

Agenda Trust Board – Meeting held in Closed Session

Date	28/05/2020
Time	9:00
Location	Conference Room, Heartbeat/Microsoft Teams
Chair	Peter Hollins

1 Chair's Welcome, Apologies and Declarations of Interest

9:00 To note apologies for absence, and to hear any declarations of interest relating to any item on the Agenda.

2 Minutes of Previous Closed Meeting held on 30 April 2020 (Not for publication)

3 Matters Arising and Summary of Agreed Actions from Closed Meeting (Not for publication)

To discuss any matters arising from the Minutes, and to agree the status of any actions assigned at the previous meeting.

OPEN ITEMS (For publication)

4 QUALITY, PERFORMANCE and FINANCE

4.1 Briefing from Chair of Board Operating Group for review (Oral)

9:20 Peter Hollins, Trust Chair

4.2 Briefing from Chair of Charitable Funds Committee for review (Oral)

9:25 Jenni Douglas-Todd, Outgoing Chair/Dave Bennett, Incoming Chair

4.2.1 Charitable Funds Committee Terms of Reference for approval

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

9:35 Tim Peachey, Chair

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

9:40 Jane Bailey, Chair

4.5 Integrated Performance Report for Month 1 for review

9:45 To review the Trust's performance as reported in the Integrated Performance Report

Sponsor: Paula Head, Chief Executive

4.6 Freedom to Speak Up Report for review

10:30 Sponsor: Gail Byrne, Chief Nursing Officer

Attendee: Christine Mbabazi, Equality & Inclusion Adviser/Freedom to Speak Up Guardian

4.7 Finance Report for Month 1 for review

10:45 Sponsor: David French, Chief Financial Officer

- 5 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL**
- 5.1 UHS Board Assurance Framework for review (Oral)**
10:55
Sponsor: Gail Byrne, Chief Nursing Officer
Attendee: Susan Rudd, Interim Associate Director Corporate Affairs & Company Secretary
- 5.2 Infection Prevention and Control Board Assurance Framework for assurance**
11:10
Sponsor: Gail Byrne, Chief Nursing Officer
- 5.3 Register of Seals, and Chair's Actions for ratification**
11:25
In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Reservation and Delegation.
Sponsor: Peter Hollins, Trust Chair
- 5.4 Emergency Planning and Business Continuity Annual Report 2019/20 for approval**
11:30
Sponsor: Joe Teape, Chief Operating Officer
Attendee: Sandra Hodgkyns, Head of Security/Emergency Planning (LSMS)
- 5.5 CRN: Wessex 2019/20 Q4 Performance/Annual Report for approval**
11:40
Sponsor: Derek Sandeman, Chief Medical Officer
- 6 Any other business including review of meeting**
12:45
To consider any appropriate business, not on the Agenda.
- 7 To note the date of the next meeting: 30 June 2020, in the Conference Room, Heartbeat Education Centre**

Report to the Trust Board of Directors dated Thursday, 28 May 2020			
Title: Charitable Funds Committee Terms of Reference			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	4.2.1		
Sponsor	Dave Bennett, Chair, CFC		
Author	Ian Bradbury, Head of Charity Finance		
Provenance	<p>It is good practice to review Committees' Terms of Reference (ToRs) periodically.</p> <p>The Committee has discussed the revised TORs and now recommend approval by the Board.</p>		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for APPROVAL .		
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	N/A		
Impact assessments	Impact assessment will be undertaken for specific pieces of activity as part of the work programme associated with duties in the Terms of Reference		
Other standards affected	CQC Well-led Framework NHSI's Code of Governance Standing Financial Instructions Standing Orders		

Charitable Funds Committee

Terms of Reference

1. Aims and objectives

- 1.1 The committee has been established to exercise the Trust's functions as sole corporate trustee of Southampton Hospital Charity (registered charity number 1051543).
- 1.2 The Trust Board is regarded as having responsibility for exercising the functions of the Trustee. The Trust Board delegates these functions to the Committee, within any limits set out in these terms of reference and the charitable funds section of the Trust's Standing Financial Instructions.

2. Membership

- 2.1 The committee will comprise:
 - two Non-Executive Directors
 - the Chief Financial Officer
 - the Chief Nursing Officer
 - the Director of Estates.

All appointments to the Committee shall be made by the Board.

- 2.2 The Board shall appoint the Committee Chairman who should be a Non-Executive Director. In the absence of the Committee Chairman and/or any appointed deputy, the remaining members present shall elect one of the Non-Executive Directors present to chair the meeting.
- 2.3 Only members of the Committee will have the right to attend committee meetings. However, up to four fundholders, as agreed by the Executive Directors, the Trust executive assigned responsibility for the Charity (if not a member of the Committee), the Head of Patient Experience and Involvement, the Director of Southampton Hospital Charity and the Charity Funds Manager shall normally attend meetings to provide information to the Committee. Other individuals may be invited to attend for all or part of any meeting, as and when appropriate. Any Non-Executive Director not appointed to the Committee may attend with the prior consent of the Chairman.
- 2.4 It is expected that members and attendees will make every effort to attend all meetings. When a member or attendee, other than a Non-Executive Director, is unable to attend a meeting they should appoint a deputy to attend on their behalf. The nominated deputy will have the same voting right as the person for whom they are deputising.

3. Secretary

- 3.1 The Secretary of the Committee will be supplied by the Chief Nursing Officer

4. Quorum

- 4.1 The quorum necessary for the transaction of business shall be 3 members and should include not less than 2 Non-Executive Directors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

5. Frequency of Meetings

- 5.1 The committee shall meet quarterly and at such other times as the Chairman of the Committee shall require.

6. Sub-Committees

- 6.1 The Committee may establish a sub-committee for a specific purpose. It currently has a Children's Hospital Charity Committee.

7. Administration

- 7.1 It is the duty of the Committee Chairman to ensure that:

- 7.1.1 the administration of the Committee is managed efficiently and effectively
- 7.1.2 the Committee undertakes the duties assigned to it
- 7.1.3 reports to the Committee and actions arising from meetings are completed in a timely manner
- 7.1.4 appropriate agendas are set
- 7.1.5 meeting papers are circulated at least five days in advance of the meeting by the Secretary.

- 7.2 The Secretary's duties include:

- 7.2.1 collation of the Committee papers
- 7.2.2 ensuring the taking of minutes and keeping a record of action points and issues to be carried forward
- 7.2.3 forward planning of agenda items
- 7.2.4 ensuring records of Committee business, terms of reference, etc. are stored appropriately and are retained in line with the corporate record retention requirements
- 7.2.5 reminding contributors of report deadlines
- 7.2.6 distributing papers at least five days in advance of meetings
- 7.2.7 keeping mailing lists up to date
- 7.2.8 recording attendance and drawing the Chairman's attention when this needs follow up action.

8. Duties

8.1 The Committee will:

- 8.1.1 ensure that the charitable funds held by the Trust are managed in a manner consistent with the requirements of the relevant regulatory and statutory frameworks and the guidance set out by the Charity Commission
- 8.1.2 when in this role act solely in the best interests of Southampton Hospital Charity and in a manner consistent with the Charity Commission's requirements and expectations of Charity Trustees
- 8.1.3 oversee the Charity's strategy, governance (in accordance with the Code of Good Governance applying to charities), major plans and key risks on behalf of the Trustee
- 8.1.4 establish, prioritise and approve major fundraising projects; projects over £100,000 will also /then need approval from the Trust Board
- 8.1.5 approve charitable fund bids in accordance with the relevant procedures
- 8.1.6 endeavour to make an adequate return on prudent investments
- 8.1.7 consider and agree any changes to investment policy
- 8.1.8 regularly review the performance of current investments in terms of income and capital appreciation
- 8.1.9 appoint independent advisors on investment policy as the Committee sees fit
- 8.1.10 receive all necessary information from authorised fund signatories
- 8.1.11 determine the format of the information required to manage effectively the charitable funds
- 8.1.12 safeguard donated money
- 8.1.13 ensure legacies are realised in a timely and complete manner
- 8.1.14 receive regular reports from any sub-committees the Committee has established
- 8.1.15 review and approve the charitable funds annual accounts and Trustees' report in accordance with the Charity Commission's Statement of Recommended Practice
- 8.1.16 review and approve annually the overall fundraising strategy of the Charity
- 8.1.17 review and approve annually objectives, medium term strategy and annual operating plan
- 8.1.18 fully account to the Charity Commission and the public.

9. Reporting Responsibilities

- 9.1 The minutes of the Committee meetings shall be submitted to the Board after each meeting
- 9.2 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed
- 9.3 The Committee shall provide a report on its activities to be included in the Trust's Annual Report.

10. Authority

- 10.1 The Committee is authorised:
 - 10.1.1 to oversee and authorise expenditure from charitable funds (subject to all process being in accordance with the Trust's Standing Orders and Standing Financial Instructions)
 - 10.1.2 to seek any information it requires from any employee of the Trust in order to perform its duties
 - 10.1.3 to obtain, at the Trust's expense, outside legal or other professional advice on any matter within its terms of reference.

11. Monitoring Compliance and Effectiveness

- 11.1 The Committee will annually:
 - 11.1.1 complete a self-assessment of the effectiveness of the committee
 - 11.1.2 review the terms of reference for the committee, reaffirming the purpose and objectives
 - 11.1.3 prepare an annual work plan, where appropriate
 - 11.1.4 present a report to the Trust Board.

Report to the Trust Board of Directors dated Thursday, 28 May 2020			
Title: Integrated Performance Report 2020/21 Month 1			
Category	Quality, Performance, and Finance		
Agenda item	4.5		
Sponsor	Chief Executive		
Authors	Trust Performance Manager Director of Financial and Productivity Improvement		
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	<ul style="list-style-type: none"> • 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

Introduction

The Trust Integrated Performance Report Digest is presented to the Trust Board each month.

The report should be read alongside the 'Integrated KPI Board Report' which contains quantitative performance against all agreed measures.

The Integrated Performance Report is normally revised at the start of each financial year, to better reflect the Corporate Objectives, together with regulatory requirements.

In 2020 the annual revision has been delayed due to the impact of Covid-19, April performance is therefore presented against the KPIs used through 2019/20, revised KPIs will be identified and April and May performance presented against these in the June report to Trust Board.

The monthly Trust Integrated Performance Report is currently complemented by a weekly 'Covid-19 Balanced Scorecard' Report being provided the Board Operating Group.

April 2020

Covid-19 - The entirety of April 2020 saw exceptional changes in the nature of the operation and performance of the Trust. The Trust, our patients and staff have been impacted by concerns relating to, and the actions necessary to respond appropriately to the threat of, Covid-19.

The number of Covid-19 positive inpatients reached a maximum of 150 in ward beds and 30 in high care/intensive care beds. Non elective admissions for other diagnoses reduced very significantly, which released staff and capacity to respond to the surge in Covid-19 demand. A wide range of inpatient and outpatient elective activity has been postponed to reduce the risk of infection, due to staff sickness, to release staff for our Covid-19 response, or due to patient availability.

Within our services a wide range of detailed and complex operational and clinical changes have included:

- Covid-19 testing of patients and staff,
- use of Personal Protective Equipment during clinical care,
- segregation of patients between those with confirmed Covid-19, being tested for Covid-19, those without the disease, and patients that would be at particularly high risk from Covid-19,
- moving services to new locations / sites
- offering appointments by video link or telephone wherever possible

The trust has coped effectively with the challenges posed by Covid-19, assisted by actions within the local health and care system and by the public, which moderated the size of the surge in demand for acute hospital beds.

The need to respond to Covid-19, and the additional challenges to delivering elective care safely in a world in which Covid-19 infections are likely, has unfortunately had a profound impact upon many of our elective services however.

Performance against a range of indicators in the report is highlighted below:

- There was a large reduction in the number of long length of stay inpatients (IPJ3_N) as hospital and community actions reduced the number of patients in hospital, and as reductions in the number of admissions to UHS for other conditions were greater than the increases due to Covid-19 (for example VB9), with reductions in hospital occupancy (IPJ6) as a result
- UHS Emergency Department attendances reduced to approximately half of what would have been expected (VB8) as the public stayed away, or other solutions were found by clinicians. Minor injuries and illnesses we also directed towards Urgent Care Centres such that patients were not at risk of exposure to Covid-19 in A&E. Emergency Department timeliness (for example IPJ9-N) improved significantly, and UHS was the second best of the 8 major trauma centres we benchmark with.
- In terms of elective care
 - The average waiting time for a first outpatient appointment (IPJ20) has increased significantly, to 10.7 weeks
 - Diagnostic tests (IPJ18) saw large reductions in the number of patients waiting (by approximately 40%), yet significantly greater numbers of patients waiting over 6 weeks ((IPJ19-N) such that 46% of patients have now waited longer than the national target
 - The Referral to treatment waiting list size (IPJ7-N) declined slightly in April, but with a very large increase in the percentage of those patients waiting >18 weeks (IPJ16-N), now at 67% compared to the national target of 92%
 - We have seen a large reduction in new referrals to the Trust, combined with a very large reduction in elective clinical activity, during the month
- Cancer performance indicators (for example IPJ21) show that there was a modest improvement in performance in March, despite the impact of Covid-19 in the latter weeks of that month. We believe that the timeliness of treatment has also been maintained in April despite the challenges of Covid-19 (performance is reported in arrears when pathology reports are available). It should be noted however that, in common with other NHS Trusts, we have seen a significant reduction in new referrals for suspected cancer (VB6) which represents a potential risk to those individuals and suggests the potential for an increase in demand in the future
- Eight complaints were closed in the month (approximately one third of the normal volume), all of these within the target time. We have not received any complaints regarding treatment or care for Covid-19. Approximately 85 complaints remain under

investigation following a pause in the complaints management process in line with national guidance during the peak of Covid-19.

- Nursing care hours per patient per day continued to increase significantly as total bed occupancy reduced, and as nursing staff were redeployed from other roles into inpatient care to assist with the additional demands of working frequently in personal protective equipment and caring for a high proportion of acutely unwell patients
- Nursing vacancies for Registered Nurses in clinical wards (EW3-L) also reduced significantly to 7.87% in April, this data is being validated, but is likely to reflect nurses being redeployed to support inpatient services, and ward staffing establishments modified to reflect ward closures / reduced patient numbers
- Staff sickness absence rates remained exceptionally high in April at 6%, explained by Covid-19 symptoms, but were slightly lower than in March 2020. In addition many of our staff have been assessed (in accordance with national guidance) as being at significantly increased risk from Covid-19 and are therefore unable to undertake normal patient-facing activities at this time.

End.

Andrew Asquith

Director of Financial and Productivity Improvement

22nd May 2020

Integrated KPI Board Report

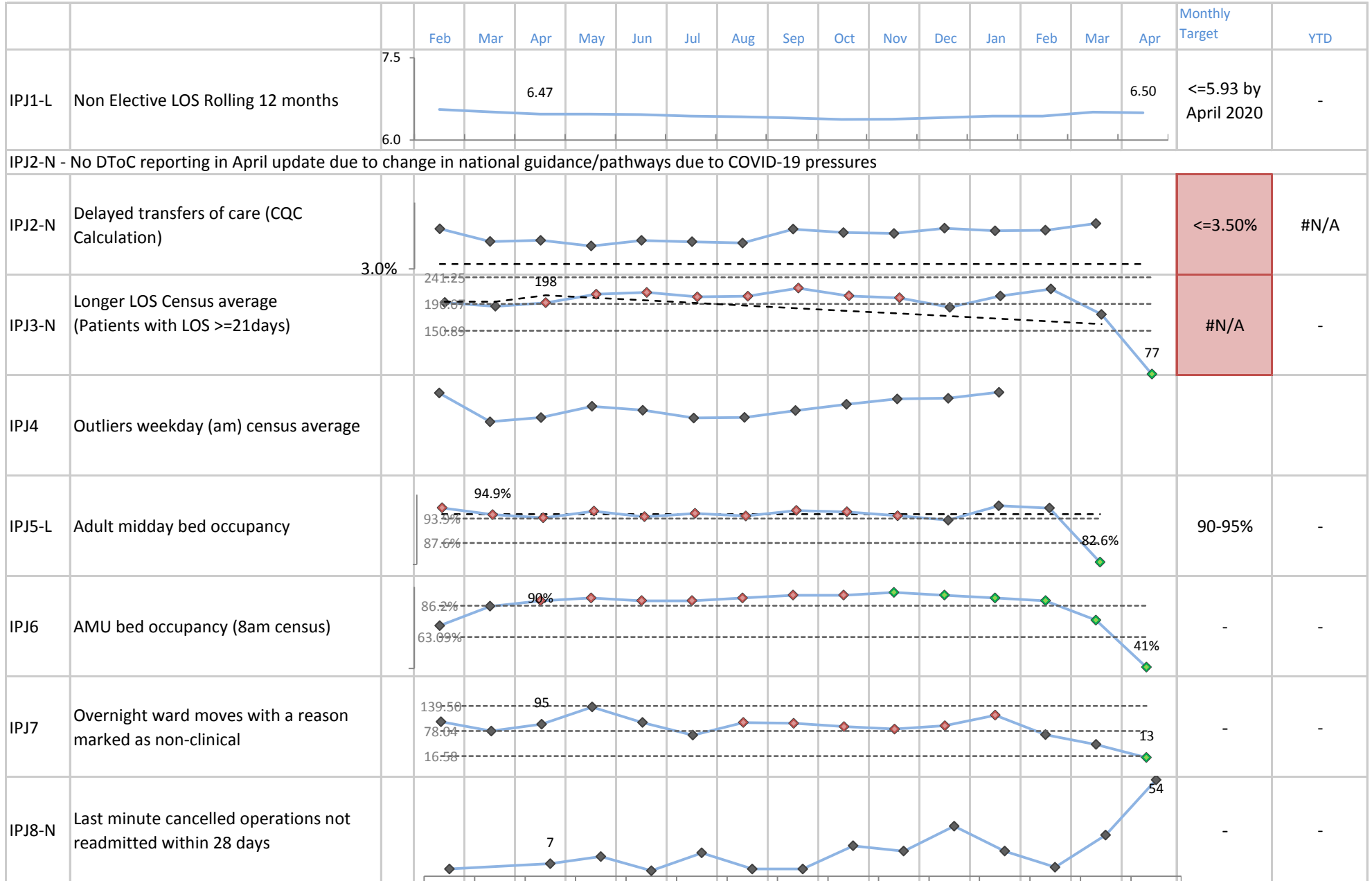
covering up to

Apr 2020

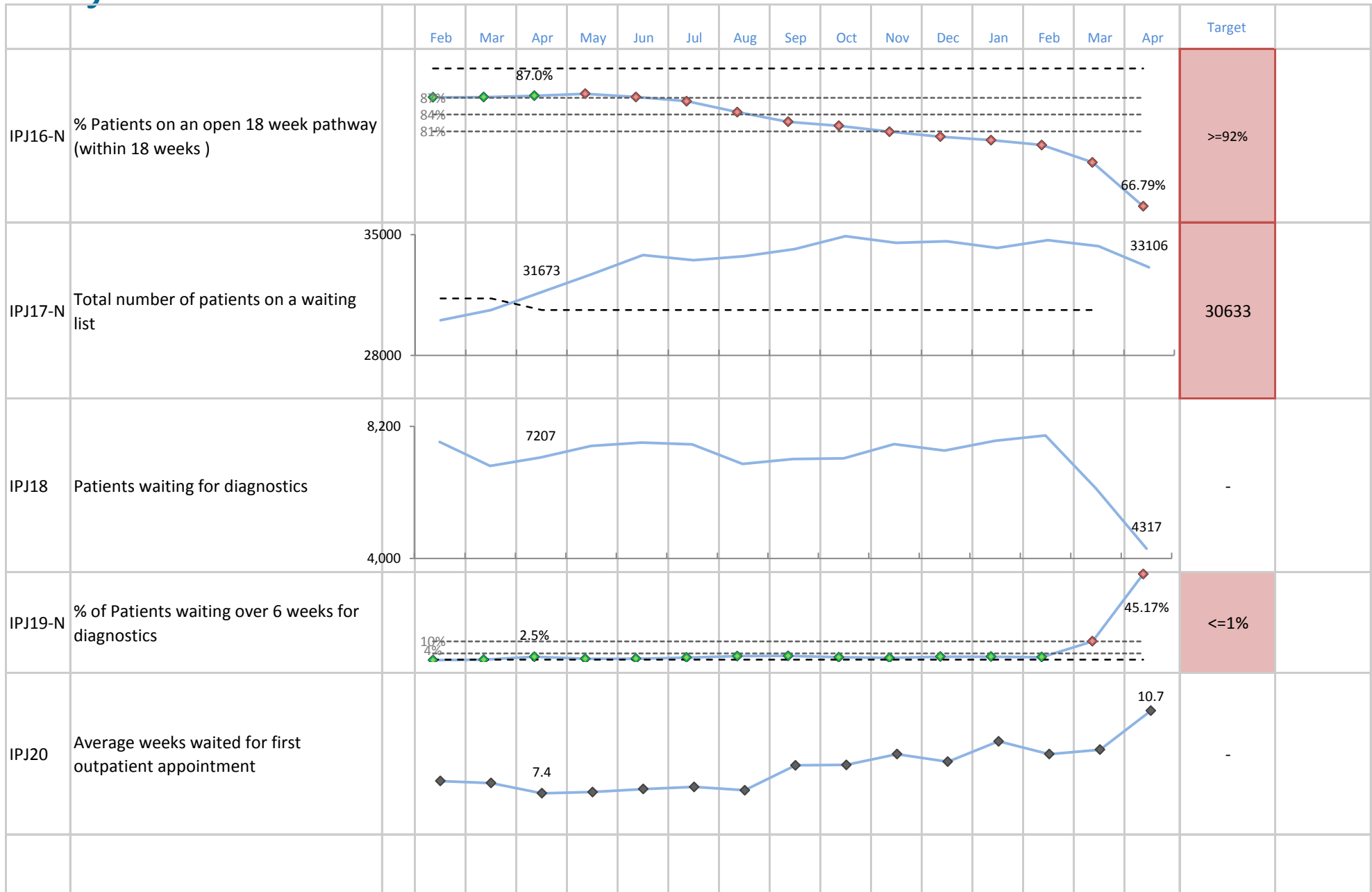
Executive Sponsor - Andrew Asquith, Director of Financial and Productivity Improvement,
andrew.asquith@uhs.nhs.uk

Report Guide

Chart Type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked		The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line Percentiles		A line percentiles chart is used to represent the distribution of a variable. The 50th percentile shows the median value, we also show the 5th, 25th (lower quartile), 75th (upper quartile) and 95th centiles.
Control Chart		<p>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</p> <ul style="list-style-type: none"> -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.



