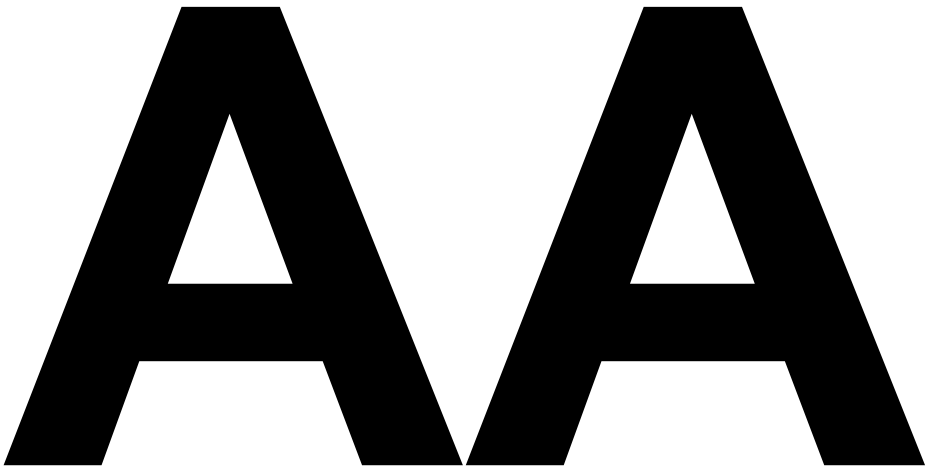
AA

Trust Board Paper AA

To:	**Trust Board**
From:	**Mark Wightman, Director of Communications and Marketing**
Date:	**24th April 2014**
CQC regulation:	As applicable

Title:	**Members' Engagement Forum: Minutes and Terms of Reference**

Author/Responsible Director:
Karl Mayes: PPI & Membership Manager
Mark Wightman: Director of Communications and Marketing

Purpose of the Report:
To present to the Board the minutes of the last Members' Engagement Forum and its new Terms of Reference for endorsement.

The Report is provided to the Board for:

Decision		Discussion	
Assurance		Endorsement	**X**

Summary / Key Points:
A programme of Prospective Governor meetings was reinstated in January 2013, corresponding with the Trust's intention, at the time, to apply for Foundation Trust status. Thereafter, meetings have been held bi-monthly and have covered a range of issues from an overview of Foundation status and governorship to an examination of the Trust's response to the Francis report. The Prospective Governor meetings have been chaired by Trust's Chairman and attended by other Directors and senior clinicians and managers.

Approximately 60 people have expressed an interest in the governor role and the meetings are generally attended by around 30 people on each occasion. To date the engagement with this group has been very positive and the meetings are well evaluated. Membership of the group is open, but has naturally drawn individuals who are particularly interested in becoming a governor.

In November 2013 the group were informed by the Chief Executive that the Trust's Foundation Trust application was unlikely to go ahead for the foreseeable future. Rather, as a matter of priority, the Trust's key focus would be on financial stability, improving its management of emergency patients and delivering the quality commitment; these themes being the essential elements of a successful FT application.

With the prospect of FT governorship receding, the group were therefore asked to consider the future direction of these meetings. With one or two exceptions participants wished to continue meeting, citing the opportunity to be kept informed and to meet and discuss issues directly with our Board members as elements they wished to retain. Some members cautioned that they did not want the group to exist merely as a "Talking shop" and were keen to ensure any future engagement was meaningful and had the support of the Trust Board.

Volunteers were sought from the group to work with the Trust on a new Terms of Reference for the group which reflected earlier discussions and set the future direction of meetings. As such, six participants met with the PPI & Membership Manager and Director of Corporate and Legal Affairs to draft the document. The draft was then shared with the group and with the Trust's Chief Executive, Chairman, Director of Communications and Marketing and Director of

Corporate and Legal Affairs for comment.

It is proposed that the group will now be known as the "Members' Engagement Forum" and will provide a regular opportunity for the Board to meet with the Trust's public members to discuss matters of strategic importance and topical interest. The group will be chaired by the Trust's Chair and a commitment has been made within the Terms of Reference to field a minimum of two Executive and two Non Executive Directors at each meeting. A Deputy Chair will be elected from among the group. A further commitment has been made to present the minutes of each meeting quarterly to the Trust Board. The first such submission is presented here for the Board's consideration alongside the Terms of Reference.

Recommendations:
The Trust Board is asked to note the minutes of the last meeting and endorse the Terms of Reference for the Members' Engagement Forum.

Previously considered at another corporate UHL Committee?
No

Board Assurance Framework:	**Performance KPIs year to date:**

Resource Implications (eg Financial, HR):
Administration for the group is currently undertaken by the PPI and Communications manager. The meetings are held in Trust venues. Other than a small hospitality budget there are no significant resource implications.

Assurance Implications:
In terms of Board assurance, the quarterly presentation of minutes and the ongoing presence of Board members will provide assurance that patients and the wider public have opportunities to engage with our most senior leaders.

Patient and Public Involvement (PPI) Implications:
The development of this group, outlined in the Terms of Reference, will support and enhance patient and public involvement. The group will comprise one of the key means by which members of the Trust Board may engage with its public membership. The group will develop as a public consultation body which will inform the annual planning process. It will also act as a "sounding board" of public opinion on UHL service provision.

Stakeholder Engagement Implications:
The group will provide a regular forum to which other stakeholders may be invited to engage on issues that involve partnership working with the Trust. It will also provide useful feedback on partner organisations which may be passed on to those concerned.

Equality Impact:
The Trust's public membership is closely reflective of the community it serves. As such, the Members' Engagement Forum will be open to and promoted to the full membership. Participants will be asked to identify any access requirements (interpretation, induction loops, wheelchair access etc.) and every attempt will be made to accommodate these. The meetings are held in an accessible venue with hearing loop facilities. Feedback forms will also assist the Trust in identifying any barriers to access. Consideration will be given to equality monitoring of attendees and targeted promotion undertaken where necessary. The forum is anticipated to have a positive impact insofar as it will provide a platform for patients and the public to engage directly with members of the Trust Board.

Information exempt from Disclosure: no

Requirement for further review? Quarterly Minutes

University Hospitals of Leicester NHS Trust

Members' Engagement Forum: Terms of Reference

1. Purpose of this document

1.1 The Members' Engagement Forum will be one of the key means by which the Trust Board engages with the Trust's public members. This document describes how the group will carry out its work, including information about its membership, organisation and interaction with staff from the Trust.

2. Background

2.1 Over the last eighteen months the Trust has convened a bi-monthly meeting for public members who were interested in the role of Foundation Trust Governor. These "Prospective Governors" meetings were well attended and provided an opportunity for our more interested members to engage with senior staff on current issues and on the strategic direction of the organisation. The meetings also covered aspects of governorship in preparation for the Trust's Foundation Trust application.

2.2 In the changing climate of today's NHS it has become clear that the Trust will not apply formally for Foundation Trust status for some time. As such, in consultation with the group, a decision was made to shift the focus of these meetings away from preparation for governorship and more overtly towards engagement with the Trust's public membership.

2.3 The Trust is keen to ensure that its engagement with patients and the public is meaningful and that adequate opportunities are provided to meet with members of our Trust Board, most senior managers and clinicians. The Trust's public membership now stands at over 14,500 and is closely representative of the population that we serve. It is anticipated that a more explicit focus on membership engagement will encourage new members to participate and provide the Trust with a useful "sounding board" of public opinion in the years ahead.

3. The role of the Members' Forum

3.1 The role of the Members' Engagement Forum is to;

- Constitute a regular forum in which the Trust may consult with its members on matters of strategic importance.
- Provide opportunities for members to engage in the Trust's annual planning cycle.
- Act as a "sounding board" by which the Trust may gauge the views of patients and the wider public.
- Promote the development of services that are designed around patients and their needs.
- Provide feedback from members on the quality of services provided by the Trust.
- Have input in to policy development and to senior appointments.

4. Powers and responsibility

4.1 The Members' Engagement Forum is an engagement and advisory body and does not have the power to take decisions on its own. Instead it will share its views with members of the Trust Board, senior managers and clinicians. These views may then inform the work of the Trust.

4.2 The Members' Engagement Forum will not function as an opportunity to air personal grievances and issues. Instead its focus will be thematic and strategic.

4.3 The Members' Engagement Forum will be chaired by the Chair of UHL. Its members will also elect a Deputy Chair from among the group. The Chair, supported by the Deputy Chair will;

- Ensure that the work of the Members' Engagement Forum is conducted in accordance with these Terms of Reference.
- Ensure that minutes are taken and all other important information is recorded.
- Act as a point of contact between the Trust and the Members' Engagement Forum.

4.4 The Deputy Chair position shall be subject to annual election. Individuals may serve no more than two consecutive terms of office.

4.5 The Members' Engagement Forum may establish sub – groups, working parties or other committees in order to carry out its functions.

4.6 Agenda items will be generated by both Trust staff and participants in the Forum.

4.7 The Trust will take responsibility for ensuring that the Members' Engagement Forum is able to function effectively. The Trust Board will therefore;

- Work with the Chair to give leadership to the Members' Engagement Forum
- Ensure that the views of the Members' Engagement Forum contribute to the work of the Trust
- Receive a quarterly update on progress

4.8 The Trust Board will ensure that at least two executive directors and two non executive directors attend each forum meeting. Attendance will also be encouraged from other members of the Trust Board.

5. Meetings

5.1 The Members' Engagement Forum will meet quarterly, with meetings established one year in advance.

5.2 Meetings will take place in the evenings and be scheduled to last approximately two hours.

5.3 Agendas shall give equal weight to issues that the Members' Engagement Forum wishes to raise and issues that the Trust wishes to seek engagement on.

5.4 A standing agenda item will ensure that the Trust reports back to the Forum on how its views have informed the work of the Trust (a "You Said, We Did" report).

5.5 Additional meetings, postponements or cancellation of meetings will be for the Chair and Forum members to decide.

6. Membership

6.1 There will be no cap on the number of members. However, this decision will be reviewed if the number of participants exceeds the available meeting space.

6.2 The Members' Engagement Forum will be open to all of the Trust's public members. Non- members will also be welcomed and will be encouraged to join the Trust's membership.

6.3 Members of other patient representation groups (e.g. Patient Advisors, Healthwatch, the Leicester Mercury Patient's Panel) will also be welcome to participate and to join the Trust's public membership.

6.4 The Members' Engagement Forum will be promoted to members through the Trust's members' magazine and other media channels.

6.5 Disruptive participants or those acting inappropriately may be excluded from the meeting at the discretion of the Chair.

7. Administration

7.1 The Members' Engagement Forum shall record its proceedings in minutes. Administration of the meetings will be undertaken by the Trust.

7.2 Agendas, previous minutes and other relevant papers will be circulated no later than one week prior to each meeting.

8. Contacts

8.1 The Trust contact for the Members' Engagement Forum will be the PPI and Membership Manager

8.2 The Forum may also be contacted through the Chair and Deputy Chair.

University Hospitals of Leicester NHS Trust

Prospective Governors Meeting 17/03/2014

Minutes

In attendance
Richard Kilner, Acting Chairman, UHL
Stephen Ward, Director of Corporate and Legal Affairs
Kate Shields, Director of Strategy
Prakash Panchal, Non Executive Director
Karl Mayes, Patient and Public Involvement / Membership Manager
Monica Harris, CMG Manager (ITAPS)
Michael Nattrass, CMG Manager (CHUGS)
David Yeomanson, CMG Manager (Women's' & Children's)

Apologies
Mark Wightman, Director of Communications and Marketing
Jane Wilson, Non Executive Director

11 Prospective Governors participated in the meeting.

1. Welcome and Introductions

1.1 Participants were welcomed to the meeting by Mr Richard Kilner, Acting Chair of the Trust. Richard noted that attendance at this meeting was lower than usual. He said that the Trust will contact members to determine whether the day (Monday) was less preferable than others or if there were other issues affecting attendance.

1.2 Richard informed the group that he had been acting Chairman since October 2013, an interim position which will extend until the Trust appoints a substantive Chair. He noted that the previous appointment process had been halted by the Trust Development Authority (TDA) and was due to recommence later this year with a view to appoint a Chair in July / August.

1.3 Richard provided an update to the group on specific issues that the Trust was dealing with. He spoke about the increasing pressure on our Emergency Department (ED) and praised our ED staff for their continuing hard work and expertise under pressure. Richard noted that this was a "whole system" issue. ED has seen an increase in admissions, both via GPs and from people arriving at the front door. GP admissions are up 26% and roughly 80% of these admissions come from 20% of local GP practices. The March 27th Trust Board will be exploring these issues, looking specifically at UHL's capacity. Richard explained that if we do not have an appropriate capacity and length of stay for patients then our beds fill and this creates a back flow to the ED.

1.4 The Chair also reported on two recent "Super weekends" in January 2014 which were very successful. The initiative increases our capacity to run services more efficiently through the weekends and is part of the Trust's ambition to work better 7 days a week. A further two Super Weekends are scheduled for March; each bringing us a step closer to 7 day working.

1.5 The group were also given a summary of the recent Care Quality Commission (CQC) inspection of the Trust. This saw between 45 and 50 CQC inspectors visiting

over one week and talking to all grades of staff and to patients and the wider public. This was a new style of review with genuine peer to peer assessment. The full report will be in the public domain on March 27th, following a Quality Summit on March 26th. Early informal feedback suggests that there are no surprises in the report and that any issues identified are already being addressed by the Trust Board.

1.6 In relation to Finance, since the group last met the Trust has forecast a £39.8 million deficit at year end. The Chair acknowledged that this is significant, but pointed out that as a percentage of total revenue the figure puts us in the middle of the pack when compared nationally.

2. Draft Terms of Reference

2.1 Richard Kilner introduced this item, noting that a draft Terms of Reference had been drawn up in consultation with some members of the group. However, he pointed out that these had not been to the Trust Board. As such, there was still an opportunity to reflect on the draft and influence the document.

2.2 Karl Mayes, Patient and Public Involvement & Membership Manager then delivered a short presentation outlining progress on the draft Terms of Reference. He provided a recap, noting that the group had met in November to debate the future direction of these meetings. In January 2014 a small number of group members had also met with he and Stephen Ward to develop a new Terms of Reference.

2.3 Karl noted that while there was disappointment form both UHL staff and prospective governors that the Trust was not pursuing FT governorship at this time, both sides were keen to retain the excellent level of engagement that we have built up over the year.

2.4 Summarising feedback from the group to date, there was general agreement to;

- use the meetings as an opportunity to engage with our public membership
- ensure that the group engages meaningfully with the Trust Board
- ensure that the Board are represented at each meeting
- seek greater member involvement in setting the agenda for meetings
- provide opportunities to influence strategy, policies and Board appointments
- support the UHL Chair to lead these meetings (ensuring a connection to our Board)

2.5 From previous discussions with participants in the meetings it was suggested that the group adopt a new title; that of “Members’ Forum”. Karl noted that this was up for debate and welcomed comments from the floor. The aim of such a Forum would be to;

- Provide an opportunity for the Trust to consult with its members on matters of strategic importance.
- Facilitate member engagement in the Trust’s annual planning cycle.
- Act as a “sounding board” by which the Trust may gauge the views of patients and the wider public.
- Promote the development of services that are designed around patients and their needs.

2.6 As such, the Members’ Forum would;

- become an advisory body which will share its views with members of the Trust Board
- be chaired by the UHL Chair
- elect a deputy Chair from among its number
- share agenda setting between Trust staff and members.

2.7 It was proposed the minutes of each meeting be presented to the Trust Board and that the Board would commit to a minimum of two Non Executive Directors and two Executive Directors attending each meeting. It was further suggested that the meetings take place quarterly and be held in the evenings to encourage participation.

2.8 The group were asked to reflect on this draft summary and comment. The following points were raised during the subsequent discussion.

- Instead of a Deputy Chair, the group should be Co-chaired
- The connection to the Trust Board must be emphasised.
- One participant suggested the group be called the "Public and Patient Improvement Agenda".
- Could this include employee engagement?
- A number of participants concurred that the word "Engagement" in the title would strengthen the perceived purpose of the group
- Richard Kilner agreed with this last point, noting that the purpose of the group is precisely about providing a floor for engagement.
- One participant, taking a phrase from the draft Terms of Reference suggested that the group be called an "Engagement and Advisory Body"

2.9 Richard Kilner summarised the discussion, noting that the term "Members" was fairly unanimously agreed. The phrase "Forum" was preferred by the majority. The Trust would reflect on this discussion and share an amended Terms of Reference with the group.

3. Annual Operational Plan

3.1 The Trust's Director of Strategy, Kate Shields, then delivered a presentation to the group outlining the Trust's developing thoughts on its forthcoming two year plan. The plan will be submitted to the Trust Development Authority (TDA).

3.2 Kate outlined some of the challenges facing the Trust, noting that every health economy is currently facing a significant economic gap. Other factors influencing the Trust's planning are the increasing numbers of older people seeking care, the ongoing drive to self care and the increased move towards patients being seen as partners in their own care. Kate also noted high consumer demand in the technologically advanced environment we are now working in.

3.3 Reviewing the local drivers for change, Kate noted the £290 million financial gap that has been calculated for the local NHS economy over the next five years. Local NHS estate is poorly utilised and there is also a higher drive for 24/7 care (evidenced by our successful Super Weekends) and care in lower cost settings. In all we are likely to see far more partnership working across traditional boundaries in the future.

3.4 Kate updated the group on the new "Alliance" organisation which will see local NHS partners (UHL, LPT, CCGs and the LLR partner group) managing a three year

contract to provide outpatient and minor procedure services in local community settings. The contract represents approximately £20 million of UHL activity and the majority of staff will come over to UHL's payroll. The contract also provides an excellent opportunity to redevelop models of care and explore how we both make services more efficient and move them "closer to home".

3.5 Specialised services will be central to how we work over the next five years and beyond. Historically PCTs worked on their own models of care. Now there are 148 specifications (with 75 clinical reference groups) which UHL will need to measure its services against. The strategic ambition for UHL is that we will lead on developing models of care, working alongside other organisations in LLR as part of the wider health economy. This way of working will look more at five year plans than one year plans. Kate spoke about how she would like to see planning in terms of creating a "route map", illustrating a flow of service developments. Plans will also need to address the closing of the financial gap.

Women's and Childrens CMG

3.6 David Yeomanson was invited to talk about some of the service developments within the Women's' and Children's Clinical Management Group. David focused on three key initiatives which will be taken forward over the next two years; a Children's Hospital Board, Improved access and environment for Maternity and Neonates and improved services for children requiring surgery.

3.7 David spoke about the CMG's ambition to develop the specialist end of their services. Part of the early work for this would be the development of a prospectus of Children's services as well as the development of a full business plan. He also noted;

- A dedicated Children's Hospital Board has now been established and its priorities agreed. Among these are
- The Children's hearts business case
- Partnership with Nottingham University Hospital for patient transport services
- Supporting the emergency floor project
- Establishing a youth forum and a Parents' group

3.8 Turning to improved access in Maternity and Neonatal services, David noted that recent service improvements had led to UHL's Maternity services achieving CNST level 3 which is the highest rating, achieved by only 20% of Trusts nationally. He also informed the group that the Trust was increasing capacity in its service with extra delivery rooms. This means that women may be more certain of where they will be admitted.

3.9 Children's surgical services will soon benefit from a joint consultant post, shared with Peterborough. Networked partnerships have already begun with Lincolnshire, Peterborough and Nottingham. There is further work ahead to partner with Northamptonshire.

Cancer, Haematology, Urology & Gastroenterology & Surgery (CHUGS) CMG

3.10 Michael Nattrass was invited to summarise the developing CHUGS two year plan. Michael told the group about developments to the surgical Triage service. This service is currently served by junior medical staff. The CMG would like to involve

consultants to see patients directly in the department, resulting in a quicker more efficient service for patients. He also noted the recent capital funding that had been used to improve the environment of this service.

3.11 The group were also informed about developments in bowel screening. Capital funding has been secured for improvements to the Glenfield Hospital service which will start in a few months' time. A business case was also being prepared for a new bowel scope which will enable the implementation of early screening for over 55s. Early screening will lead to earlier treatment which improves prognosis and life expectancy. The acquisition of the bowel scope will also mean that patients may access a local early screening programme without the need to travel to another centre.

3.12 Michael provided an overview of a work programme for 2014/15 which will improve access to specialist cancer treatment. This will create an oncology service covering for Northamptonshire and Leicestershire, ensuring year round availability of treatment when it is needed. It will also enable Northamptonshire hospitals to access research trials and other resources. Improving the research profile will inevitably attract talented staff to work with UHL in its oncology services.

Intensive Care, Theatres, Anaesthesia, Pain and Sleep (ITAPS) CMG

3.13 Monica Harris covered the ITAPS developing two year plans. She told the group about work the CMG was undertaking to improve theatre efficiency, noting the recent refurbishment and reopening of the LRI theatre arrivals area.

3.14 Monica also shared with the group the CMG's work on workforce redesign, retention and recruitment. She explained their programme of national and international recruitment to ensure they were providing the "right staff at the right cost at the right band and on the right hours". ITAPS are also exploring Advanced Nurse Practitioner roles to replace junior doctors and supporting investment in the medical workforce.

3.15 "Left Shift" of Pain Management services was also highlighted. ITAPS have already begun negotiations with the LLR Alliance to explore the relocation of some Pain Management services from the LGH to community settings by the end of December 2014. This is part of a larger piece of work which will map the geography of patient demand and look at the optimum means by which to deliver safe, quality services which best meet our patients' needs.

4. Discussion

Richard Kilner thanked the presenters for their input and opened the floor for questions.

The following reflections were offered to the presenters;

4.1 What worries me is that there is a lot of talk about strategy, but what do we mean? It is clear things have to change because of the current climate, but what are the *outcomes*? We can focus too much on strategy but lose sight of what we want to achieve.

Kate Shields agreed with this comment, noting that she doesn't like the term "strategy" and prefers to talk of "plans". The Trust has been asking the all important

"so what" question of the CMGs lately. Kate is keen that we are very clear about the long term big decisions and what they will achieve.

4.2 Referring to the recent incident in the media where 17 ambulances were queuing to deliver their patients in to the ED, is this a result of organisations not working properly together.

Richard Kilner acknowledged the difficulties working in a large health economy with organisations that have historically not always got along. He stressed how important it was to make sure that partnerships and cross organisational working works smoothly for the sake of patients.

4.3 I am concerned that some of the plans shared here today may conflict with another piece of work that is being done to develop the local LLR "Five Year Plan".

Kate Shields pointed out that the Trust is well represented in that piece of work and that there was a harmony in the direction of travel for both the Trust and the wider health community. For example, Kate was involved in the recent LLR workshops where colleagues from partner organisations were asked to prioritise programmes. In Kate's particular group care plan coordination in the community, fast escalation and the choice of place to die emerged as priority areas.

4.4 What do you mean by "Left Shift?"

Monica Harris noted that this was a terminology that referred to moving some services in to community settings. Richard Kilner offered an example; we have sometimes struggled to accommodate all of the patients requiring an endoscopy. However there is an endoscopy suite that is currently under utilised in Market Harborough Hospital. By re routing patients to the Market Harborough facility they would be seen quicker and our collective resources would be better utilised.

Kate Shields added that this was a good illustration of the principles of the LLR Alliance, which aims to improve efficiency in our community hospitals.

4.5 If you are moving services out in to the community are you sure that the correct infrastructure will be there to enable you to deliver them?

Richard Kilner pointed out that, if we took Outpatient clinics as an example, already some GP services are running dermatology clinics successfully. In each case the Trust will make an assessment about which services can be delivered elsewhere while sticking to high standards of patient safety and service quality. Annually, UHL see in the region of 800,000 outpatients a year; we will not be seeing this many in the future. Kate Shields added that it is critical that the infrastructure needed to deliver a service is properly costed and forms part of the strategy.

Richard Kilner noted that one of the big wins would be to determine how many of the 800,000 outpatients no one actually needed to see.

4.6 From my experience Market Harborough hospital is vey under utilised. Surely it would be easier to transport one consultant to come and see patients there rather than 50 patients having to travel to UHL.

Kate Shields said that many of our community hospitals are fantastic, so why not use them. Moreover, in the community setting GPs, district nurses and the community

support team are close by. This would offer better partnership working and a better support network for the patient.

5. Future topics

5.1 Richard Kilner thanked the group for the discussion and asked for suggestions for future agenda items for the meeting. The following suggestions were put forward;

- The Trust's response to the Clywd report and the review of its complaints process.
- An update on the recent CQC report and actions arising from it.
- Clarification on the new NHS structure (a lay person's overview)
- What the Trust is doing to support carers
- Communication, particularly at ward level; between staff and with patients and families

6. Date and time of next meeting

June 16th, 6 – 8pm in the Education Centre, Leicester General Hospital

BB

Trust Board Paper BB

To:	Trust Board
From:	David Rowbotham (Clinical Director) & Cathryn Love-Rouse (Interim Chief Operating Officer) NIHR Clinical Research Network: East Midlands
Date:	24 April 2014
CQC regulation:	N/A

Title:	National Institute for Health Research (NIHR) Clinical Research Network: East Midlands Annual Plan 2014/15, Financial Planning Principles 2014/15 and Governance Framework

Responsible Director:
Kevin Harris, Board Executive Lead

Purpose of the Report: To further inform the Board and facilitate discussion on the activities of the NIHR Clinical Research Network: East Midlands and to ask for approval of the three papers as above as mandated by the NIHR.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance		Endorsement	X

Summary / Key Points: On behalf of the Department of Health and NIHR, UHL is the host of the NIHR Clinical Research Network: East Midlands which became operational on April 1, 2014. The annual plan gives details of progress so far in the establishment of this new organisation, and strategic and operational plans for this year. The financial plan describes the strategy underlying the budget in response to a 4.8% reduction in expected allocation. The governance framework includes scheme of delegation, assurance framework, escalation process and risk management system. A more detailed summary of these papers is provided in the introduction.

Recommendations: Trust Board are requested to approve these papers**.**

Previously considered at another corporate UHL Committee?

Executive Strategy Board, April 1, 2014
Host Executive Group, NIHR Clinical Research Network: East Midlands, April 10, 2014

Board Assurance Framework:	**Performance KPIs year to date:**

Resource Implications (eg Financial, HR):

Assurance Implications:

Patient and Public Involvement (PPI) Implications:
Stakeholder Engagement Implications:
Equality Impact:
Information exempt from Disclosure:
Requirement for further review?

NHS National Institute for Health Research

Clinical Research Network

NIHR Clinical Research Network: East Midlands

Annual Plan 2014/15

Host Organisation	**University Hospitals Of Leicester NHS Trust**
Partner Organisations – **Members of the Partnership Group**	1. Chesterfield Royal Hospital NHS Foundation Trust 2. Derby Hospitals NHS Foundation Trust 3. Derbyshire Community Health Services NHS Trust 4. Derbyshire Healthcare NHS Foundation Trust 5. East Midlands Ambulance Service NHS Trust 6. Kettering General Hospital NHS Foundation Trust 7. Leicestershire Partnership NHS Trust 8. Lincolnshire Community Health Services NHS Trust 9. Lincolnshire Partnership NHS Foundation Trust 10. Northampton General Hospital NHS Trust 11. Northamptonshire Healthcare NHS Foundation Trust 12. Nottingham University Hospitals NHS Trust 13. Nottinghamshire Healthcare NHS Trust 14. Sherwood Forest Hospitals NHS Foundation Trust 15. United Lincolnshire Hospitals NHS Trust 16. University Hospitals Leicester NHS Trust
Other Affiliated Organisations identified (e.g. CCGs/Social enterprises)	19 CCGs, 3 LATs, 1 Social Enterprise NHS Nene CCG NHS Corby CCG NHS Leicester City CCG NHS West Leicestershire CCG NHS East Leicestershire & Rutland CCG NHS Lincolnshire East CCG NHS Lincolnshire West CCG NHS South Lincolnshire CCG NHS South West Lincolnshire CCG NHS Erewash CCG NHS Hardwick CCG NHS North Derbyshire CCG NHS Southern Derbyshire CCG NHS Nottingham City CCG NHS Nottingham North and East CCG NHS Nottingham West CCG NHS Rushcliffe CCG NHS Mansfield and Ashfield CCG NHS Newark and Sherwood CCG NHS England Derbyshire & Nottinghamshire Area Team NHS England Leicestershire & Lincolnshire Area Team NHS England Hertfordshire & the South Midlands Area Team Nottingham CityCare Partnership NIHR CLAHRC East Midlands

	East Midlands Academic Health Science Network Leicester Experimental Cancer Research Unit Leicester Cardiovascular Biomedical Research Unit Nottingham Hearing Biomedical Research Unit Nottingham Digestive Diseases Biomedical Research Unit Leicester Respiratory Biomedical Research Unit Leicester-Loughborough Diet, Lifestyle and Physical Activity BRU Leicester Clinical Trials Unit Nottingham Clinical Trials Unit

Historic LRNs	Derby/Burton (NCRN) East (MCRN) East Midlands (MHRN)* East Midlands & South Yorkshire (PCRN) Leicestershire, Northamptonshire & Rutland (CCRN) South East Midlands (DRN) Leicestershire, Northamptonshire & Rutland (NCRN) Mid Trent (NCRN) Trent (CCRN) Trent (SRN) Thames Valley DeNDRoN covered Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust *Heart of England Hub of the Mental Health Research Network included Leicestershire Partnership as a founder member, and later included Northamptonshire.

Host Organisation Accountable Officer for the LCRN (Chief Executive Officer)		
Name	Mr John Adler	Email: john.adler@uhl-tr.nhs.uk Tel: 0116 258 8940
Nominated Executive Director for the LCRN		
Name	Dr Kevin Harris Medical Director	Email: kevin.harris@uhl-tr.nhs.uk Tel: 0116 258 8016
LCRN Clinical Director		
Name	Professor David Rowbotham	Email: DRowbotham@uhl-tr.nhs.uk Tel: 0116 258 5291

LCRN Chief Operating Officer		
Name	Elizabeth Moss (start date to be confirmed) Cathryn Love-Rouse Interim COO	Email: Cathryn.love-rouse@uhl-tr.nhs.uk Tel: 07921 545537
Transition Facilitation Lead for the LCRN		
Transition Facilitation Lead	Janet Boothroyd Senior Manager, Trent CLRN and Local Transition Facilitation Lead (East Midlands)	Email: janet.boothroyd@nuh.nhs.uk Tel: 0115 9249924 ext 70658 Mobile: 07812 268356

Please briefly outline the process of engagement/consultation with LCRN Partners, existing local CRN Network Leadership and other stakeholders regarding the submitted LCRN Annual Plan 2014-15:

The approach to the development, preparation and collation of the annual plan and financial plan has been a collaborative one, led largely by the interim Operational Management Group (OMG) working with Divisional and Specialty Group Leads and supported by a Project Adviser and Project Manager.

Initial approaches to preparation of the plan were presented to the Interim Partnership Group in February 2014. The draft plan will be emailed to the Interim Partnership Group and OMG for comment prior to final submission. Subsequent meetings and teleconferences with OMG have considered the strategic approach to recruitment target setting supported by data from network information management teams. 2014-15 recruitment goals are ambitious in a bid to attract additional activity based funding and to reverse the trend of budget reductions. Goals are indicative and will be revised in May 2014. Network Managers have facilitated completion of specialty actions, further local development of these will continue at divisional level.

A Financial Sub Group of OMG supported by the host finance officer, facilitated the principles behind the draft budget which were presented to the Partner Organisations in March for discussion and review. A regional Finance Forum has also been established.

A summary of engagement activities are included in appendix 11 to demonstrate engagement and collaboration in the thinking behind the plan and developmental actions going forward. This plan has been shared with OMG, Divisional Clinical Leads and Speciality Leads and the Partnership Group. The original plan for Trust Board approval was submission to the March meeting. However, it was suggested at the March meeting of the

LCRN Executive Group that the plan could be discussed comprehensively at the Trust Executive Strategy Board on 1st April 2014 which meets monthly. It was thought that this was an excellent opportunity to do this but it would mean delaying full Board approval until 24th April 2014. This was discussed by the LCRN CD at the recent CD COO Development meeting with John Sitzia who agreed to this arrangement. The plan was indeed extensively discussed and approved by the Executive Strategy Board on 1st April and will receive full Trust Board approval as above.			
Confirmation of approval by the Host Organisation Board: as above, expected 24th April 2014			
Name	Dr Kevin Harris	Email: kevin.harris@uhl-tr.nhs.uk Tel: 0116 258 8016	
Role	Medical Director		
Signature		**Date**	
Contact for any communication regarding the LCRN Annual Plan			
Name	Cathryn Love-Rouse	Email: Cathryn.love-rouse@uhl-tr.nhs.uk Tel 07921 545537	
Role	Interim COO		
Date	March 2014		

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Executive Summary

Mission

Enhance the health and wealth of the East Midlands population through participation in high quality research

Vision

Secure a top 3 position in the performance ratings of the NIHR Clinical Research Networks by 2015, recognised for activity and quality, engagement and delivery and a network that offers added value

Challenges

- Sustain strong performance against the national high level objectives through the transition period and maintain the skilled workforce to support this
- Achieve growth necessary to maximise funding whilst delivering a balanced budget (goal = 50,000 patients)
- Attract industry partners to the region and secure repeat business and protected income generation for investment and re-investment locally
- Promote and achieve effective partner and public engagement as the foundation for successful delivery
- Promote equity of access to research at participant, investigator and delivery team level
- Deliver a balanced portfolio of NIHR activity maximising opportunities to participate and lead research
- Participate in a competitive environment that demands consistently high performance but where opportunities for growth and innovation exist

Immediate Priorities

- Ensure effective partner, clinical, public and industry engagement
- Provide the environment for research to flourish (infrastructure, resources, facilities, people, funding, support, training, IT)
- Maintain clinical and managerial strategic and operational leadership across the region
- Deliver with industry partners
- Ensure governance structures add value and promote transparency in all aspects of delivery
- Market the East Midlands as a region to do and deliver research
- Facilitate all partners to be actively involved with growth in all clinical specialties

Mid - Long Term Priorities

- Contribute and influence the research pipeline supporting and enabling Chief Investigators
- Secure investment and increase levels of income
- Demonstrate value for money
- Provide a flexible, skilled professional research responsive workforce
- Ensure PCPIE is evident across key workstreams
- Reward and recognise contribution
- Enable integration that removes silo working “family status”
- Develop mutually beneficial collaborative relationships
- Facilitate innovation and improvement

Section A: Review of 2013-14 performance and local intelligence gathering

All local research networks within the region completed a standard proforma in January 2014 to capture 2013-14 performance; identify good practice and successes; highlight challenges and mitigating actions and explore priorities and opportunities. Network returns can be found in APPENDIX 1. Consistent responses across the majority of networks included:

- the challenge of maintaining performance during the transition period and embedding new structures
- the risk of financial instability and the need to attract network and industry investment
- ensuring transparent funding models reflect complexity, performance, activity and delivery
- the need to ensure we maintain current strategic and operational clinical, management and delivery expertise and experience across the workforce
- the danger that opportunities for growth may be hampered by limited portfolio availability in some areas
- to enable equity of access to studies for participants and to encourage keen research teams to join and lead studies
- the danger of silo working and under representation in some clinical and service areas
- establishing the infrastructure to support delivery as an immediate priority
- effective communication and engagement and establishing/embedding partnership working with partner organisations and stakeholders
- opportunities to work collaboratively and share practice across a larger geographical region with enhanced coverage
- enthusiasm for creating an attractive supportive environment for research to flourish

Section B: 1. Progress and Plans against the LCRN Development and Improvement Objective

POF Area	POF requirement	POF Ref	Information Required	RAG** status	Commentary
LCRN Governance	Host Organisation sign-off of LCRN Governance Arrangements	3.4	Provide RAG status and commentary if applicable	Green	These are set out in the LCRN Assurance and Governance Framework signed off by the Host Trust Executive Strategy Group on 1st April 2014 with recommendation for Trust Board approval on 24th April 2014 (see APPENDIX 14). Reporting structure can be found in APPENDIX 3 with the Senior Management structure.
	Nominated Executive Director identified	3.6, 3.7	Provide RAG status and commentary if applicable	Green	Appointed: Dr Kevin Harris, UHL Medical Officer
	Scheme of delegation and Host Board controls and assurances established	3.8	Provide RAG status and commentary if applicable	Green	An Assurance and Governance Framework, which includes the scheme of delegation and Host Board controls, has been created for the LCRN. This was signed off by the Trust Executive Strategy Group on 1st April 2014 with recommendation for Trust Board approval on 24th April 2014 The final version is included in APPENDIX 14.

