapies, but also to grow research funding.

4. Recommendation

4.1 Monitor activity and performance via quarterly progress reports and the agreed assurance framework in appendix 1.

5. Appendices

5.1 Appendix 1 - CRN Wessex 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
		Performance reviews

1:1 meetings

[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

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.

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.

5.2 Appendix 2 – 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)

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