		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	QTD	Q Target
IPJ9-N	Percentage of patients spending less than 4 hours in ED SGH Main ED (Type 1 and UCH)																90.2%	95%
	Major Trauma Centres (Type 1) Rank of 11, (8 from May 19 onwards)->																	
IPJ10-N	UHS Total (includes SGH all types and Lymington until Jul 19)																91.09%	95%
IPJ11-L/N	Local Delivery System																93.65%	L = 90% N = 95%
IPJ12	Same Day Emergency Care (SDEC)	Awaiting national data definition																
IPJ13-N	Time to initial assessment - 95th Centile UHS Total																-	-
IPJ14-N	Time to treatment - Percentiles UHS Total																< 1hr for 50th	-
IPJ15-N	Total time spent in ED - Percentiles UHS Total																-	-

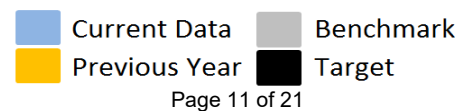


■ Current Data Benchmark
 Previous Year Target

		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Target	no. patients to recover target	QTD
IPJ21	62 day Performance Benchmark (data reported nationally at due dates) Teaching Hospitals vs.																	-
	UHS Total	9	10	6	8	3	6	5	7	8	6	4	5	6	5			
	Rank(of 10)->														0.5		
From latest data held by UHS the primary 62 day wait from GP referral to Treatment was at 76.2% in March (IPJ22 contains 62 day standard, screening & consultant upgrade waits)																		
IPJ22-NL	62 day cancer wait performance (latest data held by UHS)															N=> 90% L=> 86%	N = 22 L = 16 of 148	75%
From latest data held by UHS the primary 31 day wait from decision to treat to 1st treatment achieved target at 96.3% in March (IPJ23 contains standard and subsequent 31 day waits)																		
IPJ23-NL	31 day cancer wait performance (latest data held by UHS)															N=> 96% L=> 96%	N=30 L=33 of 830	92%
IPJ24-N	Urgent GP referrals seen in 2 weeks (latest data held by UHS)															=>93%	0 of 1431	97%
IPJ25	Snapshot of waits > 104 days	28	37	28	26	33	38	41	55	52	41	29	35	27	29			
IPJ26	28 Day Faster Diagnosis															=>75%	0 of 1465	85%

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

																	Monthly Target	YTD	YTD Target	
VB4-L	Complaints per 1000 units	1.30																-		
		0.00																		
VB5-L	% Complaints closed within 35 days	100%																70%		
		20%																		
VB6	Urgent cancer referrals and Breast Symptoms referrals	2,000															Month	QTD	YTD	
		1,300																		
		500																		
VB7	Number of first cancer treatments																			
	(i.e. 31 day activity)	200																		
VB8	Total ED Attendances	12,000																		
		5,000																		
VB8: Lymington MIU removed.																				
VB9	Non-elective Spells	6,800																		
	(incl. CDU)	4,000																		

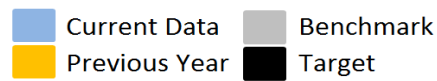


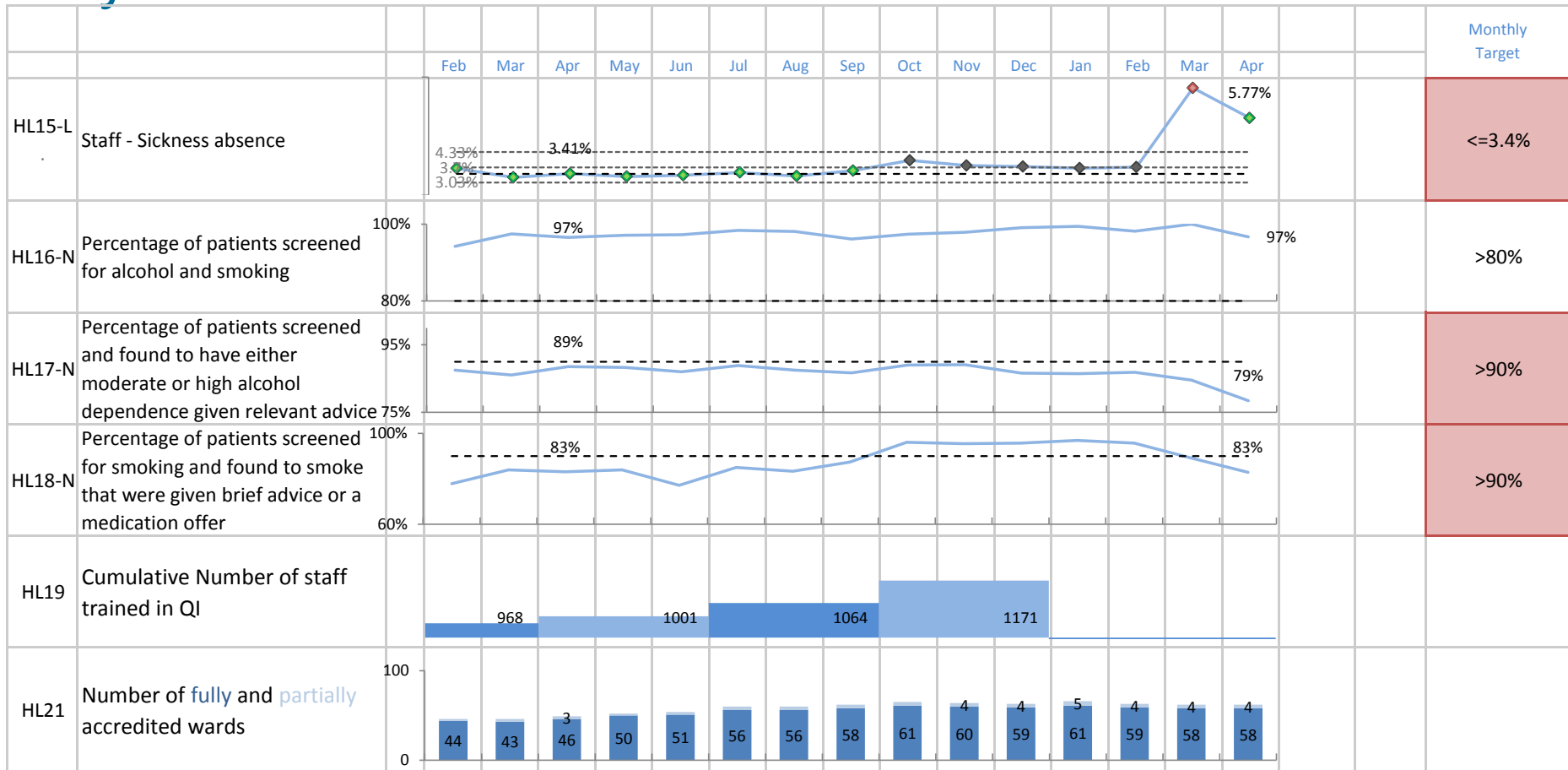
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Monthly Target	YTD	YTD Target	
HL1-N	Cumulative Clostridium difficile																#N/A	5	<=64	
HL2	Number of pressure ulcers causing moderate/severe harm																			
HL2 KPI commenced in April 2019, no historic data available																				
HL3-N	Medication Errors (severe/Moderate)																	<=3	1	<=39
HL4	Serious Incidents Requiring Investigation (SIRI)																	-	48	-
HL5-L	Number of overdue SIRIs																		0	-
HL6-N	Maternity - Continuity of Care																		>=35%	
HL7-N	Neonatal admission temperature within range rate																		>=80%	
HL8-N	Bronchopulmonary Displasia (BPD) rate																		<=30%	
	Antibiotic usage																			
	Number of high harm falls																			



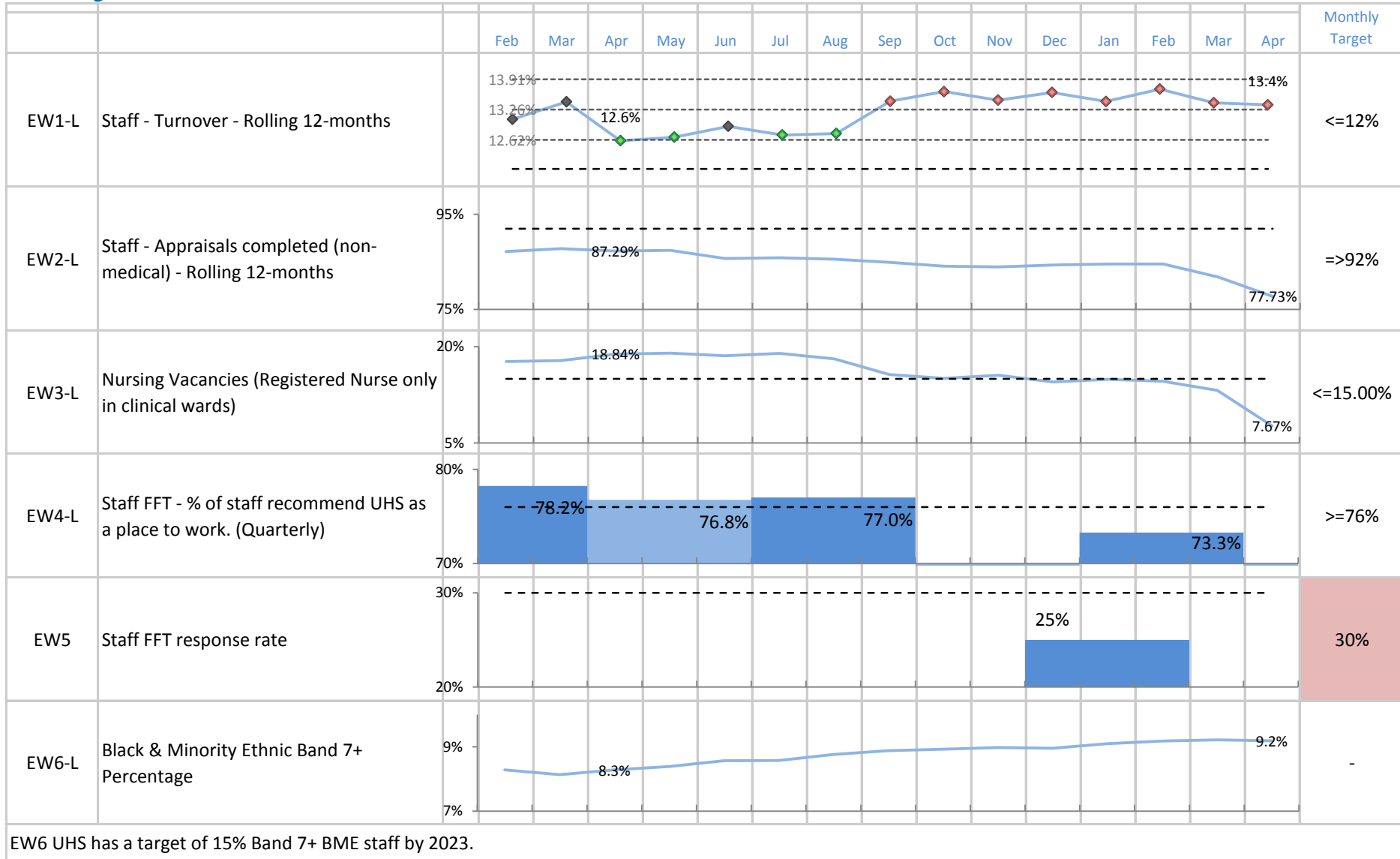
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Monthly Target	
HL9-L Outcomes		46			47			52				52		53			
Cumulative Specialities with Outcome Measures Developed		220			223			234				250		255			+1
HL10																	
Developed Outcomes RAG ratings		78%			78%			77%				79%		80%			-
HSMR & SHMI																	
HL11-N																	
HSMR - UHS														82.7			<100
HSMR - SGH														82			
HL12																	
HSMR - Crude Mortality Rate														2.9%			-
HL13-L																	
FFT response rate - Inpatients														11%			>=20%
HL13-L																	
FFT Negative Score - Inpatients														0.7%			<=5%
HL14-L																	
Maternity FFT response rate														39.1%			>=20%
HL14-L																	
Maternity FFT Negative Score														1.7%			<=5%

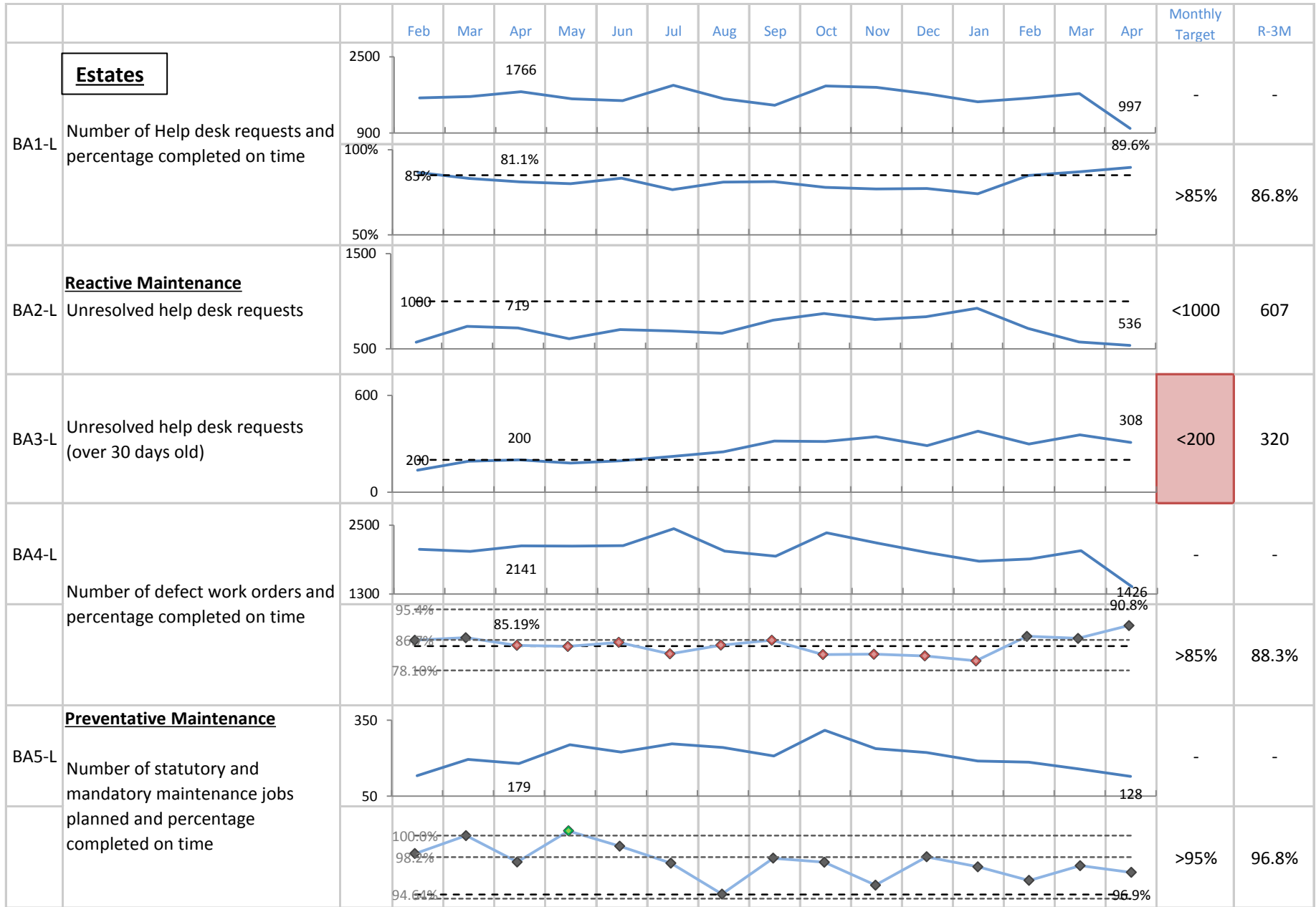
FFT has not been updated in March/April due to COVID-19 pressures



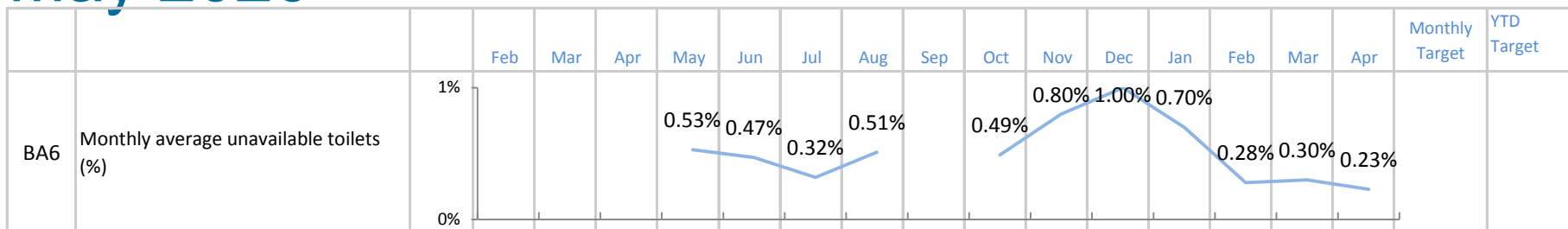


■ Current Data ■ Benchmark
■ Previous Year ■ Target

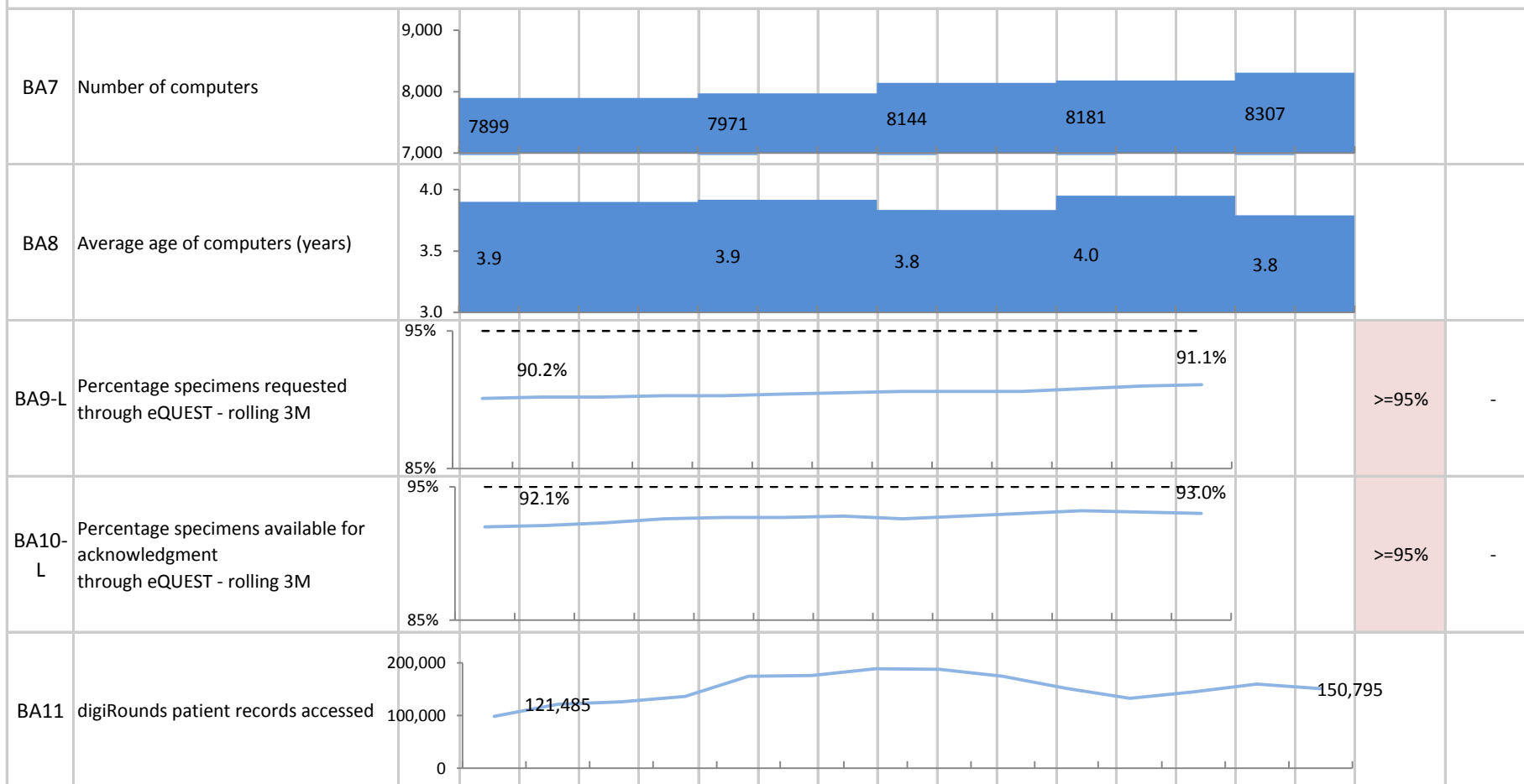




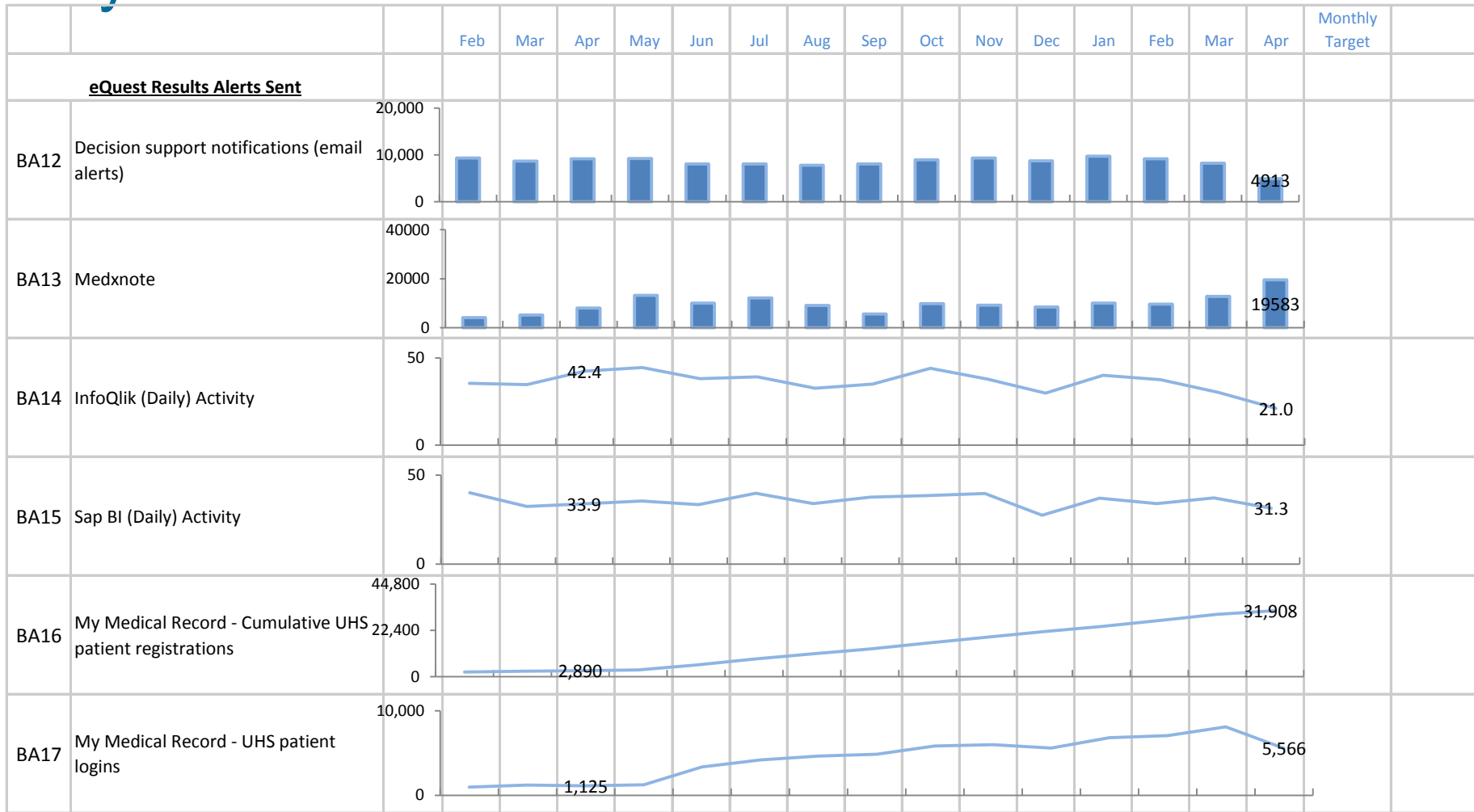
■ Current Data Benchmark
 Previous Year Target