	Assurance Framework & Risk Management System developed	3.12	Provide RAG status and commentary if applicable	Green	The LCRN Assurance and Escalation Framework is due to be signed off by the UHL Board on 27 March 2014. LCRN Risk Management Strategy: A detailed Action Plan has been created by the CRN East Midlands Host Organisation to help ensure the requirements as specified in the Contract and POF are carried out. Anything that may impact UHL's ability to deliver on time is highlighted as a risk. A risk register has been created to capture these, and this is reviewed monthly by the Executive Group.
	Business continuity arrangements are in place for the LCRN in the event of a pandemic or other emergency	3.14	Provide RAG status and commentary if applicable	Amber	The CRN: East Midlands will follow the business continuity arrangements currently in place for the Comprehensive and Topic Research Networks within the region. CRN: East Midlands will establish business continuity arrangements once the CRN is more established and key appointments are in place.
	Plans in place for inclusion of LCRN activity in the local internal audit programme of work	3.16	Provide RAG status and commentary if applicable	Green	The Clinical Director and Finance Lead have arranged for LCRN activity to be included in the internal audit programme. These arrangements have been finalised with UHL's Interim Finance Director and the auditor, PWC.
	Implement and maintain a documented LCRN escalation process	3.17	Provide RAG status and commentary if applicable	Green	This is included in the LCRN Assurance Framework approved by the Host Trust Executive Strategy Group on 1st April 2014.
	LCRN Partnership Group	3.19 - 3.29	Provide a copy of Terms of Reference for the Group	Green	Interim Partnership Group met for the second time on 7th February 2014 to agree proposed membership of the full group. Proposed membership can be found in APPENDIX 2. NHS Trust Chief Executives have been requested to nominate a representative, and work is currently underway to fulfil membership from all partners.
Leadership Team	Appointment of LCRN Leadership Team, including as a minimum; the nominated executive director; the LCRN Clinical Director; and LCRN Chief	4.1	Provide RAG status and commentary if applicable	Green	Executive Director: Dr Kevin Harris Clinical Director: Professor David Rowbotham Chief Operating Officer: Elizabeth Moss

	Operating Officer				
Management arrangements	Research Delivery Cross-Cutting Team	5.25-5.29	Provide RAG status and commentary if applicable	Amber	Organisational senior management structure has been developed and agreed at OMG (see APPENDIX 3). These posts will contribute to the planning and continued development of the LCRN research delivery cross cutting team when appointed. Draft actions associated with cross-cutting areas have been identified and will be finalised by the COO on return from maternity leave in May.
	LCRN Support Team	5.30, 5.31	Provide RAG status and commentary if applicable	Amber	Organisational senior management structure has been developed and agreed at OMG. These posts will contribute to the planning and continued development of the LCRN support team following management of change process, anticipated completion mid May.
	Operational Management Group	5.38-5.40	Provide confirmation the Group has been established in accordance with the provided Terms of Reference	Green	Interim OMG have been meeting monthly since October 2013. Membership can be found in APPENDIX 6. From 1st April membership will include Trusts representation. ToR to be amended at April OMG meeting.
Research Delivery	All LCRN organisations adhere to specified national systems, Standard Operating Procedures and operating manuals in respect of research delivery. The Host Organisation ensures that the LCRN management team provides excellent study performance management in order that all NIHR CRN Portfolio studies recruit to agreed timelines and targets	6.1-6.19	Provide confirmation the LCRN has an engagement and communication strategy in place for stakeholders involved in the research delivery and governance pathway	Green	Communications strategy has been agreed by the Executive Group (see APPENDIX 12). Communications Working Group was convened in January and meets monthly. Agreed Terms of Reference and Objectives can be found in the Working Group summary paper APPENDIX 7.
			Provide a brief outline of local plans for implementation, delivery and oversight of research management and governance services by the LCRN	Amber	A detailed action plan for RM&G delivery has been developed (see APPENDIX 8). This plan will be reviewed during 2014/15 in response to HRA developments in order to assess impact upon LCRN RM&G functions and delivery. The RM&G Working Group has been established, Terms of Reference and Objectives can be found in the Working Group summary paper APPENDIX 7. Trent and LNR CLRN's have both included examples of strong RM&G performance and good practice in their local intelligence reports in APPENDIX 1. The Life Sciences Industry Working Group is led by Karen Pearson. The group have agreed their membership and ToR (Working Group summary paper APPENDIX 7).

Patient, Carer and Public Involvement and Engagement (PCPIE)	Promotion of research opportunities in line with the NHS Constitution for England, including informing patients about research conducted within the LCRN and actively involving and engaging patients, carers and the public in research	8.1-8.6	Provide confirmation that a PCPIE workplan is in place	Green	PCPIE Working Group has been convened (met Jan and Feb 2014) and agreed Terms of Reference and Objectives (see Working Group summary paper APPENDIX 7). PCPIE draft strategy and workplan is can be found in APPENDIX 9. As part of the governance structure, the first priority is to establish Patient, Carer and Public Advocate posts in the various working groups. The advert for Patient, Carer and Public Advocates to join the Partnership Group has been circulated.
Workforce Development	Workforce development plan developed in partnership with relevant stakeholders and other local learning providers	10.1-10.9	Provide confirmation that a workforce development plan is in place	Amber	Colleagues from the region met once in 2013 as a regional group. A formal WD working group has been established following change of leadership and have agreed the Terms of Reference and Objectives which can be found in the Working Group summary paper APPENDIX 7. LTFL was asked to talk at Horizon Planning Event at LETB on 14 February.
Corporate Support Services	Provision of management processes or support services identified as necessary within the Host Organisation to enable effective running of the LCRN	11.1, 11.2	Provide confirmation all specified Corporate Support Services are in place	Green	• Governance, risk and assurance arrangements, information governance – these have been documented in the LCRN Assurance and Escalation Framework which were signed off by the Host Trust Executive Strategy Group on 1st April with recommendation for approval at the Host Trust Board on 24th April 2014. • Information Governance – support identified within Host Organisation – Robin Smith, Head of Privacy. • Finance management and reporting – regular meetings with Interim Finance Director. Host organisation has appointed a Finance Lead, Martin Maynes. Martin has regular contact with Assistant Finance Director who has corporate responsibility for R&D. Martin Maynes has convened an East Midlands Finance Forum, with representatives across the region. • Human Resources – Host organisation has appointed a HR Lead, Smita Ganatra to ensure HR processes are streamlined across the East Midlands. Smita and

					Clinical Director have regular meetings with UHL HR Director. A regional HR group was established in December 2013. • Information Technology – Clinical Director has discussed the CRN and local IT requirements with the IT Director. IT support is provided to all staff and jobs will be escalated if authorised by the Clinical Director. The provision of IT support by CRN East Midlands Partner Organisations will be written into the subcontracts. • Office space and facilities for LCRN staff –The Host Organisation is working with POs to ensure that current facilities across the region are retained. New accommodation is currently being sourced for staff based at UHL as more capacity is required. The Clinical Director has assigned two LCRN senior managers to work closely with the UHL Project Manager, Louise Naylor, to ensure suitable accommodation is found. • Legal and contracting support – Clinical Director has confirmed support arrangements with Stephen Ward (Director of Corporate and Legal Affairs, UHL) and Steve Murray (Head of Legal, UHL)
Information Systems	Appropriate, reliable and well maintained information systems and services are in place and fully operational	13.1 - 13.18	Confirm LPMS systems are in place as required	Amber	Working Group was convened in January and meets monthly. Terms of Reference and Objectives have been agreed and ratified; see Working Group summary paper APPENDIX 7. Completed tasks include development and dissemination of a local LPMS leaflet, survey/mapping of current systems across the region and 3x supplier introductory demo's. Priority actions include the development of the local minimum (must have) spec for LPMS. A Host procurement contact has been identified to join the Working Group and a project brief has been submitted to the Host IT team. There is a collaborative approach to this workstream with CRN: West Midlands (information sharing and co-attendance at meetings in development).
			Confirm arrangements are in place for provision of an	Amber	Not started – likely to form part of working group objectives after 1 April 2014.

			LCRN Service Desk function and provide contact details		
Communications	Dedicated communications function and delivery plans in place, and budget line identified	14.1	Confirm a dedicated communications function is in place	Green	Interim Host Comms lead identified: Tiffany Jones. During the transition we have confirmed a dedicated communications resource in the form of the Head of Communications & Engagement at the University Hospitals of Leicester NHS Trust (the host organisation) supported by two network administrators who will each provide two days support per week. A working group has been convened and met (Jan and Feb 2014). Lead: Sarah Nicholson NCRN LNR Network Manager. Terms of Reference and Objectives have been agreed and are included in the Working Group summary paper APPENDIX 7. We are in the process of confirming a job description to recruit a dedicated communications lead for the new CRN: East Midlands.
		14.2	Confirm a communications work programme is in place	Green	Working Group was convened in January and meets monthly. Lead: Sarah Nicholson NCRN LNR Network Manager. Terms of Reference and Objectives have been agreed, see Working Group summary paper APPENDIX 7. A communications strategy has been created and approved by the Host Exec Group, see APPENDIX 12 to get the network through the transition to inception and implementation of the CRN: East Midlands. The action plan within that strategy outlines a number of activities that will be carried out during transition and in the early days of the new network. Once the dedicated communications lead has been recruited it will be their role to create a new action plan that supports the agreed Annual Plan and promotes the activities of the CRN: East Midlands.
		14.3	Confirm the LCRN is operating in compliance with brand guidelines	Green	We can confirm that we are operating within the LCRN guidelines and that responsibility for assuring compliance will sit with the communications lead.
Information Governance	Promote and enable good Information Governance (IG) relating to all areas of LCRN activity	15.1-15.8	Provide baseline (2013) IG toolkit score for the LCRN Host Organisation and confirmation of attainment of Level 2 or above on all	Green	Table included as APPENDIX 13.

			requirements or any exceptions that arise from or impact on LCRN-funded activities		
			Confirm a process is in place for timely reporting to the CRN Coordinating Centre of all information governance incidents arising from LCRN-funded activities	Amber	This process is not yet in place – with reference to the IG Lead role outline and responsibilities and interim lead has been identified. This will be discussed at the April OMG meeting and the RM&G working group.

**** RAG status – guidance for LCRN self-assessment**

	Arrangements in place
	Arrangements not yet in place but plans developed and on schedule
	Plans not agreed/implementation significantly delayed/behind schedule

Section B: 2. Details of key groups and lead individuals

POF Area	Information Required	POF Ref	Name	Job title	Organisation	Clinical Profession
LCRN Governance	Provide the name, job title and organisation of the LCRN Partnership Group Chair	3.25	Dr Peter Miller	Chief Executive Officer	Leicestershire Partnership NHS Trust	
	Provide a list of members (name, job title and organisation) of the LCRN	3.29	Dr Sean Scanlon/Dr Alex O'Neill-Kerr	Associate Medical Director/Medical Director	Northamptonshire Healthcare NHS Foundation Trust	
			TBC – awaiting response from CEO	TBC	Northampton General Hospital NHS Trust	

	Partnership Group		Dr Gwyn McCreanor	AMD Clinical Services & Clinical Lead for Research	Kettering General Hospital NHS Foundation Trust	
			Dr Kevin Harris	Medical Director	University Hospitals of Leicester NHS Trust	
			TBC – awaiting response from CEO	TBC	Leicestershire Partnership NHS Trust	
			Dr Gail Collins	Medical Director	Chesterfield Royal Hospital NHS Foundation Trust	
			Prof Richard Donnelly	Director of Research & Development	Derby Hospitals NHS Foundation Trust	
			TBC – awaiting response from CEO	TBC	Derbyshire Healthcare NHS Foundation Trust	
			TBC – awaiting response from CEO	TBC	Derbyshire Community Health Services NHS Foundation Trust	
			Dr Trevor Mills	Medical Director	East Midlands Ambulance Service NHS Trust	
			TBC – awaiting response from CEO	TBC	Lincolnshire Community Health Services NHS Trust	
			TBC – awaiting response from CEO	TBC	Lincolnshire Partnership NHS Foundation Trust	
			TBC – awaiting response from CEO	TBC	Nottingham University Hospitals NHS Trust	
			Dr Nick Manning		Nottinghamshire Healthcare NHS Trust	

			TBC – awaiting response from CEO	TBC	Sherwood Forest Hospitals NHS Foundation Trust	
			Dr Suneil Kapadia	Medical Director	United Lincolnshire Hospitals NHS Trust	
			TBC – to be advertised	PCPIE Representative x 3		
			TBC – written to Research Lead		Nottinghamshire CCGs	
			TBC – written to Research Lead		Derbyshire CCGs	
			TBC – written to Research Lead		Northamptonshire CCGs	
			TBC – written to Research Lead		Lincolnshire CCGs	
			TBC – written to Research Lead		Leicestershire CCGs	
			TBC – written to Medical Director		NHS England LAT – Derbyshire & Nottinghamshire	
			TBC – written to Medical Director		NHS England LAT – Leicestershire & Lincolnshire	
			TBC – written to Medical Director		NHS England LAT – Herefordshire & South Midlands	
			TBC	Primary Care contractors x 3		
			TBC		Academic Health Science Network	
			TBC		CLAHRC East Midlands	
			Prof David Rowbotham	Clinical Director	CRN East Midlands	
			Elizabeth Moss	Chief Operating Officer	CRN East Midlands	
Management arrangements	Provide a list of names of local Clinical Research Specialty Leads and their clinical profession	5.7-5.16	Dr Ann Thomas			Cancer
			Dr Vaughn Keeley			Cancer
			Prof David Walker			Cancer
			Prof Melanie Davies			Diabetes
			Prof Kamlesh Khunti			Diabetes
			Dr Peter Mansell			Metabolic &

	Note: existing CLRN Specialty Group and Topic Network Clinical Leads are rolling over until appointment process is finalised					Endocrine
			Dr Jonathan Barratt			Renal
			Dr Chris McIntyre			Renal
			Dr Nikola Sprigg			Stroke
			Prof Nilesh Samani			Cardiovascular
			Dr Gerry McCann			Cardiovascular
			Dr Justin Cooke			Cardiovascular
			Dr Elaine Boyle			Children
			Dr Munib Haroon			Children
			Dr Jon Dorling			Children
			Prof Alan Smyth			Children
			Dr Julian Barwell			Genetics
			Dr Rachel Harrison			Genetics
			Prof Doug Tincello			Reproductive Health & Childbirth
			Dr George Bugg			Reproductive Health & Childbirth
			Prof Jim Thornton			Reproductive Health & Childbirth
			Prof Tom Dening			DeNDRoN
			Prof Cris Constantinescu			Neurology
			Prof Richard Morriss			Mental Health
			Dr Azhar Zafar			Primary Care
			Prof Azhar Farooqi			Primary Care
			Dr Simon Conroy			Ageing
			Dr Tahir Masud			Ageing
			Dr Waji Hassan			Musculoskeletal
			Dr Chris Deighton			Musculoskeletal
			Dr Anton Alexandroff			Dermatology
			Dr Adam Ferguson			Dermatology
			Prof Hywel Williams			Dermatology
			Dr Daniel Harvey			Critical Care
			Dr Jonathan Thompson			Critical Care
			Prof Tim Coats			Injuries & Emergencies
			Prof Frank Coffey			Injuries & Emergencies

			Mr Matt Bown			Surgery
			Prof Dileep Lobo			Surgery
			Prof John Scholefield			Surgery
			Prof Deb Hall			Ear, Nose & Throat
			Dr Adrian Palfreeman			Infectious Diseases
			Prof Irene Gottlob			Ophthalmology
			Prof Chris Brightling			Respiratory
			Prof Alan Knox			Respiratory
			Dr John DeCaestecker			Gastroenterology
			Prof Krish Ragunath			Gastroenterology
			Dr Toby Delahooke			Hepatology
			Dr Stephen Ryder			Hepatology
			Dr Andrew Wilcock			Palliative Care
	Provide the name and email address of the individual appointed as LCRN Research Delivery Manager[1] for Division 1	5.17-5.24	To be appointed by mid May			
	Provide the name and email address of the individual appointed as LCRN Research Delivery Manager for Division 2		To be appointed by mid May			
	Provide the name and email address of the individual appointed as LCRN Research Delivery Manager for Division 3		To be appointed by mid May			
	Provide the name and email address		To be appointed by mid May			

[1] Note: LCRNs are <u>not</u> required to appoint six separate individuals to the 6 Divisional Research Delivery Manager posts

	of the individual appointed as LCRN Research Delivery Manager for Division 4					
	Provide the name and email address of the individual appointed as LCRN Research Delivery Manager for Division 5		To be appointed by mid May			
	Provide the name and email address of the individual appointed as LCRN Research Delivery Manager for Division 6		To be appointed by mid May			
	Provide details of the membership of the LCRN Executive Group	5.36	Prof David Rowbotham	Clinical Director	CRN East Midlands	
			Elizabeth Moss (from appointment). Cathryn Love-Rouse (interim COO)	Chief Operating Officer	CRN East Midlands	
			Dr Kevin Harris	Medical Director & Executive Lead (CRN: EAST MIDLANDS)	University Hospitals of Leicester NHS Trust	
			Martin Maynes	Finance Lead	University Hospitals of Leicester NHS Trust	
			Smita Ganatra	Senior HR Advisor	University Hospitals of Leicester NHS Trust	
	Provide details of the membership of the Clinical Research	5.37	Prof David Rowbotham	Clinical Director	CRN East Midlands	Professor of Anaesthesia and Pain Management
			Prof Poulam Patel	Clinical Research	Nottingham	Professor of Clinical

	Leadership Group			Lead Division 1	University Hospitals NHS Trust/University of Nottingham	Oncology
			Prof Melanie Davies	Clinical Research Lead Division 2	University Hospitals of Leicester NHS Trust/University of Leicester	Professor of Diabetes Medicine
			Prof Alan Smyth	Clinical Research Lead Division 3	Nottingham University Hospitals NHS Trust/University of Nottingham	Professor of Child Health
			Prof Richard Morriss	Clinical Research Lead Division 4	Nottinghamshire Partnership NHS Trust/University of Nottingham	Professor of Psychiatry
			Prof Azhar Farooqi	Clinical Research Lead Division 5	GP, East Leicester Medical Practice, Co-Chair Leicester City CCG	General Practitioner
			Dr Stephen Ryder	Clinical Research Lead Division 6	Nottingham University Hospitals NHS Trust/University of Nottingham	Consultant Hepatologist
Research Delivery	Provide the name and email address of the appointed Industry Operations Manager	5.25	To be appointed by mid May Key contacts for RM&G, CSP and Industry have been provided previously.			
PCPIE	Provide the name of the senior leader with identified responsibility for PCPIE within the LCRN	8.6	Mark Howells: Working Group Lead. Mark.howells@nuh.nhs.uk			
Continuous Improvement (CI)	Provide the name and email address	9.5	Ann Priddey Ann.priddey@nottingham.ac.uk			

	of the senior leader with identified responsibility for continuous improvement within the LCRN					
Workforce Development	Provide the name and email address of the senior leader with identified responsibility for LCRN workforce development	10.4	Julie Berridge: Working Group Lead. julie.berridge@nuh.nhs.uk			
Information Systems	Provide the name and email address of the identified lead for the Business Intelligence function	13.2	Cathryn Love-Rouse: Working Group Lead. Cathryn.love-rouse@uhl-tr.nhs.uk Colin Bray: Host Procurement contact. Colin.bray@uhl-tr.nhs.uk Both CLRN Information Managers sit on the nation ISM Transition Working Group and will be able to advise on the Business Intelligence Function.			
Information Governance (IG)	Provide the name and email address of the individual with specialist IG knowledge identified to respond to IG queries relating to LCRN-funded activities	15.7	Robin Smith Head of Privacy Robin.smith@uhl-tr.nhs.uk			

Section C: 3. LCRN plans and goals in support of NIHR CRN High Level Objectives

Objective		Measure	CRN Target	LCRN Goal/Target	LCRN actions/activities for 2014-15	Timescale
1	Increase the number of participants recruited into NIHR CRN Portfolio studies	Number of participants recruited in a reporting year into NIHR CRN Portfolio studies	650,000	Enter the overall LCRN goal for 2014-15 recruitment **50,000** (indicative, to be reviewed with final 13/14 data)	Please enter as appropriate; the number of lines shown is an example not an expectation and more lines may be added as necessary	Please outline timescale for actions
					Strategic: • In all activities ensure the CRN: East Midlands works to and maintains clear intent and value added purpose (see Executive summary mission and vision). • Engage with CRN: East Midlands partners, stakeholders and affiliated organisations, industry and business partners to support research activity planning (short, mid, long term) that offers a balanced portfolio and opportunities for growth, informed by Divisional Clinical Leads and Clinical Specialty Groups. • Local actions to support national specialty objectives can be found in section c of this plan. • Build upon and establish new mutually beneficial connections that bring added value to each party and support the strategic objectives of the CRN: East Midlands allowing for innovation and improvement. This will include taking forward East Midlands wide initiatives with existing and new partners. • Enable growth, strategic development and equity of access to clinical research without restriction (geography, skills, people, facilities, resources). • Maximise opportunities to secure external financial investment and reinvestment locally • Maintain regional expertise in both strategic and operational leadership, clinical, managerial and delivery aspects. • Ensure effective engagement with specialty leads and partners in the development of realistic but ambitious recruitment targets. • Engage with experts in the marketing field to positively promote the	Indicative Q2-Q3

Objective	Measure	CRN Target	LCRN Goal/Target	LCRN actions/activities for 2014-15	Timescale
				EM region as a place to do research, sell ourselves and our successes. • Continue to use the Partnership Group, Clinical Leadership Group, OMG and Working Groups for strategic and operational planning incorporating mapping of opportunities, expertise, resources, facilities and good practice. Ensure that the Clinical Division Leads work closely with the Division Mangers and OMG to ensure effective operational and strategic decision making . • Develop and implement Divisional annual budget and action plans with Divisional Clinical Leads, Specialty Leads and Divisional Managers with continuity of local leadership and a strong managerial and clinical focus on operational strategies. • Develop and implement annual action plans in each of the workstreams that support both strategic and operational goals. • Establish robust and transparent finance and activity reporting and performance management mechanisms to support openness and encourage partnership working. • Prioritise engagement opportunities to enable partners to be involved in strategic planning and delivery (particularly in the early stages of divisional planning with Clinical Leads). • Contribute to national initiatives/working groups • Build confidence and understanding amongst all network staff that they are part of the NIHR family and an integrated team supporting a common goal. • Ensure a stable infrastructure exists to support delivery through planning with partners and a flexible research ready workforce. • Work closely with other partners on common goals, e.g. AHSN, BRU's, CLAHRC, RDS to establish opportunities to grow our own CI's with effective training, funding and support, exploring new CI's from other clinical professions. • Develop areas with low coverage and establish expertise in under-developed areas through effective workforce development, supervision and training for research teams. • Engage with supporting services across the region to maximise opportunities for clinical research participation and delivery (e.g.	

Objective		Measure	CRN Target	LCRN Goal/Target	LCRN actions/activities for 2014-15	Timescale
					exploring service leads, community resources, community sites, community Champions). • Explore incentive schemes with partners to maximise engagement and participation (reward and recognition/job planning/awards/protected time). • Review infrastructure and resources at midyear point.	
					<u>Operational:</u> • Local actions to support national specialty objectives can be found in section 5 of this plan. • Ensure sustainable strong performance and delivery across the CRN: East Midlands during the continuing transitional period informed by robust action planning and review. • Maintain a highly skilled, professional workforce, research taskforce, delivery staff and support staff across the region, supported by a robust T&E strategy and programme that offers personal development and opportunities. • Utilise mapping and existing good practices to support this HLO. • Develop and implement consistent approaches to scanning the portfolio, sharing study opportunities and pipeline knowledge. • Ensure effective and regular communication with partners (comms strategy/review of distribution lists). • Embed new organisational delivery structures swiftly. • Establish effective performance management mechanisms. • Provide active collaborative study and data management, supported by an effective LPMS.	Indicative Q2
2	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and	A: Proportion of commercial contract studies achieving or surpassing their recruitment target during	80%	80%	**<u>Strategic: actions cover both 2a and 2b</u>** • Continue to use the Partnership Group, Clinical Leadership Group, OMG and Working Groups for strategic and operational planning incorporating mapping of opportunities, expertise, resources, facilities and good practice. • CD and Divisional Clinical Leads will play a key role in strategic initiatives to support this HLO with strong operational implementation led by Divisional Delivery Managers, Business Delivery Manager and industry Operations Manager.	Indicative Q2-Q3

Objective	Measure	CRN Target	LCRN Goal/Target	LCRN actions/activities for 2014-15	Timescale
time	their planned recruitment period, at confirmed Network sites			• Work with Divisional and Clinical Specialty Leads, and senior management team (Delivery, Business, Industry managers) to support the strategic development of industry and non industry activity. • Develop and implement an Industry Action Plan (draft operational elements can be found in APPENDIX 15) with continuity of local leadership and a strong managerial focus on operational strategies that addresses T&T and performance management and active study management throughout the pathway. • Adopt industry good practices in non-industry performance and delivery where relevant. • Continue to build on the expert, professional workforce to provide maximum delivery and performance. • Strengthen relationships with industry partners to support effective working together. • Develop and agree reporting mechanisms and tools, ensuring delivery and performance reports reach Partner CEO's and are reported at trust Board level. • Review infrastructure and resources at midyear point.	
	B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%	80%	**Operational: actions cover both 2a and 2b** • Operational plan can be found in APPENDIX 15. Supplementary guidance papers are also available. • The Industry Delivery Manager will work closely with Divisional Delivery Managers and the Life Sciences Industry Working Group to develop operational actions to support this HLO and will utilise the mapping and existing good practices to support delivery. • The Business Delivery Manager will work closely with Divisional Delivery Managers and the RM&G Working Group to develop operational actions to support this HLO and will utilise the mapping and existing good practices to support delivery. • Ensure a single point of contact for industry is identified and communicated effectively. • Effective communication of T&T metrics: explore T&T champions – forward planning and readiness.	Indicative Q1-2

Objective		Measure	CRN Target	LCRN Goal/Target	LCRN actions/activities for 2014-15	Timescale
					• Ensure delivery and support teams are "research ready" through effective communication, training and strategic planning. • Review and refine systems and process by analysing, amalgamating and coalescing processes adopting lean working principles. • Implement an LPMS that meets the needs of the CRN: East Midlands to support performance and data management and effective reporting. • Review and refine escalation processes that offer consistency across the region where relevant. • Standardise feasibility and Site Identification returns across the region. • Each division to identify a nominated person for liaising with the IOM and allowing clinicians/sponsors to have one person to liaise with. • Effective study management: ensure every study has a recruitment plan with regular review by a nominated lead and "contingency" plans to address study changes, recruitment blocks, red and amber performance: "recruitment toolkit". • Monthly industry performance reviews and RAG data led by the Industry Delivery Manager in close collaboration with study teams and Divisional Research Delivery Managers.	
3	Increase the number of commercial contract studies delivered through the NIHR CRN	A: Number of new commercial contract studies entering the NIHR CRN Portfolio	600	n/a	**Strategic: actions cover both 3a and 3b** • Engage with experts in the marketing field to positively promote the EM region as a place to do research, sell ourselves and our successes. • Continue to develop the infrastructure across the region with outside investment to enhance visibility with external stakeholders, maximising the potential to provide an attractive environment to do research. • Continue to use the Life Sciences Industry Working Group for strategic and operational planning incorporating mapping of opportunities, expertise, resources, facilities and good practice. • Work with Divisional and Clinical Specialty Leads to support the	Indicative Q2-Q3

Objective		Measure	CRN Target	LCRN Goal/Target	LCRN actions/activities for 2014-15	Timescale
					strategic development of industry activity and growth. • Develop and implement an Industry Action Plan that addresses ensuring the percentage of commercial contract studies as per HLO 3 is 75% minimum. • Build upon industry relationships to support study pipeline and access to industry studies that offer a balanced portfolio.	
		B: Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies	75%	n/a	**Operational: actions cover both 3a and 3b** • Operational plan can be found in APPENDIX 15. Supplementary guidance papers are also available. • The Industry Delivery Manager will work closely with Divisional Delivery Managers and the Life Sciences Industry Working Group to develop operational actions to support this HLO and will utilise the mapping and existing good practices to support delivery. • Support the development of marketing and comms material. • Review site identification processes to ensure consistency and speed. • Seek and share feedback on site selection rejections and explore learning opportunities. • Develop knowledge regarding site promotion, accurate feasibility and delivery to time and target across the region.	Indicative Q1-Q2
4	Reduce the time taken for NIHR studies to achieve NHS Permission through CSP	Proportion of studies obtaining NHS Permission at all sites within 40 calendar days (from receipt of a valid complete application by NIHR CRN)	80%	n/a	• Continue to use the RM&G Working Group for strategic and operational planning incorporating mapping of opportunities expertise, resources, facilities and good practice.	Indicative Q1-Q2
					• The Business Delivery Manager will work closely with the Partner Organisations, Divisional Delivery Managers and the Study Support Service teams to develop operational actions to support this HLO and will utilise the mapping and existing good practices to support delivery.	
					• CRN: East Midlands RM&G overview and initial action plan can be found in APPENDIX 8.	

Objective		Measure	CRN Target	LCRN Goal/Target	LCRN actions/activities for 2014-15	Timescale
5	Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies	A: Proportion of commercial contract studies achieving first participant recruited within 30 calendar days of NHS Permission being issued or First Network Site Initiation Visit, at confirmed Network sites	80%	80%	• The Industry Delivery Manager will work closely with the Partner Organisations, Divisional Delivery Managers and the Life Sciences Industry Working Group to develop operational and performance management actions to support this HLO and will utilise the mapping and existing good practices to support delivery. • The Business Delivery Manager will work closely with the Partner Organisations, Divisional Delivery Managers and the RM&G Working Group to develop operational actions to support this HLO and will utilise the mapping and existing good practices to support delivery. • Develop and implement Industry and RM&G action plans that address reducing the time taken to recruit the first participant into studies. • Ensure delivery and support teams are "research ready and research responsive" through effective communication, training and strategic planning in close collaboration with R&D teams giving NHS permission for the study to start and study sponsor (e.g. agree SIV dates collaboratively). • Review and refine systems and process by analysing, amalgamating and coalescing processes adopting lean working principles. • Review and refine escalation processes to support a consistent approach. • Ensure every study has a recruitment plan with regular review by a nominated lead and "contingency" plans to address study changes and recruitment blocks: "recruitment toolkit". • Monthly performance reviews led by the Industry Delivery Manager in close collaboration with study teams and Divisional Research Delivery Managers.	Indicative Q1-Q2
		B: Proportion of non-commercial studies achieving first participant recruited within 30 calendar days of NHS Permission being issued	80%	80%		
6	Increase NHS participation in NIHR CRN Portfolio	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio	99%	99%	• Utilise the mapping and existing good practices to support this HLO and to develop a specific action plan to support 6c. • Partners to be represented on OMG and Working Groups, and to continue to be actively involved in the existing regional finance forum	Indicative Q1-Q3

Objective		Measure	CRN Target	LCRN Goal/Target	LCRN actions/activities for 2014-15	Timescale
	Studies	studies			• Explore "champions" across the region to pioneer strategic initiatives, e.g. change champions for google apps etc • Develop and implement action plans in each of the workstreams that address effective engagement (close link to PPI and Comms in each one). • Prioritise relationship building and regular effective engagement. • To facilitate senior level strategic partner engagement, explore option for including CRN as a standing item on regional CEs meeting agendas. • Ensure CRN wide processes and systems provide transparency and promote collaboration. • Ensure equity of access to the regional workforce that support research delivery. • Act on feedback from CLRN service reviews. • Review Mystery shopper feedback and develop a plan to enhance engagement. • Facilitate the development of Partner KPIs. • Ensure all partner organisations have the necessary infrastructure to support engagement in the Portfolio.	
		B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%	70%		
		C: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	25%	25%		
7	Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	13,500	As per LCRN goal for 2014-15 recruitment for Dementias and Neurodegeneration (DeNDRoN) Total 510	See table below 7.1	See below
					See table below 7.1	See below

Table 7.1: delivery of HLO 7

Deliverable	Planned LCRN actions in 2014-15	Milestones and outcomes once actions completed	Suggested timescale	Suggested Lead
1. Project manage and lead the local implementation in dementia services across the LCRN of business processes to enable the use of the RAFT system to recruit people to dementia studies	• Provide project management support to contribute to national programme and implement local delivery of RAFT • Suitably resource all RAFT related activities and identify an implementation lead	• Resourced Project Manager/implementation lead identified/appointed • Local project plan in place to implement RAFT to recruit to studies	Q1* 14/15 Q2-3* 14/15	Division 4 Research Delivery Manager (D4 RDM) and Project Manager (PM)
2. Identify studies appropriate for inclusion in the RAFT system	• Using local intelligence identify current and projected studies that would benefit from a register approach • Gain researcher agreement to recruit from RAFT and support them with information	• Local studies eligible for RAFT regularly identified and linked to RAFT website	Q2-3 14/15	D4 RDM and PM
3. Engage local PIs and trusts in the implementation and use of the RAFT system	• Target RAFT information to key PIs and trust R&D depts. • Implement governance policies and recruitment processes defined by RAFT to support implementation • Communicate key study requirements to the researcher community • Oversee studies using RAFT at study launch	• Governance arrangements in place in trusts • Training provided to trusts and PI's to demonstrate benefits of RAFT • 75% Trusts providing a dementia service in LCRN area agree to use RAFT	Q2 14/15 Q2-3 14/15	D4 RDM, PM and RM&G work stream lead
4. Identify local research support staff who will use the system to support recruitment to dementia studies, and support their training on the RAFT system	• Identify changes required for ways of working and use continuous improvement model to agree new processes with stakeholders • In conjunction with R&D departments and RDM, agree and implement local training plan for research support staff • Incorporate training in induction for new staff	• Nominate a minimum of 2 staff per LCRN for RAFT training • RAFT accounts created for staff supporting DeNDRoN studies • Training delivered to staff supporting DeNDRoN studies • Staff are trained and equipped to use RAFT	Q2 14/15 Q2 14/15	D4 RDM, PM and workforce develpt. lead

5. Identify dementia services wanting to implement the RAFT system as a local consent-for-approach system and support them to implement it	• Proactively engage with Memory Assessment Services (MAS) (including MSNAP** services) to agree ways to promote research participation and RAFT to their patients as standard practice • Contact memory services, provide RAFT information and encourage its use • Provide support where appropriate to NHS dementia services to access and make use of the implementation and communications toolkit	• MSNAP** services RAFT approach in place as standard practice • Non MSNAP services have agreed to & have put RAFT approach in place as standard	Q2-3 14/15 Q3-4 14/15	D4 RDM and PM
Additional LCRN deliverables				
6. Achieve target as outlined in dementia HLO	• Identify senior leader in LCRN to take overall responsibility in delivering the dementia plan	• Senior dementia leader identified	Q1 14/15	CD and COO
7. A minimum of 5% of Care Homes within the LCRN region participating in the Research Ready Care Home Network	• Identify regional ENRICH leads to ensure local ENRICH development & to participate in national monthly ENRICH Delivery Team meetings • Provide project management support to contribute to national programme and implement local delivery of ENRICH • Develop and implement an engagement strategy to raise awareness • Provide continued research support proactively to engage care home owners/managers and other fora, assisting growth of local and national research ready network	• ENRICH regional leads in place • Research support/delivery team engaging in ENRICH promotion identified • ENRICH rollout across LCRN area as per plan • 5% of care homes signed up to ENRICH • ENRICH is used to promote RAFT and existing disease registers	Q1 14/15 Q1-4 14/15 Q4 14/15	D4 RDM & ENRICH lead
8. Maintain sub-specialty clinical leadership capacity and engagement in main disease areas of the DeNDRoN portfolio:	• Identify and appoint clinical research lead in each of the 4 disease areas (Dementia, HD, MND, PD) • Include time and costs for post holders to attend monthly	• Continuation of DeNDRoN clinical leadership posts as per 13/14 arrangements	Q1 14/15	CD

Dementia, Huntington's Disease (HD), Motor Neurone Disease (MND) & Parkinson's Disease (PD)	teleconferences and national bi-annual meetings			
9. Increase rating skills and capacity of LCRN staff supporting DeNDRoN studies	• Identify staff to attend CRN rater training programme • Identify psychometric/global practice lead(s) • Conduct skills audit and training needs analysis of staff supporting DeNDRoN portfolio • Provide financial support (cost of training £450 plus travel and accommodation) for minimum of 7 DeNDRoN delivery staff to attend national psychometric and global rater training in 14/15	• 7 DeNDRoN delivery staff on national rater register • LCRN to have at least 3 practice leads for both global and psychometric rating	Q4 14/15	COO, D4 RDM and work force devt work stream lead
10. Promote innovation in the delivery of DeNDRoN research throughout the NHS	• Support LCRN and trust staff to capture areas of best practice and upload case studies to patients in research website: www.patientsinresearch.org/	• New case studies from LCRN entered onto patientsinresearch website: www.patientsinresearch.org/	Q4 14/15	D4 RDM and communications work stream lead
11. Professional research support staff leadership	• Identify / appoint lead research nurse(s) (or other allied health professional(s) / clinical trials officer(s) to provide professional leadership • Include time and budget to facilitate attendance at monthly teleconferences and bi-annual meetings	• Lead(s) identified • Meetings attended	Q1 14/15	D4 RDM
12. Increase number of new PI's delivering studies in the DeNDRoN portfolio	• Develop strategies to increase number of new PI's • Develop mentorship schemes to increase new PIs to support commercial research	• Number of new PI's working on DeNDRoN studies • Mentorship scheme in place	Q4 14/15 Q4 14/15	D4 Divisional Clinical lead/SG lead/ D4 RDM As above

Section C: 4. LCRN recruitment goals for CRN Specialties

Specialty	LCRN goal (indicative 50,000) (participants to be recruited in 2014-15)
Ageing	310
Anaesthesia, Perioperative Medicine and Pain Management	145
Cancer	3,917
Cardiovascular Disease	4499
Children	937
Critical Care	519
Dementias and Neurodegeneration (DeNDRoN)	510
Dermatology	665
Diabetes	2778
Ear, Nose and Throat (ENT)	1613
Gastroenterology	823
Genetics	464
Haematology	62
Hepatology	528
Infectious Diseases and Microbiology	278
Injuries and Emergencies	294
Mental Health	3801
Metabolic and Endocrine Disorders	156
Musculoskeletal	1175
Neurological Disorders	313
Ophthalmology	807
Oral and Dental	To be advised
Primary Care	12522
Renal Disorders	1645
Reproductive Health and Childbirth	4500
Respiratory Disorders	1,021
Stroke	756
Surgery	327
Unknown (includes other specialities)	4635

Section C: 5. LCRN plans against the NIHR CRN Specialty Objectives

Unless stated otherwise, the following are national targets for 2014-15.

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
Ageing	1	Increase the opportunities for patients to participate in NIHR CRN Portfolio studies	Establish mechanisms by which the age profile of NIHR CRN Portfolio study participants can be recorded	See note[2]	This is a national level objective. Local support provided through contributing where required to relevant work group planning and activity. • Work with SG lead locally to determine capacity and any local planning
Anaesthesia, Perioperative Medicine and Pain Management	1	Increase the number of Anaesthesia, Perioperative Medicine and Pain Management commercial contract studies on the NIHR CRN Portfolio	Number of new Anaesthesia, Perioperative Medicine and Pain Management commercial contract studies entered onto the NIHR CRN Portfolio	4	As currently low numbers of commercial contract studies available, aim to take part in 1-2 studies maximum across CRN: East Midlands.
	2	Establish links with the Royal College of Anaesthetists' Specialist Registrar networks to support recruitment into NIHR CRN Portfolio studies	Number of LCRNs where Specialist Registrar networks are recruiting into NIHR CRN Portfolio studies	4	Further exploration of RCoA SpR network required at a local level – as an interim aim, increase numbers of NHS Trusts engaged with the NIHR and recruiting to Portfolio studies
Cancer	1	Maintain a minimum level of participation in interventional Cancer studies on the NIHR CRN Portfolio	Recruitment to interventional Cancer studies as a proportion of LCRN cancer incidence	7.5%	In order to meet the cancer specific objectives, working with cancer research leaders in partner organisations, East Midlands Strategic Clinical Network (SCN) for Cancer Expert Advisory Groups (EAGs), research teams and individual principal investigators, CRN: East Midlands will: **Objectives 1 & 2** CRN: East Midlands aims to maintain 2014/15 recruitment and will work towards achieving the recruitment targets set but this is ambitious given 2013/14 recruitment. In order to achieve this goal CRN: East Midlands will: • Set targets for individual studies in partner organisation and flag any shortfalls in recruitment that prevent the Network meeting objectives 1&2 • Support partner organisations to accurately monitor individual
	2	Increase recruitment into Cancer studies on the NIHR CRN Portfolio overall	Recruitment to Cancer studies as a proportion of LCRN cancer incidence	20%	

[2] Qualitative objective to be assessed by a descriptive text from each LCRN.

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
					study and organisation level recruitment and adjust portfolio to meet objectives • Support partner organisations to make portfolio decisions that enable Network to meet objectives • Map and monitor resources to deliver the objectives
	3	NIHR CRN Portfolio of Cancer studies serves the full range of cancer types in adults and children	Proportion of adult and child cancer types on the NIHR CRN Portfolio	100%	CRN: East Midlands has a comprehensive disease specific portfolio with recruitment in all disease site Clinical Studies Group (CSG) portfolios. In order to achieve this goal CRN: East Midlands will: • Identify gaps in the portfolio by mapping the disease profile of the population of CRN: East Midlands against the current adult, TYA and child portfolio • Map local to national portfolio of adult, TYA and children's portfolio to ensure representative distribution of studies by type, treatment modality and disease stage etc. • Work flexibly with partners across divisions to maximise recruitment • Develop and implement an East Midlands Trial Directory to maximise patient referral pathways • Use the portfolio maps to identify studies to fill the gaps (http://csg.ncri.org.uk/portfolio-maps) • Map and monitor current resources against adult, TYA and child recruitment and disease profiles to identify areas requiring additional resources • Maximise referral to centres of expertise
	4	Cancer patients across England can participate in Cancer studies on the NIHR CRN Portfolio	Shared care arrangements between NHS providers within LCRN geographies	See note[3]	CRN: East Midlands has a Children's Cancer Principal Treatment Centre based between Leicester and Nottingham and Paediatric Oncology Shared Care Units at Northampton, Lincolnshire and Derby. In addition, adult MDTs and Specialist MDTs continue to refer patient within and external to CRN East Midlands. Shared Care arrangements for clinical trials are embedded into standard of care within the child. TYA and adult setting. In order to achieve this goal and build on the existing work already underway across the East Midlands, the CRN: East Midlands will: • Maintain close working relationship with CYPICS partner organisations

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
					• Continue to maintain and develop the current care pathways, which already include trial participation, ensuring that referring Trusts are made aware when their patients do take up the opportunity to participate • Ensure that individual member organisation portfolios are widely available to individual clinicians to enable easy referral for participation • Ensure patients are referred out of region, as required, for appropriate trial participation • Where possible support partner organisations to receive patients back for follow up activities closer to home • Obtain agreement from all partner organisations for a written shared care agreement or memorandum of understanding (as appropriate) for management of trial patients and data flows • Where participants are required to flow across multiple organisations ensure that trial pathway planning is robust and successful
	5	Increase the proportion of NHS cancer care providers recruiting into NIHR CRN Portfolio Cancer studies	Percentage of NHS cancer care providers recruiting into Cancer studies on the NIHR CRN Portfolio	100%	CRN: East Midlands already has 100% NHS Acute Trust level participation in research. In order to maximise other opportunities CRN East Midlands will widen involvement in community partners, Hospices and any other (appropriate) qualified providers. In order to achieve this goal CRN: East Midlands will: • Develop existing and create new links with community partners, Hospices and any other (appropriate) qualified providers • Develop existing and new links around workforce development and research awareness in these communities • Develop existing and new links across other divisions as appropriate • Map and monitor resources to support this portfolio development
	6	Increase the proportion of cancer patients offered participation in research	Percentage of patients reporting being offered participation in research through National Cancer Patient Experience Survey	> 32%	There is an overlap between objectives 3 & 6 so actions taken will boost both areas). In order to achieve this goal and increase the proportion of patients being offered participation: CRN East Midlands will: • Involve PCPIE members with portfolio planning particularly targeting under represented populations (using data from mapping exercise in objective 3 and results from 2011/12 and

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
					2012/13 National Cancer Patient Experience Survey (NCPES)) • Annually cascade results of NCPES to PCPIE members and their access to user groups • Annually cascade results of NCPES to EAGs, Clinicians, CNSs, AHPs, Trust R&D and cancer management, etc. • Continue to engage with EAGs through the research lead for the group by providing recruitment reports, current and future trials portfolios • Include PCPI and NCPES in research staff's induction • Where possible use media to report on research opportunities and results • Develop PCPIE through appropriate channels locally • Where appropriate conduct local patient experience surveys
Cardiovascular Disease	1	Increase the number of Cardiovascular Disease commercial contract studies on the NIHR CRN Portfolio	Number of new Cardiovascular Disease commercial contract studies entered onto the NIHR CRN Portfolio	42	• Continue to work with Industry to develop and extend existing relationships, and to work together with the CRN: East Midlands Industry Delivery Manager, Division 2 Manager and other stakeholders to maximise links with Industry. Also to explore commonalities across all specialities within Division 2 and other Divisions. This will facilitate a more cohesive management structure, be attractive to Industry, generate more interest and generate more studies. • Enabling links with the 2 Biomedical Research Units within the Division to all sites across the East Midlands will provide an 'access corridor' to facilitate the conduct of studies that have resulted from research proposals being generated from the original BRU contracts. • Facilitate and support identified research leads across all Acute Trusts in the East Midlands in anticipation of increased research activity. This has already commenced with the setting of bi-annual meetings. • To develop a management structure within the division that will enable performance and delivery of these objectives in line with NIHR Time and Target Indicators.
	2	Increase access for patients to Cardiovascular Disease studies	Number of LCRNs contributing to multi-centre studies in the 6 Cardiovascular Disease sub-specialties	15	
Children	1	Increase the number of Children's commercial contract studies within the NIHR CRN Portfolio in each	Number of Children's commercial contract studies on the NIHR CRN Portfolio	10%	The Children's theme is composed of the MCRN and paediatric non-medicines portfolios. The national MCRN portfolio has approximately 60% commercial studies and the non-medicines portfolio has <1%. It is expected that 10% is achievable in terms

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
		LCRN			of number of studies with current local activity.
	2	All relevant sites that provide services to children are involved in research	Proportion of relevant sites recruiting to Children's studies on the NIHR CRN portfolio	95%	• All acute care Trusts in the CRN: EM region are currently active in supporting children's studies. This will be maintained. • We will actively promote and seek to involve primary care sites within the region as both active research sites and patient identification centres. Where appropriate we will seek to develop collaboration between acute and primary care sites.
	3	Recruitment of children to NIHR CRN Portfolio studies is undertaken by individuals with appropriate paediatric training and experience, or who are appropriately supervised	Proportion of staff consenting children to NIHR CRN Portfolio studies who are paediatric trained and/or experienced, or who are appropriately supervised	100%	• All staff involved in recruitment and the consent process will be comprehensively trained in generic research skills to ensure delivery of high quality research. • Where specific specialist clinical or administrative skills or knowledge are required for an individual study or trial, appropriate staff will be selected, where possible, according to their clinical training and background and this will be enhanced by study-specific training and supervision. Where suitably trained individual are not available, appropriate training and initial supervision will be provided for all newly recruited staff.
Critical Care	1	Increase the number of intensive care units participating in research	Proportion of intensive care units recruiting into studies on the NIHR CRN Portfolio	80%	• Adopt a proven model – identify enthusiastic and capable clinicians in smaller non-research active units. Support them in the administrative, financial and practical aspects of opening studies. • Explore potential for sharing staffing support e.g. research nurse time for specific projects. • Increase the number of NHS Trusts recruiting to Critical Care studies on the NIHR CRN Portfolio (target >95%). • Increase the number of Critical Care units in CRN: East Midlands recruiting to Critical Care studies (target >80%). • Increase the proportion of eligible patients recruited into critical care studies (target >30%). • Aim for critical care units with CRN: East Midlands to be within the top ten recruiting centres nationally for NIHR Portfolio Studies (target = 2 studies).

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
Dementias and Neurodegeneration (DeNDRoN)	1	Implement arrangements for local use of the "Join Dementia Research system to support study recruitment	A: Proportion of NHS Trusts which provide dementia services, which have put in place generic arrangements for access to medical records, with consent, for the "Join Dementia Research" system users	50%	• Resourced Project Manager/implementation lead identified/appointed • Local project plan in place to implement RAFT to recruit to studies • Work with Research Design Service and individuals submitting bids and Research Specialty Groups to use database • Work with R&D and IG in Trusts to agree their sign up to Join Dementia Research • Local studies eligible for Join Dementia Research regularly identified and linked to website • Gain researcher agreement to recruit from Join Dementia Research and support them with information • Proactively engage with Memory Assessment Services (MAS) to agree ways to promote research participation and Join Dementia Research to their patients as standard practice • Provide support where appropriate to NHS dementia services to access and make use of the implementation and communications toolkit
Dementias and Neurodegeneration (DeNDRoN)			B: Proportion of LCRN staff working on Dementias and Neurodegeneration (DeNDRoN) studies trained to use the "Join Dementia Research" system	60%	• Nominate a minimum of 2 staff per LCRN for JOIN DEMENTIA RESEARCH training • JOIN DEMENTIA RESEARCH accounts created for staff supporting DeNDRoN studies • Training delivered to staff supporting DeNDRoN studies • Staff are trained and equipped to use JOIN DEMENTIA RESEARCH
	2	Increase the global and psychometric rating skills and capacity of LCRN staff supporting Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	A: Percentage of research sites covered by at least 2 trained raters who are registered on the national rater database	80%	• Work towards at least 7 DeNDRoN delivery staff on national rater register • Work towards LCRN having at least 3 practice leads for both global and psychometric rating
			B: Proportion of LCRN staff who support Dementias and Neurodegeneration (DeNDRoN) studies who have successfully completed	35%	• Conduct skills audit and training needs analysis of staff supporting DeNDRoN portfolio • Identify staff to attend CRN rater training programme • Identify psychometric/global practice lead(s) • Provide financial support (cost of training £450 plus travel and accommodation) for minimum of 7 DeNDRoN delivery

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
			rater training and joined the national rater database		staff to attend national psychometric and global rater training in 14/15
	3	Improve access to research for people living in care homes	Proportion of registered care homes participating in NIHR CRN Portfolio studies	20%	• Identify regional ENRICH leads to ensure local ENRICH development & to participate in national monthly ENRICH Delivery Team meetings • Provide project management support to contribute to national programme and implement local delivery of ENRICH • Develop and implement an engagement strategy to raise awareness • Provide continued research support proactively to engage care home owners/managers and other fora, assisting growth of local and national research ready network
	4	Increase clinical leadership capacity and engagement in each of the main disease areas in the Dementias and Neurodegeneration (DeNDRoN) specialty	Number of LCRNs with local clinical leads in each of the main disease areas (dementias, Parkinson's disease, Huntington's disease and motor neurone disease)	15	• Identify senior leader in LCRN to take overall responsibility in delivering the dementia plan • Identify and appoint clinical research lead in each of the 4 disease areas (Dementia, HD, MND, PD) • Include time and costs for post holders to attend monthly teleconferences and national bi-annual meetings • Identify / appoint lead research nurse(s) (or other allied health professional(s) / clinical trials officer(s) to provide professional leadership
Dermatology	1	Increase the opportunities for patients to participate in Dermatology studies on the NIHR CRN Portfolio	A: Proportion of health care providers of dermatology services recruiting into Dermatology studies	50%	• Work with SG lead and CCGs to identify local providers and new care pathway following service transformation. Scope current number of research active providers, provide an outline plan for achieving target. • Work with SG lead and CCGs to identify emergency department/minor injury units. Scope current number of research active providers, provide an outline plan for achieving target.
			B: Number of 'wounds' treatment centres recruiting into wounds trials	30	
Diabetes	1	Achieve a minimum level of participation in diabetes studies	Proportion of people with diabetes (prevalence rates) recruited into Diabetes studies on the NIHR CRN Portfolio	0.5%	• A focus on sites who have recruited less than 50 pats per annum over the previous 2 years to understand their barriers to recruitment, will help to develop a recruitment strategy for these sites to increase recruitment to a level

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
	2	Increase the number of newly diagnosed people with type 1 diabetes in research	Proportion of patients identified via ADDRESS 2 recruited into Diabetes studies on the NIHR CRN Portfolio	5%	that is circa 50% better than their previous annual recruitment numbers. • Through a wider and more inclusive engagement with CCG's and primary care organisations across the CRN: East Midlands geography will result in greater recruitment activity in primary care and diabetes recruitment overall. This will be achieved by: o Establish a working relationship with Division 5 with a view to initiatives such as joint posts, increasing patient access, shared resources, shared education and training events, a joint publicity and communication strategy, joint Industry working where possible and exploring how diabetes registries and IS systems are managed and access and how this could be harnessed together for research purposes. • To develop a management structure within the division that will enable performance and delivery of these objectives in line with NIHR Time and Target Indicators
	3	Increase the proportion of NHS providers recruiting into Diabetes studies on the NIHR CRN Portfolio	A: Proportion of primary care providers recruiting participants into Diabetes studies on the NIHR CRN Portfolio	4%	
			B: Proportion of secondary care providers recruiting participants into Diabetes studies on the NIHR CRN Portfolio	83%	
	4	Improve the referral systems in place for newly diagnosed people with type 1 diabetes	Proportion of secondary care trusts with referral systems in place for newly diagnosed people with type 1 diabetes	80%	
Ear, Nose and Throat (ENT)	1	Increase the number of ENT commercial contract studies on the NIHR CRN Portfolio	Number of new ENT commercial contract studies entered onto the NIHR CRN Portfolio	2	• Currently discussions being undertaken concerning a potential study led by University of Nottingham in collaboration with industry. Nottingham will be a leading site and will engage with partners on the provision of potential participants.
Gastroenterology	1	Increase the proportion of patients recruited into Gastroenterology studies on the NIHR CRN Portfolio	Number of participants (per 100,000 population), recruited into Gastroenterology studies on the NIHR CRN Portfolio	10	• Objective 1 – achieving 10/100,000 will be dependent on the studies that are available; some are easy to recruit to, others are more challenging. • All objectives – closer collaboration between regional partners; propose a half-day meeting open to all GI researchers in the network to encourage them to become more research active, especially newly appointed consultants. • Objective 2 – closer collaboration and build on the track
	2	Increase the number of NHS Trusts actively participating in Gastroenterology studies on the NIHR CRN Portfolio	A: Proportion of NHS Trusts participating in Gastroenterology studies on the NIHR CRN Portfolio	90%	

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
			B: Proportion of NHS Trusts participating in Gastroenterology commercial contract studies on the NIHR CRN Portfolio	35%	record across the region
Genetics	1	Increase access for patients with rare diseases to participate in Genetics studies in the NIHR CRN Portfolio	Number of LCRNs participating in multi-centre genetics studies through the NIHR UK Rare Genetic Disease Research Consortium	14	• CRN: East Midlands has two partner Trusts who are already part of this consortium – Nottingham University Hospitals NHS Trust and University of Leicester Hospitals NHS Trust. Plans are already in place to participate in studies that have become available via this consortium and will be explored for wider regional input from Trusts providing genetics services
Haematology	1	Increase the participation of NHS organisations in Haematology studies on the NIHR CRN Portfolio	A: Number of open Haematology studies in each LCRN	4	• Current activity in the CRN: East Midlands will be explored and the region is not supporting a minimum of four studies efforts will be made to achieve this target. From data currently available the level of activity is not known.
			B: Number of open Haematology commercial contract studies in each LCRN	1	• Through collaborative working with the Industry Operations Manager and relevant clinicians we will seek to attract commercial studies of this nature to the CRN: East Midlands.
	2	Increase the involvement of haemophilia centres in supporting Haematology studies on the NIHR CRN Portfolio	A: Proportion of haemophilia centres recruiting patients into Haematology studies on the NIHR CRN Portfolio (comprehensive care)	90%	• The CRN: East Midlands region will be explored to identify what level of activity currently exists and how these map onto the two types of care settings described. This data will be used to explore options for meeting these objectives.
			B: Proportion of haemophilia centres recruiting patients into Haematology studies on the NIHR CRN Portfolio (large centres)	50%	
Hepatology	1	Increase access for patients to Hepatology studies on the NIHR CRN Portfolio	Number of LCRNs contributing to a multi-centre study in all of the six major study areas (viral hepatitis, NAFLD, autoimmune	15	• CRN: East Midlands wide monthly virtual teleconference has been established with minutes circulated. • Explore ways in which to replicate the establishing of a network Wide database similar to the one established at

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
			liver disease, metabolic liver disease).		Nottingham University Hospitals to be ready to make applicable research studies available to patients when they come online: Nottingham has a growing database of auto-immune patents with an expectation that studies will come into the pipeline. • A number of studies are in the pipeline with potential for all sites to take part in and, hence, access for patients increased. • Large number of industry studies in set up that cover a number of different disease areas: viral, metabolic, immunological disease plus links with critical care.
Infectious Diseases and Microbiology	1	Increase awareness of the Infectious Diseases and Microbiology specialty through the identification of a local champion	Number of LCRNs with an identified clinical local champion for infectious disease public health emergencies	15	In development with SG Leads
	2	Increase access for patients to Infectious Diseases and Microbiology studies on the NIHR CRN Portfolio	Number of LCRNs recruiting into antimicrobial resistance research studies on the NIHR CRN Portfolio	15	
Injuries and Emergencies	1	All NHS major trauma centres to support recruitment into NIHR CRN Portfolio studies	Proportion of NHS major trauma centres recruiting participants into NIHR CRN Portfolio studies	100%	***Ensuring that the number of EDs supporting recruitment into NIHR CRN Portfolio studies increases to nearly a third*** will involve the continuation and acceleration of work that we have already been doing in identifying and engaging research active and research interested clinicians in units outside the two major centres. • We have already visited a number of EDs and had face to face meetings with ED clinicians, managers and representatives of R&D from the respective Trusts. Translating good will into recruitment in these centres will require a combination of support and the diversion of some resource for research nurse and potentially consultant time. The CRN can facilitate this by creating an environment where research expertise can be shared and also by helping clinicians in their negotiations with R&D Departments for resources. • Set up and recruitment within the Emergency Setting is a

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
					specialised area and one strategy we will be considering will be the sharing of expertise from the bigger centres with units that are at earlier stages in their research infrastructure evolution. An example would somebody like Phil Miller, research manager at NUH travelling to support the set up and running of trials in other EDs and mentoring research nurses in them. • We also plan to set up a support system for researchers that will involve regular communication and also the development of a virtual communication platform for meetings, backed up by a few face to face meetings. • We have a meeting planned for the 11th June at the Attenborough Centre to which research interested clinicians from EDs across the East Midlands will be invited, where these ideas can be explored further and the development of a definitive plan furthered. • We have also already had one meeting with critical care colleagues in the East Midlands region who are natural allies In Division 6 around trials in the Injuries and Emergencies portfolio. More meetings are planned to develop this relationship going forward. • A major barrier to recruitment is the lack of GCP trained clinicians. Another key component of the CRN strategy over the coming year will be the encouragement of and support for delivery of GCP training to emergency medicine trainees who are rotating within the East Midlands region and to as many consultants, advanced practitioners, nurses etc. as possible. As well as GCP training we will develop strategies to increase awareness amongst trainees, consultants and nursing staff across the region about trials.
	2	Increase the number of NHS emergency departments supporting recruitment into NIHR CRN Portfolio studies	Proportion of NHS emergency departments recruiting into NIHR CRN Portfolio studies	30%	***100% of Major Trauma Centres (MTCs) supporting recruitment into NHHR CRN Portfolio studies : -*** In the East Midlands, NUH as the Major Trauma Centre will be recruiting participants into Portfolio studies and ED will be undertaking any suitable trials focused on our component of the pathway. A major challenge over the coming year will be a development of an understanding that trauma research will necessarily cross departmental and institutional boundaries. This will require close collaboration between all those involved in research across the trauma pathway within the MTC and communication between

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
					EMAS, the Trauma Units and the MTC. The CRN: East Midlands will need to support the fledgling Trauma Research Group in the process of being set up at NUH and facilitate communication within NUH and between NUH and stakeholders in the network. Tim has previously circulated a document that identified levels at which communication systems need to be in place for trauma research (most are applicable to all research) including. **a)** *Between researchers* – The CRN: East Midlands will need to be able to identify PIs and researchers with in ED and in other specialities involved in Trauma research and to support communication between them. A robust system will need to be in place to disseminate information about studies on the Portfolio. **b)** *Between research nurses and CROs* – A component of this, as well as developing the platform for communication to take place, will be the sharing of expertise, whether by support in person or at a distance. The development of standardised working practices and efficient exchange of information will be also be vital **c)** *Between Trust R&D Departments* - The CRN can encourage a common approach to key trauma research questions (such as consent for incapacitated patients). This will requires a system to identify common issues in trauma care research and a mechanism by which those involved in granting research permission at a Trust level can meet together, discuss the issues, and come to a common understanding, which can then be communicated to researchers.
Mental Health	1	Increase the number of principal investigators supporting Mental Health commercial contract studies	Number of principal investigators working on open Mental Health commercial contract studies on the NIHR CRN Portfolio	95	• Aim to increase to 25 PIs over the next year. • Produce report on the barriers and drivers re: increasing PIs in MH commercial studies • Engage with Trusts, AHSN, PPI and CCGs to take t his forward • Liaise with NIHR to include partnership (with commercial companies) studies to be classed as commercial research as many MH tech studies are partnerships with small

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
					commercial companies • Industry Lead to act as mentor for new PIs • Division 4 to continue to organise and support clinician training via WFD Lead • Survey clinicians for special interests and try to match new studies to interest • Continue to open new sites when clinician expresses an interest in a portfolio study • Continue to work with R&D departments to build infrastructure for studies particularly industry • Map for potential growth areas and offer mentoring, training and support
	2	Maintain the skills and capacity of staff supporting Mental Health Portfolio studies in frequently used Mental Health study eligibility assessments (e.g. PANSS)	Number of staff trained in frequently used Mental Health study eligibility assessments	139	• Continue to put staff forward for PANSS and other assessments training working in the longer term towards the target. • Identify an CRN: East Midlands WFD Co-ordinator to ensure staff and clinician training occurs and is kept up to date
Metabolic and Endocrine Disorders	1	Support patient access to Metabolic and Endocrine Disorders studies on the NIHR CRN Portfolio	Number of LCRNs supporting established studies of rare diseases in metabolic and endocrine disorders	15	• Establishing greater links with Industry through the Industry Delivery Manager to maximise access to studies undertaking trials in complex and rare diseases. • To establish links with theme leads from other CRN's and ensuring that the M&E theme of the CRN: East Midlands is fully engaged with any CRN CC National groups or meetings etc. • To develop a management structure within the division that will enable performance and delivery of these objectives in line with NIHR Time and Target Indicators.
	2	Increase the number of Metabolic and Endocrine Disorders studies on the NIHR CRN Portfolio	Number of new Metabolic and Endocrine Disorders studies on rare diseases entering the NIHR CRN Portfolio	4	
Musculoskeletal	1	Increase the opportunities for patients to participate in Musculoskeletal studies on the NIHR CRN Portfolio	Proportion of Musculoskeletal service providers recruiting into NIHR CRN Portfolio studies	75%	• SG lead to determine numbers of providers. Scope current providers and provide outline plan for achieving target. • Undertake a mapping of current MSK studies and work with SG lead to ensure capacity to support commercial contract studies.
	2	Increase the number of Musculoskeletal commercial contract studies on the NIHR CRN Portfolio	Number of new Musculoskeletal commercial contract studies entered on to the NIHR CRN Portfolio	30	

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
Neurological Disorders	1	Increase the number of NHS Trusts recruiting into Neurological Disorders studies on the NIHR CRN Portfolio	Number of previously inactive NHS Trusts which now are recruiting into Neurological Disorders studies on the NIHR CRN Portfolio	15	• Work with AHSN, PPI to engage Acute Trusts • Extend visits by Industry Lead and Managers to Acute Trusts/Clinical Leads/Medical Directors to support Trusts with recruitment • Extend processes, pipeline and staff support to Neurology studies as above • Work with CCGs to recruit to appropriate studies • Work with Trusts to build infrastructure to conduct studies particularly commercial studies.
	2	Increase the number of principal investigators supporting Neurological Disorders commercial contract studies	Number of principal investigators working on open Neurological Disorders commercial contract studies on the NIHR CRN Portfolio	58	• Aim to increase to 5 PIs over the next year. • Produce report on the barriers and drivers re: increasing PIs in Neurology commercial studies • Engage with Trusts, AHSN, PPI and CCGs to take this forward • Liaise with NIHR to include partnership (with commercial companies) studies to be classed as commercial research as many MH tech studies are partnerships with small commercial companies? • Industry Lead to act as mentor for new PIs • Division 4 to continue to organise and support clinician training via WFD Lead • Survey clinicians for special interests and try to match new studies to interest • Continue to open new sites when clinician expresses an interest in a portfolio study • Continue to work with R&D departments to build infrastructure for studies particularly industry • Map for potential growth areas and offer mentoring, training and support
Ophthalmology	1	Increase the number of Ophthalmology commercial contract studies on the NIHR CRN Portfolio	Number of new Ophthalmology commercial contract studies entered onto the NIHR CRN Portfolio	4	• Objective 1 – engaging more NHS Trusts may have a positive impact on the number of commercial studies on the Portfolio. This must be supported by access to dedicated research staff who can support studies (e.g. one day per week) and less research experienced clinical staff. • Promotion of CRN: East Midlands to clinicians across the EM area, including infrastructure support and increased opportunities for networking.
	2	Increase the number of NHS Trusts participating in Ophthalmology research	Number of NHS Trusts recruiting patients into Ophthalmology studies on the NIHR CRN Portfolio	100	

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
Oral and Dental	1	Increase the opportunities for patients to participate in NIHR CRN Portfolio studies	Number of Oral and Dental studies on the NIHR CRN portfolio recruiting in each LCRN	1	• This is dependent on local portfolio requirements. Work with Oral and Dental SG lead and Coordinating Centre to determine opportunities for study roll out in LCRN. To scope and develop capacity to support these studies as required. As East Midlands has no dental school it may be problematic to attract and run studies into the region. However, this will be an area of growth for East Midlands LCRN. • Develop capacity locally to support commercial contract studies. Work with SG lead and CC to contribute and ensure a national network of capability. • Work with SG lead to determine where studies can be delivered in primary care. Identify and support sites to recruit patients.
	2	Increase the number of Oral and Dental commercial contract studies on the NIHR CRN Portfolio	Number of open Oral and Dental commercial contract studies on the NIHR CRN Portfolio	2	
	3	Offer a balanced portfolio of studies to practitioners and participants	A: Proportion of Oral and Dental studies on the NIHR CRN Portfolio recruiting from a primary care setting	20%	
			B Proportion of participants recruited from a primary care setting into Oral and Dental studies on the NIHR CRN Portfolio	50%	
Primary Care	1	Increase the opportunities for patients to participate in NIHR CRN Portfolio studies	A: Proportion of GP sites registered as research capable[3]	35%	• LCRN to contribute to national definition of 'registered research capable site' and determine additional local criteria that may apply. Establish % benchmark of current RGCP Research Ready accredited sites and forecast target for year end, together with an outline plan for achieving target. • Map current geographical spread of registered research capable sites across CCGs. Forecast target for year end, together with an outline plan for achieving target. For geographical areas rag rated red, work in collaboration with CCGs to establish engagement of member practices and delivery to target. • Work to establish a community pharmacy champion, with clear role outline. Draw on existing community pharmacy representation from across East Midlands pharmacy research group.
			B: Proportion of GP sites within any individual CCG registered as research capable	5%	
	2	Improve research engagement with community pharmacy	Number of LCRNs with a community pharmacy Research Champion	15	

[3] Registered Research Capable Sites are those sites working with the LCRN which have the capacity and capability to support NIHR CRN activities.

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
Renal Disorders	1	Increase the proportion of Renal Disorders commercial contract studies on the NIHR CRN Portfolio	Proportion of commercial contract studies in relation to the total number of Renal Disorders studies on the NIHR CRN Portfolio	20%	• N.B. The national objective (1) is intrinsically linked to non-academic recruitment in a step-wise fashion, therefore the more non-commercial studies that are undertaken the greater the number of Industry trials that need to be conducted. It should be noted that In the EM only a few select sties undertake Industry trials due to the areas of specialism in renal research • To ensure that all experimental or lab based studies that consent patients are considered for their eligibility onto the NIHR CRN portfolio to maximise recruitment numbers into commercial and non-commercial trials • Develop a communications and PPI strategy that will see at least 60% of patients receiving a quarterly newsletter and other promotional material. This material will also be distributed to units that provide a renal service but are not actively conducting research themselves. • To develop a management structure within the division that will enable performance and delivery of these objectives in line with NIHR Time and Target Indicators.
	2	Improve the promotion of research to patients with Renal Disorders	Proportion of renal units actively promoting research to patients	50%	
Reproductive Health and Childbirth	1	Increase the number of Reproductive Health and Childbirth commercial contract studies on the NIHR CRN Portfolio	Number of Reproductive Health and Childbirth commercial contract studies on the NIHR CRN Portfolio	4	• Through collaborative working with the Industry Operations Manager and relevant clinicians we will seek to attract commercial studies of this nature to the CRN: East Midlands.
	2	Increase engagement and awareness of the Reproductive Health and Childbirth Specialty	Number of LCRNs with an identified midwifery champion to increase engagement and awareness	15	• We will identify and appoint a Midwifery Champion for the CRN: East Midlands.
Respiratory Disorders	1	Increase access for patients to participate in Respiratory Disorders studies on the NIHR CRN Portfolio	Number of LCRNs recruiting participants into studies in the Respiratory Disorders main disease areas of asthma, COPD and pneumonia	15	• Maintain infrastructure required to increase recruitment to research databases for asthma, COPD and other respiratory disorders centred across the East Midlands area including Primary, Secondary, Tertiary Care areas, supported by the large Teaching Hospitals.