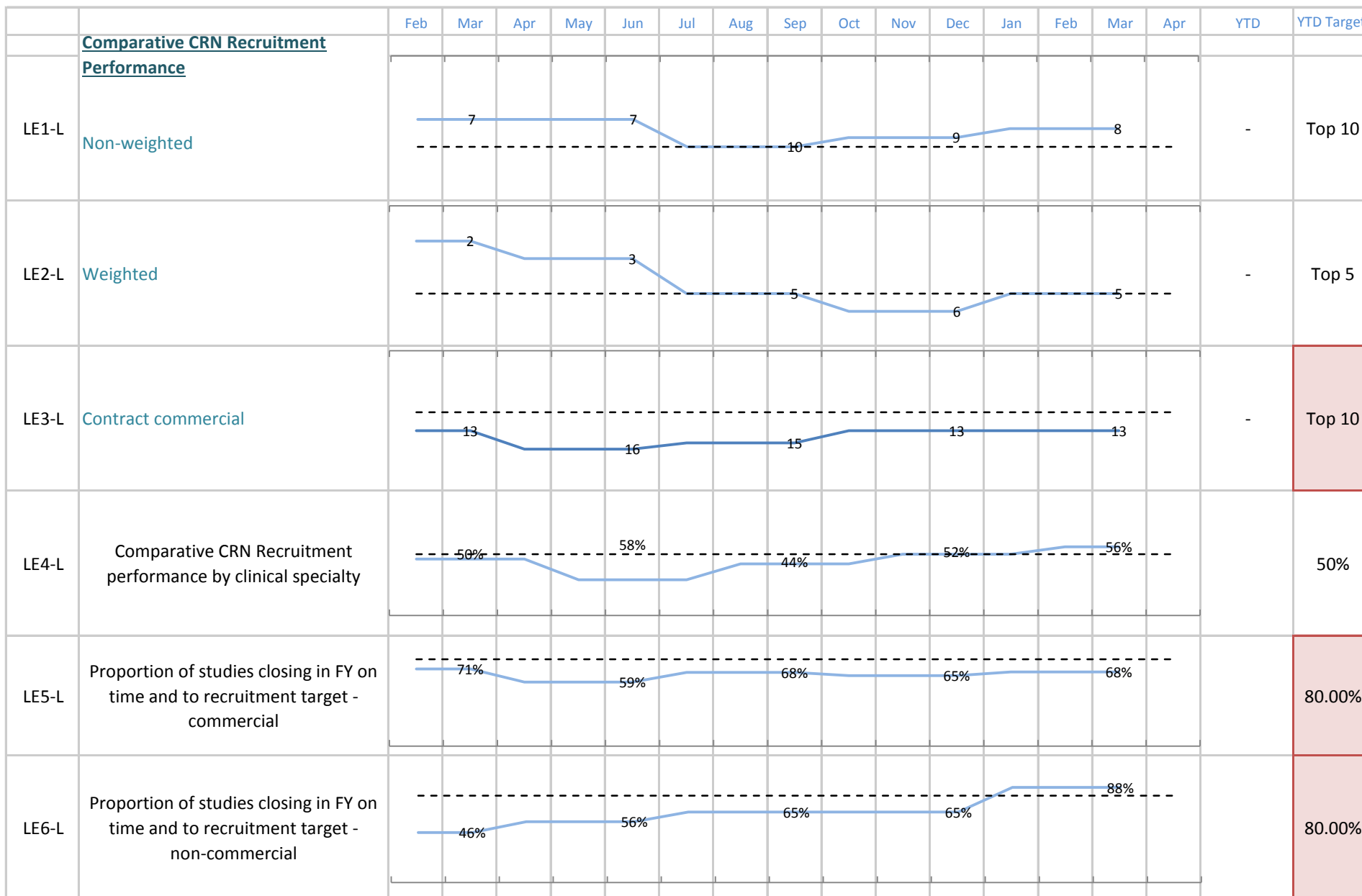


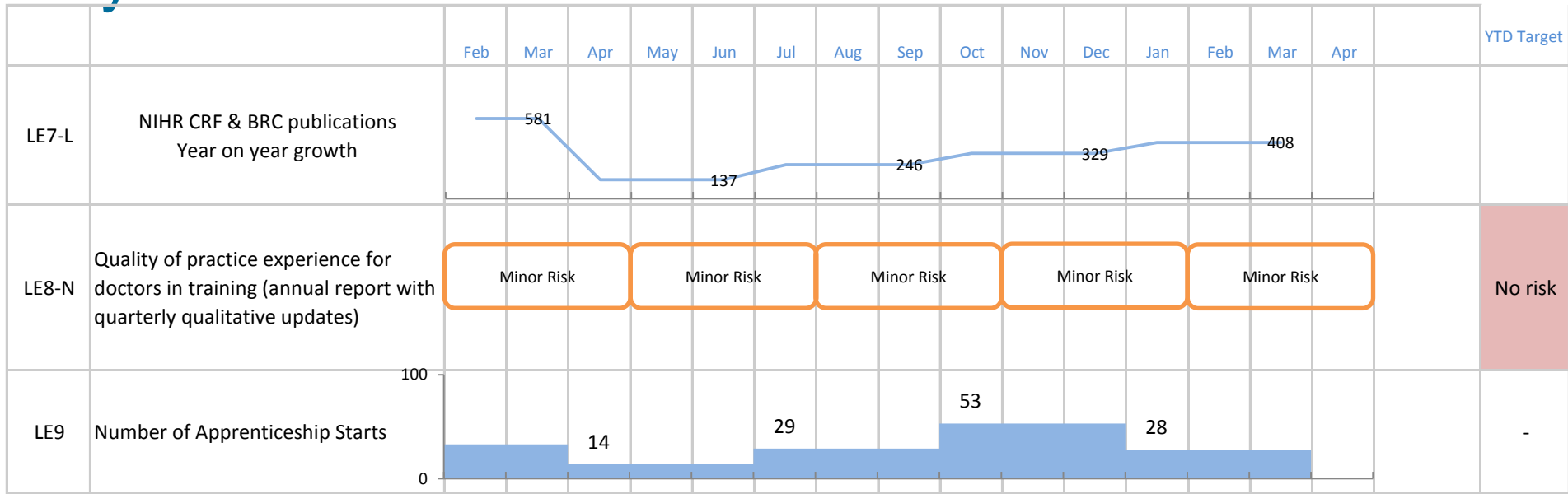
BA6 - This KPI is intended to be a proxy of the impact of maintenance work that is not completed on patients and staff.



■ Current Data ■ Benchmark
■ Previous Year ■ Target







Report to the Trust Board of Directors dated Friday, 28th May 2020			
Title: Freedom to Speak Up Report			
Category	Quality, Performance and Finance		
Agenda item	4.6		
Sponsor	Gail Byrne (Chief Nursing Officer)		
Author	Christine Mbabazi (Freedom to Speak Up Guardian)		
Provenance	This has been discussed at Trust Board and is a FTSU Covid update		
Purpose	<p>The paper is presented for the Board to Note. To provide an update on the Freedom to Speak Up (FTSU) agenda and report on the number of cases received by the Trust in the Covid period (09th March – Present)</p> <p>Trust Board is asked to:</p> <ul style="list-style-type: none"> • Note the number of FTSU cases received to date. • Note the actions taken from the concerns raised. 		
Relevant to Board goals	<input checked="" type="checkbox"/> Goal 1 – Trusted on Quality	<input type="checkbox"/> Goal 2 – Delivering for Taxpayers	<input checked="" type="checkbox"/> Goal 3 – Excellence in Healthcare
Board Assurance Framework links	Cross-reference to applicable risk register and/ or Board Assurance Framework if appropriate.		
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

All staff are encouraged to speak up about any issues that impacts on their ability to provide the best possible care to patients. At the beginning of the COVID-19 crisis, information regarding the roles and contacts of FTSU Guardian and Champions were made available on workplace, staff briefing and other media to encourage speaking up, especially in this time of crisis.

The Trust has received 13 FTSU cases from 9th March to 19th May 2020. 1 case remains in progress, which is non-COVID related. 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 the actions taken to resolve the concerns.

3. Case Update

The Trust has received 13 FTSU cases from 9th March to 18th May 2020. A summary of the cases received in the period 9th March – 18th May 2020 are detailed in the table below:

Category	Covid Concerns	Other	Total
Personal Protective Equipment	3		3
Bullying and Harassment	2		2
Concern over Covid processes	4		4
Staff safety Issue	1		1
Other concerns raised	0	3	3
Total	10		13

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. Concerns raised and Actions that have been taken.

- 1. Personal Protective Equipment (PPE):** This concern was raised at the beginning of the pandemic and was something that was known as an issue Trust wide and nationally. The concerns raised were around: the availability of PPE, disparities between the PPE available in COVID facing areas, the correct fitting and use of PPE, and the guidance being followed by UHS. The Trust responded to the concerns by ensuring that the correct PPE was available in areas that required it, the mask fitting team was set up, and PPE Guidance was provided in staff briefing, which detailed the facts and guidance that UHS is following. These concerns have now been resolved.
- 2. Bullying and Harassment:** Some people raised concerns about being bullied and harassed by their line managers. Some behaviours have not been ideal in this period of pressure, however the managers involved have been spoken to and given support. The behaviours have changed as confirmed by the persons who raised concerns. Some were genuinely under a lot of pressure and were embarrassed by their behaviour that has now changed for the better.
- 3. Concern over Covid processes:** The hospital changed ways of working in different wards in order to adapt to covid19 pandemic. These adaptations led to some staff raising concerns. The concerns raised were as follows:

- Ward moves: This led to concerns about being moved to a COVID ward without being informed. Staff wanted to be informed beforehand if they were moving into a COVID so that they could prepare themselves mentally. Also, there were concerns about the new ways staff were being managed, which led to storming and norming of different teams. Another concern raised was the number of spare nurses and HCAs that were coming to work and who were awaiting to be redeployed; decisions were not made in a timely manner. A significant number of nurses were coming to work and had no ward to go to as the wards had good staffing levels. They would end up staying at the hospital with no clear purpose, being potentially exposed, and because they were in clinical areas, PPE was being used unnecessarily.
 - In response to this, a central staffing hub was set up along with a satellite hub specifically for critical care. These are co-ordinated and led daily by senior nursing leads (matron and DHNs). They review the staffing systematically 3 times a day and look at the next 24 hrs to consider making decisions around staff that can be released, staff who are coming into observe, and any specific increases or decreases in activity arising from the bed plan. They also constantly review the Trust's approach, as the modelling for COVID changes and they consider what the hospital will need in order to likely numbers of cases – particularly into critical care areas. This concern has been closed.
4. **Staff safety issue in offices:** A staff member raised concerns about the social distancing measures that were in place in one of the Trusts main office areas. The managers provided detailed information about the measures that had been put in place, such as: modifications to the layout of the office, staff working from home, the implementation of OH advice for at risk staff, ordering of new IT requirement, authorising unpaid leave, and supplying surgical masks and antibacterial wipes/gels for those who needed it. The staff member was satisfied with the information given and the concern has been closed.

4 Next Steps / Way Forward / Implications / Impact

The FTSU Guardian and Champion network will continue to encourage and support staff to speak up if they are concerned. The importance of doing this throughout the COVID period, to ensure patient and staff safety, has been noted at national level by the National Guardian Office and CQC.

5 Recommendation

Trust Board is asked to:

- Note the number of FTSU cases received to date.
- Note the actions taken from the concerns raised.

Appendix A: Freedom to Speak Up Dashboard (09th March – 19th May 2020)

Case Number	Date Concern Raised	Department	Contact Method	Trust Board Summary	Status
90	09.03.2020	Division A	Internal	Lack of Personal Protective Equipment in wards during the Covid Crisis	Closed
91	10.03.2020	Division C	Internal	Disparities between the PPE available in Covid facing areas	Closed
92	12.03.2020	Division B	Internal	Bullying behaviour of manager	Closed
93	30.03.2020	Division B	Internal	Bullying and Harassment	Closed
94	03.04.2020	THQ	Internal	Fraud Investigation	In progress
95	05.04.2020	Division A	Internal	The correct fitting and use of PPE	Closed
96	10.04.2020	Division C	Internal	Use of resources, staff availability and PPE	Closed
97	10.04.2020	Division B	Internal	Conflict in new departments, new moves due to Covid	Closed
98	13.04.2020	Division D	Internal	Conflict and flexibility of work after team moves	Closed
99	14.04.2020	Anonymous	Internal	Informing staff before moving them to Covid wards	Closed
100	17.04.2020	THQ	Internal	Staff safety Issues in Offices	Closed
101	12.05.2020	Division D	Internal	Team Dynamics	In progress
102	15.05.2020	Division D	Internal	Team Dynamics	In progress

Report to the Trust Board of Directors dated Thursday, 28 May 2020			
Title: Finance Report 2020-21 Month 1			
Category	Quality, Performance, and Finance		
Agenda item	4.7		
Sponsor	Chief Financial Officer		
Author	Phil Bunting, Acting Assistant Director of Finance		
Provenance	This monthly paper provides an update on our financial position		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for DISCUSSION. The purpose of this paper is to give an update on the financial position of the Trust through the year.		
Relevant strategic goals	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input checked="" type="checkbox"/> Goal 2: Delivering value-based health and care.	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • 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	Not specified		
Other standards affected	Not specified		

2020/21 Finance Report - Month 1

Report to:	Board of Directors and Finance & Investment Committee. May 2020
Title:	Finance Report for Period ending 30/04/2020
Author:	Philip Bunting, Acting Assistant Director of Finance
Sponsoring Director:	David French, Chief Financial Officer
Purpose:	Standing Item
	The Board is asked to note the report

Executive Summary:

In Month and Year to date Highlights:

1. In April 2020, the Trust reported a breakeven position. A ‘top-up’ payment of £2.2m was however required to supplement the block contract in order to fully offset trust expenditure. The financial regime in place for April 2020 – July 2020 provides trusts with a minimum breakeven guarantee.
2. In month £4.1m (£2m pay and £2.1m non pay) was incurred on additional expenditure related to Covid-19.
3. The main themes seen in M1 were :
 - Clinical income was funded via block payment rather than activity based. If payment had continued on a payment by results basis the trust would have received £27.2m less income.
 - Elective income was indicatively 29% of planned levels and Non Elective income was 65% of planned levels. The trust is not financially exposed to the risk of underperformance under the current financial regime.
 - Activity within independent sector hospitals increased throughout April and totalled 300 patients. This was critically urgent cases only however. As of mid May this activity is forecast to increase as Covid guidelines are slowly relaxed.
 - Pay was £0.8m worse than plan in month with £2m of Covid-19 additional expenditure offset with £1.2m of reduced spend as a result of suppressed activity.
 - Non Pay spend was collectively £0.6m favourable to plan with activity reductions suppressing spend by £3.8m offset by £2.1m of Covid-19 related expenditure and £1.1m of CF drugs growth not funded within plan.
4. Cash holdings were £170m at the end of April however this is distorted as a change in the NHS funding regime means contract payments are now paid in advance. Normalising for this cash was £105m consistent with the financial year end. Slippage in capital spend and a higher than plan position in accounts payable, coupled with breakeven financial performance, means this figure is like reduce in year.



Finance: I&E Summary

A breakeven financial position prevailed for month 1 following 'top-up' income of £2.2m in addition to the safety net provided by block contract payment.

Total clinical income was reported as £0.6m behind plan. All NHS clinical contracts are now on a block with the exception of the channel islands who underperformed by £0.6m. Other income was £1.8m behind plan as several activity based interprovider contracts were suppressed due to Covid-19.

Pay costs were £1m up on March due to the impact of the national pay award however flat after normalising for this impact. They do however continue to include a premium element of spend for Covid-19 (£2m in month) mainly related to increased sickness and self isolation backfill.

Drugs and pass through drugs and devices were heavily suppressed by reduced activity although contain £1.1m of CF drugs growth over and above 19/20 levels.

Clinical supplies costs contained a large element of Covid-19 related items which totalled £2m across non pay categories. This spend was also suppressed as independent sector hospital contracts are currently being nationally funded. This cost has been removed from the budget however.

		Current Month			Year to Date			M1 - 4	Ave Done £m	To Do £m	
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Emergency Budget £m			
NHS Income:	Clinical	54.1	53.6	0.6	54.1	53.6	0.6	A	216.6	53.6	54.3
	Pass-through Drugs & Devices	9.9	9.9	0.0	9.9	9.9	0.0	G	39.7	9.9	9.9
Other income	Other Income excl. PSF	10.2	8.4	1.8	10.2	8.4	1.8	R	40.7	8.4	10.8
	Top Up Income	-	2.2	(2.2)	-	2.2	(2.2)	G	0.0	2.2	-0.7
Total income		74.2	74.1	0.1	74.2	74.1	0.1	A	297.0	71.9	74.3
Costs	Pay-Substantive	41.1	41.8	0.6	41.1	41.8	0.6	A	164.5	41.8	40.9
	Pay-Bank	1.9	2.5	0.6	1.9	2.5	0.6	R	7.8	2.5	1.7
	Pay-Agency	1.2	0.8	(0.4)	1.2	0.8	(0.4)	G	4.9	0.8	1.3
	Drugs	1.5	1.3	(0.2)	1.5	1.3	(0.2)	G	6.1	1.3	1.6
	Pass-through Drugs & Devices	9.9	9.1	(0.8)	9.9	9.1	(0.8)	G	39.7	9.1	10.2
	Clinical supplies	4.1	4.7	0.6	4.1	4.7	0.6	R	16.4	4.7	3.9
	Other non pay	11.2	11.0	(0.2)	11.2	11.0	(0.2)	G	44.8	11.0	11.3
Total expenditure		71.0	71.2	0.2	71.0	71.2	0.2	A	284.1	71.2	71.0
EBITDA		3.2	2.9	0.3	3.2	2.9	0.3	R	12.9	2.9	3.3
EBITDA %		4.3%	3.9%	0.5%	4.3%	3.9%	0.5%		4.3%		
	Depreciation	2.1	2.2	0.0	2.1	2.2	0.0	A	8.6	2.2	2.1
	Non Operating Income/Expenditure	1.0	0.7	(0.3)	1.0	0.7	(0.3)	G	3.9	0.7	1.1
Surplus / (Deficit)		0.1	0.0	0.1	0.1	0.0	0.1	R	0.4	0.0	0.0

Underlying Run Rate Position

These graphs show the actual underlying position for the trust throughout 2019/20 and for April 20/21.

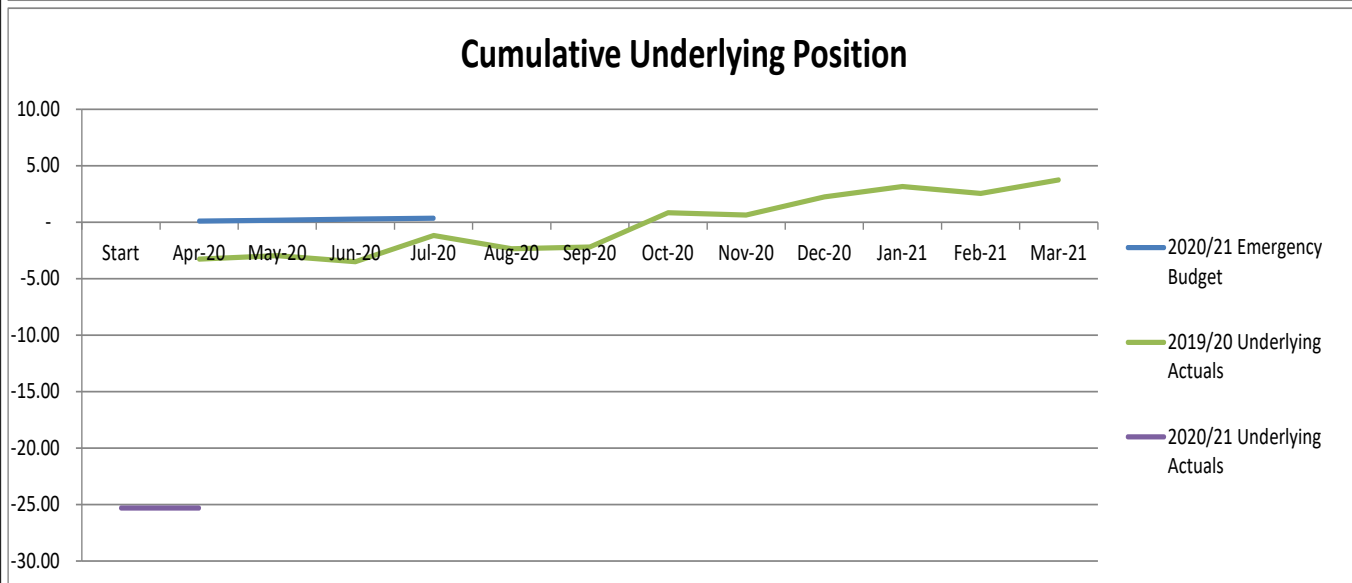
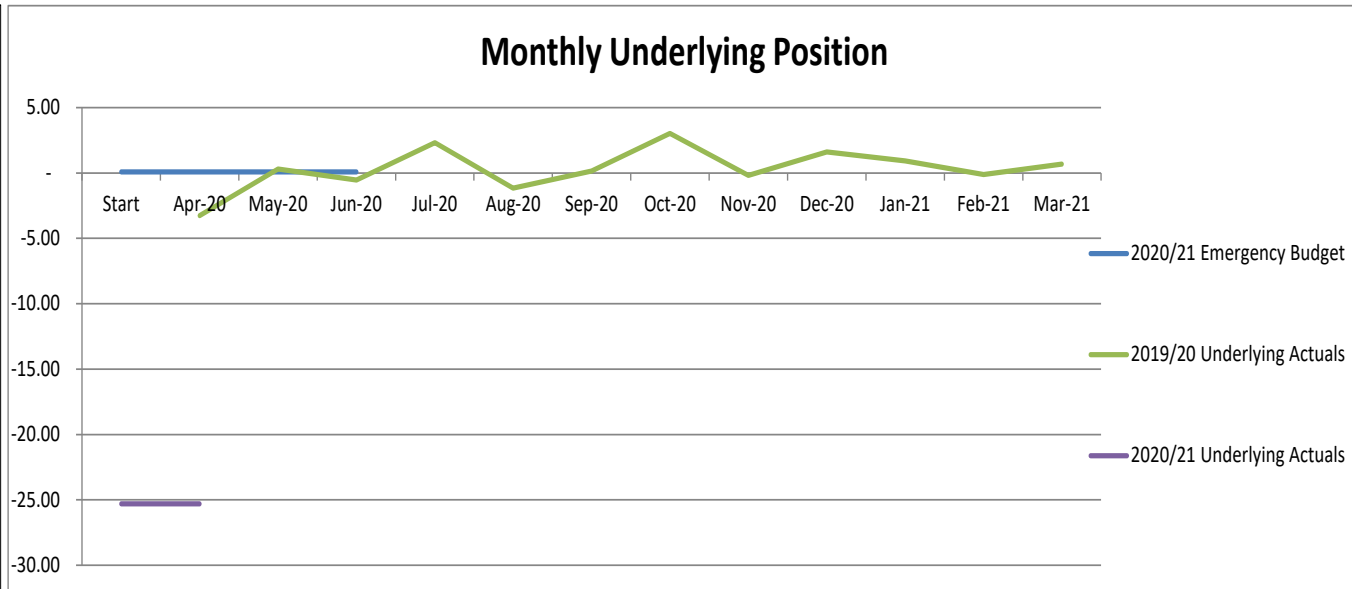
The following have been removed from the April 2020 position:

- A block contract uplift of £27.2m which represents the value of income over and above that which would have prevailed under PbR.
- Covid-19 related expenditure of £4.1m.
- 'Top-up' funding of £2.2m which bridged financial performance in month to breakeven.

This illustrates that without the funding safety net of the current NHS financial regime a deficit of £25m would have prevailed.

This is driven by activity that was significantly suppressed in month as a result of Covid-19 safety measures.

The underlying monthly position will be monitored throughout the year as recovery phases commence and non Covid activity restarts.



Clinical Income

(Fav Variance) / Adv Variance

Clinical income for the month of April was £0.6m adverse to plan and including Non NHS income was £0.9m adverse. Much of this income is now fixed with confirmed block contract funding in place for April to July.

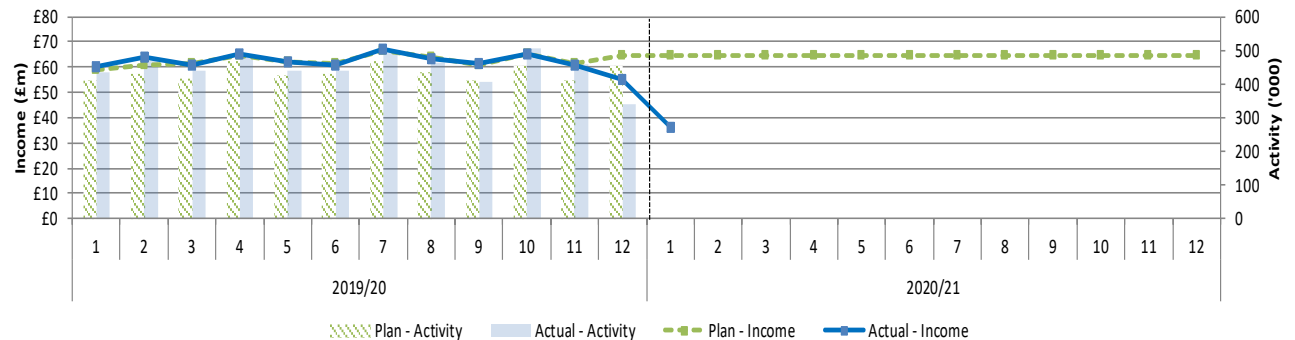
The planned activity levels for each point of delivery (POD) is based on 19/20 run rate activity which is being used as an interim plan measure. All areas are reporting significant underperformance against these activity levels due to the current Covid situation supressing activity.

Elective activity values represent 29% of planned levels and non elective values are 65% of planned levels. Bed occupancy for the month of April was below 50% and only emergency theatres were in operation. Some work has been outsourced to the independent sector; however this is only clinically urgent cases and totalled 300 in month.

The value of activity based income has therefore been uplifted by £27.2m to match the trusts block contract value.

POD GROUP	2019/20	2020/21				2020/21			Monthly Run Rate	
	YTD Actuals £000s	Emergency budget M1-M4 £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	Done	To Do
NHS Clinical Income										
Elective Inpatients	£11,220	£49,573	£12,393	£3,560	£8,833	£12,393	£3,560	£8,833	£3,560	£15,338
Non-Elective Inpatients	£17,929	£74,899	£18,725	£12,119	£6,605	£18,725	£12,119	£6,605	£12,119	£20,926
Outpatients	£6,729	£28,514	£7,129	£3,196	£3,932	£7,129	£3,196	£3,932	£3,196	£8,439
Other Activity	£10,278	£45,223	£11,306	£7,256	£4,050	£11,306	£7,256	£4,050	£7,256	£12,656
CQUIN	£683	£2,674	£669	£354	£315	£669	£354	£315	£354	£773
Blocks & Financial Adjustments	£1,275	(£547)	(£137)	(£3,207)	£3,070	(£137)	(£3,207)	£3,070	(£3,207)	£887
Other Exclusions	£290	£16,263	£4,066	£3,899	£166	£4,066	£3,899	£166	£3,899	£4,121
Pass-through Exclusions	£8,986	£39,652	£9,913	£9,139	£774	£9,913	£9,139	£774	£9,139	£10,171
Subtotal NHS Clinical Income	£57,391	£256,251	£64,063	£36,317	£27,746	£64,063	£36,317	£27,746	£36,317	£73,311
Covid block adjustments	£0	£0	£0	£27,176	(£27,176)	£0	£27,176	(£27,176)	£27,176	(£9,059)
Total NHS Clinical Income	£57,391	£256,251	£64,063	£63,493	£570	£64,063	£63,493	£570	£63,493	£64,253
Non NHS Clinical Income										
Private Patients		£2,179	£545	£246	£299	£545	£246	£299	£246	£176
CRU		£833	£208	£196	£12	£208	£196	£12	£196	£58
Overseas Chargeable Patients		£508	£127	£89	£38	£127	£89	£38	£89	£38
Total Non NHS Clinical Income		£3,521	£880	£532	£349	£880	£532	£349	£532	£272
Grand Total	£57,391	£259,771	£64,943	£64,025	£918	£64,943	£64,025	£918	£64,025	£64,524

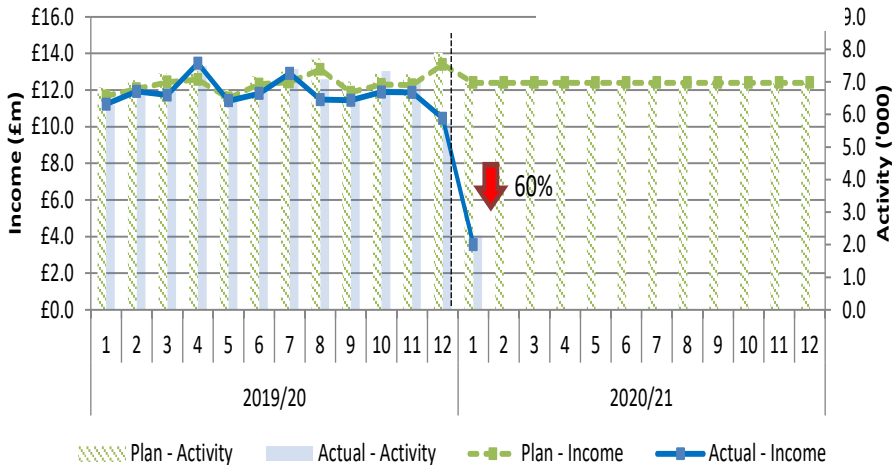
NHS Clinical Income & Activity



Clinical Income

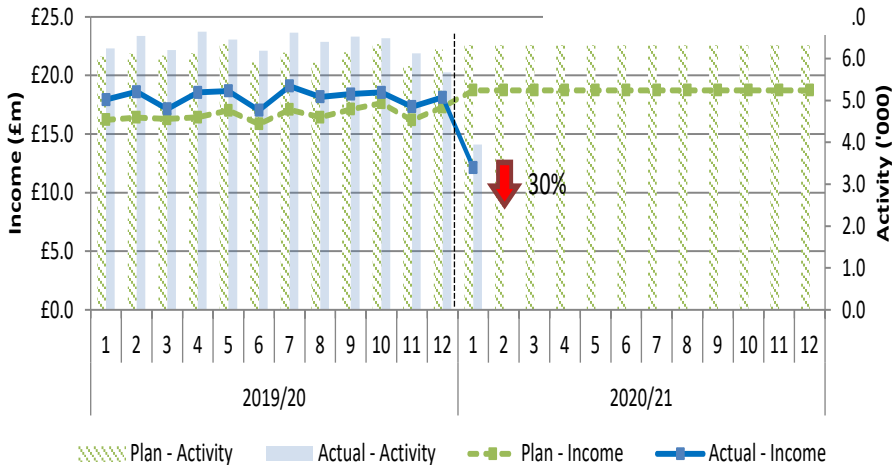
Elective spells

In month -4,681 activity, -£8,833,350
YTD -4,681 activity, -£8,833,350



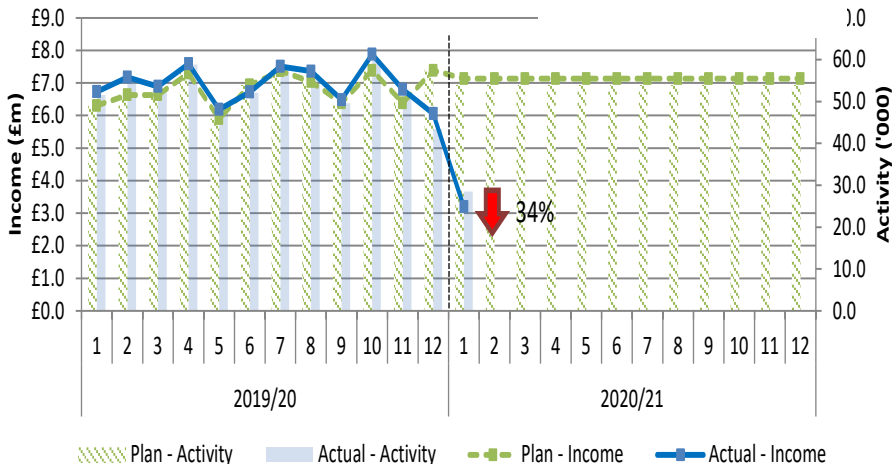
Non elective spells

In month -2,378 activity, -£6,605,370
YTD -2,378 activity, -£6,605,370



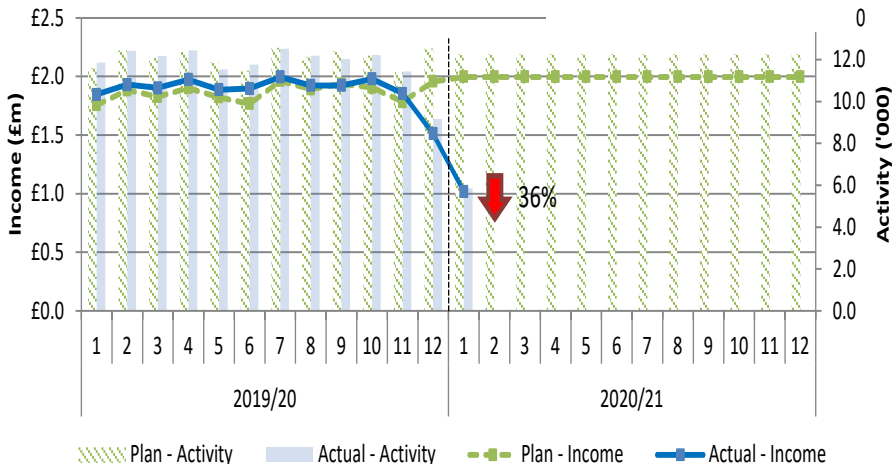
Outpatients

In month -25,502 activity, -£3,932,074
YTD -25,502 activity, -£3,932,074



A&E

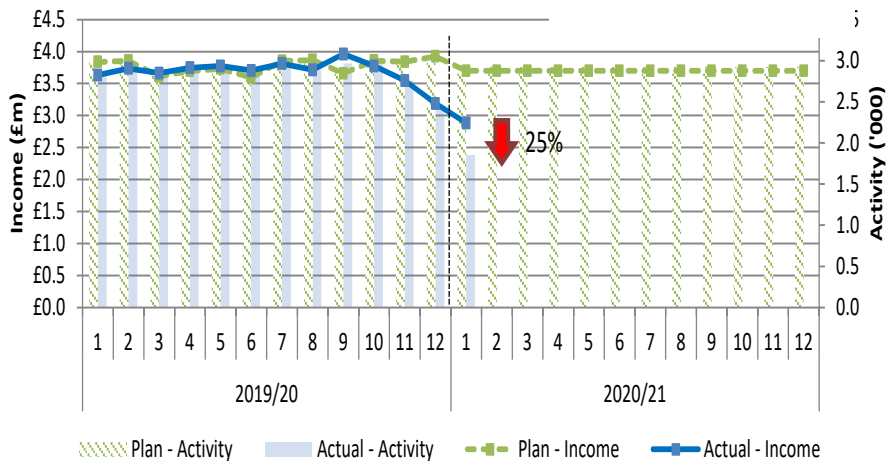
In month -6,397 activity, -£977,315
YTD -6,397 activity, -£977,315



Clinical Income

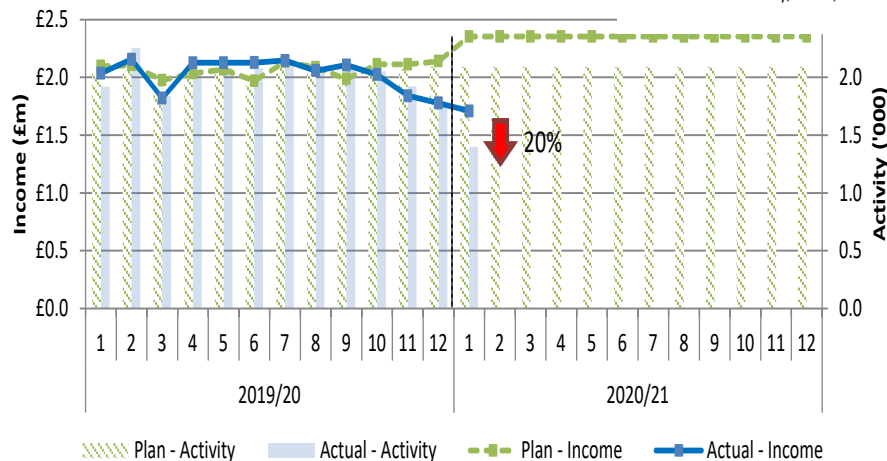
Adult critical care

In month -1,070 activity, -£814,614
YTD -1,070 activity, -£814,614



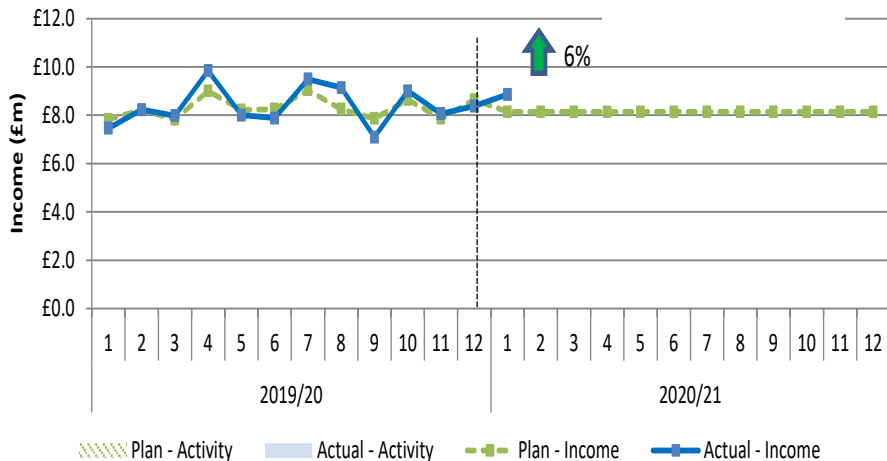
Neonatal & paediatric critical care

In month -693 activity, -£644,133
YTD -693 activity, -£644,133



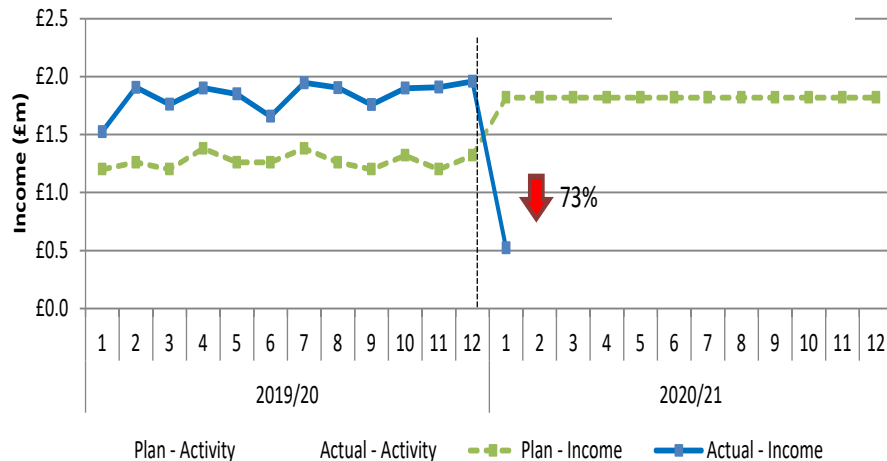
Tariff excluded drugs

In month +£724,439
YTD +£724,439



Tariff excluded devices

In month -£1,296,960
YTD -£1,296,960

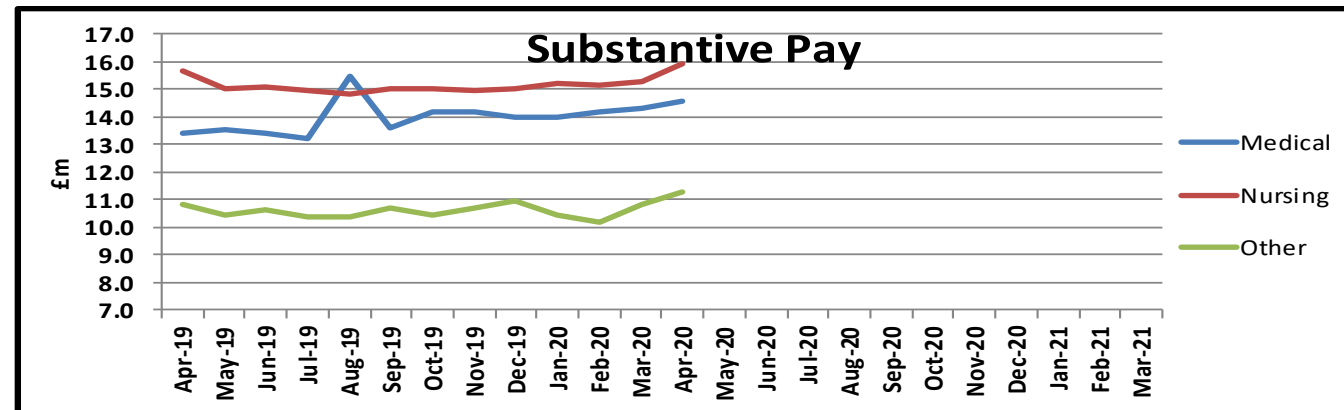
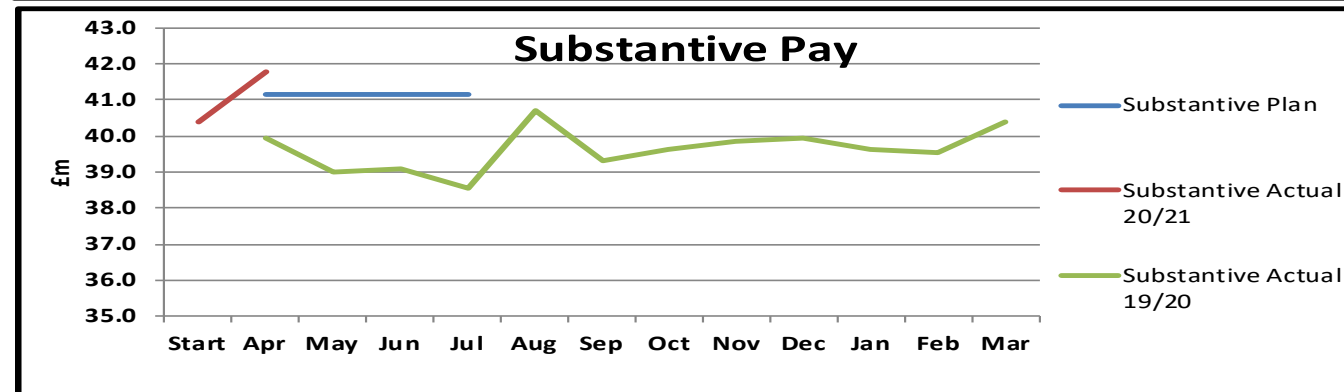
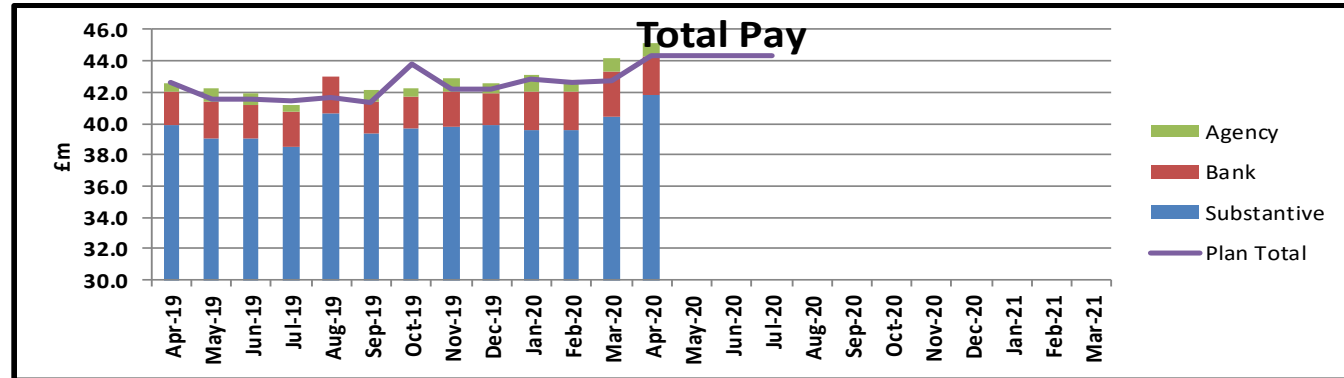


Substantive Pay Costs

Total pay expenditure in April 2020 was £45.1m. This was £1m more than March 2020 which can be fully explained by the impact of the agenda for change and junior doctor pay awards. Normalising for this pay spend was flat from March.