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
	2	Increase the number of participants recruited into COPD and Asthma studies on the NIHR CRN Portfolio	Percentage of COPD and Asthma participants recruited into Respiratory Disorders studies on the NIHR CRN Portfolio	10%	• Maintain a pool of respiratory specialist staff with the skill set required to carry out asthma and COPD studies in carefully phenotyped patients which facilitates both commercial and investigator driven studies and also a stratified medicine approach which is increasingly being used for new therapies.
Stroke	1	Increase the proportion of patients recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio	Number of patients (per 100,000 population) recruited into Stroke randomised controlled trials on the NIHR CRN Portfolio	8	• Build on previous success by maintaining the expertise and current level of resource within the specialty at successful sites – in particular, maintain research staffing levels at LCRN sites and continue to provide support to clinicians to act as PIs. • By continuing to build on the success seen by the current topic specific stroke research network with regards to recruiting patients into the hyperacute stroke studies through continued investment and capacity building in providing and building a quality provision for the HSRC in Nottingham. Focus on recruitment to complex studies, with a number of commercial medical technical studies about to open. • The experience of the HSRC staff could eventually extend beyond stroke to other specialties where emergency recruitment is desirable and/ or required. • Explore areas for working across specialties within the Division (cardiovascular in particular) and across division (Injuries and Emergency) for more efficient working, whilst recognising that some stroke studies (in particular acute recruitment with capacity and communication issues) require specialist skills. • Focus and review sites where recruitment has previously been low, (recruited less than 40 patients per annum per 1.0WTE research practitioner) to understand their barriers to recruitment, and develop a recruitment strategy for these sites to increase recruitment to a level that is circa 50% better than their previous annual recruitment numbers. Explore areas for working across specialties within these sites. If recruitment barriers cannot be overcome, review investment opportunities for building capacity at stroke sites
	2	Increase the number of commercial Stroke studies on the NIHR CRN Portfolio	A: Number of new commercial contract Stroke studies on the NIHR CRN Portfolio	5	
			B: Number of new medical technical studies in Stroke on the NIHR CRN Portfolio	2*	
	3	Increase the proportion of NHS Trusts, providing acute Stroke care, recruiting to Stroke studies on the NIHR CRN Portfolio	Proportion of NHS Trusts, providing acute Stroke care, recruiting participants into Stroke studies on the NIHR CRN Portfolio	80%	
	4	Increase activity in NIHR CRN Hyperacute Stroke Research Centres	A: Number of patients recruited to hyperacute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN Hyperacute Stroke Research Centre (HSRC)	50	
			B: Number of patients recruited to complex hyperacute Stroke studies on the NIHR CRN Portfolio in each NIHR CRN HSRC	15	

Specialty	Ref.	Objective	Measure	Target	LCRN actions to achieve objective(s)
			C: Number of HSRCs recruiting to Stroke commercial contract studies on the NIHR CRN Portfolio	8	elsewhere in LRCN. However, to maintain >80% of sites involved in stroke research within the CRN: East Midlands. • To develop a management structure within the division that will enable performance and delivery of these objectives in line with NIHR Time and Target Indicators. *The 2 med tech studies are part of the overall target of 5
Surgery	1	Increase the number of NHS Trusts supporting Surgery studies on the NIHR CRN Portfolio	Proportion of acute NHS Trusts recruiting patients into Surgery studies on the NIHR CRN Portfolio	75%	Objectives 1 & 2: • 100% of acute Trusts admitting patients for elective surgery participating in Portfolio research. • To have at least one surgeon in each specialty in each Trust trained in GCP. • To increase the proportion of surgical patients involved in clinical trials by 20%. Generic actions to support the above achievement: • Increase delivery of GCP, make it easier to access online courses (equitable provision across the East Midlands region). • Ensure that support follows recruitment and make sure that support not only goes to the Trust but filters down to the PIs involved. • Trusts are required to provide evidence of support and action is taken by CRN: East Midlands if this support is not forthcoming. Specific actions: • Nominate a surgical lead in each specialty in each Trust and provide them with GCP training in a manner that is convenient for them. • Set up specialty specific cross-regional groups. • Monitor performance and take interventional action as appropriate in cases where delivery is not being achieved.
	2	Increase the proportion of surgery patients recruited into Surgery studies on the NIHR CRN Portfolio	Number of participants (per 100,000 surgical admissions) recruited into Surgery studies on the NIHR CRN Portfolio	50	

NIHR Clinical Research Network: East Midlands

Presentation to UHL Trust Board: Annual Plan 2014/15, Financial Plan 2014/15 and Governance Framework

Background

The NIHR Clinical Research Network (CRN) is the clinical research delivery arm of the NHS in England, with 15 Local Clinical Research Networks (LCRN's) responsible for delivery and championing clinical research in the NHS at every level. UHL is the host organisation for the East Midlands LCRN (also known as NIHR CRN: East Midlands) and is responsible for overseeing effective transition, delivery and on-going governance and performance of the LCRN. Previously, there were 10 NIHR research networks in the East Midlands; establishing the East Midlands LCRN requires the transition of these networks into one entity. The LCRN became operational on April 1, 2014 but full transition is not expected or required until the end of this financial year. We are presenting for discussion and approval three important documents which are mandated by NIHR to be approved by the Trust Board: (i) Annual Plan 2014/15; (ii) Financial Plan 2014/15; and (iii) Governance Framework.

Annual Plan 2014/15

The plan is indicative and no doubt will change to some degree after consultation with NIHR and in response to events during the year. Broadly, it describes how far we have progressed on the road to transition and our next steps, who is doing what at this present time, what we feel our recruitment targets should be, and other issues such as patient and public involvement. The document itself is a template where we are asked specific questions with a requirement insert brief text in answer to them. Some of the present arrangements are interim and there is an emphasis on increasing recruitment despite the challenges of the transition process. A one page Executive Summary gives an overview of our mission, vision, challenges and immediate and mid-long term priorities.

Financial Plan 2014/15

As host, UHL has responsibility for the effective and transparent financial management of the LCRN budget. The Financial Plan includes an account of our planning principles and indicative allocations to partner organisations. The allocation for 2014/15 has been confirmed as £21.5m, and will involve collaborative working with 15 NHS organisations, 19 CCGs and multiple Independent contractors from across East Midlands, together with academic organisations. It is expected that we will fund over 1,000 research posts across the East Midlands.

The allocation received represents a £1.1m (4.8%) reduction against the original indicative allocation of £22.6m. This raises a significant financial challenge for 2014/15; it is the

operational responsibility of the LCRN Chief Operating Officer, Clinical Director and Senior Network Team to manage this risk. However, as the legal entity receiving these funds, UHL has the ultimate duty to ensure that the budget is managed effectively.

Our financial planning principles include: submission of a realistic budget which can be accommodated with the allocation provided; ensuring a realistic vacancy factor (5%); retention of present staff; retention of non-pay and overheads for partner organisations; active budget management e.g. monthly reporting, frequent meetings with partners, enhanced performance management, flexible funding when required; improving value for money; and central approval of all new and replacement posts.

Governance Framework

This document outlines the governance framework for the LCRN as hosted by UHL. It includes the purpose the network, general principles, senior officers, scheme of delegation, governance structure, Host Board controls and assurances, assurance framework, business continuity arrangements, risk management processes, escalation processes and monitoring of action plans.

Trust Board will is asked to review and/or sign off information on the following LCRN activities: LCRN annual plan; LCRN annual report; submission of the annual plan and annual report to the national CRN Coordinating Centre for approval; provision of the approved annual plan and annual report to all the members of the LCRN Partnership Group; quarterly report to Trust Board on the work of the LCRN alongside the quarterly report on UHL R&D; inclusion of LCRN data in the monthly Trust Board Quality and Performance Report.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

National Institute for Health Research

Clinical Research Network: East Midlands

GOVERNANCE FRAMEWORK

Incorporating

Scheme of Delegation, Assurance Framework, Escalation Process and Risk Management System

March 24, 2014

Change Control

Version	Changes made
1.0	Original document – approved by UHL Executive Strategic Board 01.04.14
1.1	More detail on roles of the Clinical Research Divisional Leads and additions to section 7.1. 08.04.14

NIHR CLINICAL RESEARCH NETWORK: EAST MIDLANDS

Governance Framework

C O N T E N T S

NIHR CLINICAL RESEARCH NETWORK: EAST MIDLANDS

Governance Framework

1. INTRODUCTION

1.1 The National Institute for Health Research (NIHR) Clinical Research Network (CRN) is the clinical research delivery arm of the NHS in England. Its purpose is to ensure patients and healthcare professionals from all parts of the country are able to participate in and benefit from clinical research; integrate health research and patient care; improve the quality, speed and co-ordination of clinical research; increase collaboration with industry partners and ensure that the NHS can meet the health research needs of industry.

1.2 Before April 2014, there were over 100 clinical research networks in England hosted by NHS Trusts in adjacent localities. From April 2014, there will be only one research "branch" of the NIHR CRN in each NHS region, these are termed Local Clinical Research Networks (LCRNs). The formal name of the LCRN in the East Midlands is NIHR CRN: East Midlands (the LCRN). University Hospitals of Leicester NHS Trust (the Trust) successfully applied to host this network on behalf of the NIHR and partners in the East Midlands (Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Rutland and Northamptonshire).

1.3 The Trust is committed to providing safe high quality care and has developed a range of policies, systems and processes which together comprise robust and integrated Assurance and Escalation, and Risk Management Frameworks. The principles of which have informed this document to ensure high-level, informed accountability of the Trust Board for the good governance of the LCRN.

1.4 This document describes the processes and controls established by the LCRN to ensure good governance. This document provides governance assurances for delivery of the Department of Health issued Contract and Performance Operating Framework which is concerned with (i) the transition of 10 NIHR research networks into the NIHR CRN: East Midlands and (ii) the hosting of the LCRN after fully transitioned.

2. PURPOSE

2.1 This framework describes the LCRN's scheme of delegation, Board controls and assurances, assurance framework and risk management system, and escalation process for the management of the LCRN.

2.2 This framework will be reviewed by the LCRN Executive Group and the Trust Board on an annual basis in order to reflect any changes in governance, assurance and escalation processes.

3. GENERAL PRINCIPLES

3.1. The Trust Board is accountable for the good governance of the LCRN. The Board should apply, in a proportionate and appropriate way, the principles of good governance and thereby promote:

- Robust, transparent and accountable LCRN governance;
- Effective and supportive LCRN hosting arrangements;
- Effective and proportionate contracts with Partners and other organisations in receipt of LCRN funding or resources;
- A structure that ensures effective local performance management,
- Partner participation and engagement, research delivery and value for money.

3.2. The Trust, along with the LCRN leadership, are responsible for developing governing structures, systems, terms of reference and local working practices for working for the LCRN. The specific governance requirements required are detailed in this framework and in respect of:

- The Accountable Officer;
- The nominated Executive Director;
- Scheme of delegation and Host Board controls and assurances;
- Assurance framework and risk management system;
- Escalation process;
- LCRN Leadership and Management Groups.

3.3. NHS patients, carers and the public are the key stakeholders in NIHR CRN research, and are to be included in LCRN governance arrangements. Patient, carer or public representatives have been included in the agreed membership of the Partnership and Executive Groups.

3.4. LCRN governance arrangements are required to be formally signed off by the Trust Board and by the national CRN Coordinating Centre.

4. ACCOUNTABLE OFFICER AND NOMINATED EXECUTIVE DIRECTOR

4.1 The LCRN Accountable Officer is the Trust's Chief Executive Officer, John Adler.

4.2 The Nominated Executive Director for the LCRN is the Trust's Medical Director, Dr Kevin Harris.

5. SCHEME OF DELEGATION

5.1 Informed by the LCRN draft contract and Performance Operating Framework v0.5, the Trust Board has agreed a specific scheme of delegation of authority to the LCRN leadership team to ensure good governance of the LCRN.

5.2 The Trust has appointed Professor David Rowbotham as the **LCRN Clinical Director**. The Clinical Director has local overall responsibility for the LCRN reporting to the Nominated Executive Director and the national CRN Coordinating Centre. The Clinical Director also leads in the engagement of the regional clinical and research community, promoting research and building clinical research capacity.

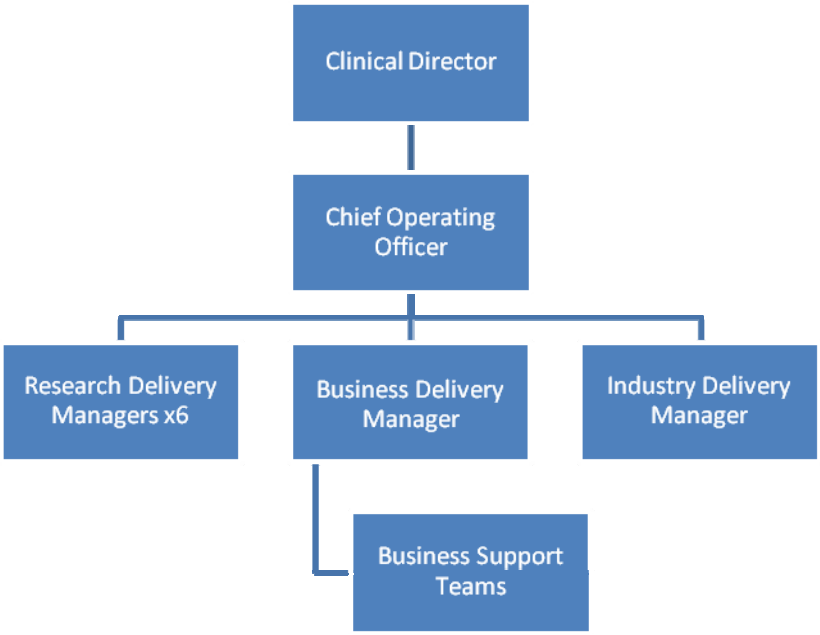
5.3 The Trust has appointed Elizabeth Moss as **LCRN Chief Operating Officer** who is responsible for the operational delivery of the contract and overall operational management of the network. The Chief Operating Officer reports to the LCRN Clinical Director and the national CRN Coordinating Centre. The Board understands that it is a contractual obligation to ensure that the Chief Operating Officer is a Trust employee.

5.4 The Trust will appoint **LCRN Divisional Research Delivery Managers** (day-to-day operational management of research activity in each of the six operational divisions), an **Industry Operations Manager** (responsible for commercial research within the LCRN), and a **Business Delivery Manager** (responsible for management themes that cross cut the divisions).

5.5 The Trust has appointed six **LCRN Clinical Research Divisional Leads**. These clinicians will represent the clinical activity interests of all specialties within their Research Delivery Division, liaising with the Clinical Research Speciality Leads. They will be members of the LCRN Clinical Research Leadership Group (see below) and work closely with their Divisional Research Delivery Managers and other members of the Operational Management Group (see below). Their responsibilities include: (i) addressing resource allocations and the balance of the LCRN portfolio across specialties, sites, patient groups and study composition; (ii) providing clinical intelligence and advice to support research delivery within the division, including a view of the clinical implications of national policy locally, and supporting Clinical Research Specialty Leads with the identification and development of research communities within the LCRN area.

5.6 Figure 1, illustrating the management structure, is included below:

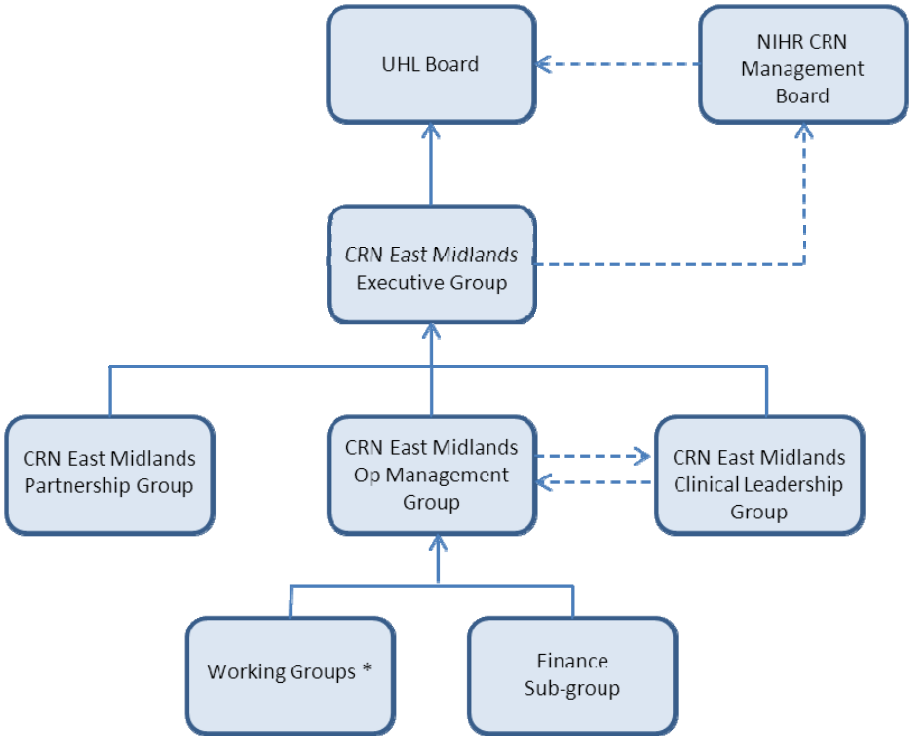
Figure 1 - CRN: East Midlands Senior Management Structure



6. LCRN GOVERNANCE STRUCTURE

6.1 A diagram of the LCRN governance structure is included as Figure 2.

Figure 2 – CRN: East Midlands Governance Structure



6.2 The Trust has established the **LCRN Partnership Group**. The Group is a formal forum of LCRN partners (those receiving significant funding from the LCRN). Its role is to provide active oversight and constructive mutual challenge on LCRN plans, activities, performance and reports in order to support the LCRN to achieve its objectives and raise the ambitions for clinical research of the LCRN Partners. The Trust has appointed an independent Chair (Peter Miller, Chief Operating Officer, Leicestershire Partnership NHS Trust) and the group will be attended by the Trusts' Nominated Executive Director, LCRN Clinical Director and LCRN Chief Operating Officer.

6.3 The Trust has established a **LCRN Executive Group** chaired by the Nominated Executive Director reporting to the Trust Board. Membership includes LCRN Clinical Director, LCRN Chief Operating Officer, LCRN Human Resources Lead, LCRN Financial Lead, and Trust Head of Communications and Engagement. Its purpose is to oversee and deliver good governance of the LCRN as defined by the Host contract and LCRN Operating Framework.

6.4 The Trust has established a **LCRN Operational Management Group** chaired by the Chief Operating Officer (or Clinical Director until the Chief Operating Officer commences duties) and reporting to the LCRN Executive Group. Its purpose is to maintain oversight of overall management of the LCRN and be the forum to address cross-divisional and cross-cutting needs for support and intervention. Membership includes all LCRN senior operational managers.

6.5 The Trust has appointed a **Clinical Leadership Group** consisting of the Clinical Director, LCRN Clinical Divisional Leads and the designated leads representing clinical specialities. The Clinical Leadership Group will work closely with the Operational Management Group; its role includes providing: (i) advice on clinical implications of national policy at the local level; (ii) intelligence to determine resource allocations and (iii) clinical intelligence and advice to support LCRN research delivery.

7. HOST BOARD CONTROLS AND ASSURANCES

7.1 The Trust Board will agree to review and/or sign off the following LCRN activities:

- Receipt of the LCRN annual plan, from the Executive Director, for approval;
- Receipt of an LCRN annual report, from the Executive Director, for approval;
- Submission of the annual plan and annual report to the national CRN Coordinating Centre for approval;
- Provision of the approved Annual Plan and Annual Report to all the members of the LCRN Partnership Group;
- Report to Trust Board quarterly on the work of the LCRN alongside the quarterly report on UHL R&D;
- Inclusion of LCRN data in the monthly Trust Board Quality and Performance Report .

7.2 The Trust, as the Host organisation, has an obligation to ensure the proper management of the LCRN in terms of compliance with the governance framework and processes of the Host, including human resources, standing financial, audit and standards of business conduct instructions. The Trust shall ensure that internal policies and standing financial instructions, as they affect the LCRN, do not unreasonably diminish the efficient management of the LCRN.

7.3 The Trust, as the Host organisation, shall ensure that the LCRN is run in accordance with relevant laws and regulatory requirements, relevant national NHS policies and requirements, and the NHS Constitution.

8. ASSURANCE FRAMEWORK

8.1 The LCRN is committed to supporting safe high quality research and has developed a range of policies, systems and processes to clarify how issues or concerns which may detrimentally impact upon the LCRN are escalated throughout the organisation.

8.2 This section describes the structure and systems through which the LCRN Leadership and Management Groups, and the Trust board receive assurance.

8.3 The assurance framework describes how the LCRN is able to identify, monitor, escalate and manage issues in a timely fashion and at an appropriate level.

Issue Management and Control

8.4 An issue is defined as a relevant event that has happened, was not planned, and requires management action.

8.5 The LCRN has an open and learning culture encouraging monitoring and comments and concerns to be communicated relating to issues that impact on LCRN delivery. The table below provides examples of both internal and external sources of identify issues.

Table 1

Internal Sources	External Sources
Staff and management	Patients, carers and the public
Staff surveys	External audit
Risk register	CRN Coordinating Centre
Executive Group	Stakeholder feedback and complaints
Partnership Group	Stakeholder and public surveys
Operational Management Group	
Clinical Leadership Group	

8.6 It is important that the LCRN has the capability to respond to issues or concerns in a timely fashion. In practice the response required varies considerably accordingly to the nature of the issue or concern. In some cases, immediate action may be required. In other cases, and particularly with more complex or longstanding issues, the commissioning of a full report may be appropriate response. However the response must always be:

- timely
- proportionate
- comprehensive
- inclusive
- effective.

8.7 The LCRN will follow a five step procedure for issue management and control (table 2). This procedure will be followed by the LCRN Senior Management who comprises the Operational Management Group.

Table 2

Procedure	Description	Delegation
1. Capture	Determine severity/ priority	
2. Examine	Assess impact on LCRN strategic and operational objectives	Request for advice (Executive or Partnership Groups)
3. Propose	Identify options Evaluate options Create recommended options	
4. Decide	Escalate (if beyond delegated authority) Approve, reject or defer recommended option	Request for advice (Executive or Partnership Groups)
5. Implement	Take corrective action or Continue to monitor	

Internal and External Sources of Assurance

8.8 Internal and external sources of assessment/assurance cover the range of the LCRN's activities and include:

Table 3

Internal Sources of Assurance	External Sources of Assurance
Performance review meetings	Patients, carers and the public
Portfolio performance reports	UHL Audit Programme
Internal audit (review of internal systems and processes)	CRN Coordinating Centre
Executive Group	Stakeholder feedback and engagement
Partnership Group	Stakeholder and public survey results
Operational Management Group	
Clinical Leadership Group	
Staff surveys and exit interviews	
UHL Board	
Quality and Performance reports	

8.9 The LCRN is launched on 1 April 2014 and will be adopting new assurance sources throughout 2014/15. Assurance systems have been identified for development within the Annual Plan to be submitted to the CRN Coordinating Centre. It is anticipated that a means of tracking performance monthly against a series of performance measures set out in a "performance measures dashboard", will be adopted.

LCRN Host Organisation Annual Review

8.10 The Trust must review its role in discharging the Department of Health contract for hosting the LCRN and provide a report on this within the LCRN Annual Plan. This report must be shared with the LCRN Partnership Group.

LCRN Auditing Arrangements

8.11 The Trust is obliged to ensure that LCRN activity is included in the local internal audit programme of work. The LCRN Clinical Director has instigated these arrangements with the Trust's Interim Director of Finance and PwC UK.

9. BUSINESS CONTINUITY ARRANGEMENTS

9.1 The Trust has a responsibility to ensure that robust local business continuity arrangements are in place for the LCRN, to ensure continuity of service in the event of an emergency.

9.2 The LCRN will create a separate Business Continuity plan in the 2014/15 finance year. However in the interim, in the event of an unpredicted medical emergency or condition, the LCRN will adopt the recommendations from the Leicestershire, Northamptonshire and Rutland Comprehensives Local Research Network (LNR CLRN) Contingency Plan v2.0 (October 2013) and the Trent CLRN Pandemic Planning (July 2013).

10. RISK MANAGEMENT PROCESS

10.1 The Trust operates within a clear risk management framework which sets out how risk is identified, assimilated into the risk register, reported, monitored and escalated through the Trust's governance structures. The framework is set out in the Risk Management Policy and is supported by relevant policies, including the Risk Assessment Policy and Policy for reporting and management of incidents including the investigation of Serious Untoward incidents.

10.2 The LCRN has implemented an interim risk management framework, based on the Trust framework, which includes an action plan and risk register. The action plan documents the work required of the host organisation in the establishment of the LCRN. In addition, a risk register has also been created by the LCRN. Both documents are reviewed monthly the LCRN Executive Group.

10.3 Both strategic and operational risks are captured within the LCRN risk register. Each risk is assigned a risk owner and a score based on the likelihood of occurrence and the impact to the LCRN. Risk scores take into consideration any mitigating actions and are reviewed regularly.

10.4 The LCRN, however, recognises the need to develop a risk management framework which reflects the strategic and operational requirements of the LCRN, as these differ from those of the Trust. This framework will be created by LCRN Senior Management within 2014/15.

11. ESCALATION PROCESS

11.1 This process describes the escalation route of issues or concerns or risks which could threaten the delivery of the Trust's obligations with regards to the delivery of the Department of Health contract and Performance Operating Framework.

11.2 There are identified points of contact within LCRN management, the Host organisation, and the national CRN Coordinating Centre for concerns and issues to be escalated. Agreed escalation routes and levels are:

1) Line CRN Clinical Director – Professor David Rowbotham

2) Nominated Executive Director – Dr Kevin Harris

3) The Trust Chief Executive Officer – John Adler

4) National CRN Coordinating Centre – Management contact TBC

11.3 The LCRN plans during 2014/15 to formalise a range of trigger points or thresholds, linked to finance, service and contractual performance measures which will be used as the principal means against which the LCRN Senior Management is held to account.

These will relate to the measures set out in the CRN Performance and Operating Framework 2014/15.

11.4 The level of the organisation at which an issue should be addressed also varies considerably. The principle of subsidiarity is generally followed i.e. the lowest level consistent with providing an effective response. If one level finds that it cannot provide an effective response, it is has a duty to escalate to the next level. However, escalation should not be used simply to pass on a problem.

12. MONITORING OF ACTION PLANS

12.1 The Trust has developed a common action plan template. All action plans developed by the LCRN are in accordance with this model.

12.2 The LCRN has created an action plan which documents the work required of the host organisation in the establishment of the LCRN. The action plan is reviewed monthly by the LCRN Executive Group.

13. REVIEW

13.1 The Governance Framework will be subject to further development as the Trust hosting requirements and LCRN arrangements become embedded.

13.2 The Governance Framework will be reviewed on an annual basis by the LCRN Executive Group and by the Trust Board.

David Rowbotham
Clinical Director, CRN: East Midlands

24 March 2014

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **24th April 2014**

REPORT FROM: **PROFESSOR ROWBOTHAM, CLINICAL DIRECTOR CRN: EAST MIDLANDS**

AUTHOR: **MARTIN MAYNES – RESEARCH & DEVELOPMENT FINANCE LEAD**

SUBJECT: **CLINICAL RESEARCH NETWORK: EAST MIDLANDS FINANCE PLAN 2014/15**

1.1 **Background**

In September 2013 the National Institute for Health Research (NIHR) announced the organisations which are to host the 15 new Clinical Research Networks (CRNs) across England. The CRN: EAST MIDLANDS is to be hosted by UHL. This followed a rigorous selection process to ensure that potential hosts are committed to developing research, and have a track record of working collaboratively with other organisations.

The Networks are an essential element in the national strategy to increase the opportunities for patients to take part in research, and to ensure that research is carried out effectively.

Starting on 1st April 2014 the 15 hosts will be awarded five year contracts from the Department of Health to act as the Network's local branch and to raise the profile of research across the NHS.

UHL has responsibility for the successful management of all aspects of the CRN: EAST MIDLANDS. The first key duty is to oversee the transition process from the existing CRNs and Topic Networks to CRN: EAST MIDLANDS.

The purpose of this paper is to set out the draft 2014/15 Finance Plan for CRN: EAST MIDLANDS.

1.2 **Financial Overview**

CRN: EAST MIDLANDS is a significant financial undertaking. The allocation for 2014/15 has been confirmed as **£21.5m**, and will involve collaborative working with 15 NHS organisations, 19 CCGs and multiple Independent contractors from across East Midlands, together with Academic organisations. It is expected that CRN: EAST MIDLANDS will fund over 1,000 research posts across the East Midlands.

The allocation received represents a £1.1m (4.8%) reduction against the original indicative allocation of £22.6m. This raises a significant financial challenge for 2014/15, as this comes on top of the 10% reduction that most Research Networks in the East Midlands experienced in 2013/14.

It is the operational responsibility of the COO and Senior Network Team to manage this risk. However, as the legal entity receiving these funds, UHL has the ultimate duty to ensure that the budget is managed effectively.

A major factor in the reduction is this year's allocation is the relatively poor recruitment in some Partner Organisations (POs) in our region. Recruitment represents the majority of the funding calculation in the budget summary as can be seen in Table 1 below. Addressing this issue needs to be a priority for CRN: EAST MIDLANDS to avoid future budget reductions..

Table 1: Breakdown of main funding allocation for NIHR CRN: East Midlands

Funding Element	**Allocation 2014/15 £'000**
Leadership and Management	782.4
Per Capita	4,696.4
Project Related Funding	1,253.4
Performance Related Funding	281.8
Recruitment Related Funding	14,456.0
CRN Specialty National Leads	69.4
Total Main Funding Allocation 2014/15	**21,539.4**
Hosting (within Total Main Allocation 2014/15	400.0
RCF Allocation 2014/15	**tbc**

Details of the various elements which make up this allocation are shown in Appendix 1.

1.3 Timetable

Action	**Responsibility**	**Key Date**
Develop Financial Planning Principles	Interim Operational Management Group	21/03/14
Approve financial plan and indicative organisational budgets.	CRN: EAST MIDLANDS Exec Team UHL Trust Board CRN: EAST MIDLANDS Partnership Group (via email)	10/04/14 10/04/14 10/04/14
Submit Detailed Financial Plan to NIHR via Finance Tool	Cathryn Love Rouse, Project Advisor - CRN: EAST MIDLANDS	09/04/14
Issue draft 14/15 indicative budgets/finance pro formas to all partner organisations	Cathryn Love Rouse, Project Advisor - CRN: EAST MIDLANDS	11/04/14
NIHR review of submitted plans	NIHR	April 2014 (tbc)
Confirmation of 2014/15 CRN: EAST MIDLANDS Finance Plan.	NIHR	April/May 2014 (tbc)

1.4 Planning Principles

Given the reduced budget and the need to ensure that research activity continues across the East Midlands it is essential that there is a robust and transparent methodology for budget setting. The CRN: EAST MIDLANDS

Executive Team therefore wished to establish a number of clear financial planning principles to inform the detailed budget setting process.

In terms of process the ET mandated the Interim Operational Management Group to develop the planning principles. The OMG set up a panel of experienced Network Managers to draft these, and have worked with the Host Finance Team and Partner Organisations (POs)to refine them over the last few weeks. The principles agreed are:

Balanced Budget
The CRN: EAST MIDLANDS is committed to submitting a realistic budget which can be accommodated with the allocation provided. Therefore the budget submitted will reconcile with the allocation.

Vacancy Factor
The Vacancy Factor is recognised by NIHR as a way of reflecting the fact that staff turnover will reduce the number of funded posts as the financial year progresses. It is recommended that a maximum 5% Vacancy Factor will be applied. 5% is a realistic maximum based on experience in previous years. This will need to be managed carefully throughout the year to ensure that a minimum 5% saving is actually achieved.

The 5% Vacancy factor will be applied to individual organisational financial allocations and managed at that level. The level of delivery will be monitored and reported monthly to the Senior Team. In addition, Network Managers will monitor progress through regular face to face meetings to ensure delivery of the savings required.

Retention of Staff
Wherever possible CRN: EAST MIDLANDS wishes to ensure funding is available for staff who are currently research active in the East Midlands. This is seen as offering significant assurance to Partner Organisations that funding will continue during the transition period into the new Network. Therefore, as far as possible, the financial plan will reflect the staff actually in post at March 2014, and make provision for 12 months funding. This does not include staff who are funded via other budgets, for example Research Capability Funding (RCF) or commercial funding. The risks associated with RCF funding are discussed in the Risk section of this paper.

Non Pay and Overheads
The feedback from POs was very strongly in favour of retaining realistic percentages for Non Pay and Overheads. Therefore the draft budget reflects an across the board allocation of 5% for Non Pay and 4% for Overheads, this being the average amounts funded in 2013/14. Given that there was reduced funding overall this was paid for by reducing the amount of pay funded for each post. This approach has been discussed with PO's. The Non Pay and Overheads budgets will form part of the allocation of funding made to PO's.

Budget Management
The feedback from POs also indicated that there was a desire for greater flexibility and joint working in terms of managing CRN: EAST MIDLANDS budgets at organisational level. This will be accommodated as far as possible, and any change to budgets will be made in partnership with POs. However, final decisions on budgets have to remain the responsibility of the COO and Network Managers (working closely with, and advised by, the CD and Divisional Clinical Research Leads) to ensure that the ability to move funds wherever required remains. In return for more financial collaboration, it is expected that POs will:

- only make changes to budgets following consultation with, and the agreement of, the COO and senior Network Managers with input as required from the CD and Divisional Clinical Research Leads. Agreement and discussion should also take place in advance of any changes being made.
- manage within the funding allocations made (including Vacancy Factor)
- ensure that all expenditure is fully accounted for at the level of detail specified by the Network
- accept an increased emphasis on performance management within the context of devolved organisational budgets.

In addition there will be regular formal performance management meetings held with POs.

Flexibility
There is a recognition that 2014/15 is very much a transitional year. Therefore, it is expected that funds will need to be used flexibly in order to achieve the step change in performance required. Because of this the budgets can only be regarded as indicative at the beginning of the financial year. This gives the Network and POs the opportunity to seek better value for money by using resources to the maximum effect possible. It is essential that there is a fundamental review of how network finances are used during the early part of 2014/15.

Vacancy Management
Because of the requirement to achieve a 5% Vacancy Factor and to deliver greater flexibility in the use of funding it is essential that there is a process to review all posts which become vacant – a process is in place to ensure this. Therefore it should not be assumed that all vacant posts will automatically be filled. This will give an opportunity to assess whether the funds saved by staff leaving should either be used to contribute towards the Vacancy Factor savings, be reallocated to an area of greater impact, or reinvest the funding in a like for like replacement.

F*inancial Monitoring*
It is essential that the Network maintains strict financial discipline throughout transition and beyond. As Host, UHL will transact all the business of the Network through the main finance ledger. It is therefore essential that there is strong financial control over Network income and expenditure. Therefore the following conditions will apply to funding allocations..

- Monthly detailed reporting will be required from POs at individual post level – submissions to be made via approved spreadsheet

- PO ledgers must match allocations and financial returns. Evidence will be required to support this.

- Monthly payments will be made to POs based on returns submitted

- Any changes made in use of funding by POs must be documented in financial return, including evidence regarding how any changes will contribute to improved performance

- Monthly Network Finance Reports to OMG and ET, and Trust Board

Other Budgets

Budgets for Service Support Costs and Primary Care will be maintained at 13/14 levels. Again, this will be subject to ongoing review. There is also provision of £135k within the budget to replace the Local Portfolio Management System.