Since March 2020 however around £2m additional pay expense per month has been incurred as a result of Covid-19. This has funded sickness / self isolation backfill in addition to increased medical and nursing staffing costs, and other elements of workforce expansion, that have been required to deliver a fit for purpose workforce for treating C-19 patients.

Pay costs may continue to increase in coming months as elective activity is forecast to increase in May with independent sector hospitals mobilised to a greater extent and some elective activity restarted on the SGH site.

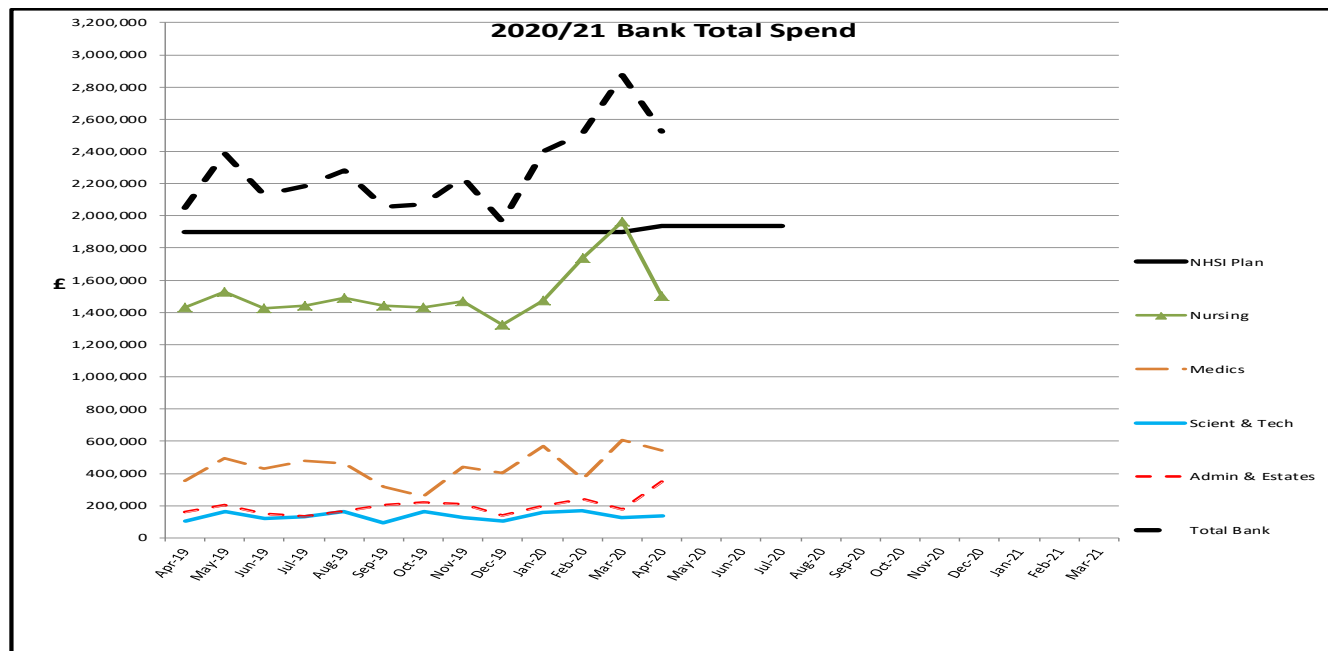
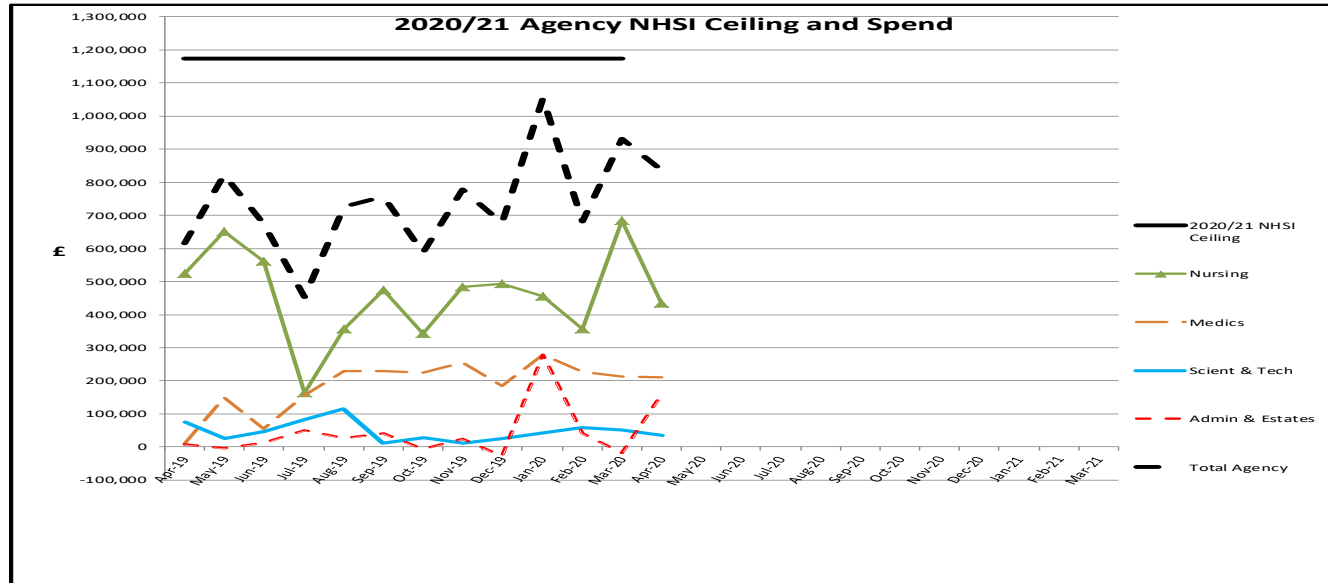


Temporary Staff Costs

Agency spend has decreased by £100k from March to April with a significant reduction in high cost agency nursing required.

Staffing requirements have been flexed down in many elective focused service areas in order to support Covid-19 patients and avoiding the need for high cost agency.

Expenditure on bank staff was also down by £350k compared to March although this followed a spike last month. This is still above the average levels of spend in 19/20, and predominantly relates to increased sickness and self isolation backfill.



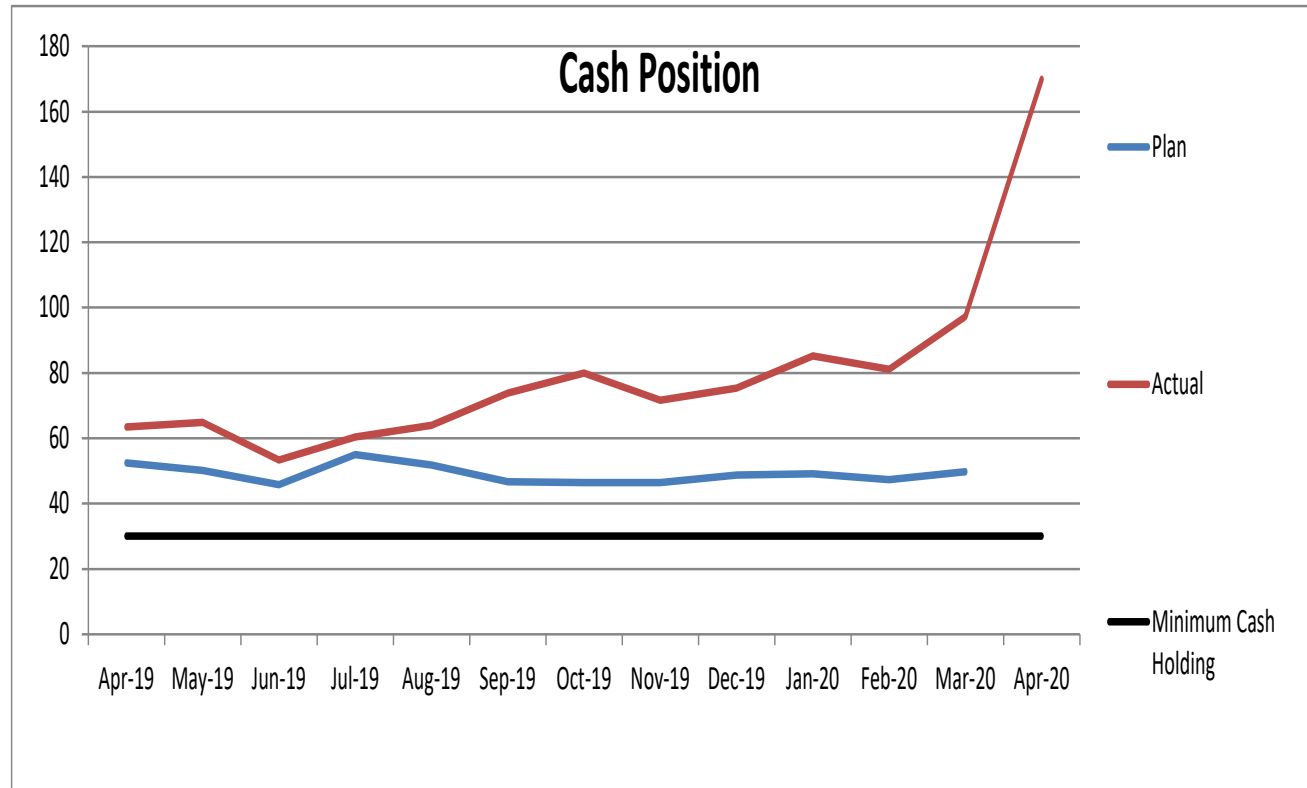
Cash

The cash balance was £170m at the end of April 2020 representing a significant increase from March. This follows a change in the cash regime of the NHS as monthly block contract payments are now paid in advance of the month required hence £63.3m was received in April relating to May's block contract payment. This is an interim measure.

Adjusting for that cash still continues to remain significantly higher than the minimum holding due mainly to two reasons.

Firstly the working capital position continues to be favourable to plan due to a higher than planned accounts payable position, and secondly net spend on property, plant and equipment (through capital expenditure and lease interest and principal payments) ended 19/20 significantly lower than the original plan. Many of these projects have however been delayed due to Covid-19 and hence still require cash investment in 20/21.

Cash is not expected to remain at these levels moving through 2020/21 as efforts are made to reduce the accounts payable balance in addition to cash outlays supporting a significant capital investment programme.



Capital Expenditure

(Fav Variance) / Adv Variance

The capital expenditure position for April shows expenditure of £4.1m against a plan of £3.6m. This includes £0.7m of equipment related to Covid-19 that will be centrally funded however and is not within the internal trust plan.

Excluding this trust funded capital spend was £0.1m behind plan. GICU reported the most significant variance being £0.5m ahead of plan. This is due to timing rather than a risk to the project delivering to budget. IT was also significantly ahead of plan by £0.4m. These areas were however largely offset by underspends on smaller capital projects where some work has been temporarily paused due to Covid-19.

To note, a level of assumed slippage has been factored into the 20/21 plan that totals £2.8m (6%) across the year.

Scheme	Month			Year to Date			Full Year
	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	Original Plan £000's
Childrens Hospital/ED Adult Resus	95	256	(161)	95	256	(161)	1,141
IT Schemes	164	534	(370)	164	534	(370)	7,564
Strategic Maintenance	313	204	109	313	204	109	3,750
Medical Equipment Panel	83	213	(130)	83	213	(130)	1,000
GICU Expansion	1,011	1,512	(502)	1,011	1,512	(502)	12,128
Fit out of E Level, Vertical Extension	418	50	368	418	50	368	5,013
Refurbish Eye Theatre	154	8	146	154	8	146	1,849
Theatre K Plant Room	28	150	(122)	28	150	(122)	334
Spend to Save	76	24	51	76	24	51	910
Radiotherapy Equipment	58	154	(95)	58	154	(95)	700
Decorative Improvements / Staff Fund	50	7	43	50	7	43	600
ED offices and minors space	49	16	33	49	16	33	586
Fit out of E & F level North Wing Courtyard	101	142	(41)	101	142	(41)	1,207
East Wing Annex Shell	124	0	124	124	0	124	1,490
Oncology Ward Build	482	0	482	482	0	482	5,782
Other Projects	327	27	300	327	27	300	3,926
Assumed Slippage	(231)	0	(231)	(231)	0	(231)	(2,771)
Total Trust Funded Capital excl Finance Leases	3,301	3,297	5	3,301	3,297	5	45,209
Finance Leases - Medical Equipment Panel	183	0	183	183	0	183	2,200
Finance Leases - Divisional Equipment	42	0	42	42	0	42	500
Finance Leases-IISS	0	0	0	0	0	0	5,400
Finance Leases-Other	200	19	181	200	19	181	2,400
Donated Asset Additions	(290)	0	(290)	(290)	0	(290)	(3,482)
Total Trust Funded Capital Expenditure (CDEL Allocation)	3,436	3,316	120	3,436	3,316	120	52,227
Energy Efficiency	139	77	62	139	77	62	1,667
Fit out of E Level, Vertical Extension	0	0	0	0	0	0	5,000
Digital Maternity (STP Wave 3)	0	0	0	0	0	0	1,350
Digital Outpatients (STP Wave 3)	0	0	0	0	0	0	589
HSLI Enterprise Wide Scheduling	0	0	0	0	0	0	444
Pathology Digitisation	0	0	0	0	0	0	1,080
Coronavirus Equipment	0	712	(712)	0	712	(712)	0
Total CDEL Expenditure	3,575	4,105	(530)	3,575	4,105	(530)	62,357

Statement of Financial Position

(Fav Variance) / Adv Variance

The April statement of financial position illustrates net assets of £439.8m.

Working capital movements have created significant contra variances between payables, receivables and cash that are interrelated. Accounts payable continues to be an area of focus for the finance department.

Statement of Financial Position	2019/20 Actuals £m	2020/21
		YTD Act £m
Fixed Assets	379.0	380.8
Inventories	15.2	15.8
Receivables	73.0	(8.6)
Cash	97.3	170.0
Payables	(115.6)	(106.9)
Current Loan	(3.3)	(3.5)
Current PFI and Leases	(7.4)	(7.9)
Net Assets	438.2	439.8
Non Current Liabilities	(20.4)	(23.2)
Non Current Loan	(11.5)	(11.1)
Non Current PFI and Leases	(33.4)	(32.8)
Total Assets Employed	372.9	372.7
Public Dividend Capital	220.7	220.7
Retained Earnings	131.9	131.8
Revaluation Reserve	20.2	20.2
Other Reserves	0.0	0.0
Total Taxpayers' Equity	372.9	372.7

Report to the Trust Board of Directors dated Thursday, 28 May 2020			
Title: Infection Prevention and Control Board Assurance Framework			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	5.2		
Sponsor	Chief Nursing Officer		
Author	Julie Brooks, Head of Infection Prevention Unit, Nitin Mahobia, Director of Infection Prevention Unit		
Provenance	Trust compliance with PHE COVID-19 related infection prevention and control guidance.		
Classification	This Report is unclassified.		
Purpose and recommendation	<p>The paper is presented for ASSURANCE.</p> <p>This is a self-assessment of compliance with PHE COVID-19 related infection prevention and control guidance to identify risks, gaps in assurance and actions to mitigate/control risks.</p> <p>Members of the Board should note that having undertaken this self-assessment there is overall assurance that what is being done is robust. Areas that require future assurance are:-:</p> <ul style="list-style-type: none"> • To ensure that documentation is completed • Infection Prevention and other related audit programmes are reinstated 		
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	<ul style="list-style-type: none"> • 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 • BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider 		

Impact assessments	Not applicable.
Other standards affected	Legal duty to protect service users and staff from avoidable harm in a healthcare setting: 'Code of Practice on the prevention and control of infection'/ Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) & Health & safety at Work Act (1974). NHSI compliance, CQC compliance.

Infection Prevention and Control Board Assurance Framework

Background & introduction.

Effective infection prevention and control is fundamental to our efforts. NHS England and NHS Improvement have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with Public Health England COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted. The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards. It is not compulsory but its use is advocated as a source of internal assurance to help organisations maintain quality standards.

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: <ul style="list-style-type: none"> • infection risk is assessed at the front door and this is documented in patient notes • patients with possible or confirmed COVID-19 are not moved unless this is appropriate for their care or reduces the risk of transmission • compliance with the PHE national guidance around 	Risk is assessed on admission. Infection admission assessment is part of nursing documentation. Possible or confirmed COVID19 COVID-19 moved to designated cohort areas to reduce risk of transmission. Policy in line with PHE guidance	Gaps in completion of documentation. Some additional patient moves do occur. None	Reminder to be circulated to staff to complete documentation. Spot audit to be undertaken to monitor compliance. Email issued regarding importance of limiting patient movement. Review of pathways underway to further support reduction in patient movement.

<p>discharge or transfer of COVID-19 positive patients</p> <ul style="list-style-type: none"> patients and staff are protected with PPE, as per the PHE national guidance national IPC PHE guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way changes to PHE guidance are brought to the attention of boards and any risks and mitigating actions are highlighted risks are reflected in risk registers and the Board Assurance Framework where appropriate 	<p>Working with local stakeholders.</p> <p>PPE guidance in place as per PHE guidance. Robust process to monitor and distribute PPE stock to areas that need it.</p> <p>IPT Routine check for updates minimum 3xper week. Changes communicated via email cascade, staff briefings, staffnet/workplace updates.</p> <p>Changes discussed & reviewed at IP&C weekly gold command meeting and escalated to relevant governance/assurance committee/board where required. Integrated governance process in place – PRG group review of assurance and of external/internals guidance, recording & action.</p> <p>Risks included on Risk register: Risk 335: risk if disruption to PPE supply. Risk 371: Risk of hospital acquired</p>	<p>Ongoing risk of national PPE supply issues/shortages resulting in lack of PPE for staff.</p> <p>None</p> <p>None</p> <p>None</p>	<p>Modelling process in place to predict demand/run-rate & days left in stock. Alternative options for sourcing/purchasing PPE explored and utilised.</p>
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<ul style="list-style-type: none"> robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens 	<p>COVID19. Risk 374: Risk of harm to staff. Risks reviewed by risk groups plus executive assurance integrated governance meeting</p> <p>Isolation Risk assessment framework and risk assessment tool used for non-COVID infections/pathogens as part of policy for isolation of adults with infectious conditions/Paediatric isolation policy. Infection admission assessment tool as part of nursing admission paperwork to assess infection risk.</p>	<p>Compliance with completion of isolation risk assessment and infection admission assessment variable in some areas.</p>	<p>Reminder to be issued regarding completion of documentation. Document review/audit to be undertaken.</p>
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2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> teams with appropriate training care for and treat patients in COVID-19 isolation or cohort areas 	<p>Ward-based nursing/medical teams where possible allocated to COVID-19 areas – received appropriate skills training for area.</p>	<p>None</p>	