Communication and Engagement
It will be important for there to be regular dialogue between the Network and POs. Therefore it has been agreed that a Finance Forum will be established which will ensure that there is a continuing focus on financial issues. This will build upon the very successful Finance Forum already operating in Trent locality and CRN: EAST MIDLANDS will invite the finance lead from each partner to attend regular meetings. The Terms of Reference are to be agreed, but are likely to include:

- Detailed financial planning process
- Communicating requirements for financial reporting
- Agreeing standards of financial governance/financial assurance statements
- Dissemination of midyear and full year financial reporting requirements
- Discussion of budget adjustments

In addition CRN: EAST MIDLANDS will schedule a number of regular formal and informal meetings with partners to monitor progress against plans, and this will include discussions regarding financial performance.

1.5 **Indicative Budgets**

Organisation	Indicative Budget 2014/15 £'000
CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	431.0
DERBY HOSPITALS NHS FOUNDATION TRUST	1,494.8
DERBYSHIRE COMMUNITY HEALTH SERVICES NHS TRUST	65.7
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	241.1
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	30.9
KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	401.6
LEICESTERSHIRE PARTNERSHIP NHS TRUST	466.2
LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST	111.9
LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	305.0
NHS LEICESTER CITY CCG	96.0
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	823.2
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	404.8
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	6,554.1
NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	1,035.4
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	717.1
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1,219.7
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST (see Note 1 below)	7,140.9
TOTAL FUNDING	**21,539.4**

NOTE 1

UNIVERSITY HOSPITALS OF LEICESTER ANALYSIS	Indicative Budget 2014/15 £'000
UHL Staffing & Non Pay	5,510.5
Hosting	300.0
Service Support Costs (central budget)	819.9
Research Sites Initiative Funding (Primary Care)	324.0
LPMS Replacement	135.0
Central Training & Other Budgets	51.5
TOTAL FUNDING	**7,140.9**

As well as organisational budgets it is also possible to show the budget by subjective heading as follows.

SUBJECTIVE ANALYSIS	Indicative Budget 2014/15 WTE	Indicative Budget 2014/15 PA	Indicative Budget 2014/15 £'000
Clinical Delivery	280.8	217.2	12,288.5
Host Cost	5.4	0.5	300.0
Non Clinical Delivery	104.4	0	2,718.9
Management	15.7	6.0	583.7
Research Management & Governance	34.1	0	1,074.5
Supporting Clinical Services	66.0	18.8	3,222.6
Other	5.7	0	1,351.2
TOTAL FUNDING	**512.1**	**242.5**	**21,539.4**

1.6 **Risks and Opportunities**

The current budget carries a number of risks and opportunities, and these, together with actions required, may be summarised as follows.

Risk	Mitigating Action
No provision for incremental pay progression/pay awards	Delegate budgets to POs to manage flexibly. Monitor staff leaving, as well as those which progress through payscales.
No fund set aside for new developments or training	Seek opportunities to use staff more flexibly. Seek to use non pay budget to offer more training Reinvest savings identified into new areas of development
No contingency funds in place	Seek opportunities to use staff more flexibly as they arise Reinvest savings identified into new areas of development
Vacancy Factor not achieved	Regular monitoring of financial position to identify issues and address them promptly Performance management of PO budgets Reduce PO allocations if no savings identified
Research Capability Funding (RCF). During the planning process it became clear that there are a number of posts funded in 13/14 by RCF which would normally be funded from Core Network budgets. **At mid year this equated to 14.5wte with an annual cost of £330.6k**.At present there is no confirmation that this funding will continue in 14/15 Formally this risk lies with POs but there will be a case made that the Network should fund these individuals should funding cease.	Ensure any 14/15 RCF funding is used to mitigate this risk where possible. Consider transferring RCF funded staff to Core funding as and when possible Consider not filling vacancies when staff funded by RCF leave.
Cross Border Posts During the planning process UHL were notified that a number of staff employed in POs actually carried out work in another Network Region,	Seek NIHR guidance on the treatment of Cross Border staff Ensure budget for cross border staff

eg Sheffield. There is a risk that if TUPE applies then the Network receiving the funding will also request a transfer of funding. At present this risk has not been quantified.	remains in CRN:EAST MIDLANDS financial plans for 14/14 while this issue is resolved at national level.

Opportunity	Action Required
Identify funding which can be released for investment elsewhere.	COO to lead major exercise to review all CRN: EAST MIDLANDS budgets and relate them directly to performance Review Network management and admin costs to ensure maximum efficiency Review organisational budgets and relate more directly to activity and performance
Develop Divisional Budgets and Reporting	Divisional Managers to identify resources across Divisions and begin to manage these as a single resource.
Maximise commercial income	CRN: EAST MIDLANDS to focus on developing capacity within the region to carry out more commercial activity. This will generate additional income which may be reinvested in research.

1.7 Recommendations

The Trust Executive Committee is asked to:

- Approve the Financial Planning principles
- Approve the indicative budgets outline in Table 2, subject to review by NIHR
- Note the financial risks and opportunities identified, together with the mitigating actions
- Authorise the circulation of detailed draft Financial Plans to Partner Organisations after NIHR submission

APPENDIX 1 – ALLOCATION FUNDING DETAILS

1. LCRN Leadership and Management funding element

The LCRN Leadership & Management funding element is defined as funding to meet the costs of specified LCRN leadership and senior management posts based upon the structure set out in the CRN Performance and Operating Framework (v0.5):

Clinical Director
Chief Operating Officer
Divisional Research Delivery Manager x 6 (one per division)
Cross-divisional Research Delivery Manager
Industry Operations Manager

The CRN CC has calculated indicative costs for these posts based on the expected NHS band for each post, taken at the top of the NHS salary band.

A funding allocation capped at £782,383 per LCRN is available to support leadership and management costs in 2014/15. An additional 8% for direct non-staff costs (travel, equipment, etc.) in included in the calculations.

2. Per Capita Population element

Per capita population based funding was introduced as a foundation element of NIHR Comprehensive Local Research Network (CLRN) funding at the inception of CLRNs in the 2007/08 financial year. This element of funding was introduced in order to provide a degree of stability for the networks by providing a minimum amount of funding not dependent on levels of research activity or performance. The per capita population allocations are based upon Office of National Statistics (ONS) Resident Population estimates of the resident population within each LCRN geography.

NIHR LCRN funding has retained a per capita allocation for 2014/15, maintaining the allocation at the 2013/14 total national level (£57m, to nearest £1m); this equates to 20% of the total CRN allocation of £284.6m.

3. Project-related element

A funding element for “Project-based” activity was introduced in the funding allocations model in 2013/14. This element of funding referred to all CLRN services where the level of resource

The NIHR Clinical Research Network

Supporting research to make patients, and the NHS, better

needed to deliver the service relates to the number of research projects processed through the service, rather than the number of participants in the research projects.

The key activities identified in this domain in 2013/14 were:

a) Activities related to the NIHR Coordinated System for gaining NHS Permission (CSP)

The CSP-related allocation is awarded based on the number of local reviews and study-wide reviews undertaken by each CLRN in 2011/12 (commercial and non-commercial combined) and then weighted according to the study complexity (based on IRAS category). Study-wide reviews are given an additional weighting of 68% over local reviews.

b) Lead CLRN network services

The Lead CLRN allocation is awarded based on the number of study-wide reviews undertaken by each CLRN in 2011/12.

For 2013/14, 7% of CCRN funding has been allocated on the basis of project-based activity equating to the average CLRN spend on these activities.

For 2014/15 this element remains unchanged from the 2013/14 model; this includes retaining the funding allocated to this element at £17, 060, and 08.

The numbers of CLRN local and study -wide reviews carried out between October 2012 and September 2013 have been mapped to the new LCRN boundaries and this new mapping has been applied to the funding model in order to calculate this element of funding in 2014/15.

4. Performance-related element

The 'Performance Premium' was introduced as an element of the funding model for NIHR Comprehensive Local Research Networks in 2013/14 as an allocation of funding on the basis of good study delivery performance i.e. CLRNs meeting recruitment targets within agreed timeframes. In the 2013/14 model, CLRNs received performance-related funding for each commercial contract study within the CLRN conducted to 'time and target'.

The CRN CC has used the same calculation methodology for this element as was used for 2013/14, however the proportion of NIHR CRN funding assigned to this element is doubled from £1.75m (2013/14) to £3.5m (2014/15).

5. Recruitment-related element

As in previous years, the 2014/15 CRN funding model allocates funding in proportion to recruitment activity, with study complexity addressed utilising three weighted study bands.

6. CRN Specialty National Leads

From 2014/15 the Clinical Research Network Portfolio will be mapped to 30 CRN Specialties. Each CRN Speciality will have a CRN Specialty National Lead; these Leads are the senior external-facing clinical face of the Clinical Research Network, engaging with specialty-specific stakeholders (e.g. charity funders) and promoting intra-NIHR collaboration. CRN Specialty National Leads maintain an overview of the national portfolio for their CRN Specialty and support the optimal delivery of commercial contract and non-commercial portfolio research.

In 2013/14, National Leads for 24 CRN specialties were funded through NIHR Comprehensive Local Research Network budgets; the six other CRN Specialty National Leads are resourced through funding to the national Coordinating Centre.

7. LCRN Host organisation Corporate Support Services

From 2014/15 LCRN Host Organisations will be required to provide Corporate Support Services as set out in the CRN Performance and Operating Framework.

In order to reach an estimate of the cost of provision of LCRN Host Organisation Corporate Support Services, the CRN CC analysed expenditure data from previous years for these activities. These data included expenditure related to hosting, as reported on the CRN Finance Tool, and expenditure on other staff posts that were required to deliver the hosting function, such as host-employed Finance posts.

As this is the first year of operation of the new LCRNs, the CRN CC is setting as guidance, an allocation for Corporate Support Services at 2% of an LCRN's total allocation or £400,000, whichever is the lower. Please note that funding for Corporate Support Services is not defined as a separate funding component in Table 2 above as this is included in the main funding allocation; the table shows the maximum permissible spend on Corporate Support Services for each LCRN Host Organisation.

Please note that LCRN Host organisations that consider the LCRN Leadership and Management funding element and/or the Corporate Support Services funding element to be insufficient to meet genuine and legitimate costs, then any additional expenditure above the allocation will need to be justified, considered and approved in advance by CRN CC.

CC

Trust Board Paper CC

To:	**Trust Board**
From:	Medical Director
Date:	**24 April 2014**
CQC regulation:	As applicable

Title:	**R&D in UHL – quarterly report**

Author/Responsible Director: Medical Director/Director of R&D

Purpose of the Report:
To inform the Trust Board of current activity and challenges in R&D

The Report is provided to the Board for:

Decision		Discussion	X
Assurance	X	Endorsement	

Summary / Key Points:
UHL has an extensive R&D portfolio and is recognised nationally and international for excellence in many of its areas. This report is a high level summary of R&D activities in UHL and considers current challenges

Recommendations:
The Board is invited to consider this summary and recommend contents and format of future reports.

Previously considered at another corporate UHL Committee?
No

Board Assurance Framework: yes	**Performance KPIs year to date:** yes

Resource Implications (eg Financial, HR):
yes

Assurance Implications: yes

Patient and Public Involvement (PPI) Implications: yes

Stakeholder Engagement Implications: yes

Equality Impact: N/A

Information exempt from Disclosure: No

Requirement for further review? Quarterly update

NHS
National Institute for Health Research

Clinical Research Network
East Midlands

University Hospitals of Leicester NHS Trust

Monthly Activity Report

Report Date: **11 April 2014** Data Sourced: 31 March 2014

Welcome to the monthly NIHR portfolio activity report for your trust. This report contains information on 2013/14 recruitment and performance measures. This is the penultimate report for partners within LNR CLRN. The table below is a snapshot of LNR CLRN member trusts and stakeholder organisations, progress measured against National and Local Performance Measures (N/LPMs). The table also states the corresponding chart within the report.

Recruitment Criteria						
13/14 YTD RAG %	Trust	YTD Recruitment	Annual Target	NPM/LPM	Description	Chart
114.54%	**UHL**	**8,997**	**8,381**	**NPM 1a.1**	**Progress towards 13/14 recruitment target**	**1.2 2.1**
94.36%	KGH	978	1,101	NPM 1a.2	Progress towards 13/14 recruitment target	1.2
216.25%	LPT	1076	530	NPM 1a.4	Progress towards 13/14 recruitment target	1.2
109.22%	NGH	1297	1,268	NPM 1a.3	Progress towards 13/14 recruitment target	1.2
68.98%	NHfT	340	540	NPM 1a.5	Progress towards 13/14 recruitment target	1.2
175.20%	LRPC	6,288	3,819	NPM 1a.6a	Progress towards 13/14 recruitment target	1.2
67.56%	NPC	1213	2,122	NPM 1a.6b	Progress towards 13/14 recruitment target	1.2
121.99%	LNR CLRN	20,189	17,761	NPM 1a	5% increase in recruitment (2012/13 to 2013/14)	1.1
Time and Target Criteria - Network-wide						
60%	LNR	N/A	80%	NPM 2b	% of Non-Commercial Studies (Closed) recruiting to Time and Target in LNR	1.3
62%	LNR	N/A	80%	NPM 2a.1	% of Commercial Studies (CCRN-Closed) recruiting to Time and Target in LNR	1.3
44%	LNR	N/A	80%	NPM 2a.2	% of Commercial Studies (CCRN-Open) recruiting to Time and Target in LNR	1.3
45%	LNR	N/A	80%	LPM 8.3	% of Non-Commercial Studies (Open) recruiting to Time and Target in LNR	1.3
First Patient First Visit (FPFV) - Network-wide						
13/14 YTD RAG %	Area	2013/14 National Target	NPM/ LPM	Description		Table
9%	LNR	80%	NPM 4c	NHS Permission to first patient recruited in a commercial trial (<=30 days) in median calendar days for >=80% for all studies		1.4
12%				NHS Permission to first patient recruited in a commercial trial (<=30 days) in median calendar days for >=80% for CCRN-led		
25%	LNR	80%	NPM 4c	NHS Permission to first patient recruited in a non-commercial trial (<=30 days) in median calendar days for >=80% for all studies		1.4
38%				NHS Permission to first patient recruited in a non-commercial trial (<=30 days) in median calendar days for >=80% for CCRN-led studies		
Research Management and Governance Criteria - Network-wide						
Percent	Area	2013/14 National Target	NPM	Description		Chart
96%	LNR	80%	NPM 4a	Study-wide checks completed within 30 calendar days		1.5
98%	LNR	80%	NPM 4b	Local checks completed within 30 calendar days		1.5

Section 1—Research Network Overview

1.1 LNR CLRN recruitment against recruitment target (NPM 1a)

Figure 1.1 provides a monthly breakdown of reported participant recruitment in portfolio studies by financial year. This includes data from 2012/13 and 2013/14 year to date (YTD). The chart also shows how well LNR CLRN is recruiting towards the overall 2013/14 recruitment target of 17,761 participants.

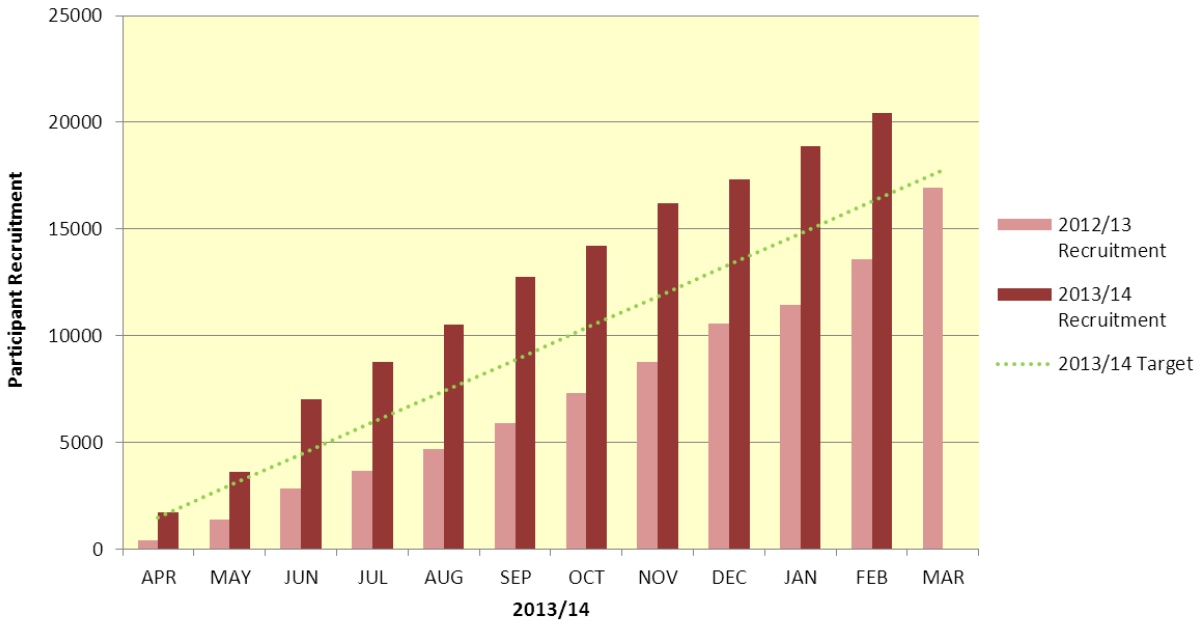


Figure 1.1: LNR CLRN recruitment by month and financial year (2012/13 and 2013/14)

1.2 LNR CLRN progress towards recruitment target by member organisation (NPM 1a.1-6b and 5a)

Figure 1.2 illustrates how well LNR CLRN and member organisations are recruiting towards their 2013/14 YTD recruitment targets.

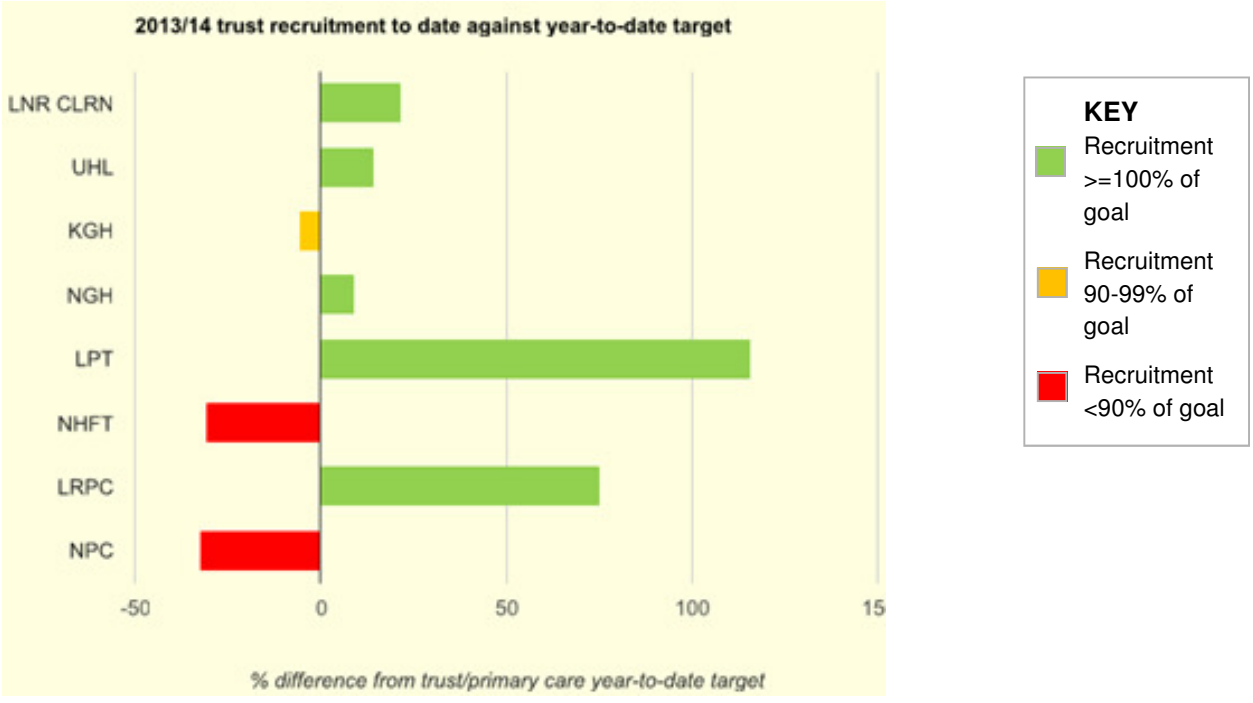
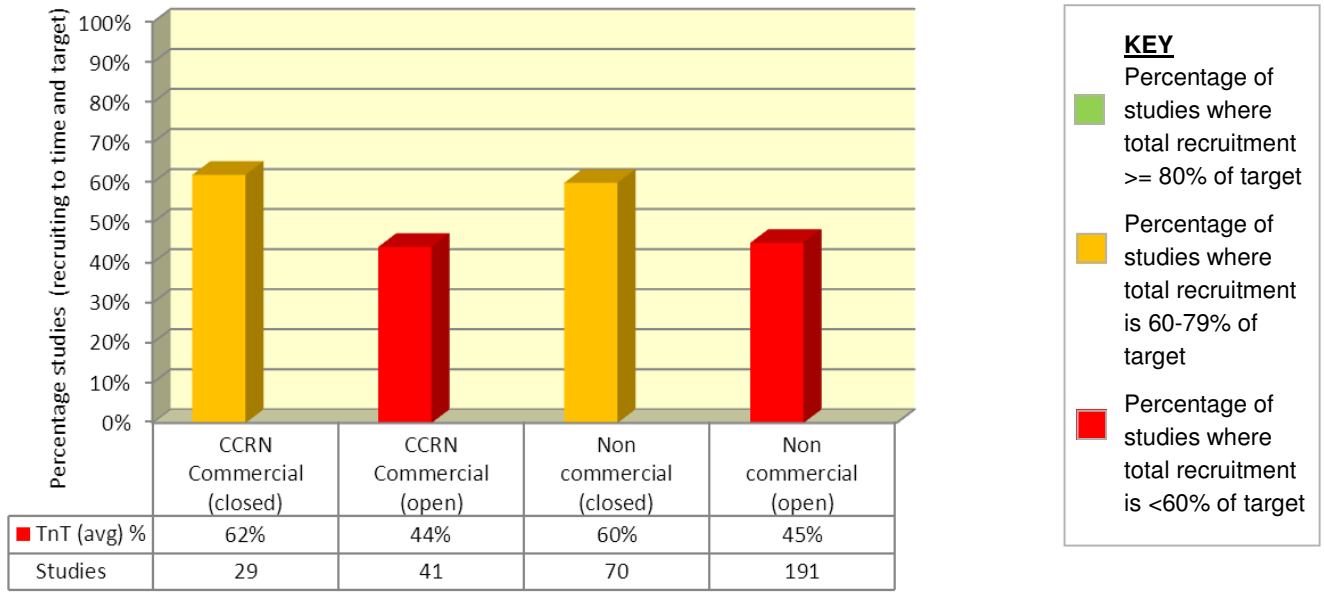


Figure 1.2: Percentage difference between 2013/14 YTD recruitment and YTD recruitment target by Member Organisation

1.3 LNR CLRN recruiting to time and target (NPM 2a.1, 2a.2, 2b and LPM 8.3)

LNR CLRN are performance managed on delivering all portfolio studies to time and target. We have three national performance measures (NPM) and one local performance measure (LPM) to monitor our progress. There are NPMs for open and closed studies for 80% of CCRN commercial portfolio studies to achieve their recruitment targets. The third NPM is for non-commercial studies and is measured at study closure. Open non-commercial studies are monitored locally and have an LPM also set at 80%, to ensure that they are recruiting to time and target throughout the study. Figure 1.3 shows data for all open study sites and those that have closed since 1 April 2013.



	CCRN Commercial (closed)	CCRN Commercial (open)	Non commercial (closed)	Non commercial (open)
TnT (avg) %	62%	44%	60%	45%
Studies	29	41	70	191

Figure 1.3: Percentage of LNR CLRN studies recruiting to time and target 2013/14 YTD

1.4 First Patient First Visit (FPFV) (NPM 4c)

LNR CLRN collects data on the number of days a study site takes to recruit a participant once a site has been authorised to do so. CLRNs are performance managed (NPM 4c) on ensuring that study sites recruit their first patients within 30 days of NHS permission, site initiation or site activation date. When calculating the first patient first visit data locally, the latest date is used.

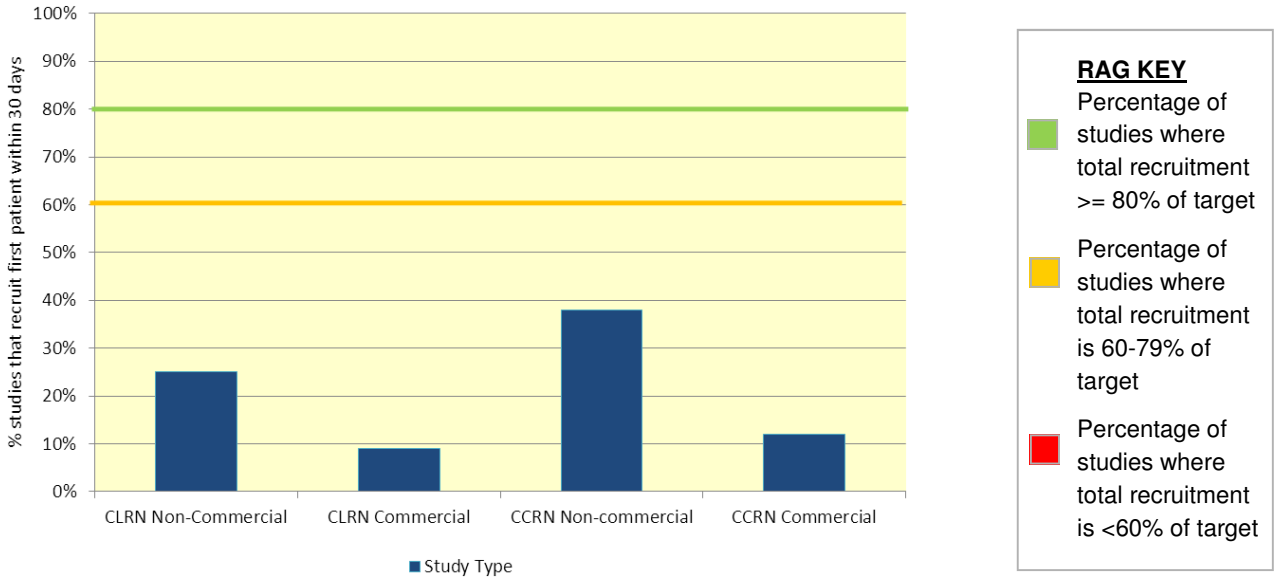


Figure 1.4: LNR CLRN performance against First Patient First Visit metrics 2013/14

1.5 Research Management and Governance (RM&G) (NPM 4a and 4b)

All CLRNs are performance measured on the time taken to complete study-wide and local site checks. This is to ensure that studies receive NHS permission as quickly as possible. The measure is for 80% of studies to have all checks completed within 30 calendar days. Figure 1.5 shows the percentage of studies approved each month that have had their study checks completed within 30 calendar days.

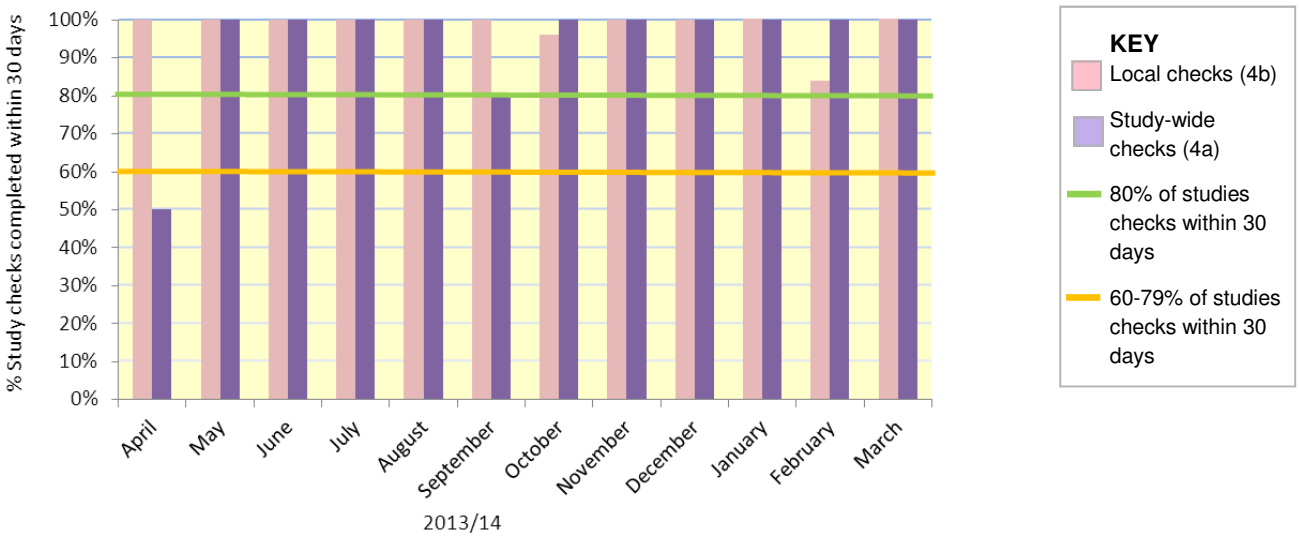


Figure 1.5: LNR CLRN RM&G performance against national metrics 2013/14

1.6 LNR CLRN funding

Figure 1.6a shows the percentage of funding allocated to member trusts and primary care (PC) in 2013/14. Figure 1.6b shows 2013/14 trust/primary care recruitment as a percentage of total LNR CLRN recruitment.

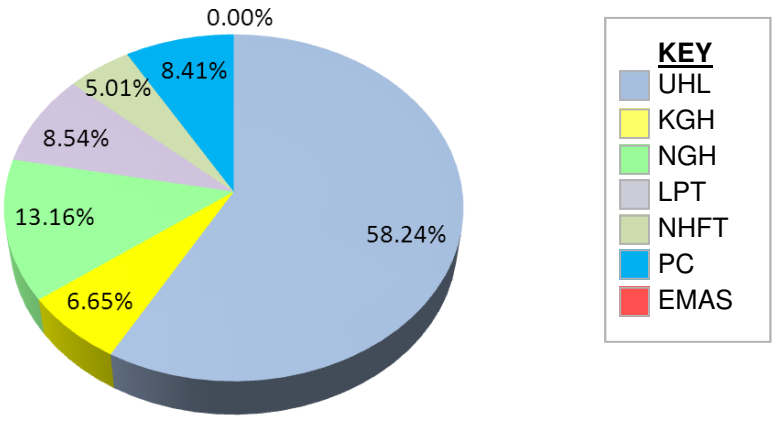


Figure 1.6a: LNR CLRN 2013/14 funding by trust

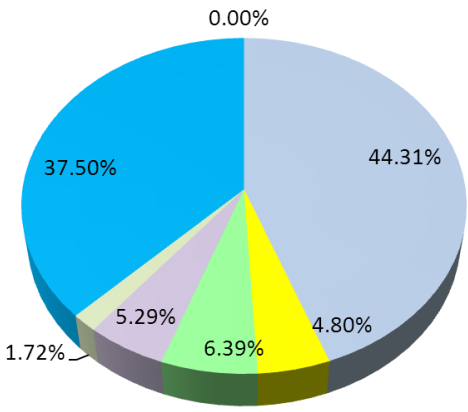


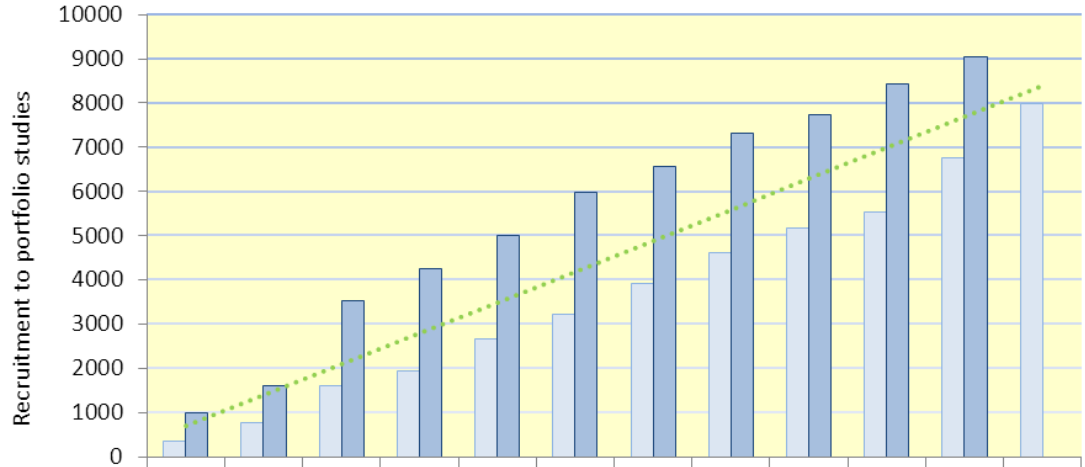
Figure 1.6b: LNR CLRN 2013/14 recruitment by trust

Note: The funding percentage for UHL is skewed as they host three research networks which provide support across a range of other NHS trusts in the region. Some of the funding shown for UHL is utilised in cross network coordinating functions of the South East Midlands Diabetes Research Network, LNR Cancer Research Network and Trent Stroke Network. At present, funding for primary care is considered as a total allocation, rather than by county, in line with the way recruitment is currently reported to us by the NIHR. Primary care funding also includes funding provided to the East Midlands and South Yorkshire Primary Care Research Network (EMSY PCRN). Please note that these figures do not take account of referrals from participant identification centres (PICs) to other sites where the recruitment actually takes place.

Section 2—Trust level information

2.1 2013/14 UHL recruitment against target (NPM 1a.2)

Figure 2.1 provides a cumulative monthly breakdown of reported participant recruitment in portfolio studies by financial year for 2012/13 and 2013/14 year to date (YTD). The chart also shows how well UHL is recruiting towards the 2013/14 recruitment target.



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2012-13 Recruitment	336	769	1596	1937	2662	3222	3912	4618	5158	5530	6756	7982
2013-14 Recruitment	985	1614	3514	4246	4996	5982	6561	7326	7746	8426	9046	
2013-14 Target	698	1397	2095	2794	3492	4191	4889	5587	6286	6984	7683	8381

Figure 2.1: UHL recruitment by month and financial year (2012/13 and 2013/14)

2.2 UHL 2013/14 recruitment by Topic Network and CCRN Specialty Group

Figure 2.2 looks at UHL recruitment by topic network and specialty group. For studies that have been formally co-adopted, recruitment has been counted for all relevant topic networks and specialty groups. Therefore, recruitment may have been counted more than once.