<ul style="list-style-type: none"> designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas. decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE national guidance increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE national guidance 	<p>Designated domestic staff assigned to COVID areas. Training received in cleaning SOPs and PPE donning & doffing.</p> <p>Isolation rooms/cohort areas cleaned at least daily (frequency as per national cleaning specifications for each area) with a combined detergent/ 1000 ppm available chlorine. Monitoring undertaken by Serco supervisors and Environmental monitoring team.</p> <p>Terminal cleaning of isolation rooms, bed spaces (following movement of a patient with suspected/confirmed infection) using combined detergent/1000ppm available chlorine. Record of terminal clean requests/completion held by Serco domestic services team</p> <p>Trustwide enhanced touchpoint cleaning (3xdaily) in place in all clinical areas and public areas in addition to routine scheduled</p>	<p>Need confirmation from serco of arrangements to cover sickness/annual leave in these areas- are there a pool of trained staff who can backfill.</p> <p>Need assurance that rooms are left for required length of time prior to cleaning after AGPs</p> <p>None</p>	<p>Documented staffing plan to be obtained from Serco and review of adherence to plan.</p> <p>Audit to be undertaken</p>
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<ul style="list-style-type: none"> • linen from possible and confirmed COVID-19 patients is managed in line with PHE national guidance and the appropriate precautions are taken • single use items are used where possible and according to Single Use Policy • reusable equipment is appropriately decontaminated in line with local and PHE national policy 	<p>cleaning.</p> <p>Linen treated as infected linen – included in infection control action cards.</p> <p>Guidance/Policy in place regarding single items – Single use & single patient use equipment policy.</p> <p>Guidance in place regarding decontamination of re-usable equipment between patient use plus daily/weekly . Cleaning roles & responsibilities daily/weekly checklist to document assurance.</p>	<p>Assurance/evidence required that policy is being followed.</p> <p>Assurance required that policy is being followed and no single use items are re-used.</p> <p>Need assurance/evidence that reusable equipment is cleaned between patient use</p>	<p>Audit compliance with required standards and obtain feedback from linen services.</p> <p>Assurance/audit to be undertaken that no re-use is occurring. .</p> <p>Observations of practice/audit to be undertaken.</p>
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3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and process are in place to ensure:</p> <ul style="list-style-type: none"> • arrangements around antimicrobial stewardship are maintained • mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<p>Antimicrobial stewardship is maintained throughout the trust with timely update to Trust guideline in Micro guide.(Guideline checked in Micro guide)</p> <p>Multiple antimicrobial stewardship ward round are conducted in key areas of the Hospital (Evidence seen in entry from Master lab)</p> <p>Antimicrobial stewardship report presented at Infection prevention committee and trust executive committee</p>	<p>None</p> <p>Infection prevention committee is currently suspended for the Infection prevention team to concentrate on pandemic management-</p> <p>Antimicrobial stewardship team needs a Clinical Lead for antimicrobial stewardship.</p>	<p>The normal operation of Infection prevention committee will resume from 01/06/2020 and Antimicrobial stewardship will be followed as priority.</p> <p>The Clinical Lead for antimicrobial stewardship can be resolved with additional Microbiologist /Infectious disease physician. The additional post will be put up of for advert in near future.</p>

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • implementation of national guidance on visiting patients in a care setting • areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas marked with appropriate signage and where appropriate with restricted access • information and guidance on COVID-19 is available on all Trust websites with easy read versions • infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved. 	<p>Visitor restrictions currently in place. Checks at entrances</p> <p>Signage in place.</p> <p>Guidance available on staffnet for staff to provide to visitors, patients etc.</p> <p>evidence of documented infection status on discharge summaries/transfer documents</p>	<p>None</p> <p>None</p> <p>Limited information on public website- which is not clear.</p> <p>Lack of assurance on degree of compliance that infection status.</p>	<p>Review of information and accessibility to be undertaken with communications tea.</p> <p>Documentation check to be undertaken.</p>

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection • patients with suspected COVID-19 are tested promptly • patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly retested • patients that attend for routine appointments who display 	<p>Triaging arrangements in place in ED – blue and reds streams. Triage and segregation in place in other admission areas e.g. AOS, ASU, TAU.</p> <p>Patients with suspected COVID 19 tested on admission (symptomatic & asymptomatic) or at the point they develop symptoms if an inpatient.</p> <p>Guidance in place for management and re-testing of patients who remain high suspicion COVID or asymptomatic patients who go on to develop symptoms.</p> <p>Procedures in place for patients who attend appointments. Good pre-</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>	

symptoms of COVID-19 are managed appropriately	hosp communication in place.		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • all staff (clinical and non- clinical) have appropriate training, in line with latest PHE guidance, to ensure their personal safety and working environment is safe • all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it • a record of staff training is maintained 	<p>Staff receive infection prevention training on induction and as part of ongoing mandatory training requirements. PPE training delivered as part of trust COVID response. Fit testing undertaken on all staff required to wear an FFP3 mask.</p> <p>PPE use & selection included in induction/mandatory training. PPE selective/use and donning & doffing included as part of COVID PPE training.</p> <p>Records of training for statutory & mandatory training. IPT hold records</p>	<p>Complete records of training compliance may be held in a number of different local databases</p> <p>None</p> <p>Need confirmation that training</p>	<p>Records of training to be evidence and shared and centralised into a central database.</p> <p>Records of training to be evidence and shared</p>

<p>provided for on site</p> <ul style="list-style-type: none"> all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE national guidance if they or a member of their household display any of the symptoms. 	<p>by Infection Prevention Team on ward visits.</p> <p>Guidance issued re wearing laundering of uniforms.</p> <p>Evidenced via staff screening programme (including household members),</p>	<p>currently suspended for 2020/2021</p> <p>None</p> <p>Very small number of incidents where staff have worked with symptoms.</p>	<p>Ongoing enforcement and reminder. Escalation if staff found to be continuing to work with symptoms.</p>
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7. Provide or secure adequate isolation facilities

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> patients with suspected or confirmed COVID-19 are where possible isolated in appropriate facilities or designated areas where appropriate areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set 	<p>Designated cohort wards/isolation facilities identified and in use.</p> <p>Cohort areas are in designated areas of the trust, separated by closed doors and access restricted. Signage in place.</p>	<p>None</p> <p>None</p>	

<p>out in the current PHE national guidance</p> <ul style="list-style-type: none"> patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 	<p>Patients with suspected/confirmed resistant/alert organisms isolated in single rooms as per isolation policies where possible. IT systems in place for IPT to monitor patient placement/single room usage. Dedicated isolation facilities available : C5 (negative pressure 15 rooms) and D10 isolation ward</p>	<p>Limited isolation capacity in many care groups often results in delay in patient placement or inability to isolate all patients requiring a single isolation room.</p>	<p>Pro-active management of isolation capacity, including daily review at bed meetings and use of trust sideroom database. Risk stratification in place (isolation risk assessment tool) to enable prioritisation of single rooms.</p>
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8. Secure adequate access to laboratory support as appropriate

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>There are systems and processes in place to ensure:</p> <ul style="list-style-type: none"> testing is undertaken by competent and trained individuals patient and staff COVID-19 testing is undertaken promptly and in line with PHE national guidance 	<p>Guidance in place to support staff in the correct procedure for taking COVID 19 respiratory samples.</p> <p>Patients with suspected COVID 19 tested on admission (symptomatic &</p>	<p>None</p> <p>None</p>	

<ul style="list-style-type: none"> screening for other potential infections takes place 	<p>asymptomatic) or at the point they develop symptoms if an inpatient. Process for staff testing (staff with symptoms or symptomatic household members) in place and plans for extension to all staff.</p> <p>Screening for other infection undertaken e.g. other respiratory viruses, diarrhoeal pathogens e.g Cdifficile/Norovirus, MRSA screening.</p>	None	
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9. Have and adhere to policies designed for the individual’s care and provider organisations that will help to prevent and control infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> staff are supported in adhering to all IPC policies, including those for other alert organisms any changes to the PHE national guidance on PPE are quickly 	<p>Policies/guidelines in place. IPT provide support in adhering to policies via visits to clinical areas, audit, spotlight reviews, education & awareness campaigns.</p> <p>Regular review of PHE guidance by IPT. Changes communicated via a range of channels.</p>	<p>None</p> <p>None</p>	<p>Revised audit programme to commence June 2020.</p>

<p>identified and effectively communicated to staff</p> <ul style="list-style-type: none"> all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current PHE national guidance PPE stock is appropriately stored and accessible to staff who require it 	<p>Included in IP&C action card and correct bins in all areas to ensure appropriate segregation.</p> <p>PPE stock stored in local hubs and distributed to clinical areas. Escalation process in place.</p>	<p>Confirmation required from waste team that waste is being appropriately segregated. Waste audits and IP&C audit and spotlight programme currently suspended</p> <p>None</p>	
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10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Appropriate systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported 	<p>Risk assessments undertaken for at risk staff groups and appropriate actions taken. Currently a high proportion of staff not undertaking patient facing duties and/or working from home.</p>	<p>None</p>	

<ul style="list-style-type: none"> • staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing • staff that test positive have adequate information and support to aid their recovery and return to work 	<p>Fit testing performed on all staff needing to wear and FFP3 re-usable respirator. Training recorded on database. 24/7 capability</p> <p>Monitored at ward and care group level. Staff able to access testing via self-referral process.</p> <p>Staff testing positive are provided with advice and guidance from Occupational Health.</p>	<p>None</p> <p>None</p> <p>None</p>	
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Report to the Trust Board of Directors dated Thursday, 28 May 2020			
Title: Register of Seals, and Chair's Actions			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	5.3		
Sponsor	Chairman		
Author	Susan Rudd, 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	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input checked="" type="checkbox"/> Goal 2: Delivering value-based health and care.	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 There were no seals affixed since the last report.

2. Chair's Actions

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

- 2.1 **Single Tender Action for Personal Protective Equipment (PPE) Gowns** from Millbrook (UK) Ltd at a cost of £1,058,400 excluding vat. This relates to essential PPE to protect staff from Covid-19. This local supplier has delivered well for the Trust so far, the price is consistent with the national supply chain and this local arrangement does not contradict the recent national procurement policy letter and will give the Trust 3 months' security of supply. Approved by the Chair on 11 May 2020.
- 2.2 **Award of Contract for Home Electronics via Staff Salary Sacrifice** to Akira Financial Ltd for 2 years at a total contract cost of £720,000 excluding vat. This represents pass-through costs in relation to home electronics purchased via the Vivup employee benefits platform. There is no net cost to the Trust. Approved by the Chair on 14 May 2020.
- 2.3 **Award of Contract for Childcare Vouchers via Staff Salary Sacrifice** to Fideliti at a cost of £780,000 excluding vat. The move to this supplier has saved the Trust 0.05% per month on the total voucher value. Approved by the Chair on 14 May 2020.
- 2.4 **Award of Contract for Outsourced Radiology Reporting** to 4 Ways Healthcare Ltd for 2 years at a total contract cost of £1,000,000 excluding vat. 4 Ways have been the Trust's provider for the last 3 years and have given the Trust improved pricing compared to any supplier under any of the frameworks due to the volume of reports they carry out for the Trust. This is a joint procurement with Hampshire Hospitals NHS Foundation Trust. Approved by the Chair on 19 May 2020.

3. Recommendation

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

Report to the Trust Board of Directors dated Tuesday, 28 May 2019			
Title: Emergency Planning & Business Continuity Annual Report 2019-2020			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	5.4		
Sponsor	Chief Operating Officer		
Author	Sandra Hodgkyns Head of Security /Emergency Planning		
Provenance	<p>The report is provided annually to Trust Board as part of our NHS England Emergency Planning Response and Resilience (EPRR) Annual Assurance process. This year due to COVID 19, it was not possible to provide a report to Trust Executive Committee prior to the report being submitted to Board.</p> <p>Partnerships with Local Health Resilience Partnership and Category One responders (Ambulance, Fire and Police) and other bodies including, Public Health England, Clinical Commissioning Groups (CCGs) and NHS England, other hospitals external to the region.</p>		
Classification	This Report is unclassified.		
Purpose	<p>The paper is presented for APPROVAL.</p> <p>To update the Trust Board, on the work of the Emergency Planning Response and Resilience (EPRR)Team from 1st April 2019 to 31st March 2020.</p> <p>Our role is to ensure that the Trust meets it requirements under the Civil Contingencies Act 2004, (CCA 2004) leading the Trust with Incident Response Plans. Providing Major Incident Training for the Tactical and Strategic Commanders and those with on call Major Incident responsibility, advising Strategic and Tactical Command in their role in the event of a Major Incident or Hospital Incident Management Team (HIMT). The Head of Security/ Emergency Planning provides assurance to NHS England and our commissioners that the Trust is meeting and maintaining our assurance levels in Emergency Planning/Resilience Response and Chemical Biological, Radiological, Nuclear, explosion (CBRNe). Both Emergency Planners are qualified Senior Emergo Instructors, Loggist Trainers and have training qualifications. The Head of Security /Emergency Planning supports other organisations with their Emergo and Major Incident training. This report outlines all areas of this work</p>		
Relevant strategic goals	<input checked="" type="checkbox"/> Goal 1: Improving patient journeys.	<input checked="" type="checkbox"/> Goal 2: Delivering value-based health and care.	<input checked="" type="checkbox"/> Goal 3: Supporting healthy lives.
	<input type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	Emergency Planning and Business Continuity met the required standard of <i>Substantial</i> in the national EPRR Core Standard.		
Impact assessments	N/A		
Other standards affected	N/A		

Emergency Planning & Business Continuity Annual Report 2019-2020

1. Introduction or Background

- 1.1 EPRR Assurance - The annual review of EPRR Core Standards was successful again at the end of 2019 with a Substantial rating being attained and approved by our Commissioners and NHSE EPRR. (Appendix A rating guide)
- 1.2 Plans/ Policies - In July 2019, final ratification of the Trusts Incident Response Plan (IRP) was achieved. This plan, replaces the Hospital Incident Management Team (HIMT) Plan and Trust Major Incident Plan. All EPRR plans are being reviewed due to COVID 19.
- 1.3 Training - In line with the ratification of our plan we are required to test the plan in a Trust wide exercise. We had planned to undertake Exercise Pendulum, but due to the plan not being ratified until later in the year, we moved to Exercise Cerberus. The aim of Cerberus was to demonstrate, UHS Incident Response Plan in action, responding to several incidents, including the potential for EU Exit on January 31st and to identify the potential conflicts with the Winter Plan and UHS IRP. The exercise was well received and identified learning points. The learning points included, but are not limited to:-
 - Clearer definition of flow of non-incident patients required.
 - Loggist Role was essential, especially for tracking patients.
 - Difficult to track flow of patients who were involved in the Major incident versus those who were not.
- 1.4 Tabletop/classroom training - In addition to our annual testing requirements, there have been a number of training events for staff within the Trust, additionally the Head of Security/ EPRR has again this year been asked to support other Trusts with their training events. These are tabulated in Appendix B This list is not exhaustive.
- 1.5 A review took place on how training was delivered to Strategic and Tactical Commander within UHS. Whilst there was still a need to ensure the key legal elements were covered, the learners are now able to do this in their own time (work time) followed by an interactive table top testing session based on the pre-learning. The feedback from learners who participated and had undertaken the previous full classroom based training, provided very positive feedback, with the exception of a small number of IT glitches. Many thanks, to the Strategic/Tactical Commanders who participated and booked their training supporting the Trusts assurance and UHS in a Major Incident preparedness.
- 1.6 The Trust supported the purchase of Everbridge, a new Major Incident Alert System which is already used by our local ambulance service. This reduces the risk and provides a full audit trail, improving the message input/output during a Major Incident Standby or Declared. Building the system was progressing well but had to be halted due to COVID 19 but will start again in late May 2020.
- 1.7 Incidents – Whilst last year 2018/19 we had the Power failure and snow, this year we have thankfully, been relatively free of incidents. We had a Chemical incident which involved a patient, who on this occasion was taken to a ward and not the emergency department for safety reasons. This patient evoked HIMT/HART and Police response at a weekend.
- 1.8 The EPRR team have supported the Trust response to COVID 19, which is graded at Level 4 NHSE EPRR Major Incident Response and continues to remain at that level. UHS had identified a Risk for Pandemic Flu on the risk register created by Head of Emergency Planning rated 20 in line with the national risk register prior to COVID 19. This remains unchanged.

- 1.9 EU Exit Planning and Business Continuity consumed a considerable amount of Emergency Planning time along with support from procurement and Operational colleagues. There were weekly planning meetings to review vital supplies, key suppliers and distribution, as well as a keenness to ensure that Care Groups had Business Continuity Plans in place not only to support supply, but also to look at staffing with the potential impact on the road infrastructures in this area. The Trust will need to start reviewing EU Planning again shortly, as it had been on hold due to COVID 19.
- 1.10 The Emergency Planners continue to attend TV/ HIOW Local Resilience Forum (LRF), which provide most of our partner agency support, for example EU Exit Plans locally, last year's M27 closure at J3 for the bridge repairs ensuring that the Trust was fully engaged and supported by the Forum. In addition we continue to attend WOT (Working on Tuesday), which are specific topics related to EPRR, both national and local risks. As part of NHSE requirements we attend the Local Health Resilience Forum (now the Business Management Group) and the Head of Emergency Planning also attends the Executive Group with delegated responsibility from the Trust.

2. Analysis and Discussion

2.1 EPRR Core Standards Assurance: Tabulated below are the 68 Standards that we are required to met. In addition this year there was a deep dive with 20 standards.

Core Standards	Total standards applicable
Governance	6
Duty to risk assess	2
Duty to maintain plans	14
Command and control	2
Training and exercising	4
Response	7
Warning and informing	3
Cooperation	7
Business Continuity	9
CBRN	14
Total	68

Deep Dive	Total standards applicable
Severe Weather response	15
Long term adaptation planning	5
Total	20

- 2.2 Core Standards Overview – Of the 68 Core Standards 64 were Fully Compliant; the 4 that were Partially Compliant have now been reduced to 3. In the Deep Dive, *which does not form part of the overall assessment*, the Trust had 18 standards that were Fully Compliant and 2 that were partially. The CCG and NHSE have reviewed our work and submissions, they are satisfied with our action plan to resolve and confirm that our assurance level is attained at SUBSTANTIAL. This is a good standard.
- 2.3 EPRR Team - In late 2019, Steve Court left the Emergency Planning Team to take up a post at Portsmouth Hospital Trust. The Trust employed Dave Williams as an emergency planner. Following COVID 19, the Head of Security/ Emergency Planning will be undertaking a post COVID 19 review of EPRR structure.

3. Conclusion

- 3.1 The Emergency Planning Team have taken steps to improve our Tactical and Strategic training (Silver and Gold Command) to include a Table top exercise to bring us in line with other Trusts and best practice. Additionally funding was secured to provide a trial session of media training to some members of the Executive Team. This training will be delivered once plans can be made with the trainer and the organisation is in a position to release colleagues for training. During the assurance review process we conducted a GAP analysis of the training needs for the Executive Team to enable us to ensure that we develop the right training. This work has been shared with NHSE/CCG colleagues as part of the assurance framework.
- 3.2 EPRR and Security co-locating - with the new Director of Estates in post we have looked to re-establish the move of Security from their current location to the Emergency Planning location, which was part of the planned contract and approved by Board previously. This will ensure integrated processes in a Trust major incident as well as bringing all technology systems online.
- 3.3 Assurance, whilst we are continuing to meet with the CCG, although not during COVID19, to ensure our plans are progressing from last year's assurance actions, we continue to gather evidence for 2019/20 assurance and will be working towards substantial again when the standards are published. Due to COVID 19, there may be some changes in the assurance process or requirements this year.
- 3.4 It does not seem appropriate to conclude this report without noting the Trusts preparedness for COVID19, which the Emergency Planning Team and Infection Prevention Team have been working on since Jan 21st 2020. On the Government National Risk Register, Pandemic Influenza (Pan Flu) was and still is the highest risk. The EPRR team have previously run a Trust Pan Flu exercise and all participants were left in little doubt of the significant impact a pandemic would have on all aspects of our work and home lives. The business continuity plans which were developed at this time, formed the framework for the Trust response. In December 2019, UHS Emergency Planner along with others from partner agencies attended a Pan Flu Exercise run by the national team and this informed feedback to the executive team to support the UHS response to ensure the Trust was prepared.
- 3.5 With this prior planning and testing, we were in a better position, and key work streams for the next few months will focus on developing the learning from our response into revised plans that will ensure we remain prepared for any future threat.

3.6 As the Head of Emergency Planning Response and Resilience for University Hospital Southampton NHS Foundation Trust, I am truly grateful for those who see training and Emergency Planning before and during an incident as critical to their role, to protect the Trust, our staff, patients, public and the wider community. Plan-Prepare-Respond- Recover.

4. Recommendation

To consider and approve this annual report.

5. Appendices

- Appendix A – Rating Guide
- Appendix B - Table top/Classroom/Other Trust Training

Appendix A Rating Guide

EPRR ASSURANCE CORE STANDARDS COMPLIANCE LEVELS

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Substantial Arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Partial Arrangements are in place however the organisation is not fully compliant with six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed
Non Compliant*	Non-compliant* Arrangements in place do not fully address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Appendix B Tabletop/Classroom/Other Trust Training

Department	Staff Group	Internal / External
CHDU	Sisters Study Day	Internal
CVT	Matrons	Internal
Education Teams	Div. B	Internal
Estates	On Call Managers	Internal
Neuro	Neuro Teams Study Day	Internal
Strategical Command Training	Exec On Call: JH/ GC/RC/JP/DLK	Internal
CEO	CEO Team	Internal Exercise WENCESLAS
All	Trust wide	Internal Exercise CEREBUS
All	Partner agencies/ Trust Staff	Internal Exercise WAMBAM
HHFT	Whole Trust	External (UHS Facilitator for Strategic/ Tactical) x 2 days
QA Hospital	Trust Wide	External (UHS Facilitator)

Report to the Trust Board of Directors dated Thursday, 28 May 2020			
Title: CRN: Wessex 2019/20 Q4 Performance/Annual Report			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	5.5		
Sponsor	Medical Director		
Author	Graham Halls, Business Intelligence Manager and Rebecca McKay, Chief Operating Officer		
Provenance	<p>Q1 2019-20 report submitted at the UHS Board meeting on 26 September 2019</p> <p>Q2 2019-20 report submitted at the UHS Board meeting on 26 September 2019</p> <p>Q3 2019 report submitted at the UHS Board meeting on 12 March 2020</p>		
Classification	This Report is unclassified.		
Purpose and recommendation	<p>The paper is presented for APPROVAL.</p> <p>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 March 2020 unless otherwise stated.</p> <p>Key achievements / issues:</p> <ul style="list-style-type: none"> • Wessex research recruitment fell by 30% year on year (nationally - 19%) • Five Wessex partner organisations had 100% of studies achieving their target on commercial research. 78% was accomplished overall for Wessex - the highest to date. • 92% locally led non-commercial research studies (Wessex chief investigators) achieved their targets on time. • 1,288 participants were enrolled into studies managed by the dementia and neurodegenerative disorders speciality, a 28% increase year on year. <p>Recommendation:</p> <ul style="list-style-type: none"> • Approve the report and monitor future 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	<p>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:</p> <ul style="list-style-type: none"> • 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	<p>Not applicable</p>
Other standards affected	<p>CQC Well-led Framework (for research)</p>

1. Introduction or Background

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.

CRN Wessex aims to:

- Promote equality of access, ensuring that wherever possible, patients have parity of opportunity to participate in research
- Improve the quality, speed and co-ordination of clinical research by removing the barriers to research in the NHS
- 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

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.

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.

37,067 participants were enrolled in portfolio studies, representing a 30 percent reduction on the previous financial year (chart 2a). 2018/19 was the network's peak year for recruitment in part because one locally led study enrolled more than 6,300 participants. The fall in recruitment also coincides with a sustained decrease (16 percent reduction overall) in total England sample sizes for the studies that Wessex have supported since 2016/17. The network recognises that for activity to increase, the number of chief investigators and locally led studies that meet the greatest needs of the Wessex population must also rise.