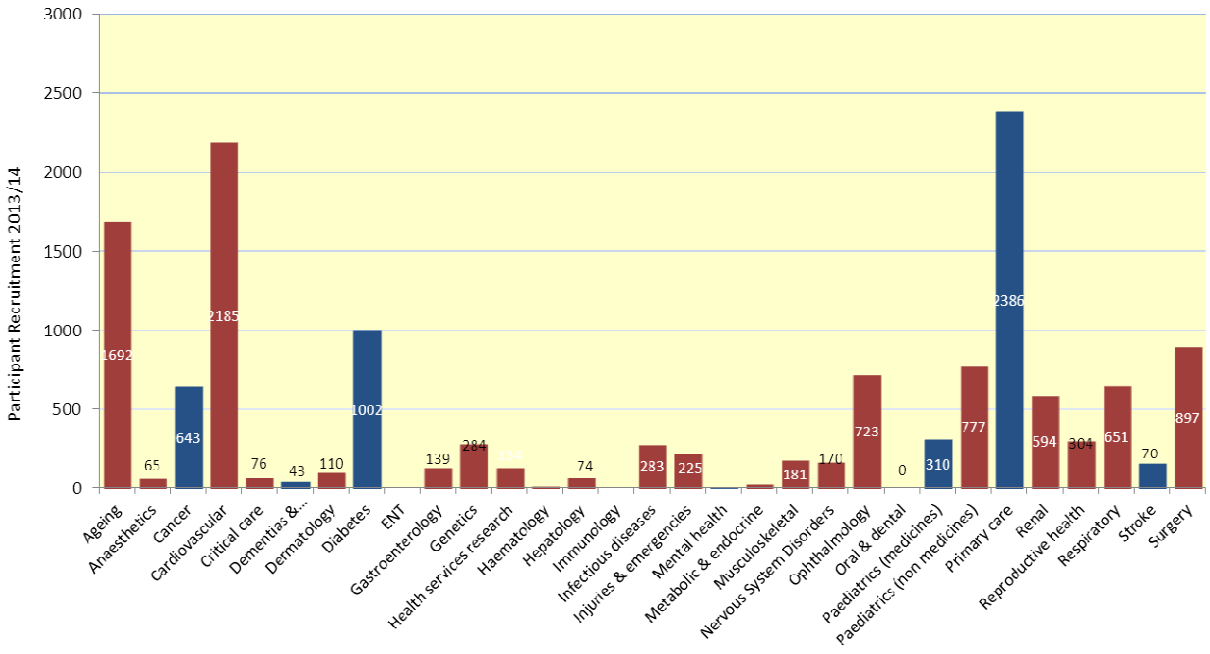
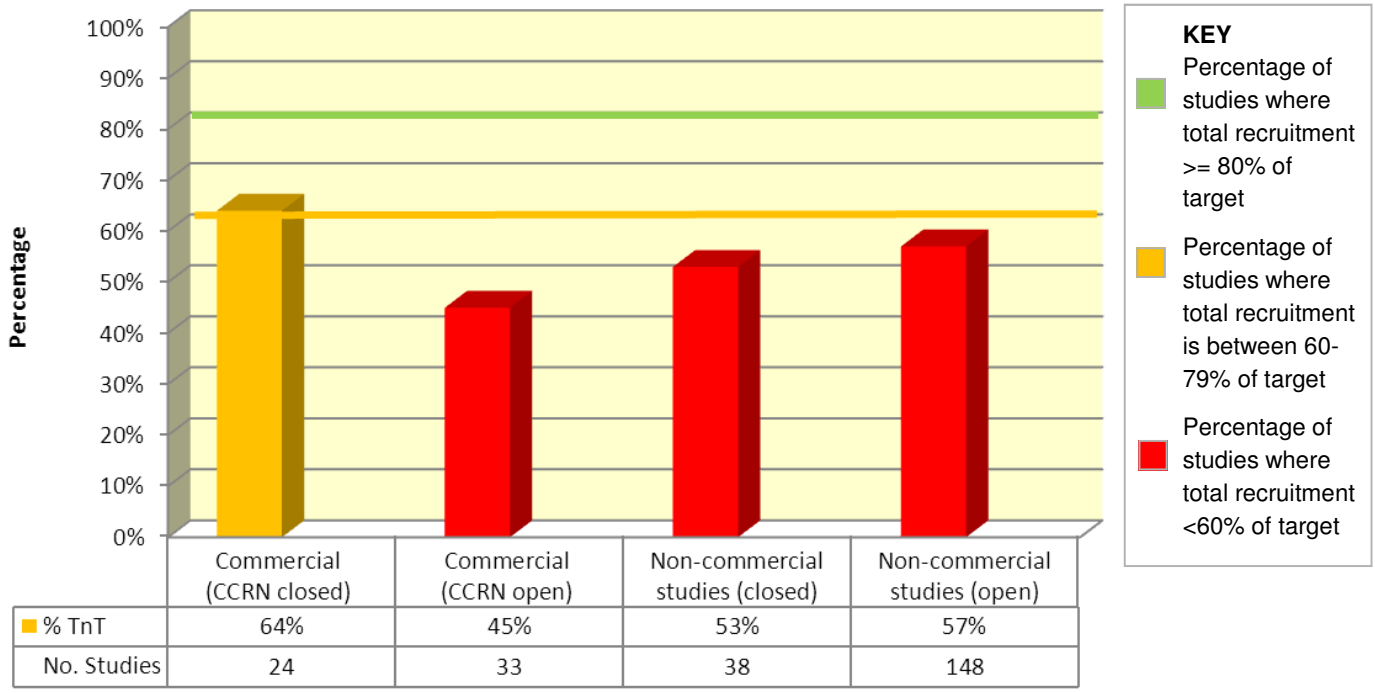


Figure 2.2: UHL 2013/14 recruitment in by Topic Network and CCRN Specialty Group

2.3 Percentage of UHL studies recruiting to time and target

Figure 2.3 shows recruitment to time and target data for open studies at UHL, and those that have closed since 1 April 2013. The data is displayed as an average across all studies that match the criteria, and shows commercial (CCRN only) and non-commercial (all studies) separately.

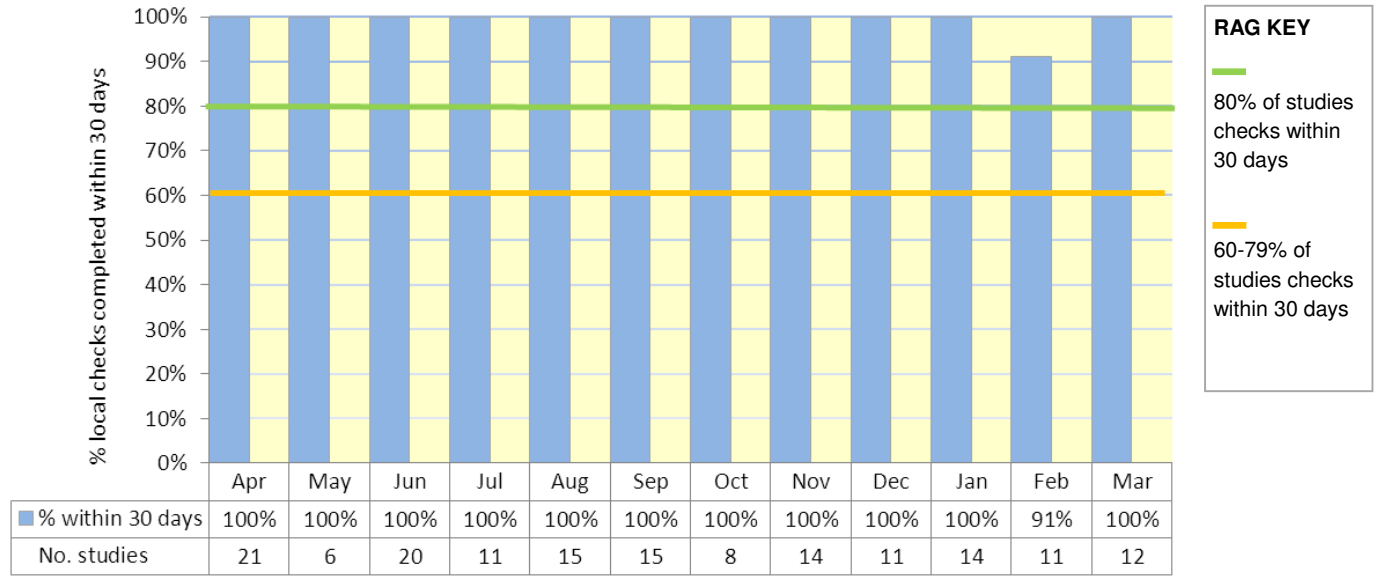


	Commercial (CCRN closed)	Commercial (CCRN open)	Non-commercial studies (closed)	Non-commercial studies (open)
% TnT	64%	45%	53%	57%
No. Studies	24	33	38	148

Figure 2.3: Percentage of UHL studies recruiting to time and target 2013/14 YTD

2.4 LNR CLRN Research Management and Governance (RM&G) for UHL in 2013/14

Figure 2.4 shows the percentage of studies approved each month that had their local study checks completed within 30 calendar days. The CLRN has a national performance measure to ensure 80% of studies obtain NHS permission within 30 calendar days.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% within 30 days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%
No. studies	21	6	20	11	15	15	8	14	11	14	11	12

Figure 2.4: LNR CLRN RM&G performance for UHL in 2013/14

Section 3—Study Information

Recruitment information for open and closed studies at UHL has been generated using the Time and Target (TnT) database. These reports are published to the NIHR UHL-shared Portal site and compare local study recruitment with local site recruitment targets.

Time and Target (TnT) reports

3.1 UHL open studies

This portal site captures all portfolio studies open at UHL. This includes studies that have recruited participants as well as those that are yet to report recruitment. This information can be filtered by column heading and exported.

https://portal.nihr.ac.uk/sites/ccrn/lnrclrn/recruitment/uhlshared/Lists/uhlopenstudies/byacronym.aspx

3.2 UHL closed studies

This report includes all studies that have closed for recruitment within UHL during the current financial year (2013/14). This information can be filtered by column and exported.

https://portal.nihr.ac.uk/sites/ccrn/lnrclrn/recruitment/uhlshared/Lists/uhlclosedstudies/byacronym.aspx

If you experience any technical difficulties with the NIHR Portal please contact Paul Maslowski (LNR CLRN Information Manager) or Angel Christian (LNR CLRN TnT Administrator) for advice.

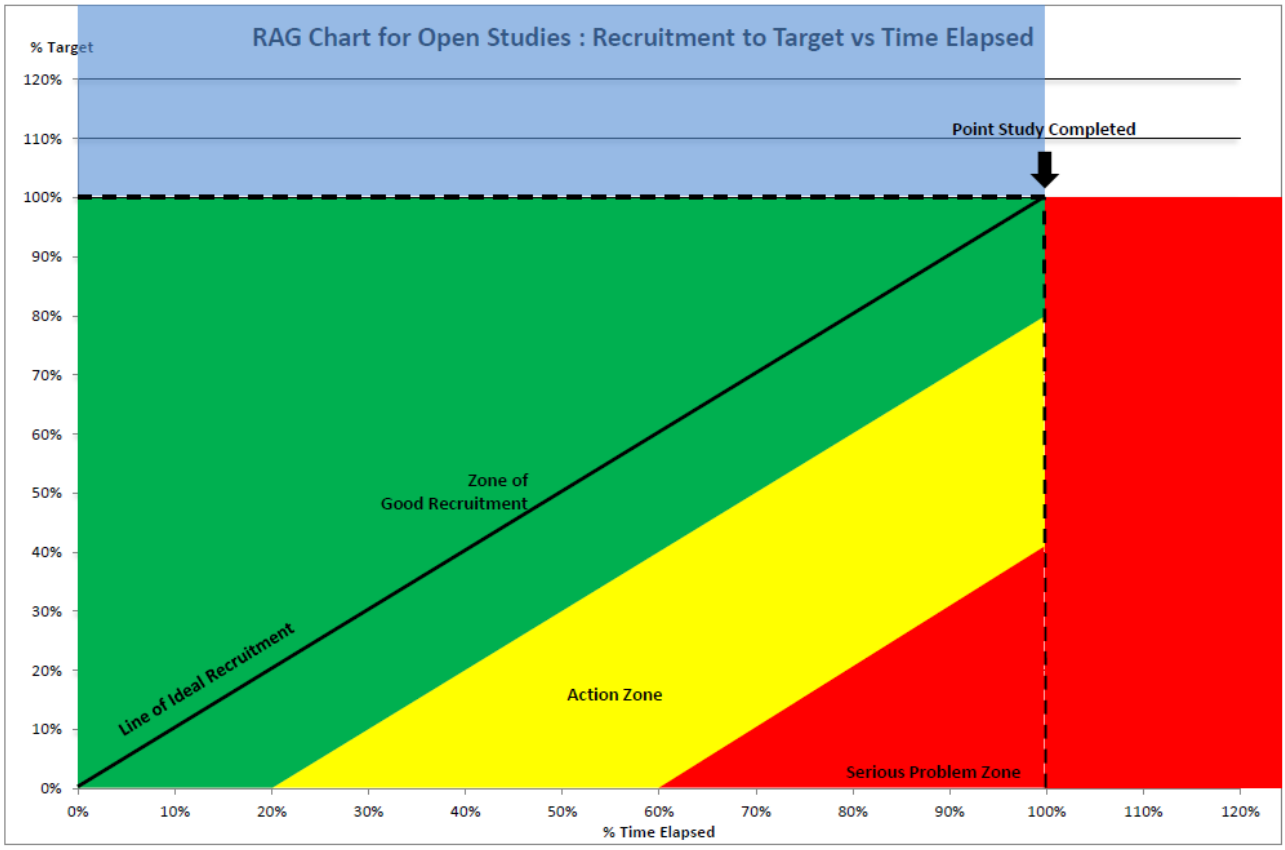
Glossary

Activity Based Funding (ABF)	Funding that is allocated to Comprehensive Research Networks which is based on recruitment and study complexity.
Awaiting response status (CSP report)	RM&G team are awaiting response from a member of the study team before the governance review can commence.
Closed study	A portfolio study that has closed to recruitment (across all study sites).
Commercial study	A commercial study is defined as one that is both industry-funded and industry-sponsored.
Commercial time and target data	There may be discrepancy between the time and target data presented in item 2.3 and the time and target reports. This is due to the delay in reporting commercial recruitment data nationally. We maintain local recruitment records for commercial studies which are accurate and these are used to calculate the data presented in item 2.3, while the national data is presented in the time and target reports.
CSP	The NIHR Coordinated System for gaining NHS Permission. CSP must be used for all new portfolio studies to gain NHS Trust permission and R&D approval.
Data sourced date	The date the national portfolio performance data is published by the NIHR CRN CC. This data is incorporated into our local TnT database and used to create this report. At present there is a four week lag from when a participant is recruited into a study and when this data will be reported by the NIHR CRN CC.
First Patient First Visit (FPFV)	This National Performance Measure looks at the time taken from NHS permission date (since 1 April 2013) **or** Site Initiation (which ever is later) to first patient recruited in a trial (<=30 days) for 80% of LNR CLRN studies.
Governance checks assigned (CSP report)	A LNR CLRN RM&G Facilitator has been assigned to the study for governance review.
Interventional study	A study where the participants' exposure to a particular intervention (e.g. treatment or lifestyle) is influenced by participating in the study (e.g. whether or not a participant receives a particular treatment will be determined by the research protocol). Clinical trials are the most common type of interventional study.
Lead CLRN—Trust R&D permission granted (CSP report)	The Chief Investigator is based at a trust within LNR. Trust R&D permission is granted at a research site once all governance checks have been undertaken by the CLRN.
LNR CLRN	The Leicestershire, Northamptonshire and Rutland Comprehensive Local Research Network (LNR CLRN) is one of 25 CLRNs across England. It coordinates and facilitates the conduct of clinical research and provides a wide range of support to the local research community. There are nine NHS Trusts and four Higher Education Institutions within the LNR CLRN constituency.
Local Performance Measure (LPM)	An objective decided by the LNR CLRN as a priority area for the financial year. Our progress towards achieving this measure is monitored locally and fed back to our local stakeholders and the NIHR CRN CC.

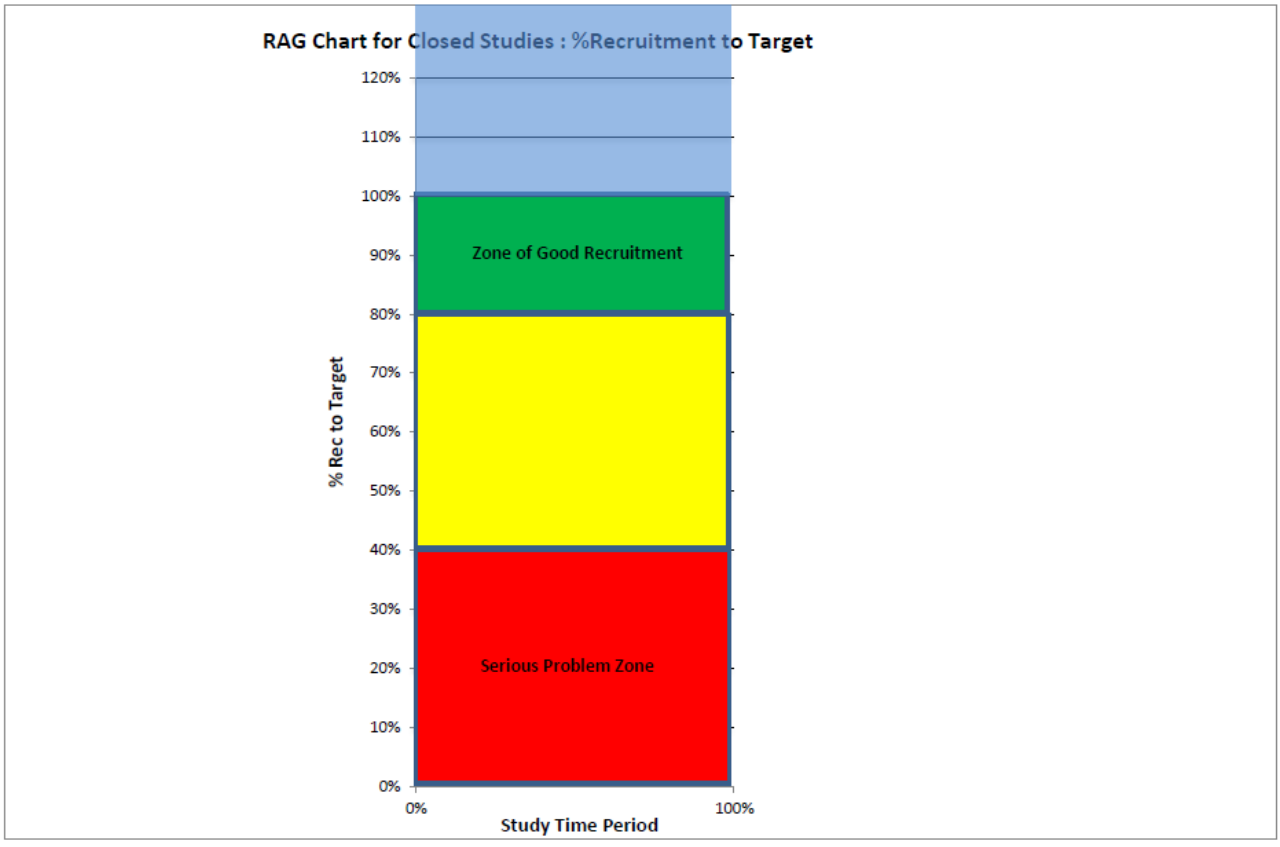
NHS Permission	Research cannot commence within the NHS without first gaining permission. This is granted as part of a study's research governance process, also referred to as R&D approval.
National Performance Measure (NPM)	An objective decided by the NIHR CRN CC as a priority area for all CLRNs. Our progress towards achieving this measure is monitored locally and fed back to our local stakeholders and the NIHR CRN CC.
NIHR CRN	National Institute of Health Research Clinical Research Network
NIHR CRN CC	National Institute of Health Research Clinical Research Network Coordinating Centre
Non-commercial study	A non-commercial study is one that has some of their research funded by the NIHR, other areas of central Government or NIHR non-commercial partners. However non-commercial studies can also be investigator initiated trials (i.e. commercial collaborative research) or funded by an overseas Government or overseas charity.
Observational study	A study in which the participants' lifestyle or care pathway is not affected by being part of the study i.e. the investigator does not determine whether or not the participants receive or do not receive a particular treatment. The investigator observes the outcome of participants following their exposure (or non-exposure) to a particular interventional or lifestyle.
Open Study	A portfolio study that has received NHS permission and is open to recruit patients. Open dates can vary across multi-centre studies as NHS permission has to be obtained at each study site.
Participant	A patient or individual who is recruited to a study.
Portfolio	A national database of research studies that meet specific eligibility criteria. Portfolio studies have access to infrastructure support via the NIHR Comprehensive Clinical Research Networks and swift R&D permissions through CSP.
QA (CSP report)	Once the governance review is complete, the study undergoes a final quality assurance process by a RM&G manager.
RAG criteria charts	RAG (red, amber, green) provides a key that help measures how well studies are recruiting to time and target. There are different charts for open and closed studies, and are included with this report.
Recruitment	The number of participants consented to a study.

Recruitment target	An agreed target in participant recruitment into portfolio studies in 2013/14.
Report date	The date the report is issued.
Reported recruitment	The sum total of participants consented to a study that is uploaded to the NIHR CRN CC database by a study's recruitment data contact (RDC).
Research Governance	The regulations, principles and standards of good practice that exist to achieve, and continuously improve, research quality across all aspects of healthcare.
Specialty Group	Within the Comprehensive Clinical Research Network (CCRN), there are 23 national Specialty Groups that provide research expertise in their field. They are designed to increase opportunities for researchers to contribute to national and international NIHR portfolio studies.
Study Complexity	Study complexity (also referred to as study design) is considered along with recruitment when allocating activity based funding. Studies are either categorised as simple, observational or interventional.
Time and Target (TnT)	TnT is a project which monitors how well a study progresses towards their recruitment target before the study recruitment close date. TnT can be applied to an entire study (across several sites) or used for local site analysis. Time and target metrics only apply to those studies that received NHS permission on or after April 1st 2010 in line
Study review abandoned (CSP report)	A study review may be abandoned for a number of reasons including problems with the funding, non adoption onto the portfolio or site unsuitability.
Topic Network	There are six topic research networks (Cancer, Diabetes, Dementias and Neurodegenerative Diseases, Medicines for Children, Mental Health and Stroke) and a Primary Care research network within the NIHR CRN. Each research network coordinates and facilitates the conduct of clinical research for their local research community.
Trust R&D permission granted (CSP report)	Trust R&D authorise the study to be undertaken within their trust based on the CLRN RM&G governance review.
Unable to commence local research governance checks (CSP report)	The governance review process is unable to start as not all the relevant documents, authorisations or information has been received by the CLRN RM&G reviewer.
Undergoing research governance review using CSP (CSP report)	The governance review process for a study has commenced using CSP.
YTD	Year to date.

RAG criteria for open studies



RAG criteria for closed studies



DD

University Hospitals of Leicester NHS
NHS Trust

Trust Board Paper DD

To:	**Trust Board**
From:	**Professor Sue Carr**
Date:	**April 2014**
CQC regulation:	As applicable

Title:	**Update on Medical Education & Training issues in UHL**

Author/Responsible Director: Professor Sue Carr, Director of Medical Education & Associate Medical Director (Clinical Education)

Purpose of the Report: Update the board on medical education issues in UHL

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Key Priorities

1. Improve facilities for education and training
2. Continue to improve links between service and training – CMG Education Leads
3. Develop Quality measures for medical education and training
4. Increase accountability for UG and PG education and training resources and outcomes
5. Facilitate process for GMC recognition of UHL trainers
6. Sustain improved trainee engagement

Recommendations:
Members to note and receive report

Previously considered at another corporate UHL Committee? N/A

Board Assurance Framework: N/A	**Performance KPIs year to date: N/A**

Resource Implications (eg Financial, HR): N/A

Assurance Implications: N/A

Patient and Public Involvement (PPI) Implications: N/A

Stakeholder Engagement Implications: N/A

Equality Impact: N/A

Information exempt from Disclosure: N/A

Requirement for further review? N/A

Medical education and training issues in UHL March 2014: Update

Postgraduate Medical Education

1. Health Education East Midlands (HEEM) Quality visit 2013 – update

This HEEM team visited numerous areas of the Trust in summer 2013 – and have since conducted additional special visits in Renal, Ophthalmology and Emergency medicine. There have been other areas of educational concern identified in colorectal surgery at LGH and anaesthetics. The Deanery have amended several areas of report from red/amber to green and only 1 outstanding red issues remains (F1 doctors on F2 rotas)

GMC Enhanced monitoring concerns (previously called GMC response to concerns). UHL has 2 concerns in this category (Emergency medicine and Renal medicine (Appendix 1). There may be an additional concern in Ophthalmology but not caught in timeframe. A further GMC visit to Renal is planned regarding F1/F2 posts (Appendix 1)

HEEM visits

HEEM summarised comments June 2013	**4th Dec. 2013**	**Feb 2014**
LETB is unable to support the arrangement of the FY1 trainee on the 'SHO' rota	In consultation with the GMC, the Foundation School Director and Postgraduate Dean require all FY1s to be removed from 'SHO' rotas from April 2014.	Implemented in 4/5 rotas but not possible by April in Renal. LETB have called an urgent GMC visit to Renal to review suitability of training placements? withdraw
Foundation Year 1 doctors reported that they would sometimes be put on nights at the beginning of a placement before having an induction into that department.		August FY1 starters will complete a period of shadowing but remains a potential problem in December and April. Ensure a senior colleague is assigned to new FY1 to provide a bespoke induction.
Foundation Year 1 trainee on the 'SHO' rota in O&G was raised last year The Foundation School requires the removal of all Foundation Year 1 doctors from all 'SHO' rotas within UHL with immediate effect.		Trust has now confirmed that five rotas are affected: O&G (two rotas), Renal Medicine, Paediatric Surgery and Urology. A plan has been proposed to HEEM to comply with the requirement
AMBER issues		
44	***36***	***16***
	8	***28***
GREEN issues		
26	***26***	***26***

HEEM Accreditation visits – next visit will have new style and planned for October 4th 2014. GMC visit to Leicester planned 2016.

2. MADEL tariff

From April 2014 postgraduate medical training and education in secondary and community care providers will be funded through a national tariff:

- A salary support tariff – based on 50% of annual basic salary scales determined by HEE plus 25% employers on-costs per training post WTE

This is to fund 50% of the pay cost of a postgraduate medical trainee placed into a training post representing the time spent on training activities

- A training placement tariff – set at £12,400 per training post WTE per year.

This will support the trainee through the training programme and will cover (not exhaustive list)

- Trainee study leave payments
- Administrative support for postgraduate medical education
- Salary support for clinical medical education staff e.g. Director of Medical Education, clinical tutors
- Funding for programmed activities (PAs) to support educational supervisors
- Local course delivery - which may be part of a regional programme
- Provision of library services and resources and supporting IT access
- Provision of simulation facilities
- Faculty development

.

The Impact on Provider Postgraduate Medical Training Funding (2011-12 levels)

Training Provider	2011-12 Training Pos WTEs	2011-12 Funding Local Tariff £'000	2011-12 Funding National Tariff £'000	Increase or (Reduction) in Funding £'000
UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	725	26,654	24,467	(2,187)

UHL will lose £2.19 million (1.7 million this year)
Foundation year 1 and higher specialty training posts (ST3+) become expensive.
UHL as a regional centre has more senior posts traditionally.
The training tariff will probably be top-sliced for study leave funding but this will be the component to fund educational resources and educational supervisor time.

This represents a challenge and an opportunity for UHL to direct training placement tariff to support medical education and training to ensure quality and retention and recruitment to posts.

Undergraduate education

Leicester Medical School SIFT visit: requirements/recommendations (Feb 2014)

REQUIREMENT
Education Facilities • There must be a facilities strategy that sets out both short-term and long-term solutions. • UHL should maintain an up-to-date facilities inventory. • SIFT funding must be appropriately used to support the education facilities.
o erosion of many areas previously allocated for teaching o virtually no suitable areas for teaching students on the wards o no student common room and no lockers for students o a shortage of seminar rooms on the LRI site o no suitable facility for running simulation-based teaching. o no suitable space for running the clinical examinations. o no completed inventory of teaching space. It is difficult to establish what component of the SIFT income is allocated to support education facilities in UHL.

The use of such funding must be incorporated in the facilities strategy.

Plan

Develop an Education facilities strategy for undergraduate and postgraduate medical education. This should be in collaboration with nursing and other colleagues.
Work with CMG Education Leads to develop an inventory of available teaching space
Work with Finance Director/Deputy Director to develop transparency and accountability for SIFT (and MADEL) funding to enable support for education facilities.

RECOMMENDATIONS

- The Trust and the Medical School should work together to review and develop options for staff development and training.
- Ensure adequate administrative support for management of the student placements- as recommended in the Education and Practice Partnership Agreement.
- The Medical School was pleased to hear of progress made to identify the allocation of SIFT funding within the Trust. There is a proposal to allocate the funding linked to the core clinical blocks to the Clinical Business Units. The Medical School recommends that the component of SIFT funding linked to specific teaching elements (for example: Consultation Skills Foundation Course) where the teaching requirements are complex should be managed by the UHL Education team. This may require a stepwise process but should be a defined goal.

Plan

UHL has Faculty development strategy for medical trainers – meet UoL reps to develop into undergraduate education Continue to support vital Admin rolesWork with CMG Leads/Education leads to ensure accountability for SIFT resources and D/w finance re Department of Education managing funds as outlined in recommendation.

AREAS OF GOOD PRACTICE

- Many individual teachers are named by the students as providing excellent teaching.
- The Clinical Education Leads provide a good example of the value of SIFT funding being allocated to protect the time of individuals to teach.
- UHL has put in place a strong education management structure which continues to develop. The Trust is to be commended.
- The commitment to clinical skills teaching by the staff in the skills unit has been a highlight over the past few years and greatly valued by the students.

The Medical student exams this year have been very challenging as a consequence of lack of space, clinical pressure due to use of OPD facilities, difficulty in recruiting examiners.

Generic issues

1. Accountability for SIFT resources in CMGs (not progressed since CBUs changed to CMGs)

2. CMG Medical Education Leads:

Meeting now held with most CMGs and have some CMG Medical Education Leads in post.

- CHUGS – Fiona Miall
- Renal, Respiratory & Cardiac – Chandra Ohri (waiting time to be released)
- Emergency & Specialist Medicine – Biju Simon
- ITPAS – tbc (candidates withdrawn)
- CSI - awaiting confirmation

- Musculoskeletal & Specialist Medicine – Bhaskar Bhowal and Monika Kaushik
- Women's & Children – tbc

The KPI's and education quality dashboard have been circulated to CMGs.
Progress has been slow and little data returned so far – Appendix 2

3. GMC recognition of trainers – framework needs to be in place and data collection began in August 2013 but database needs to be populated by July 2014.

4. Health Education England – mandated a cost collection exercise to introduce a reference cost for education and training completed in January and larger exercise due in July. A project group has been established
This is a significant piece of work and requires the trust to deliver half and full year cost plan next year

Good news!

1. Odames project update – work has commenced on April 1st and projected completion date in September/October. A project manager is in post, a design team engaged and contractors will commence work soon. We applied to the Dinwoodie Foundation for some additional funding support but unfortunately this was unsuccessful. The project group will be approaching corporate donors outside UHL for additional funding but further detailed financial analysis is expected soon.
2. Successful UHL Education for Patient Safety day - over 60 participants attended
3. Education projects – successful "*epiffany*" project run by Dr Patel has demonstrated educational intervention improves junior doctors prescribing – looking to role out
4. Successful Education Improvement project – final report submitted
5. Acquired new equipment for Clinical Skills Unit (£222,000) from Health Education England

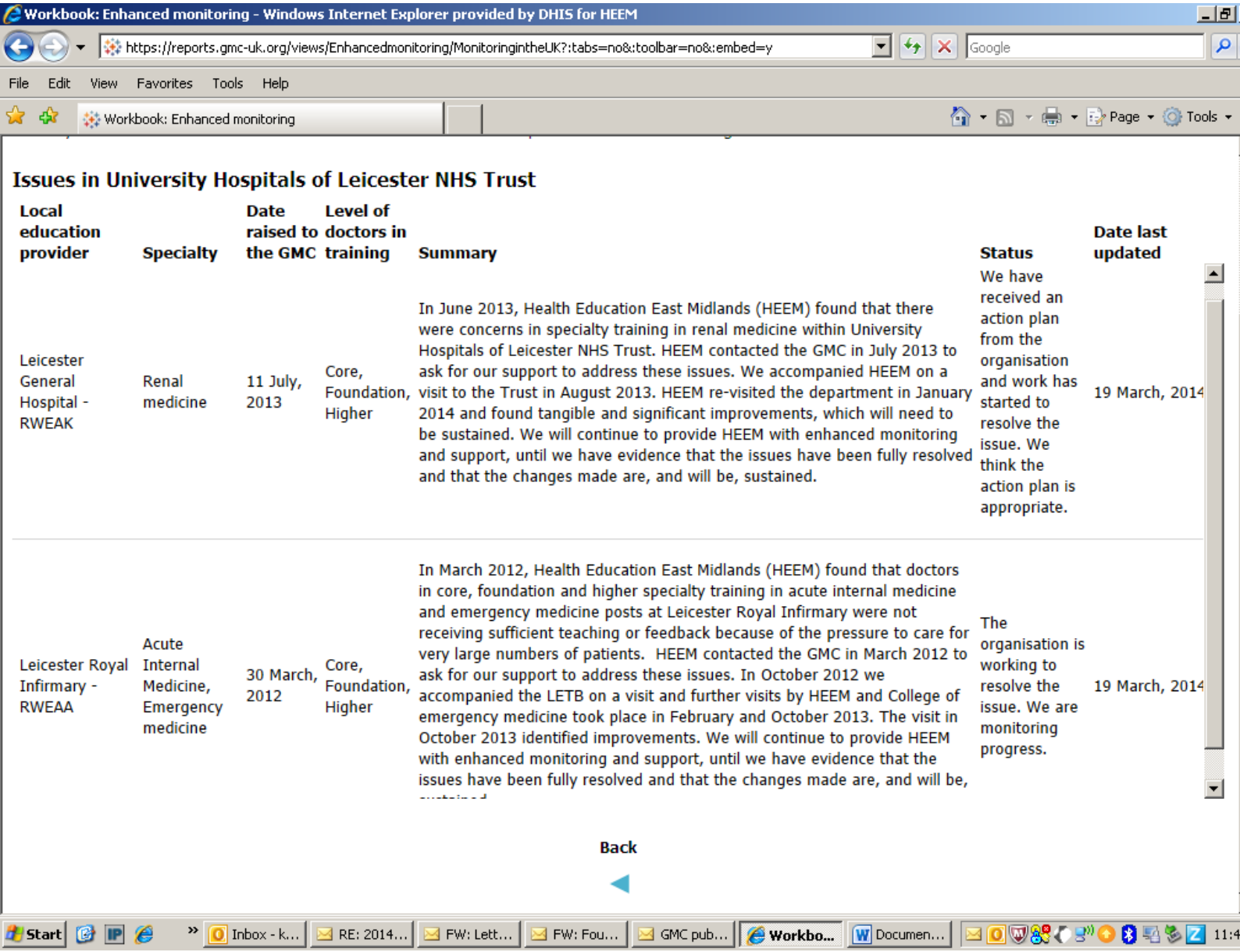
- SimBaby: £22,000
- SimMan 3G: £40,000
- X 2Simpad conversion units:£5,000
- X2 Central Line trainers:£2,000
- X2 Thoracic Trainers £12,500
- X2 Arterial Blood Gas Trainers: £1,200
- Surgical VR simulator and licences: £60,000
- Ultra-sound Trainer (Use for ED, Obstetrics, General Medicine) £80,000

Key priorities

1. There is a major problem with education and training facilities in UHL, particularly at LRI. We need a facilities strategy for education and training for the short, medium and longer term (in collaboration with local education partners). The UoL want support with the RKCSB development this financial year. Failure to progress facilities development risks the Trusts reputation as a teaching hospital and further decline in trainee recruitment, retention and a reduced ability to retain the posts and funding that we have for medical E&T. In the long run this could seriously impact quality of care and patient safety.
2. Improve engagement of CMGs with education and training issues – this continues to be a struggle and we await appointment of CMG Education Leads in several areas
3. Improve transparency of education and training funding across the Trust – to fail to do so risks losing significant education funding
4. Develop the potential of medical education and training to improve patient safety.

Appendices

Appendix 1

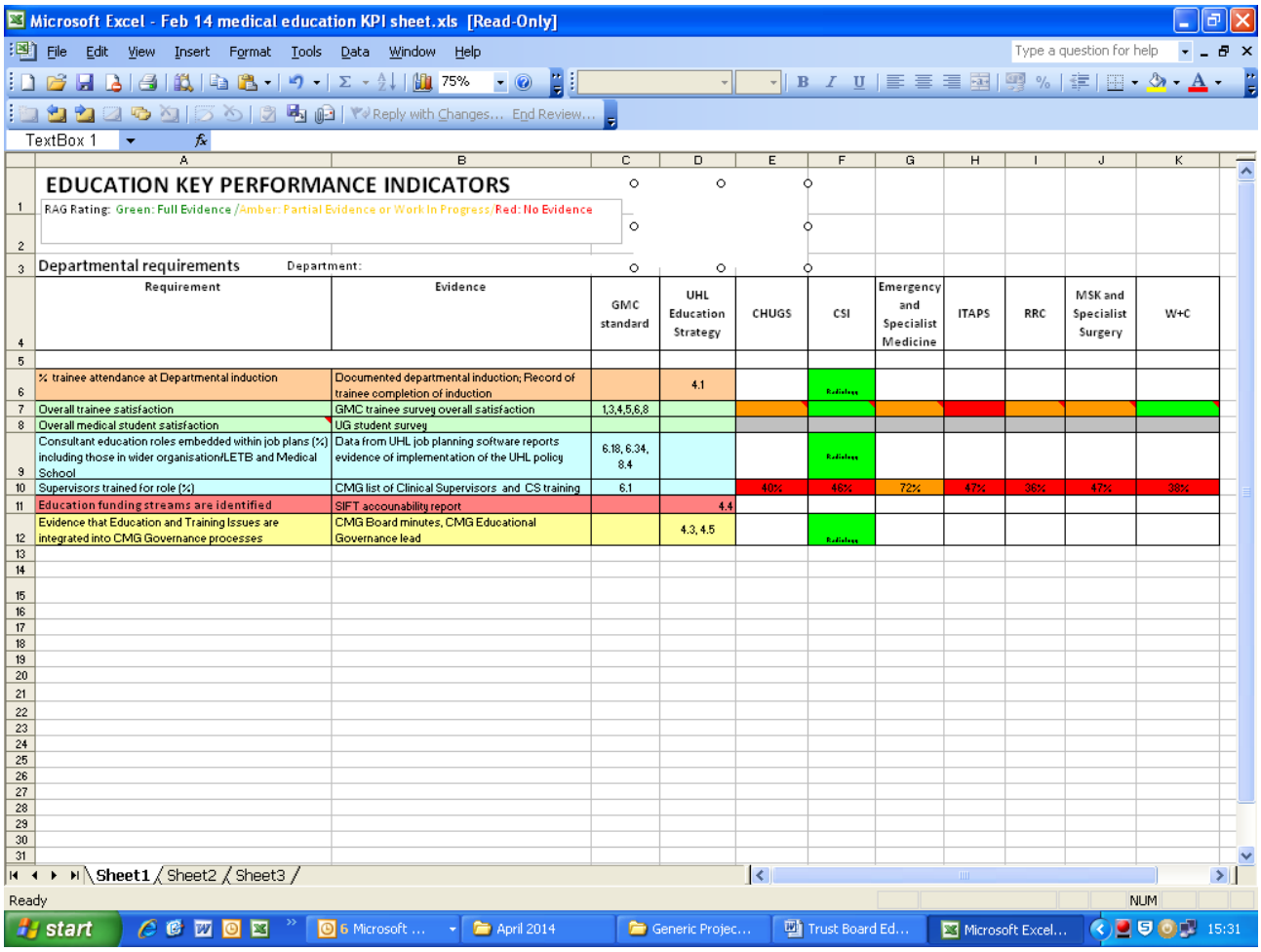


Issues in University Hospitals of Leicester NHS Trust

Local education provider	Specialty	Date raised to the GMC	Level of doctors in training	Summary	Status	Date last updated
Leicester General Hospital - RWEAK	Renal medicine	11 July, 2013	Core, Foundation, Higher	In June 2013, Health Education East Midlands (HEEM) found that there were concerns in specialty training in renal medicine within University Hospitals of Leicester NHS Trust. HEEM contacted the GMC in July 2013 to ask for our support to address these issues. We accompanied HEEM on a visit to the Trust in August 2013. HEEM re-visited the department in January 2014 and found tangible and significant improvements, which will need to be sustained. We will continue to provide HEEM with enhanced monitoring and support, until we have evidence that the issues have been fully resolved and that the changes made are, and will be, sustained.	We have received an action plan from the organisation and work has started to resolve the issue. We think the action plan is appropriate.	19 March, 2014
Leicester Royal Infirmary - RWEAA	Acute Internal Medicine, Emergency medicine	30 March, 2012	Core, Foundation, Higher	In March 2012, Health Education East Midlands (HEEM) found that doctors in core, foundation and higher specialty training in acute internal medicine and emergency medicine posts at Leicester Royal Infirmary were not receiving sufficient teaching or feedback because of the pressure to care for very large numbers of patients. HEEM contacted the GMC in March 2012 to ask for our support to address these issues. In October 2012 we accompanied the LETB on a visit and further visits by HEEM and College of emergency medicine took place in February and October 2013. The visit in October 2013 identified improvements. We will continue to provide HEEM with enhanced monitoring and support, until we have evidence that the issues have been fully resolved and that the changes made are, and will be,	The organisation is working to resolve the issue. We are monitoring progress.	19 March, 2014

Back

Appendix 2


Microsoft Excel - Feb 14 medical education KPI sheet.xls [Read-Only]
File Edit View Insert Format Tools Data Window Help
Type a question for help
Reply with Changes... End Review...
TextBox 1
EDUCATION KEY PERFORMANCE INDICATORS
RAG Rating: Green: Full Evidence /Amber: Partial Evidence or Work In Progress/Red: No Evidence
Departmental requirements
Department:
Requirement
Evidence
GMC standard
UHL Education Strategy
CHUGS
CSI
Emergency and Specialist Medicine
ITAPS
RRC
MSK and Specialist Surgery
W+C
% trainee attendance at Departmental induction
Documented departmental induction; Record of trainee completion of induction
4.1
Overall trainee satisfaction
GMC trainee survey overall satisfaction
1,3,4,5,6,8
Overall medical student satisfaction
UG student survey
Consultant education roles embedded within job plans (%) including those in wider organisation/LETB and Medical School
Data from UHL job planning software reports evidence of implementation of the UHL policy
6.18, 6.34, 8.4
Supervisors trained for role (%)
CMG list of Clinical Supervisors and CS training
6.1
40%
46%
72%
47%
36%
47%
38%
Education funding streams are identified
SIFT accounability report
4.4
Evidence that Education and Training Issues are integrated into CMG Governance processes
CMG Board minutes, CMG Educational Governance lead
4.3, 4.5
Sheet1 Sheet2 Sheet3
Ready
NUM
start
6 Microsoft ...
April 2014
Generic Projec...
Trust Board Ed...
Microsoft Excel...
15:31

EE

To:	**Trust Board**
From:	**Rachel Overfield - Chief Nurse**
Date:	**24 April 2014**
CQC regulation:	Outcome 16 – Assessing and Monitoring the Quality of Service Provision

Title:	**UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) 2013/14**

Author/Responsible Director: Chief Nurse

Purpose of the Report:
The report provides the Board with an updated BAF and oversight of any new extreme and high risks opened within the Trust during the reporting period. The report includes:-

a) A copy of the BAF as of 31 March 2014.
b) An action tracker to monitor progress of BAF actions
c) New extreme and/ or high risks opened during the reporting period.
d) Summary of all UHL extreme and high risks

The Report is provided to the Board for:

Decision		Discussion	**X**
Assurance	**X**	Endorsement	

Summary :

- The content of risk one has been fully revised by the Interim Director of Financial Strategy (IDFS).
- The current risk score for risk number three has been revised from 20 to 16.
- There have been minor revisions to risk eight and a further review will take place to identify the risks to the non-delivery of the updated UHL Quality Commitment.
- Interserve has not yet provided assurance that their business continuity policies/ plans have been adequately prepared.
- Significant revisions have been made to risks four, five and ten to reflect our current position.
- The Board should note the significant number of risks relating to staff shortages of medical, nursing, radiography/ radiology and Pathology grades (see risks 1157, 1196, 2153, 2234, 2275, 2278, 2294, 2300, 2307 and 2320).
- The Board is also asked to note risk 607 in relation to failure to fully comply with BCSH and BSQR blood traceability standards.
- Finally the Board is asked to note that outside of this reporting period (i.e. during April 2014) a new extreme risk has been entered on the risk register which will be included in next month's full report. This is a patient/staff safety risk caused by Interserve declining to provide trained staff to carry out non-harmful physical intervention where control is necessary to deliver essential critical care to patients lacking capacity to consent to treatment.

Recommendations:
Taking into account the contents of this report and its appendices the Board are invited to:

(a) review and comment upon this iteration of the BAF, as it deems appropriate:

(b) note the actions identified within the framework to address any gaps in either

controls or assurances (or both); (c) identify any areas which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation achieving its objectives; (d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks and consider the nature of, and timescale for, any further assurances to be obtained; (e) identify any other actions which it feels need to be taken to address any 'significant control issues' to provide assurance on the Trust meeting its principal objectives.	
Board Assurance Framework Yes	**Performance KPIs year to date** N/A
Resource Implications (eg Financial, HR) N/A	
Assurance Implications: Yes	
Patient and Public Involvement (PPI) Implications: Yes	
Equality Impact N/A	
Information exempt from Disclosure: No	
Requirement for further review? Yes. Monthly review by the Board	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **24 APRIL 2014**

REPORT BY: **RACHEL OVERFIELD - CHIEF NURSE**

SUBJECT: **UHL RISK REPORT INCORPORATING THE BOARD ASSURANCE FRAMEWORK (BAF) 2013/14**

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1. INTRODUCTION

1.1 This report provides the Board with:-

a) A copy of the BAF as of 31st March 2014.
b) An action tracker to monitor progress of BAF actions.
c) Notification of any new extreme or high risks opened during the reporting period.
d) Summary of all UHL extreme and high risks.

2. BAF POSITION AS OF 31st MARCH 2014

2.1 A copy of the BAF is attached at appendix one with changes to narrative since the previous version shown in red text. A summary to show the movement of risk scores since the previous report is now included within the BAF.

2.2 The progress of actions associated with the BAF is monitored by reference to the action tracker attached at appendix two. Actions completed prior to March 2014 have been removed from the tracker however a full audit trail of these is available by reference to previous documents.

2.3 The Board is asked to note the following points:

a. The content of risk one has been fully revised by the Interim Director of Financial Strategy (IDFS) and agreed by the UHL Finance and Performance Committee.

b. Following discussion at the previous Board meeting the current risk score for risk number three has been revised from 20 to 16.

c. Following discussions at EQB on 5th March, there have been minor revisions to risk eight; however the Chief Nurse advises that a further review will take place to identify the risks to the non-delivery of the updated UHL Quality Commitment following agreement of the content of the draft version.

d. Delay to the completion of action 3.3 due to the staff side intention to ballot members in relation to one element of the proposed pay progression criteria.

e. The continued lack of progress in relation to Interserve being able to provide assurance that business continuity policies/ plans have been adequately prepared. The Managing Director of LLRFMC is now

aware of this issue and has asked Interserve to respond as a high priority.

f. The Director of Strategy has made significant revisions to risks four, five and ten to reflect our current position.

g. No BAF or action tracker updates have been received from the Chief Information Officer (CIO) in relation to risk 12. As a consequence of this, action number 12.21 (due for completion at the end of March 2014) is showing as 'on-going' within the action tracker and action numbers 12.17 and 12.18 have completion dates yet to be agreed. The CIO has been asked to advise the Risk and Assurance Manager accordingly and the updates will be included in the next submission to the Board.

h. In instances where action completion dates have slipped from those originally agreed there are no increased risks.

2.4 In order to provide an opportunity for more detailed scrutiny the following three BAF entries are suggested for review against the parameters listed in appendix three.

- Risk 1 – Failure to achieve financial sustainability.
- Risk 5 – Ineffective strategic planning and response to external influences.
- Risk 7 – Failure to maintain productive and effective relationships.

3 2013/14 QUARTER FOUR EXTREME AND HIGH RISK REPORT.

3.1 A summary of all currently open extreme and high risks is attached at appendix three and the details of these risks are attached at appendix four. As of 31st March 2014 there are 34 high risks (including those listed in section 3.2) and one extreme risk on the UHL organisational risk register.

3.2 The Board should note the significant number of risks relating to staff shortages of medical, nursing, radiography/ radiology and Pathology grades (see risks 1157, 1196, 2153, 2234, 2275, 2278, 2294, 2300, 2307 and 2320) and are asked to consider whether the actions to mitigate the risks are robust and within appropriate timescales..

3.3 The Board is also asked to note risk 607 in relation to failure to fully comply with BCSH and BSQR blood traceability standards and consider whether the actions listed to reduce the risk are adequate. This risk has been on the risk register since December 2006 and a recent inspection of the UHL Blood transfusion Service identified issues around the lack of a full blood traceability system within UHL.

3.4 Three new high risks have opened during March 2014 as described below. The details of these risks are included at appendix four.

Risk ID	Risk Title	Risk Score	CMG/Corporate Directorate
2320	Risk of inadequate staffing levels in therapy radiography and radiotherapy physics causing a serious radiotherapy treatment	16	CHUGGS

2300	There is a risk of not meeting the national guidelines for out of hours Vascular cover	16	CSI
2318	Blocked drains causing leaks and localized flooding of sewage	16	Operations

3.5 In line with the UHL risk reporting process, for information, the Board is also asked to note that outside of this reporting period (i.e. during April 2014) a new extreme risk has been entered on the risk register which will be included in next month's full report. The new extreme risk is a patient/staff safety risk caused by Interserve declining to provide trained staff to carry out non-harmful physical intervention, holding and restraint skills where control is necessary to deliver essential critical care to patients lacking capacity to consent to treatment.

4. RECOMMENDATIONS

4.1 Taking into account the contents of this report and its appendices the TB is invited to:

(a) review and comment upon this iteration of the BAF, as it deems appropriate:

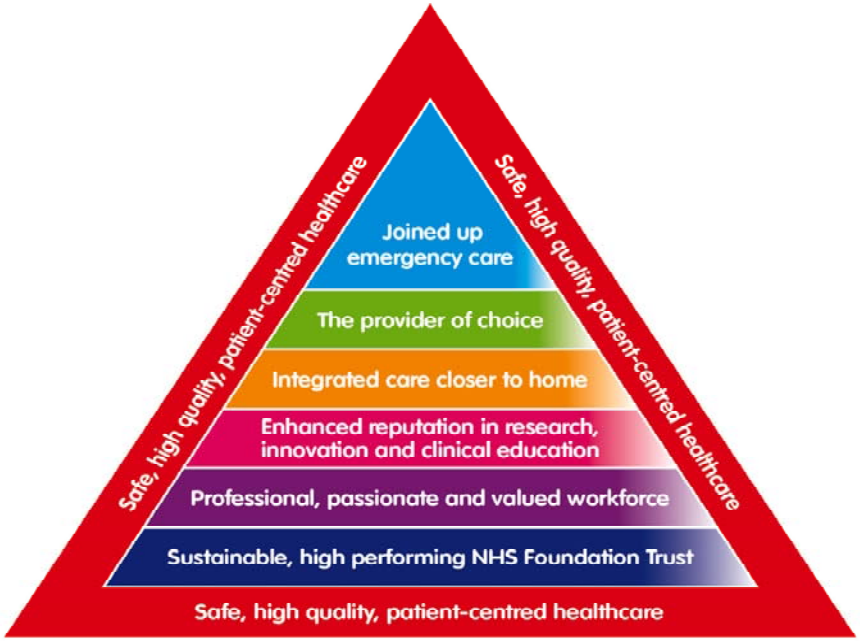
(b) note the actions identified within the framework to address any gaps in either controls or assurances (or both);

(c) identify any areas which it feels that the Trust's controls are inadequate and do not, therefore, effectively manage the principal risks to the organisation achieving its objectives;

(d) identify any gaps in assurances about the effectiveness of the controls in place to manage the principal risks and consider the nature of, and timescale for, any further assurances to be obtained;

(e) identify any other actions which it feels need to be taken to address any 'significant control issues' to provide assurance on the Trust meeting its principal objectives;

Peter Cleaver,
Risk and Assurance Manager,
16 April 2014.


Safe, high quality, patient-centred healthcare
Safe, high quality, patient-centred healthcare
Joined up emergency care
The provider of choice
Integrated care closer to home
Enhanced reputation in research, innovation and clinical education
Professional, passionate and valued workforce
Sustainable, high performing NHS Foundation Trust
Safe, high quality, patient-centred healthcare

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK MARCH 2014

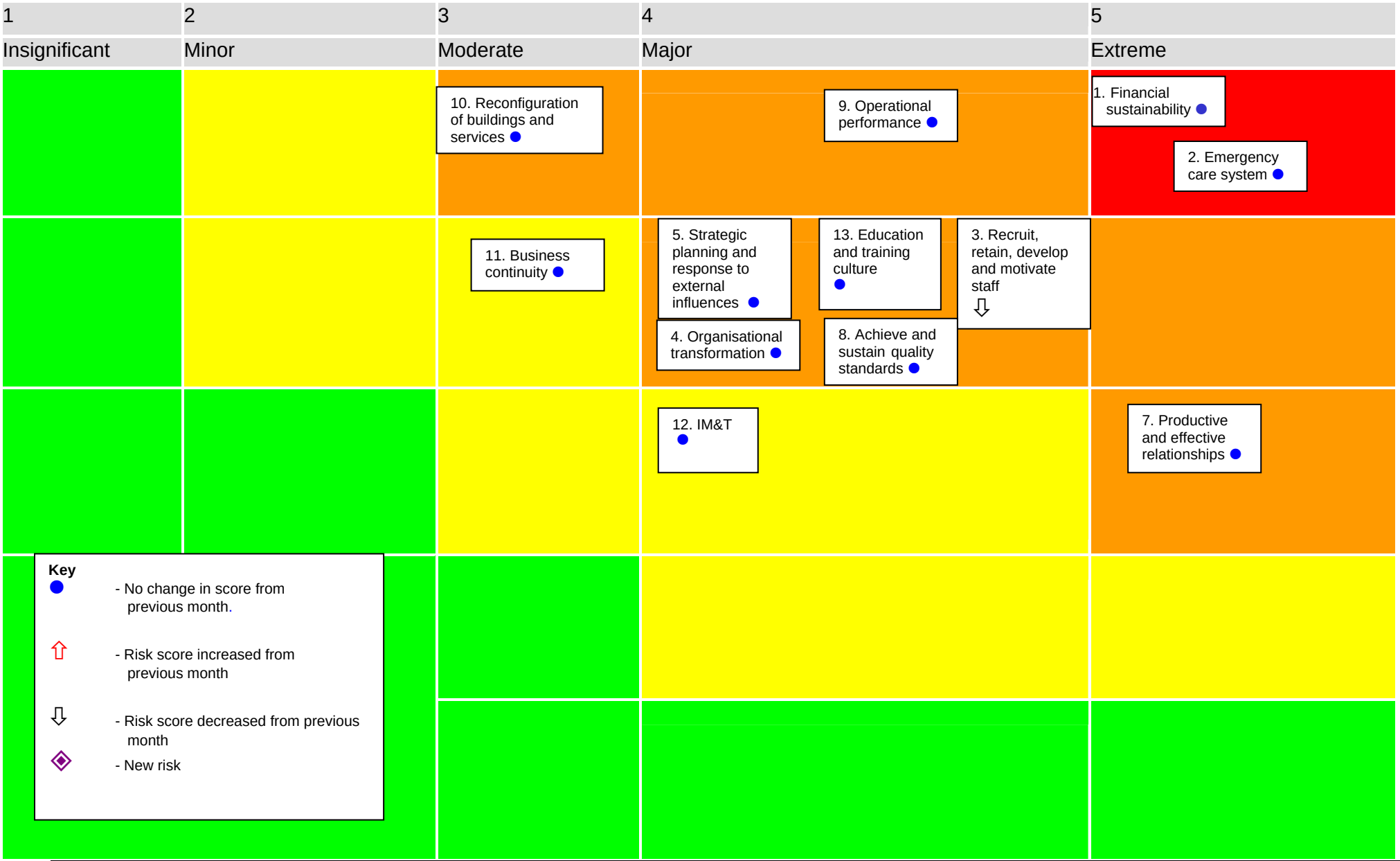
PERIOD: MARCH 2014

RISK TITLE	STRATEGIC OBJECTIVE	CURRENT SCORE	TARGET SCORE
Risk 1 – Failure to achieve financial sustainability	g - To be a sustainable, high performing NHS Foundation Trust	25	20
Risk 2 – Failure to transform the emergency care system	b - To enable joined up emergency care	25	12
Risk 3 – Inability to recruit, retain, develop and motivate staff	f - To maintain a professional, passionate and valued workforce e - To enjoy an enhanced reputation in research, innovation and clinical education.	16	12
Risk 4 – Ineffective organisational transformation	a - To provide safe, high quality patient-centred health care c - To be the provider of choice d - To enable integrated care closer to home	16	12
Risk 5 – Ineffective strategic planning and response to external influences	a - To provide safe, high quality patient-centred health care c - To be the provider of choice g - To be a sustainable, high performing NHS Foundation Trust	16	12
Risk 6 – **Risk deleted from BAF following approval of Trust Board**	**Not applicable**	**N/A**	**N/A**
Risk 7 – Failure to maintain productive and effective relationships	c - To be the provider of choice d - To enable integrated care closer to home f - To maintain a professional, passionate and valued workforce	15	10
Risk 8 – Failure to achieve and sustain quality standards	a - To provide safe, high quality patient-centred health care c - To be the provider of choice	16	12
Risk 9 – Failure to achieve and sustain high standards of operational performance	a - To provide safe, high quality patient-centred health care	20	12
Risk 10 – Inadequate reconfiguration of buildings and services	a - To provide safe, high quality patient-centred health care	15	9
Risk 11– Loss of business continuity	g - To be a sustainable, high performing NHS Foundation Trust	12	6
Risk 12 – Failure to exploit the potential of IM&T	a - To provide safe, high quality patient-centred health care d - To enable integrated care closer to home	12	6
Risk 13 - Failure to enhance education and training culture	e – To enjoy an enhanced reputation in research, innovation and clinical education	16	6

STRATEGIC OBJECTIVES:-	
a - To provide safe, high quality patient-centred health care.	**e - To enjoy an enhanced reputation in research, innovation and clinical education.**
b - To enable joined up emergency care.	**f - To maintain a professional, passionate and valued workforce.**

Consequence

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK MARCH 2014



RISK NUMBER/ TITLE:	**RISK 1 – FAILURE TO ACHIEVE FINANCIAL SUSTAINABILITY**
LINK TO STRATEGIC OBJECTIVE(S)	**g. - To be a sustainable, high performing NHS Foundation Trust.**
EXECUTIVE LEAD:	Interim Director of Financial Strategy

N.B. Action dates are end of month unless otherwise stated

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK MARCH 2014

Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	**Current Score I x L**	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	**Target Score I x L**	**Timescale** When will the action be completed?
Failure to deliver recurrent balance	Standing Financial Instructions & Standing Orders Overarching Financial Governance Processes	5x5=25	Monthly progress reports to F&P Committee, Executive Board, & Trust Board Development Sessions TDA Monthly Meetings Chief Officers meeting CCGs/Trusts TDA/NHSE meetings Trust Board Monthly Reporting UHL Programme Board, F&P Committee, Executive Board & Trust Board	(c) Varying level of financial understanding/ control within the organisation. (c) Lack of supporting service strategies to deliver recurrent balance	Finance Training Programme (1.21) Production of a FRP to deliver recurrent balance within three years (1.22) Health System External Review to define the scale of the financial challenge and possible solutions (1.23) Production of UHL Service & Financial Strategy including Reconfiguration/SOC (1.24)	5x4=20	Jun 2014 IDFS Jun 2014 IDFS Jun 2014 IDFS Jun 2014 IDFS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK MARCH 2014

Failure to achieve CIPs	Establishment of Weekly CIP Meetings Executive ownership of cross CIP cutting themes Engagement of Ernst & Young to provide external support to the delivery of the programme Executive Sign off of Plans Establishment of CIP Board Establishment of Project Management Office Short Term Expenditure Reserves CIP Performance Management as part of Integrated Performance Management		Weekly Progress meetings with CEO, COO, FD Monthly Reports to F&P Committee Trust Board Development Sessions Formal sign off documents with CMGs as part of agreement of IBPs Weekly meetings Briefings to Trust Board, F&P Committee, Executive Board regarding establishment of PMO Weekly meeting with Ernst & Young to formalise progress	(c) CIP Quality Impact Assessments not yet agreed internally or with CCGs (c) PMO structure not yet in place to ensure continuity of function following departure of Ernst & Young	Expedite agreement (1.25) PMO Arrangements need to be finalised (1.26)		Apr 2014 IDFS May 2014 IDFS
Failure to effectively manage financial performance	Monthly CMG Performance Reviews Escalation meetings at FD/COO level Internal Contracts Management Group Revised Integrated Performance Management Process Revised financial reporting to Trust Board, Executive Performance Board and F&P Committee		Formal documentation for sign off Report to Trust Board, F&P Committee and Executive Board Formal approval of process by Executive Board Agenda, action notes and supporting papers for meetings Schedule of meetings	(c) The organisation has not effectively identified its service model. (c) Varying level of financial understanding/ control within the organisation. (c) Finance department having difficulties in recruiting to finance posts leading to temporary staff being employed. (c) CMG General Managers not yet signed-off department managers finance plans	Production of Integrated Business Plan (Activity, Capacity, Operational Targets, Workforce, CIPS, Budgets, Capital & Risks) (1.27) Finance Training Programme (1.21) Restructuring of financial management via MoC (1.28) 'Sign-off' 'of local finance plans (1.29)		Jun 2014 IDFS Jun 2014 Jul 2014 Apr 2014
Failure to agree financially and operationally deliverable contracts	Contract Arbitration & TDA Mediation Internal Contracts Group -		Agreed contracts document through the dispute resolution process/arbitration Regular updates to F&P Committee, Executive Board, Escalation meeting between CEOs/CCG Accountable Officers	(c) Failure to agree appropriate levels of financial impact for QIPP, fines and penalties and MRET. (c) Failure to agree levels of operational performance in relation to the above.	Negotiate realistic contracts with CCGs and Specialised Commissioning - QIPP - Fines & Penalties - MRET rebase - Counting & Coding - CCG Non Recurring Funding (1.30)		Apr 2014 IDFS

Failure to receive capital funding	Capital Group Established TDA Monthly IDM Meeting IBM Commercial Sub Group to Joint Governance Board Link to Strategy & SOC Assessment of affordability of Business Cases and consistency with financial recovery Link to Health Systems Review and Service Strategy		UHL Programme Board, Trust Board, F&P Committee and Capital Group Agreement through Commercial Executive (or it's replacement), F&P Committee and Trust Board Health Economy Steering Group, FD's Sub-Group Regular reports to F&P Committee, Trust Board and Executive Board	(c) Lack of clear strategy for reconfiguration of services.	Production of Business Cases to support Reconfiguration and Service Strategy (1.31)		Jun 2014 IDFS

Failure to obtain sufficient cash resources	Agreeing short term borrowing requirements with TDA Short Term borrowing applications Formalised arrangements with TDA/CCGS Escalation to TDA Rolling cash-flow forecasts Cash-flow Monitoring/Reporting		Board reporting and F&P Committee review of cash flow Integral to Service & Financial Strategy UHL Programme Board, F&P Committee, Executive Board and Trust Board Reports to F&P Committee Trust Board and F&P Committee reporting	**(c)** Lack of service strategy to deliver recurrent balance	Agreeing long term loans as part of June Service & Financial Plan		Jun 2014 IDFS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK MARCH 2014

RISK NUMBER/ TITLE:	**RISK 2 – FAILURE TO TRANSFORM THE EMERGENCY CARE SYSTEM**
LINK TO STRATEGIC OBJECTIVE(S)	**b. - To enable joined up emergency care.**
EXECUTIVE LEAD:	Chief Operating Officer

Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	**Current Score I x L**	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	**Target Score I x L**	**Timescale** When will the action be completed?
Failure to transform emergency care system leading to demands on ED and admissions units continuing to exceed capacity.	Health Economy has submitted response plan to NHSE requirements for an Emergency Care system under the A&E Performance Gateway Reference 00062.	5x5=25	Once plan agreed with NTDA, it will be circulated to the Board.	No gaps	No actions	4x3=12	
	Emergency Care Action Team formed. Chaired by Chief executive to ensure Emergency Care Pathway Programme actions are being undertaken in line with NHSE action plan and any blockages to improvement removed. Development of action plan to address key issues.		Action Plan circulated to the Board on a monthly basis as part of the Report on the Emergency Access Target within the Quality and Performance Report.	Gaps described below	Actions described below		
	A new plan has been submitted detailing a clear trajectory for performance improvement and includes key themes from plan: Single front door.		Project plan developed by CCG project manager Risks from 'single front door' to be escalated via ECAT and raised with CCG Managing Director as required.	No gaps	No actions		
	ED assessment process is being operated.		Forms part of Quality Metrics for ED reported daily update and part of monthly board performance report.	No gaps	No actions		
	Recruitment campaign for continued recruitment of ED medical and nursing staff including fortnightly meetings with HR to highlight delays and solutions in the recruitment process.		Vacancy rates and bank/agency usage reported to Trust Board on a monthly basis. Recruitment plan being led by HR and monitored as part of ECAT.	(c) Difficulties are being encountered in filling vacancies within the emergency care pathway. Agency and bank requests continue to increase in response to increasing sickness rates, additional capacity, and vacancies. (c) Staffing vacancies for medical and nursing staff remain high.	Continue with substantive appts until funded establishment is achieved. (2.7)		Review Jun 2014 COO

	Formation of an EFU and AFU to meet increased demand of elderly patients.		'Time to see consultant' metric included in National ED quarterly indicator.	No gaps	No actions		
	Maintenance of AMU discharge rate above 40%.		Reported to Operational Board twice monthly and will be included in Emergency Care Update report in Q&P Report.	No gaps	No actions		
	New daily MDT Board Rounds on all medical wards and medical plans within 24hrs of admission.		Reported to Operational Board twice monthly and will be included in Emergency Care Update report in Q&P Report.	No gaps	No actions		
	EDDs to be available on all patients within 24 hours of admission. Review built in to daily discharge meetings to check accuracy of EDDs (from 2/09/13).		Monitored and reported to Operational Board twice monthly and will be included in Emergency Care Update report in Q&P report.	No gaps	No actions		
	Maintain winter capacity in place to allow new process to embed.		All winter capacity beds are to be kept open until the target is consistently met.	No gaps	No actions		
	DTOCs to be kept to a minimal level by increasing bed capacity. 24 Additional beds available from December 2013.		Forms part of the Report on Emergency Access in the Q&P Report.	No gaps	No actions		

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK MARCH 2014

RISK NUMBER/ TITLE:	**RISK 3 – INABILITY TO RECRUIT, RETAIN, DEVELOP AND MOTIVATE STAFF**
LINK TO STRATEGIC OBJECTIVE(S))	**e. - To enjoy an enhanced reputation in research, innovation and clinical education** **f. - To maintain a professional, passionate and valued workforce**
EXECUTIVE LEAD:	Director of Human Resources

Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	**Current Score I x L**	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	**Target Score I x L**	**Timescale** When will the action be completed?
Inability to recruit, retain, develop and motivate suitably qualified staff leading to inadequate organisational capacity and development.	Leadership and talent management programmes to identify and develop 'leaders' within UHL.	4x4=16	Development of UHL talent profiles.	No gaps identified.	No actions required.	4x3=12	
			Talent profile update reports to Remuneration Committee.	No gaps identified.	No actions required.		
	Substantial work program to strengthen leadership contained within OD Plan.			No gaps identified.	No actions required.		
	Organisational Development (OD) plan.		A central enabler of delivering against the OD Plan work streams will be adopting, 'Listening into Action' (LiA) and progress reports on the LiA will be presented to the Trust Board on a quarterly basis.	No gaps identified.	No actions required.		
	A central enabler of delivering against the OD Plan work streams will be adopting, 'Listening into Action (LiA). A Sponsor Group personally led by our Chief Executive and including, Executive Leads and other key clinical influencers has been established.		Progress reports on the LiA will be presented to the Trust Board on a quarterly basis.	No gaps identified. No gaps identified.	No actions required. No actions required.		
	Staff engagement action plan encompassing six integrated elements that shape and enable successful and measurable staff engagement.		Results of National staff survey and local patient polling reported to Board on a six monthly basis. Improving staff satisfaction position.	No gaps identified.	No actions required.		
			Staff sickness levels may also provide an indicator of staff satisfaction and performance. Staff sickness rate is 4.48% for M10 (M11 figures not yet available)	No gaps identified	No actions required.		

	Appraisal and objective setting in line with UHL strategic direction. Local actions and appraisal performance recovery plans/ trajectories agreed with CMGs and Directorates Boards.		Appraisal rates reported monthly to Board via Quality and Performance report. Appraisal performance features on CMG / Directorate Board Meetings to monitor the implementation of agreed local actions.				
	Summary of quality findings communicated across the Trust; to identify how to improve the quality of the appraisal experience for the individual and the quality of appraisal meeting recording.		Results of quality audits to ensure adequacy of appraisals reported to the Board via the quarterly workforce and OD report.	No gaps identified.	No actions required.		
			Appraisal Quality Assurance Findings reported to Trust Board via OD Update Report June 2013 Quality Assurance Framework to monitor appraisals on an annual cycle (next due March 2014).	No gaps identified.	No actions required.		
	Workforce plans to identify effective methods to recruit to 'difficult to fill areas). CMG and Directorates 2013/14 Workforce Plans. Active recruitment strategy including implementation of a dedicated nursing recruitment team. Programme of induction and adaptation for international pool of nurses.		Nursing Workforce Plan reported to the Board in September 2013 highlighting demand and initiatives to reduce gap between supply and demand. The use of locum staff in 'difficult to fill' areas is reported to the Board on a monthly basis via the Q&P report. Reduction in the use of such staff would be an assurance of our success in recruiting substantive staff.	(c) Risks with employing high number from an International Pool in terms of ensuring competence	Develop an employer brand and maximise use of social media (3.9).		Apr 2014 DHR
	Reward /recognition strategy and programmes (e.g. salary sacrifice, staff awards, etc). Recruitment and Retention Premia for ED medical and nursing staff.				Development of Pay Progression Policy for Agenda for Change staff (3.3).		Review Jun 2014 DHR
	UHL Branding – to attract a wider and more capable workforce. Includes development of recruitment literature and website, recruitment events, international recruitment. Recruitment progress is measured now there is a structured plan for bulk recruitment. Leads have been identified to develop and encourage the production of fresh and up to date recruitment material. Reporting and monitoring of posts with 5 or less applicants.		Evaluate recruitment events and numbers of applicants. Reports issued to Nursing Workforce Group. Reporting will be to the Board via the quarterly workforce an OD report. Quarterly report to senior HR team and to Board via quarterly workforce and OD report.	(a) Better baselining of information to be able to measure improvement. (c) Lack of engagement in production of website material.			