Research recruitment in England has fallen by 19 percent compared to the same reporting period year on year (chart 2b). This gap reduced throughout the financial year; however Wessex is tracking below the LCRN average with a 30 percent decrease.

1,195 participants were recruited to commercial studies and therefore recruitment was significantly lower than 2018/19 (2,810 participants). A similar trend has been observed nationally (a 45 percent reduction) and can be partly explained by the absence of the big recruiting studies delivered in the past for example 35872 - Arthroplasty S. aureus SSI NI Study and 34514 - EPSS. The profile of commercial portfolio studies is evolving, with an increased number of resource-heavy complex projects and small sample sizes. The network is committed to achieving HLO 1b whilst ensuring patient access to personalised therapies such as ATMP and gene therapy is enabled.

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	37,067	Green
		(b) Commercial only	2,000	1,195	Red
HLO 2	Increase the proportion of studies delivering to recruitment target and time	(a) Commercial RTT (number of participating sites)	80%	78%	Amber
		(b) Non-Commercial RTT (number of Wessex led studies)	80%	92%	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)		Green
HLO 4 & 5	[Replaced by HLO 9]	-	-	Not locally measured	Not nationally measured
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%	31% (88 sites)	Red

High Level Objective		Target	CRN Wessex	National status
		(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	1,288 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	91 days Green
		(b) Median study site set-up time for non-commercial studies	60 days	65 days Green

Chart 1: Performance against NIHR Higher Level Objectives in Wessex - 2019/20

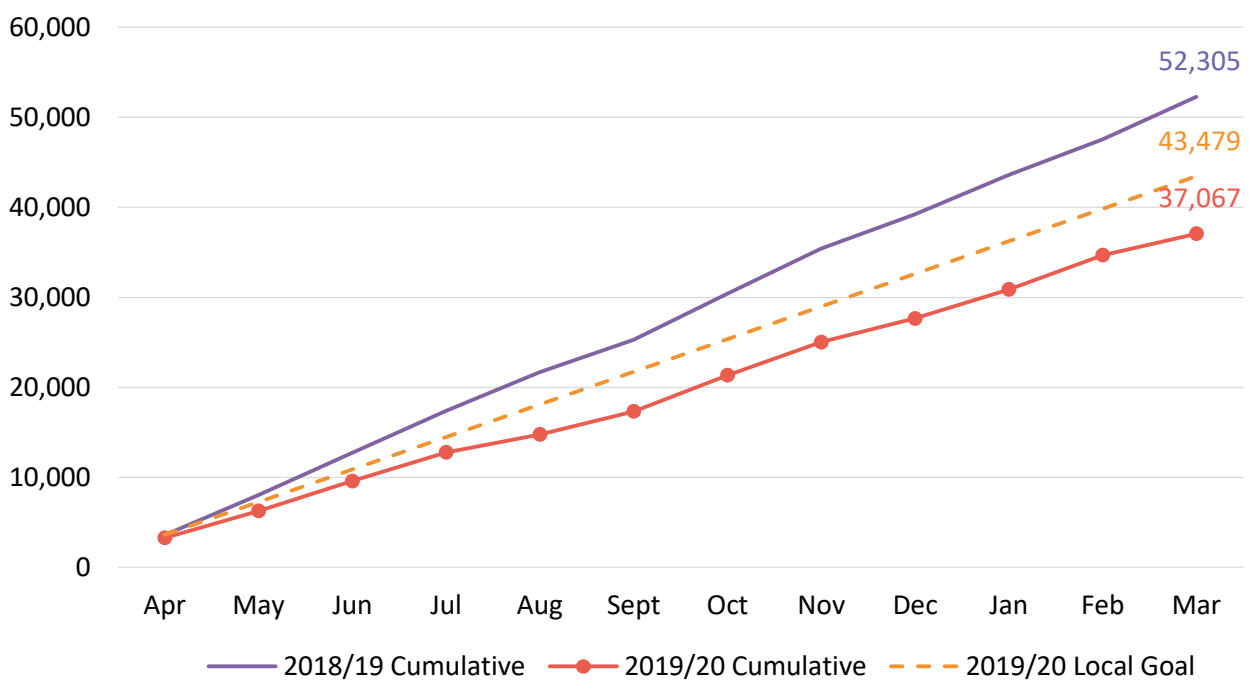
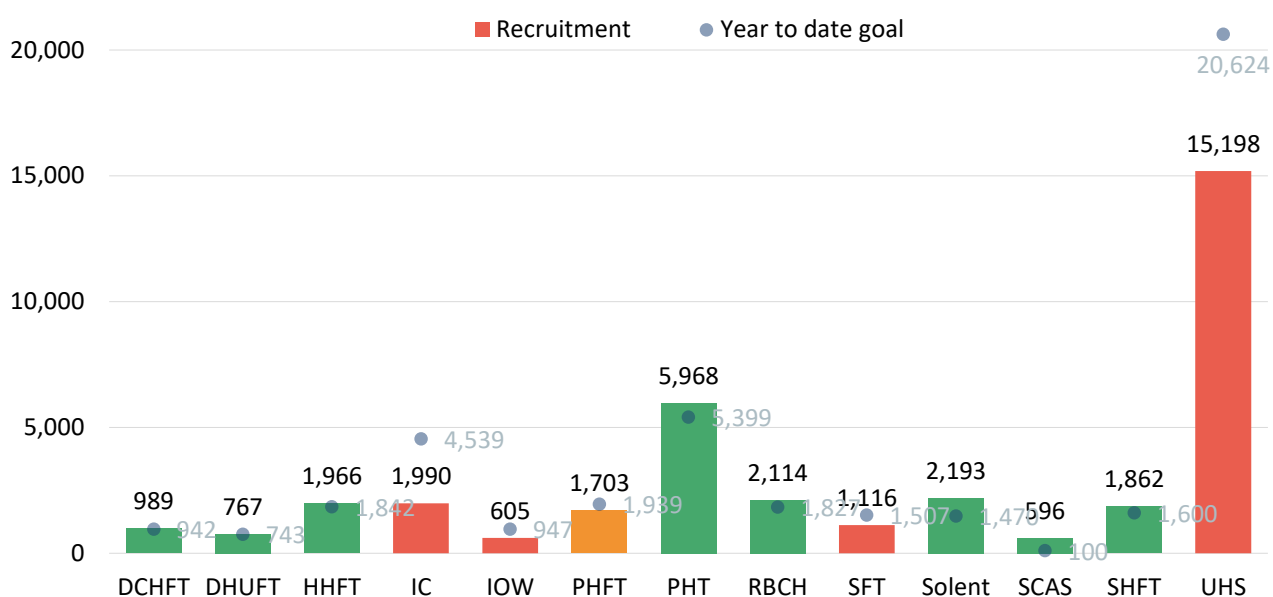


Chart 2a: Wessex recruitment against target – NIHR high level objective 1a (HLO 1a) - 2019/20

Network	2018/19	2019/20	Variance
West of England	38,400	43,198	12%
Kent, Surrey and Sussex	39,578	42,346	7%
North West Coast	37,314	35,872	-4%
West Midlands	74,644	67,772	-9%
Thames Valley and South Midlands	65,763	59,592	-9%
North Thames	85,615	72,337	-16%
South London	93,188	77,562	-17%
South West Peninsula	28,046	23,329	-17%
East Midlands	69,783	56,935	-18%
Eastern	48,287	37,510	-22%
North West London	39,602	29,137	-26%
Yorkshire and Humber	96,920	70,905	-27%
Wessex	53,075	37,067	-30%
North East and North Cumbria	44,835	27,726	-38%
Greater Manchester	87,006	50,888	-42%
Total	902,056	732,176	-19%

Chart 2b: Recruitment by local clinical research network – 2018/19 compared to 2019/20

The performance of CRN Wessex partner organisations against their year to date recruitment goals is shown in chart three. Performance is red, amber or green rated depending on whether the organisation has achieved their goal (green), within 20 percent (amber) or if they did not achieve the goal (red). Eight partner organisations met their recruitment goal for the financial year.



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

Chart 3: Recruitment by partner organisation in Wessex against goal - 2019/20

Of the six NIHR clinical research network divisions (see glossary for further information) four were either above or within 20 percent of their year to date recruitment target (chart four).

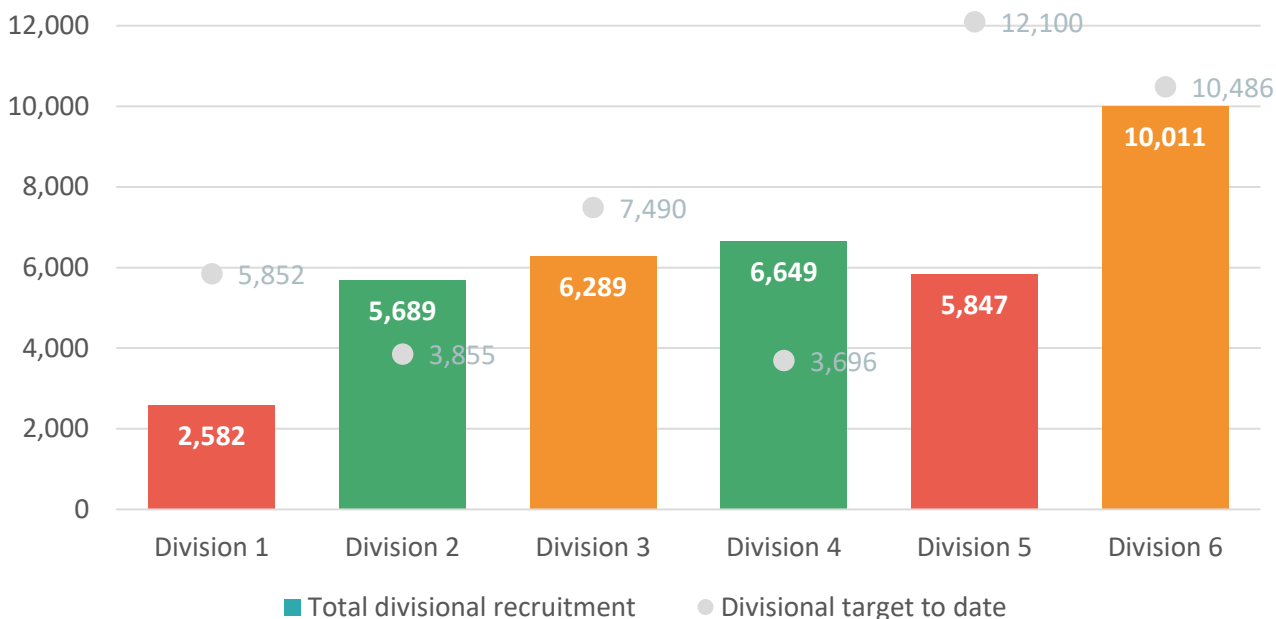


Chart 4: Recruitment by NIHR Division in Wessex against target - 2019/20

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. The glossary contains further information on LCRN populations and weighting recruitment for complexity. Wessex ranks higher on population weighted recruitment, which suggests that partner organisations offer research opportunities to a higher proportion of their population. When weighted for complexity five Wessex partner organisations are in the top five partner organisations across England for their trust type e.g. teaching hospital, care. On the same measure Solent and PHT were ranked first for their respective trust types.

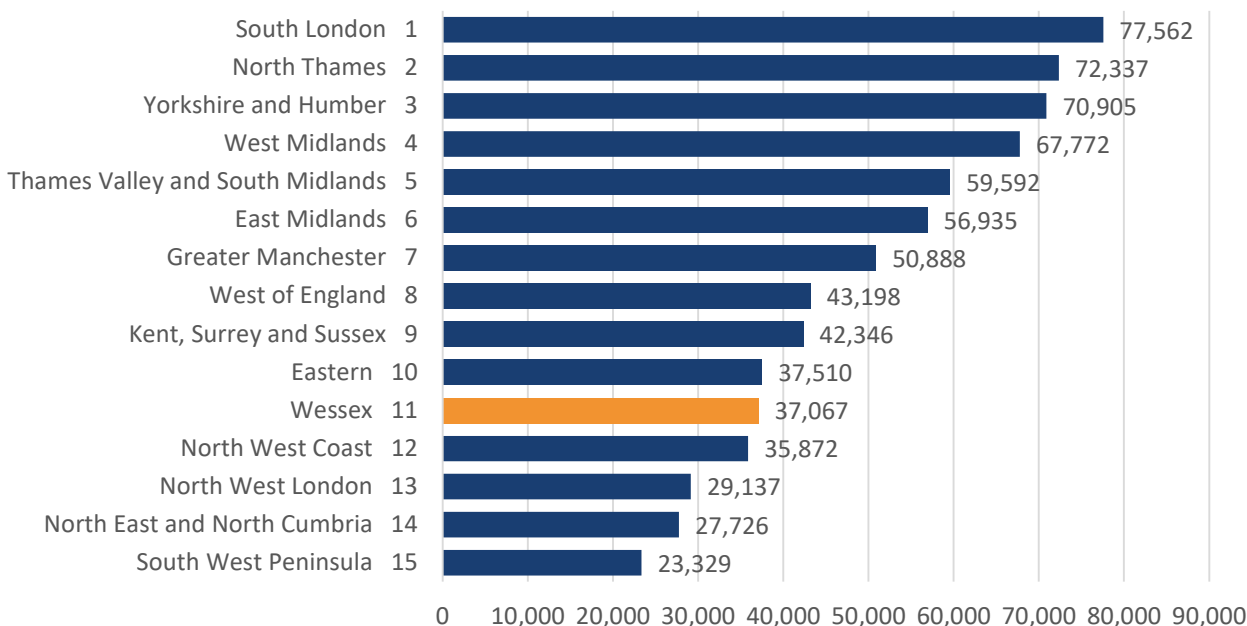


Chart 5a: Comparison of recruitment by LCRN - 2019/20

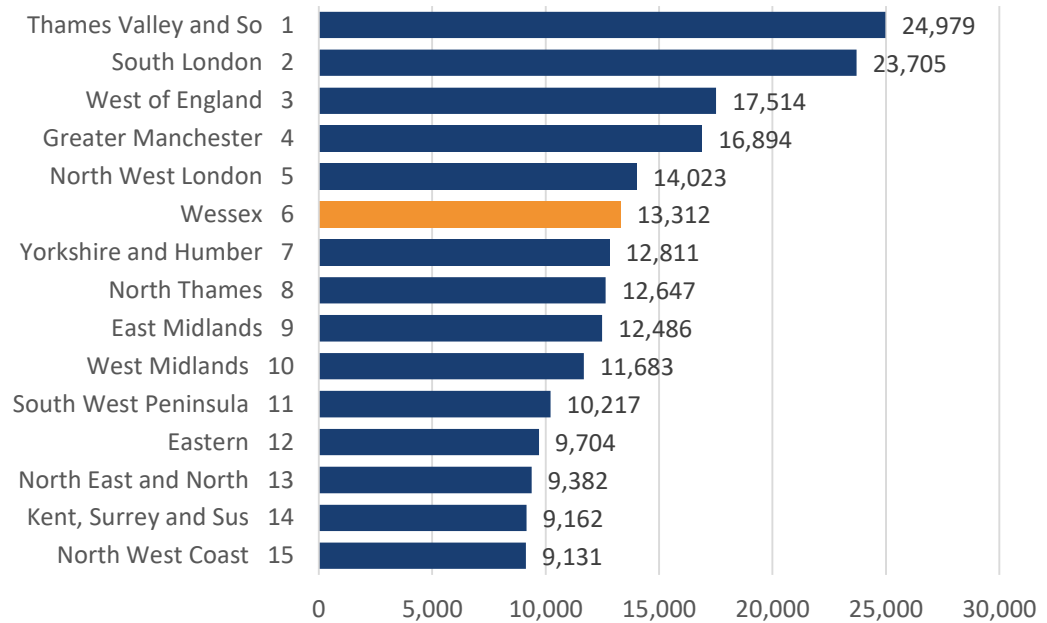


Chart 5b: Comparison of recruitment by LCRN weighted for local population - 2019/20

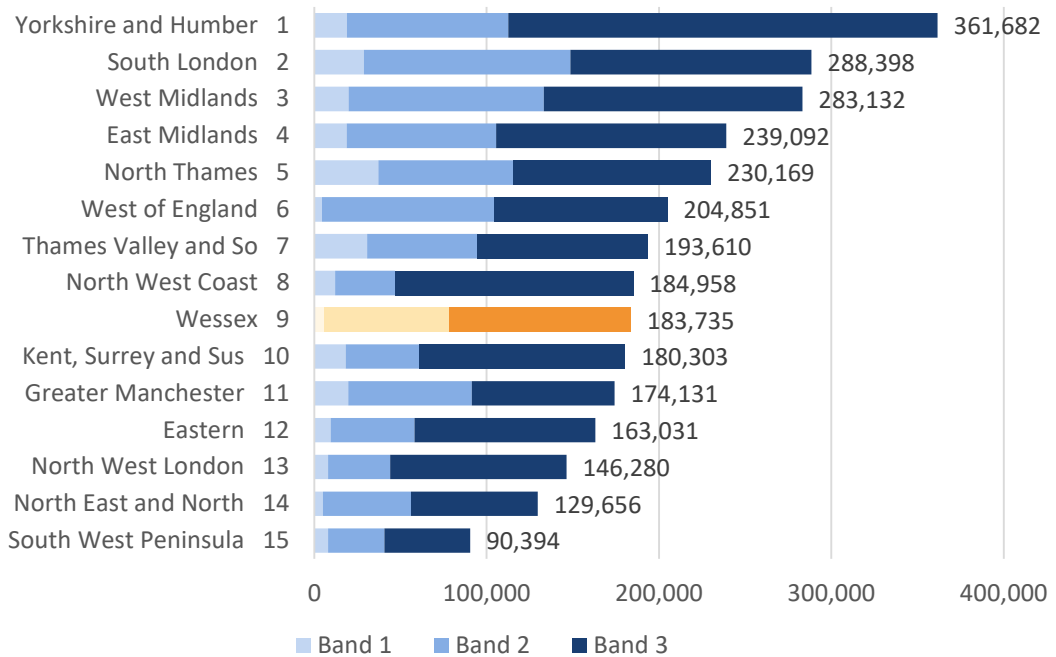


Chart 5c: Comparison of recruitment weighted by complexity by LCRN - 2019/20

Six 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 to twelve and nine, respectively. Respiratory, children and neurological disorders were Wessex's strongest specialties relative to the other LCRNs. Infection, oral & dental health and haematology dropped the furthest year on year in terms of recruitment.

Specialty	LCRN Rank (Recruitment)		LCRN Rank (Population Weighted)		LCRN Rank (Complexity Weighted)	
	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19
Ageing	9	11	6	8	6	7
Anaesthesia, Perioperative Medicine and Pain Management	10	13	7	11	6	11
Cancer	9	6	7	3	10	8
Cardiovascular Disease	4	4	3	3	4	2
Children	3	2	3	2	3	3
Critical Care	6	3	4	2	6	3
Dementias and Neurodegeneration	10	15	7	12	11	13
Dermatology	6	3	4	3	5	5
Diabetes	7	12	7	12	5	14
Ear, Nose and Throat	7	10	5	9	3	10
Gastroenterology	10	8	7	5	7	4
Genetics	6	10	4	6	5	7
Haematology	9	5	6	5	8	6
Health Services Research	9	6	6	3	10	4
Hepatology	10	9	7	8	7	11
Infection	13	5	10	3	6	3
Mental Health	4	11	3	7	9	12
Metabolic and Endocrine Disorders	14	14	12	14	12	12
Musculoskeletal Disorders	7	8	5	3	9	7
Neurological Disorders	3	4	2	1	3	5
Ophthalmology	11	9	9	9	11	11
Oral and Dental Health	15	9	15	7	9	2
Primary Care	10	7	10	7	9	7
Public Health	5	3	3	3	4	2
Renal Disorders	9	15	7	15	6	14
Reproductive Health and Childbirth	12	10	11	9	10	10
Respiratory Disorders	1	1	1	1	1	1
Stroke	9	9	10	6	9	12
Surgery	6	5	4	4	7	5
Trauma and Emergency Care	11	8	8	6	11	7

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 versus 2018/19

Throughout the year, and as part of the continuing emphasis on improving commercial research performance, the CRN Wessex core team worked collaboratively with partner organisations and general practices (through the Commercial Research Consortium) on sharing best practice, feasibility processes, improving performance monitoring tools (Wessex app developments and monthly reports) and developing bespoke commercial research training (commercial research webinars and supra commercial research module).

The implementation of the new performance monitoring process for commercial studies enabled better communication with commercial sponsors and study oversight.

CRN Wessex partner organisations achieved a nine percent increase in recruitment to time and target year on year (RTT, chart 7a & 7b) and five organisations have achieved 100 percent RTT. 78 percent of sites achieving RTT is however below the national target of 80 percent and therefore achieving this would be a key measure of success in 2020/21. The overall performance will be affected by the number of studies being run at the partner organisation and so this has been included in the charts for reference.

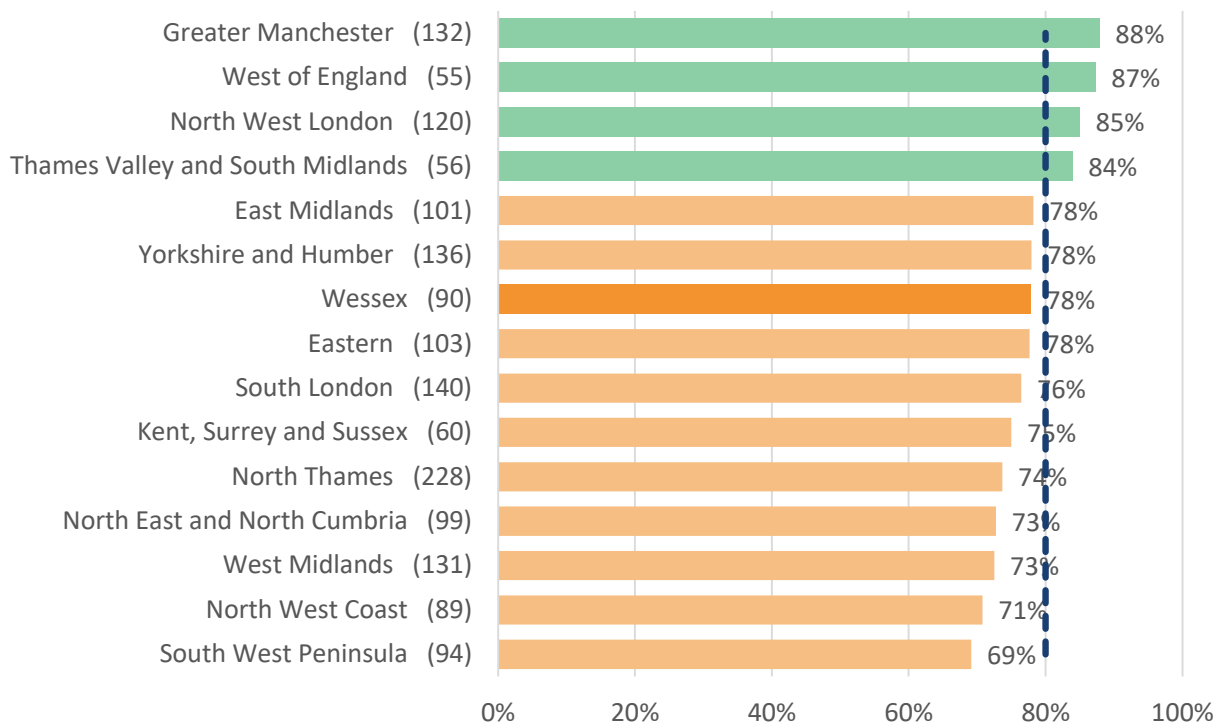


Chart 7a: Percentage of sites recruiting to time and target on closed commercial studies by LCRN -2019/20 (HLO 2a). Site counts in brackets.

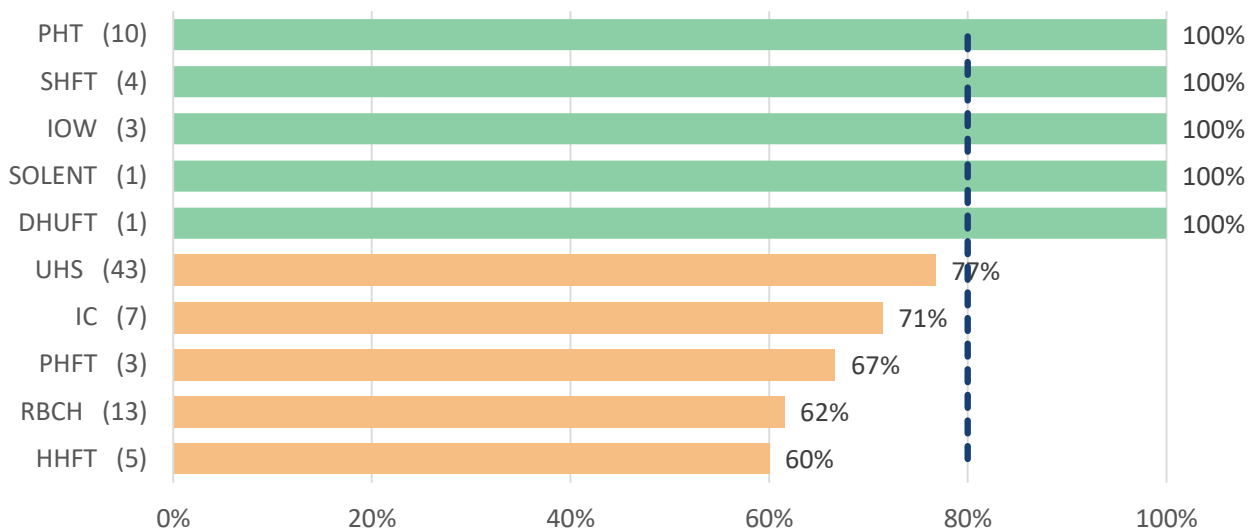


Chart 7b: Percentage of sites recruiting to time and target on closed commercial studies – by partner organisation - 2019/20 (HLO 2a). Site counts in brackets.

92 percent of Wessex-led non-commercial studies have closed recruiting to time and target in 2019/20 (chart 8a & 8b). This is across 44 studies and is an eleven percent increase in RTT from 2018/19. This has been supported by the portfolio management team and builds on established performance from previous years. There has been an increased focus on communication with partner organisations, with regular meetings and performance monitoring data being more accessible through the Wessex open data platform dashboard.

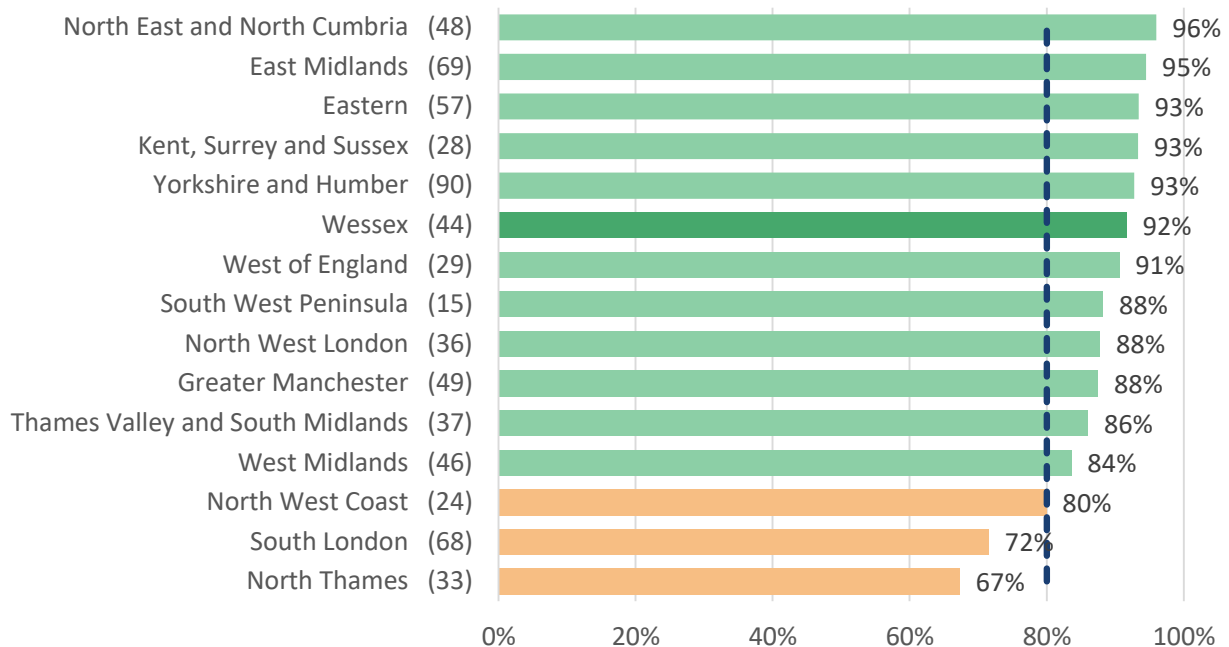


Chart 8a: Percentage of Wessex-led non-commercial studies closed having recruited to time and target by LCRN - 2019/20 (HLO 2b). Study counts in brackets.

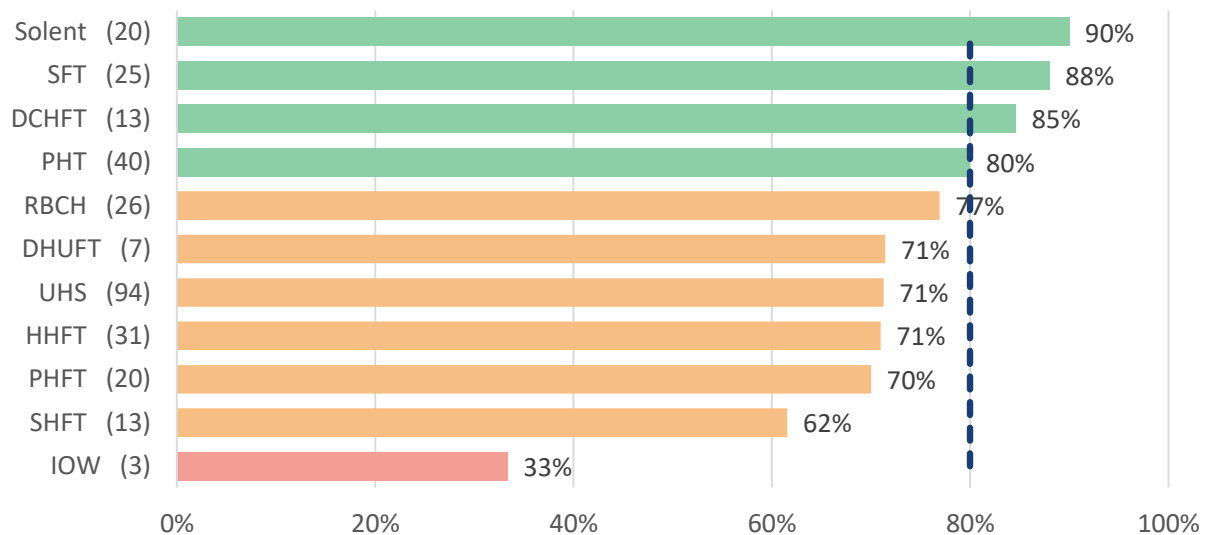


Chart 8b: Percentage of non-commercial studies closed having recruited to time and target by partner organisation - 2019/20. This supports HLO 2b but also includes studies led by other LCRNs. Study counts in brackets.

In October 2019, CRN Wessex tasked its GP locality leads, representing ten CCGs across the geography, with consulting on preferred models for a revised research site initiative (RSI funding model), considering the anticipated changes brought about by the formation of primary care networks (PCNs). Two additional funding models were agreed, which included a hub and spoke or

the option to work at PCN levels thereby collaborating with constituent practices and providing an opportunity to increase the number of research active practices in 2020/21. Covid-19 has largely stalled the proposed formal implementation of the agreed scheme and so the annual RSI application process carried out in March has resulted in a temporary transition arrangement to agree funding for quarter one & two 2020/21 at the same level as 2019/20, taking into account local intelligence submitted during the application process. 31 percent (n=88) of general medical practices in Wessex participated in research during 2019/20 against a target of 45 percent (HLO 6c); the equivalent performance across England was 36 percent.

The local recruitment target of 688 to be recruited on to NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies was substantially exceeded with a total of 1,288 participants enrolled (HLO 7). This was achieved in part through delivery of three observational studies (40490 SENSE-Cog Residential aged care facility study; 30993 Skin metabolites in Parkinson's disease; 20065 - The Brain Imaging in Dementia study).

Partner organisations across Wessex achieved a record 812 responses to its 2019/20 survey, 125 percent of the target (HLO 8). As well as delivering the survey across all eligible organisations including primary care, online responses were significantly increased through an innovative text campaign delivered by UHS. There were new opportunities for participant feedback created by launching additional surveys for carers, young people and children.

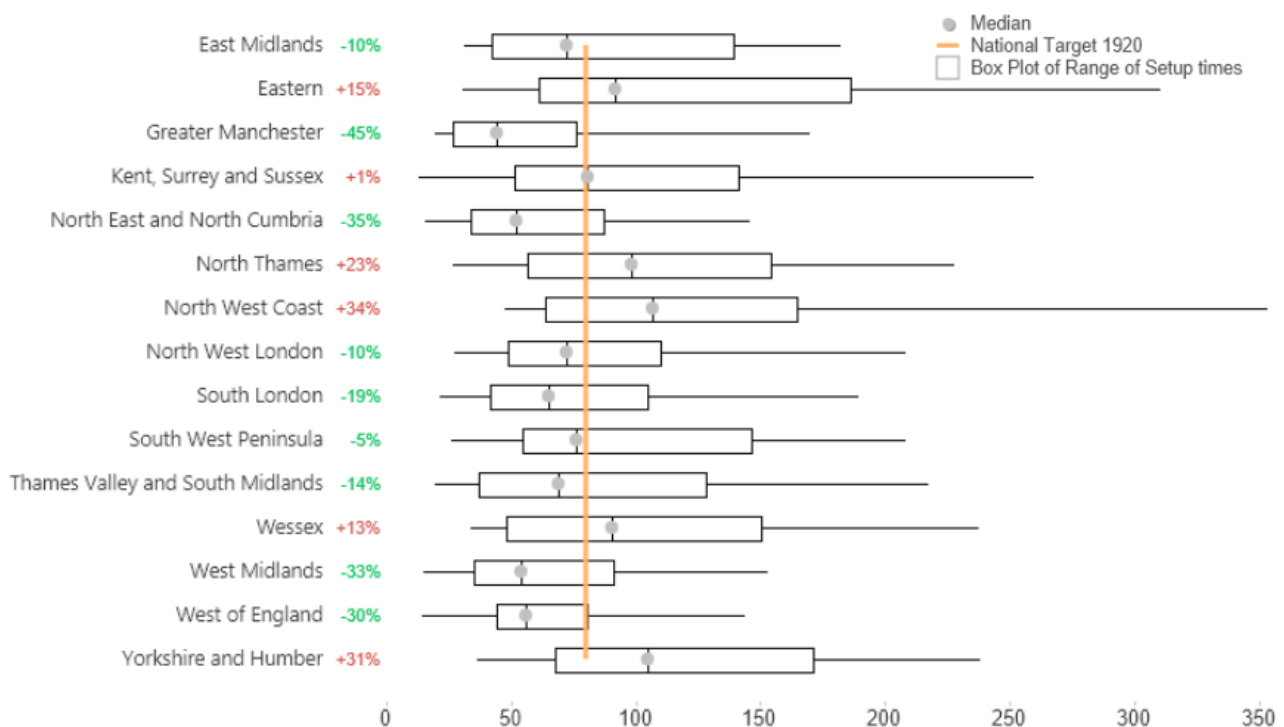


Chart 9a: Median commercial study setup time in days by LCRN - 2019/20 (HLO 9a)

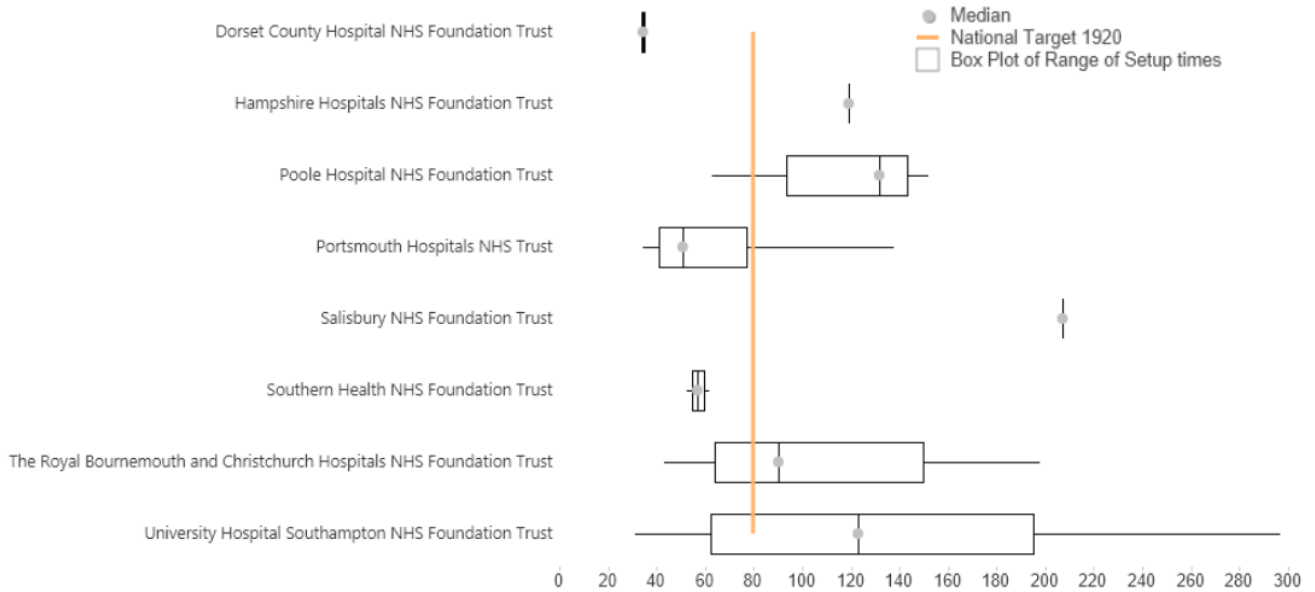


Chart 9b: Median commercial study setup time in days by partner organisation - 2019/20 (HLO 9a)

Median set-up time for commercial studies was 91 days (national target 80 days) over 34 set-up events (HLO 9a – chart 9a & 9b). Local teams achieved two global first patients (Adam Practice and PHT) and two first EU/UK patients (RBCH). Median setup time for non-commercial studies was 65 days (national target 60 days) over 146 set-up events (HLO 9b – chart 10a & 10b).

There has been a continued focus between partner organisations and CRN Wessex at quarterly Study Support meetings to highlight successes and challenges with achieving these HLOs, with higher level engagement also conducted with the Partnership Board. Best practice has been encouraged between organisations, with CRN Wessex site visits planned and a log of incidents maintained for trust specific queries. Furthermore, our business intelligence team has developed tools (for more information see [Wessex app developments](#)) to support set up monitoring. Monitoring and assistance with recruitment strategy for Wessex led studies remains a core component of the study support service offering.



Chart 10a: Median non-commercial study setup time in days by LCRN - 2019/20 (HLO 9b)

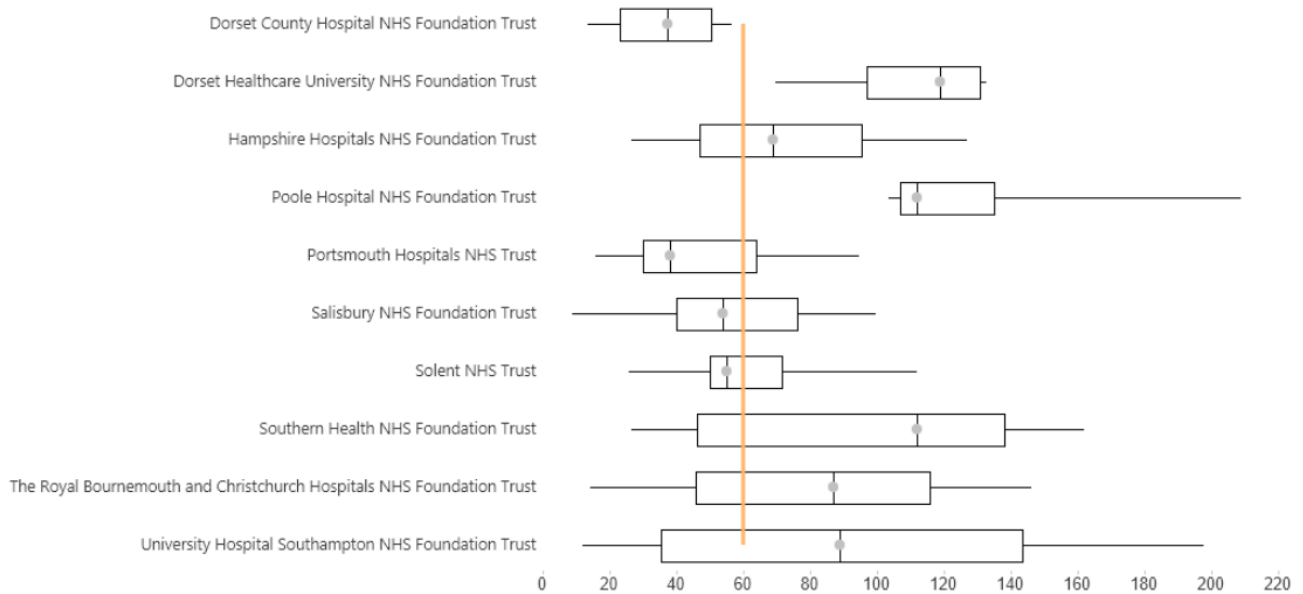


Chart 10b: Median non-commercial study setup time in days by partner organisation - 2019/20 (HLO 9b)

3. Preparations and response to the COVID-19 pandemic

Wessex developed a multi-faceted approach to supporting partner organisations during the Covid-19 pandemic, including communications, workforce and a study support service for urgent public health (UPH) projects. A range of digital communication strategies were used to share and receive essential information with partner organisations, including weekly email updates and hangout meetings.

The Wessex workforce development lead, acting as the single point of contact, liaised with partner organisations to report redeployed staff whole time equivalents and capacity to deliver UPH studies. A Wessex workforce action plan was developed to support redeployed staff and research teams delivering UPH studies. The Wessex UPH plan enabled a streamlined communication strategy to be rapidly established with partner organisations.

The study support service (SSS) adopted a cross-divisional approach to supporting Wessex-led UPH studies, with appropriate members of the core team leading coordination activities with local chief investigators (CIs). The service also supported local CIs to apply for UPH study status. The Wessex division six team coordinated seven day cover for SSS and cross-divisional support for the delivery of hosted UPH studies through site identification and ongoing communication about set up and delivery.

4. Conclusion

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.

Supporting more of our primary care partners to engage in research is also vital for research activity in Wessex to increase. One of the anticipated benefits of moving to a hub and spoke funding model for primary care research is that this will encourage practices that are not currently active by providing a support network.

It is necessary for RTT and study setup times to improve in 2020/21; not only to attract studies in novel therapies but also to grow research funding to create increased capacity to offer more of the population an opportunity to participate in research.

5. Recommendation

Approve the report and monitor future activity and performance via quarterly progress reports and the agreed assurance framework in appendix 1.

6. Appendices

6.1 Appendix 1 - CRN Wessex assurance framework

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

1:1 meetings

CRN Wessex chief operating officer meets with host executive with responsibility for host contract quarterly.

Executive group meetings

CRN Wessex executive group meets monthly.

Partnership group meeting

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

Performance report

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

Finance report

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

Annual report

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

Patient survey report

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

Internal finance audit

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

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

² All reports are submitted using agreed standard templates

Benchmarking

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

Review

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

Risk register

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

Business planning

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

6.2 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)

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

Local clinical research network	Acronym	Population - 2019/20
East Midlands	E Mids	4,605,206
Eastern	Eastern	3,891,262
Greater Manchester	GM	3,029,318
Kent, Surrey and Sussex	KSS	4,654,474
North East and North Cumbria	NENC	2,963,018
North Thames	NT	5,757,668
North West Coast	NWC	3,950,452
North West London	NWL	2,075,696
South London	SL	3,285,629
South West Peninsula	SWP	2,304,291
Thames Valley and South Midlands	TVSM	2,397,813
Wessex	Wessex	2,793,224
West Midlands	WM	5,860,706
West of England	WE	2,490,339
Yorkshire and Humber	YH	5,560,334

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