	Statutory and mandatory training programme (e-learning) for 10 key subject areas in line with National Core Skills Framework.		Monthly monitoring of statutory and mandatory training uptake via reports to TB and ESB against 9 key subject areas (currently showing month on month improvements (76% at M12).	(a) Potentially there may be inaccuracies of training data within the e-UHL system.	Update e-UHL records to ensure accuracy of reporting on a real time basis (3.7).		Review Apr 2014 DHR

RISK NUMBER/ TITLE:	**RISK 4 – INEFFECTIVE ORGANISATIONAL TRANSFORMATION**						
LINK TO STRATEGIC OBJECTIVE(S)	**a. - To provide safe, high quality patient-centred health care.** **c. - To be the provider of choice.** **d. - To enable integrated care closer to home**						
EXECUTIVE LEAD:	Director of Strategy						
Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	**Current Score I x L**	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	**Target Score I x L**	**Timescale** When will the action be completed?

Failure to put in place a robust approach to organisational transformation, adequately linked to related initiatives and financial planning/outputs.	Developing an integrated business plan based upon an overarching strategy for UHL supported by service based strategies. Ensuring that the 2 year operating plan and the 5 year strategy describe the outputs of the clinical strategy and workforce strategy and reflect the estates and financial consequences Engaging in the BCT 2014 programme to ensure cross LLR alignment and ensuring that, allowing for appropriate transition our 2 year and 5 year plans reflect direction of travel in respect of system wide clinical service (and wider social care transformation e.g. more care, closer to home where it is safe and cost effective to do so. Implementing the 'Delivering Caring at its Best' work programmes and put the clear governance arrangements in place Cross LLR capacity and activity plan.	4x4=16	Delivery of 'Delivering Caring at its Best' work programmes will be formally reported through sub-committees of the Board. This requires alignment with the whole local Health Economy change programme Better Care Together 2014 Track delivery against key programme metrics and CMG based delivery targets through ESB, EPB and Trust Board Monitored through the LLR Better Care Together 2014 programme	(c) Gaps are evident in the alignment of transformational process between UHL and principle partners – this is being raised through the Better Care Together Programme structures. (c) Gaps are evident in medium term capacity planning across the Trust and LLR	Review outputs from Chief Officers Group and strategic Planning Group to ensure gaps in current processes are being addressed (4.1). Capacity planning workshop with all CMGs in April/May to build internal capacity and capability and to scope and develop our internal planning assumptions (4.2) The LLR BCT 2014 planning process will support and facilitate the development and agreement of an LLR wide capacity plan in May/June 2014 (4.3)	4x3=12	May 2014 DS May 2014 DS May/ Jun 2014 DS
RISK NUMBER / TITLE	**RISK 5 - INEFFECTIVE STRATEGIC PLANNING AND RESPONSE TO EXTERNAL INFLUENCES**						
LINK TO STRATEGIC OBJECTIVE(S)	**a. - To provide safe, high quality patient-centred health care.** **c. - To be the provider of choice.** **e. - To enjoy an enhanced reputation in research innovation and clinical education.** **g. - To be a sustainable, high performing NHS Foundation Trust**						
EXECUTIVE LEAD:	Director of Strategy						
Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	**Current Score I x L**	**How do we know we are doing it?** **(Key assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	**Target Score I x L**	**Timescale** When will the action be completed?

Failure to put in place appropriate systems to horizon scan and respond appropriately to external drivers. Failure to proactively develop whole organisation and service line clinical strategies.	Integrated business planning processes in place across CMGs. Forward programme developed. CMG Strategy Leads now engaged in the Business and Strategy Support Teams (BSST) meetings to improve engagement, alignment and teamwork. ESB forward plan to reflect a 12 month programme aligned with: • the development of the IBP/LTFM • the reconfiguration programme • the development of the next AOP • The TB Development Programme. The TB formal agenda Processes now in place to deliver a rolling 2 year operational plan based upon a 5 year strategic plan.	4x4=16	Weekly strategic planning meetings in place – cross CMG and corporate team attendance with delivery led through the Strategy Directorate. Progress reported through reports to ESB and Trust Board Development of a clear, clinically based 5 year strategic for Trust Board sign off in June 2014 and subsequent TDA sign off by the TDA will provide assurance that strategic planning is taking place. Reports to ESB. Regular reports to TB reflecting progress against 12 month rolling programme.	.(c) No high level plan yet developed	High level plan for the Trust to be developed. (5.16)	4x3=12	Jun 2014

RISK NUMBER/ TITLE:	**RISK 7– FAILURE TO MAINTAIN PRODUCTIVE AND EFFECTIVE RELATIONSHIPS**						
LINK TO STRATEGIC OBJECTIVE(S)	**c. - To be the provider of choice.** **d. - To enable integrated care closer to home.** **f. – To maintain a professional, passionate and valued workforce.**						
EXECUTIVE LEAD:	Director of Marketing and Communications						
Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	Current Score I x L	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	Target Score I x L	**Timescale** When will the action be completed?

Failure to maintain productive relationships with external partners/ stakeholders leading to potential loss of activity and income, poor reputation and failure to retain/ reconfigure clinical services.	Stakeholder Engagement Strategy. Regular meetings with external stakeholders and Director of Communications and member of Executive Team to identify and resolve concerns. Regular stakeholder briefing provided by an e-newsletter to inform stakeholders of UHL news. Leicester, Leicestershire and Rutland (LLR) health and social care partners have committed to a collaborative programme of change ('Better Care Together').	5X3=15	Twice yearly GP surveys with results reported to UHL Executive Team. Latest survey results discussed at the April 2013 Board and showed increasing levels of satisfaction… a trend which has now continued for 18 months. Annual Reputation / Relationship survey to key professional and public stakeholders Nov 13.	(c) No external and 'dispassionate' professional view of stakeholder / relationship management activity.	Invite PWC (Trust's Auditors) to offer opinion on the plan / talk to a selection of stakeholders. (7.3)	5X2=10	May 2014 DCM
	The Board have committed to regular meetings in Public around LLR with hosts including Healthwatch and AGE UK						
	The Chairman, with CCG colleagues hosts regular meetings with CCG lay members to improve dialogue and understanding and foster a culture of teamwork between providers and commissioners.						
	A joint report by local Healthwatch organisations to be included in Trust Board papers as a means of bringing community and stakeholder views to the Board's attention.						

RISK NUMBER/ TITLE:	**RISK 8 – FAILURE TO ACHIEVE AND SUSTAIN QUALITY STANDARDS**
LINK TO STRATEGIC OBJECTIVE(S)	**a. – To provide safe, high quality patient-centred health-care**
EXECUTIVE LEAD:	Chief Nurse (with Medical Director)

Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	Current Score I x L	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	Target Score I x L	**Timescale** When will the action be completed?

Failure to achieve and sustain quality standards leading to failure to reduce patient harm with subsequent deterioration in patient experience/ satisfaction/ outcomes, loss of reputation and deterioration of 'friends and family test' score.	Standardised M&M meetings in each speciality.	4x4=16	Routine analysis and monitoring of out of hours/weekend mortality at CMG Boards.	No gaps.	No action needed.	4x3=12	
	Systematic speciality review of "alerts" of deterioration to address cause and agree remedial action by Mortality Review Committee. All deaths in low risk groups identified. Working with DFI to ensure data has been recorded accurately.		Quality and Performance Report and National Quality dashboard presented to ET and TB. Currently SMHI "within expected" (i.e. 107 based on HSCIC data from July 12 to June 13). UHL subscribes to the Hospital Evaluation Dataset (HED) which is similar to the Dr Foster Intelligence clinical benchmarking system but also includes a 'SHMI analysis tool'. Independent analysis of mortality review performed by Public Health. Results reported at November 2013 TB meeting.	(a) UHL risk adjusted perinatal mortality rate above regional and national average.			
	Agreed patient centred care priorities for 2013-14: - Older people's care - Dementia care - Discharge Planning		Quality Action Group meets monthly. Achievement against key objectives and milestones report to Trust board on a monthly basis. A moderate improvement in the older people survey scores has been recorded.	No gaps identified.	No action needed.		
	Multi-professional training in older peoples care and dementia care in line with LLR dementia strategy.		Quality Action Group monitoring of training numbers and location.	No gaps identified.	No action needed.		
	Protected time for matrons and ward sisters to lead on key outcomes.		CMG/ specialty reporting on matron activity and implementation or supervisory practice.	(c) Present vacancy levels prevent adoption of supervisory practice.	Active recruitment to ward nursing establishment so releasing ward sister –for supervisory practice (8.5).		Sep 2014 CN
	Promote and support older people's champion's network and new dementia champion's network.		Monthly monitoring of numbers and activity.	No gaps identified.	No action needed.		
	Targeted development activities for key performance indicators - answering call bells - assistance to toilet - involved in care - discharge information		Monthly monitoring and tracking of patient feedback results. Monthly monitoring of Friends and Family Test reported to the TB (69% at M11). England average 71%.				

	Quality Commitment 2013 – 2016: • Save 1000 extra lives • Avoid 5000 harm events • Provide patient centred care so that we consistently achieve a 75 point patient recommendation score.		Quality Action Groups monitoring action plans and progress against annual priority improvements. A Quality Commitment dashboard has been developed to present updates to the TB on the 3 core metrics for tracking performance against our 3 goals. These metrics will be tracked up to 2015. Impressive drops in fall numbers have been observed in Datix reports and in the Safety Thermometer audit. Quality commitment has been refreshed and aligned with the components of quality (experience, safety, effectiveness) that the Trust is undertaking				
	Relentless attention to 5 Critical Safety Actions (CSA) initiatives to lower mortality.		Q&P report to TB showing outcomes for 5 CSAs. 4CSAs form part of local CQUIN monitoring and there is full compliance against agreed action plans. Full CQUIN funding received	(c) Lack of a unified IT system in relation to ordering and receiving results means that many differing processes are being used to acknowledge/respond to results. Potential risk of results not being acted upon in a timely fashion.	Implementation of Electronic Patient Record (EPR). (8.10)		2015 CIO

	NHS Safety thermometer utilised to measure the prevalence of harm and how many patients remain 'harm free' (Monthly point prevalence for '4 Harms'). Monthly meetings with operational/clinical and managerial leads for each harm in place.		Monthly outcome report of '4 Harms' is reported to Trust board via Q&P report. The percentage of Harm Free Care for M11 was 94.8 % reflecting a reduction in the number of patients with newly acquired harms. There are no areas of concern in relation to the prevalence of New Harms.	(a) There is some concern that the revised DH monitoring tool is still not an effective measure to produce accurate information. Local actions to resolve this are not practicable.			

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RISK NUMBER/ TITLE:	**RISK 9 – FAILURE TO ACHIEVE AND MAINTAIN HIGH STANDARDS OF OPERATIONAL PERFORMANCE**
LINK TO STRATEGIC OBJECTIVE(S)	**a. - To provide safe, high quality patient-centred health-care** **c. - To be the provider of choice.** **g. - To be a sustainable, high performing NHS Foundation Trust.**
EXECUTIVE LEAD:	Chief Operating Officer

Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	**Current Score I x L**	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	**Target Score I x L**	**Timescale** When will the action be completed?
Failure to achieve and sustain operational targets leading to contractual penalties, patient dissatisfaction and poor reputation.	Referral to treatment (RTT) backlog plans (patients over 18 weeks) and operational performance of 90% (for admitted) and 95 % (for non-admitted). Further recovery plans for RTT performance agreed by Commissioners Use of independent sector for key specialties. Reissue across UHL of cancelled operations policy UHL action plan signed off by Commissioners (to reduce cancellations on the day for non-clinical reasons to <0.8%and rebook within 28days)	4x5=20	Key specialities in weekly performance meetings with COO to implement plans. Monthly monitoring of RTT performance recovery plans Daily RTT performance and prospective reports to inform decision making. Weekly patient level reporting meeting for all key specialties. Monthly Q&P report to Trust Board showing 18 week RTT performance. Operational group meeting alternate weeks Operational improvement plan in place Weekly monitoring and actioning 28 day rebooking via access meeting Monthly report to Trust Board and commissioners	(c) Inadequate elective capacity. (c) Not creating ring-fenced elective capacity to prevent cancellations due to no beds on the day	UHL ET to discuss and consider implementing ring-fenced facilities (9.14)	4x3=12	COO April 2014
	Transformational theatre project to improve theatre efficiency to 80 -90%.		Monthly theatre utilisation rates. Theatre Transformation monthly meeting. Transformation update to Board.	No gaps identified.	No actions required.		

	Emergency Care process redesign (phase 1) implemented 18 February 2013 to improve and sustain ED performance.		Monthly report to Trust Board in relation to Emergency Dept (ED) flow (including 4 hour breaches). 4 hour wait performance 83.5% (M11)	See risk number 2.	See risk number 2.		
	Cancer 62 day performance - Tumour site improvement trajectory agreed and each tumour site has developed action plans to achieve targets. Senior Cancer Manager appointed. Lead Cancer Clinician appointed. Action plan to resolve Imaging issues implemented.		Cancer action board established and weekly meetings with all tumour sites represented. Monthly trajectory agreed and Cancer action plan agreed with CCGs and reported and monitored at Executive Performance board. Chief Operating Officer receives reports from Cancer Manager and 62 day performance included within Monthly Q&P report to Trust Board. The ongoing management of cancer performance is carried out by a weekly cancer action board to provide operational assurance. Performance against 62 day standard has been achieved for the past 6 months. Commissioners have formally removed the contract performance notice in relation to 62 day standard.	No gaps identified.	No actions required.		

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RISK NUMBER/ TITLE:	**RISK 10 – INADEQUATE RECONFIGURATION OF BUILDINGS AND SERVICES**
LINK TO STRATEGIC OBJECTIVE(S)	**a. - To provide safe, high quality patient-centred health care**
EXECUTIVE LEAD:	Director of Strategy

Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	Current Score I x L	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	Target Score I x L	**Timescale** When will the action be completed?
Inadequate reconfiguration of buildings and services leading to less effective use of estate and services.	Reviewing and refreshing our Clinical Strategy. LLR Better Care Together 2014 Strategy	3x5=15	Trust Board development session on development of approach to strategic planning and development of strategic case for change. On-going monitoring of service outcomes by MRC to ensure outcomes improve. Improvement in health outcomes and effective Infection Prevention and Control practices monitored by Executive Quality Board (Q+P report) with escalation to ET, QAC and TB as required.	(a) Service specific KPIs not yet identified for all services.	Iterative development of operational and strategic plans (10.5)	3X3=9	Jun 2014 DS
	Review and refresh of our current Estates Strategy to ensure that it will support the delivery of an Estates solution that will be a key enabler for our clinical strategy. Reconfiguration Programme working with clinicians to develop a 'preferred' way forward' completed.		Trust Board development sessions and Board reports in respect of estate related developments over a 2 year and 5 year time horizon. Facilities Management Collaborative (FMC) monitors operational estate delivery against agreed KPIs to provide assurance of successful outsourced service.	(c) Estates plans not fully developed to achieve the strategy. The success of the plans will be dependent upon capital funding beyond our own capital resources and successful approval by the NTDA. Access to discretionary capital will be dependent on delivery of our agreed financial plan	Reconfiguration programme to develop a strategic outline case which will inform the future estate strategy (10.6) Deliver our financial plan, activity plans (10.7) Secure capital funding (10.3).		Jun 2014 DS Jun 2014 IDFS/COO Jun 2014 IDFS/COO

	CMG service development strategies and plans to deliver key developments.		Progress on CMG development plans reported to Development Meetings with execs	No gaps identified.	No actions required.		
	Executive Strategy Board - Reconfiguration		Monthly ESB to provide oversight of reconfiguration.	No gaps identified.	No actions required.		Jun 2014 DS
	Capital expenditure programme to fund developments. Capital Board to oversee in year performance management		Capital expenditure reports reported to the Board via F&P Committee. Capital Board re-established	Require financial strategy by the end of Q1 to reflect how the Trust anticipates sourcing external capital for strategic business cases.	Develop and secure TDA approval for access to strategic capital. (10.8)		Jun 2014 IDFS
	Managed Business Partner for IM&T services to deliver IT that will be a key enabler for our clinical strategy. IM&T incorporated into Improvement and Innovation Framework.		IM&T Board in place.	No gaps identified.	No actions required.		

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RISK NUMBER/ TITLE:	**RISK 11 – LOSS OF BUSINESS CONTINUITY**
LINK TO STRATEGIC OBJECTIVE(S))	**g. - To be a sustainable, high performing NHS Foundation Trust.**
EXECUTIVE LEAD:	Chief Operating Officer

Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	**Current Score I x L**	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	**Target Score I x L**	**Timescale** When will the action be completed?
Inability to react /recover from events that threaten business continuity leading to sustained downtime and inability to provide full range of services.	Major incident/business continuity/ disaster recovery and Pandemic plans developed and tested for UHL/ wider health community. This includes UHL staff training in major incident planning/ coordination and multi agency involvement across Leicestershire to effectively manage and recover from any event threatening business continuity. Tailored training packages for service area based staff. Contingency plans developed to manage loss of critical supplier and how we will monitor and respond to incidents affecting delivery of critical supplies.	3x4=12	Annual Emergency planning Report Training Needs Analysis developed to identify training requirements for staff External auditing and assurances to SHA, Business Continuity Self-Assessment, Completion of the National Capabilities Survey, November 2013 Results included in the annual report on Emergency Planning and Business Continuity to the QAC. Audit by PwC Jan 2013. Completed Jan 2014. Documented evidence from key critical suppliers has been collected to ensure that contracts include business continuity arrangements.	(c) On-going continual training of staff to deal with an incident. (a) Lack of coordination of plans between different service areas and across the specialties. c) Not all the critical suppliers questioned provided responses. (c) Contracts aren't assessed for their potential BC risk on the Trust.	Training and Exercising events to involve multiple specialties/CMGs to validate plans to ensure consistency and coordination (11.13). Finance and procurement staff to be trained how to assess the BC risk to a contract and utilise the tools developed. (11.14)	2x3=6	Aug 2014 COO May 2014 COO

	Emergency Planning Officer appointed to oversee the development of business continuity within the Trust.		Outcomes from PwC LLP audit identified that there is a programme management system in place through the Emergency Planning Officer to oversee. A year plan for Emergency Planning developed and updated annually. Production/updates of documents/plans relating to Emergency Planning and Business Continuity aligned with national guidance have begun. Including Business Impact Assessments for all specialties. Plan templates for specialties now include details/input from Interserve. 2014/2015 work plan based on priority tasks to undertake and plans to review	(c) Local plans for loss of critical services not completed due to change over of facilities provider. (c) Plans have not been provided by Interserve as to how they would respond or escalate issues to the Trust. (c) A number of plans are out of date and risk being inadequate for a response due to operational changes. (c)Call out system designed to notify staff of a major incident and activate the plan is not suitable.	Further work required to develop escalation plans and response plans for Interserve. (11.11) Review and consider options for an automated system to reduce time and resources required to initiate a staff call out (11.16).		Apr 2014 COO Jun 2014 COO
No gaps identified.	No actions required.		Minutes/action plans from Emergency Planning and Business Continuity Committee. Any outstanding risks/issues will be raised through the COO.	No gaps identified.	No actions required.		
			New Policy on InSite Emergency Planning and Business Continuity Committee ensures that processes outlined in the Policy are followed, including the production of documents relating to business continuity within the service areas. Incidents within the Trust are investigated and debrief reports written, which include recommendations and actions to consider. Issues/lessons feed into the development of local plans and training and exercising events.	No gaps identified.	No actions required.		

			Head of Operations and Emergency Planning Officer are consulted on the implementation of new IM&T projects that will disrupt user's access to IM&T systems.	(c) Do not always consider the impact on business continuity and resilience when implementing new systems and processes. (c) End users aren't always consulted adequately prior to downtime of a system.	Further processes require development, particularly with the new Facilities and IM&T providers to ensure resilience is considered/ developed when implementing new systems, infrastructure and processes. (11.8)		Review Apr 2014 COO
	All priority IT systems have disaster recovery testing completed as part of the change approvals for major upgrades or at least once per year if no upgrade is planned within a financial year.			(a) Lack of clarity around how the trust receives assurance that disaster recovery testing for IT systems takes place	Develop an assurance process (11.17)		May 2014 CIO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK MARCH 2014

RISK NUMBER/ TITLE:	**RISK 12 FAILURE TO EXPLOIT THE POTENTIAL OF IM&T**
LINK TO STRATEGIC OBJECTIVE(S))	**a. - To provide safe, high quality patient-centred health care.** **d. - To enable integrated care closer to home**
EXECUTIVE LEAD:	Chief Information Officer

Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	**Current Score I x L**	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	**Target Score I x L**	**Timescale** When will the action be completed?
Failure to integrate the IM&T programme into mainstream activities.	IM&T is required to be part of the short/medium and long term planning processes	4x3=12	Strategic IM&T Board in place. Quarterly reports to Trust Board IM&T represented on key groups such as ESB, capital planning etc…	(c) late notice of significant changes that have a material impact on M&T provision (c) lack of uptake of IM&T opportunities within the planning processes	Ensure that there is further integration of IM&T within planning groups (12.9) Ensure that there are no unforeseen IM&T requirements coming out of the 2014-2016 planning phase. (12.10)	3x2=6	May 2014 CIO Apr 2014 CIO
	Creation of an exciting portfolio of opportunities for UHL to use within its delivery and reporting activities		A clear plan for 2014/15 exists, within the IM&T strategic framework. Work with directly affected areas has commenced	(c) lack of a fully signed off five year plan for IMT (c) a clear communications and engagement plan to inform all stakeholders of these opportunities	Work with the DOF and the capital group to ensure a coherent 5 year plan is in place for the delivery of the core IM&T components (12.11) Work with specialists from UHL and IBM to better define the communications and engagement strategy. (12.12) Review and reissue the IM&T strategy (12.13)		May 2014 CIO May 2014 CIO Jun 2014 CIO
	Engagement with the wider clinical communities (internal) including formal meetings of the newly created advisory groups/ clinical IT. Improved communications plan incorporating process for feedback of information.		CMIO(s) now in place, and active members of the IM&T meetings The joint governance board monitors the level of communications with the organisation.	(c Whilst there is increased clinical engagement this is still not flowing through the anticipated cascade methodology	To review the means by which we communicate to clinical teams, including reviewing working models from successful organisations. (12.14)		Apr 2014 CMIO

	Engagement with the wider clinical communities (External). UHL CMIOs are added as invitees to the meetings, as are the clinical (IM&T) leads from each of the CCGs.		UHL membership of the wider LLR IM&T board	(c) no involvement of external stakeholders on our significant internal projects	Review any relevant groups and engage our external stakeholders for membership (12.15)		May 2014 CIO/CMIO
Benefits are not well defined or delivered	Appointment of IBM to assist in the development of an incentivised, benefit driven, programme of activities to get the most out of our existing and future IM&T investments. Initial engagement with key members of the TDA to ensure there is sufficient understanding of technology roadmap and their involvement. The development of a strategy to ensure we have a consistent approach to delivering benefits. Increased engagement and communications with departments to ensure that we capture requirements and communicate benefits. Standard benefits reporting methodology in line with trust expectations.		Minutes of the joint governance board, the transformation board and the service delivery board. Benefits are part of all the projects that are signed off by the relevant groups.	(a) Not all projects are fully reporting on the benefits realised. (c) Ownership of benefits delivery is being overlooked when a project, from IM&T's perspective, is finished. (c) Requirements within projects are moving significantly from the time a project specification is signed off.	Ensure that all teams working on IM&T projects work to the required standards. (12.16) Post project benefit realisation plans and ownership is identified at pre-commencement phase to ensure the total work is identified. (12.17) Requirements and benefits are fully signed off prior to any work commencing (12.18)		Apr 2014 CIO TBA TBA
Major programmes of work do not deliver on time and budget	A joint Programme and project methodology is in place between UHL and IBM for managing and tracking activities.		Weekly and Monthly reports are in place to track both at a programme level and at an individual project level	(c) sufficient feedback to individual CMGs on both the progress, benefits and further opportunities from their IM&T projects	Re-establish monthly meetings with a nominated lead to discuss projects and overall performance with the CMGs (12.19) Enhance the communications with the CMGs to include new opportunities that they could consider within their planning processes going forward (12.20)		Apr 2014 CIO Apr 2014 CIO
	External factors such as CCG alignment and NTDA approval are in place to ensure smooth passage of approvals		Bi monthly LLR meetings are in place to ensure alignment across all healthcare stakeholders in Leicestershire	(a) more early engagement with the NTDA is required to ensure visibility of the IM&T programme (c) Agree LLR joint priorities for 2014	To provide a plan/dates to the relevant NTDA bodies of the expected business case release plan (12.21) Further work through the IM&T strategy board is required to refine the large set of requirements into a realistic deliverable plan (12.22)		Mar 2014 CIO May 2014 CIO

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – BOARD ASSURANCE FRAMEWORK MARCH 2014

RISK NUMBER/ TITLE:	**RISK 13 – FAILURE TO ENHANCE MEDICAL EDUCATION AND TRAINING CULTURE**
LINK TO STRATEGIC OBJECTIVE(S)	**e - To enjoy an enhanced reputation in research, innovation and clinical education.**
EXECUTIVE LEAD:	Medical Director

Principal Risk (What could prevent the objective(s) being achieved)	**What are we doing about it?** **(Key Controls)** What control measures or systems we have in place to assist secure delivery of the objective (describe process rather than management group)	**Current Score I x L**	**How do we know we are doing it?** **(Key Assurances of controls)** Provide examples of recent reports considered by Board or committee where delivery of the objectives is discussed and where the board can gain evidence that controls are effective.	**What are we not doing?** **(Gaps in Controls C) / Assurance (A)** What gaps in systems, controls and assurance have been identified?	**How can we fill the gaps or manage the risk better?** **(Actions to address gaps)**	**Target Score I x L**	**Timescale** When will the action be completed?
Failure to implement and embed an effective medical training and education culture with subsequent critical reports from commissioners, loss of medical students and junior doctors, impact on reputation and potential loss of teaching status.	Medical Education Strategy and Action Plan.	4x4=16	Strategy approved by the Trust Board. Strategy monitored by Operations Manager and reviewed monthly in Full team Meetings. Favourable Deanery visit in relation to ED Drs training.	(c) Lack of engagement/awareness of the Strategy with CMGs.	Meetings to discuss strategy with CMGs (13.1).	3x2 = 6	Apr 2014 MD
	UHL Education Committee. 'Doctors in Training' Committee established. Education and Patient Safety. Links with LEG/ QUAC and QPMG		Professor Carr reports to the Trust Board. Reports submitted to the Education Committee. Terms of reference and minutes of meetings.	(c) Attendance at the Committee could be improved. (c) Improved trainee representation on Trust wide committees. (c) Improve engagement with other patient safety activities/groups.	Relevance of the committee to be discussed at specialty/ CMG meetings (13.2).		Apr 2014 MD
	Quality Monitoring. Engagement with specialties to share findings from education and training dashboards		Quality dashboard for education and training (including feedback from GMC and LETB visits) monitored monthly by Operations Manager, Quality Manager and Education Committee. Education Quality Visits to specialties. Exit surveys for trainees. Monitor progress against the Education Strategy and GMC Training Survey results.	(a) Do not currently ensure progress against strategic and national benchmarks. (c) Inadequate educational resources.	Monitor UHL position against other trusts nationally. (13.7) New Library/learning facilities to be developed at the LRI .(13.8)		Review Jun 2014 MD Apr 2014 MD

	Educational project teams to lead on education transformation projects.		Project team meets monthly. Favourable outcome from Deanery visit in relation to ED Drs training.				
	Financial Monitoring.		SIFT monitoring plan in place.	(c) Poor engagement with specialties in relation to implication of SIFT.	Need to engage with the specialties to help them understand the implication of SIFT and their funding streams. (13.10)		Apr 2014 MD

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
ACTION TRACKER FOR THE 2013/14 BOARD ASSURANCE FRAMEWORK (BAF)

Monitoring body (Internal and/or External):	Executive Team
Reason for action plan:	Board Assurance Framework
Date of this review	**March 2014**
Frequency of review:	Monthly
Date of last review:	February2014

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
1	**Failure to achieve financial sustainability**					
1.21	Implementation of financial training programme to address variability of financial knowledge and control across UHL.	IDFS		June 2014	On track	4
1.22	Production of a FRP to deliver recurrent balance within three years.	IDFS		June 2014	On track	4
1.23	Health System External Review to define the scale of the financial challenge and possible solutions.	IDFS		June 2014	On track	4
1.24	Production of UHL Service & Financial Strategy including Reconfiguration/SOC.	IDFS		June 2014	On track	4
1.25	Expedite agreement of CIP quality impact assessments both internally and with CCGs.	IDFS		April 2014	On track	4
1.26	PMO Arrangements need to be finalised to ensure continuity following departure of Ernst & Young.	IDFS		May 2014	On track	4
1.27	Production of Integrated Business Plan (Activity, Capacity, Operational Targets, Workforce, CIPS, Budgets, Capital & Risks).	IDFS		June 2014	On track	4
1.28	Restructuring of financial management via MoC.	IDFS		July 2014	On track	4
1.29	'Sign-off' 'of local finance plans.	IDFS		April 2014	On track	4
1.30	Negotiate realistic contracts with CCGs and Specialised Commissioning	IDFS		April 2014	On track	4

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

2	**Failure to transform the emergency care system**					
2.7	Continue with substantive appts until funded establishment within ED is achieved.	COO	HO	Review ~~Sept~~ ~~Nov 2013~~ ~~Jan 2014~~ June 2014	Still on track to recruit to funded establishment. International recruitment has been successful. Continued review of progress.	4
3	**Inability to recruit, retain, develop and motivate staff**					
3.3	Development of Pay Progression Policy for Agenda for Change staff.	DHR	DDHR	~~October~~ ~~November~~ ~~December 2013~~ ~~February 2014~~ Review ~~April~~ June 2014	At the JSCNC on 12.03.14, staff side indicated their intention to ballot members in relation to one element of the proposed pay progression criteria. In line with Policy, this means that status quo will be maintained. Work is continuing on progress towards a non agenda for change pay proposal for bands 8C 8D and 9. Timescale for action completion adjusted to reflect this.	3
3.5	Ensure Statutory and Mandatory training is easy to access and complete with 75% compliance by reviewing delivery mode, access and increasing capacity to deliver against specific subject areas.	DHR	ADLOD	March 2014	**Complete** Performance improved to 76% (1% ahead of trajectory) at the end of March 2014 and Trust target met. All 10 newly designed e-learning packages have been completed and are available for staff to complete.	5
3.7	Update e-UHL records to ensure accuracy of reporting on a real time basis	DHR	ADLOD	Review April ~~March~~ 2014	System performance issues continue to be worked on with interface between OCB Media and eUHL strengthened as required for accurately recording learner completion. OCB Media currently working on putting together a detailed specification that will meet business requirements set out in the Project Specification document	3

Status key:											
	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

3.9	Develop an employer brand and maximise use of social media to describe benefits of working at UHL	DHR		April 2014	Action plan in development, focused on three elements of employment cycle – attraction, retaining existing staff and understanding why individuals exit. A focused piece of work will take place on the development of the work for us area. Best nursing practice in relation to values based recruitment will be shared with other staff groups.	4
4	**Ineffective organisational transformation**					
4.1	Review outputs from Chief Officers Group and strategic Planning Group to ensure gaps in current processes are being addressed	DS		~~Review February~~ May 2014	This hasn't been done yet as we now have E&Y in across the health community to test and support the development of our LLR plans for transformation over the medium term (5 years)	3
4.2	Capacity planning workshop with all CMGs in April/May to build internal capacity and capability and to scope and develop our internal planning assumptions	DS		May 2014	On track	4
4.3	The LLR BCT 2014 planning process will support and facilitate the development and agreement of an LLR wide capacity plan in May/June			May/ June 2014	On track	4
5	**Ineffective strategic planning and response to external influences**					
5.16	High level plan for the Trust to be developed	DS		June 2014	CMG planning and strategy workshops undertaken January – June 2014. Forward programme developed.	4
7	**Failure to maintain productive and effective relationships**					

Status key:									
5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

7.3	Invite PWC (Trust's Auditors) to offer opinion on the plan / talk to a selection of stakeholders.	DMC		~~January 2014~~ ~~March~~ May 2014	Meeting held to scope the work, however delays in sending the raw data to PWC have delayed this action. Timescale for completion adjusted to reflect this.	3
8	**Failure to achieve and sustain quality standards**					
8.5	Active recruitment to ward nursing establishment so releasing ward sister for supervisory practice.	CN		September 2014	On going recruitment process in place and is likely to take 12 -18months. Deadline extended to reflect this.	4
8.10	Implementation of Electronic Patient Record (EPR)	CIO		2015	Currently developing the procurement strategy for the EPR solution	4
9	**Failure to achieve and sustain high standards of operational performance**					
9.13	Implementation of recovery action plan (including speciality level action plan / recovery trajectory at Trust and speciality level of RTT standards).	COO		March 2014	**Complete.** Recovery action plan signed off by commissioners 5th March 2014 and implementation underway. Achievement of RTT non-admitted and admitted targets anticipated August and November 201 respectively	5
9.14	UHL Exec Team to discuss and consider implementing ring-fenced facilities to avoid cancellation of operations on the day due to lack of beds			April 2014	On track.	4
10	**Inadequate reconfiguration of buildings and services**					
10.3	Secure capital funding to implement Estates Strategy.	IDFS		~~May 2013~~ ~~December 2013~~ ~~March~~ ~~Review April~~ June 2014	Work underway on capital planning around reconfiguration – SOC due for completion in March 2014 which will be the key vehicle to agree availability of capital funding.	3

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

10.5	Iterative development of operational and strategic plans with specialities.	MD		~~March~~ June 2014	Iterative development of operational and strategic plans with specialities to be reflected in our 5 year Integrated Business Plan by June 2014 – including proposed configuration to best meet the clinical and financial sustainability challenges faced by the Trust and the local health and care community. This is monitored by CMG and Executive Boards. Operational plans due April 2014 and strategic plans by June 2014	3
10.6	Reconfiguration programme to develop a strategic outline case which will inform the future estate strategy	DS		June 2014	A decision was made at the Reconfiguration Board of 12th February that, to ensure that we place the activities to progress the SOC in the correct sequence and develop a robust plan, we need to refresh the programme structure, work stream ownership and governance arrangements. We are developing clinical and service based strategies that will inform all aspects of our Integrated Business Plan and reflect model of care change and required estate configuration. This will inform the future estate strategy and associated reconfiguration programme. New timescale.	4
10.7	Deliver our financial plan, activity plans	IDFS/ COO		June 2014	On track	4
10.8	Develop and secure TDA approval for access to strategic capital.	IDFS		June 2014	On track	4
11	**Loss of business continuity**					

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

11.8	Further processes require development, particularly with the new Facilities and IM&T providers to ensure resilience is considered/ developed when implementing new systems, infrastructure and processes.	COO	EPO	~~July~~ ~~August~~ Review ~~October~~ ~~November 2013~~ ~~December 2013~~ ~~March~~ April 2014	Lack of progress with Interserve escalated via Chief Nurse and NHS Horizons; however still no formal assurance from Interserve of the BCM policy/process/plans. Meeting to be scheduled on w/c 31st March 2014 to resolve with Interserve. Deadline extended to reflect this.	2
11.10	Training and Exercising events to involve multiple CMGs/specialties to validate plans to ensure consistency and coordination. **Action merged with 11.13**			N/A	**Action merged with 11.13**	
11.11	Further work required to develop escalation plans and response plans for Interserve.	COO	EPO	~~October~~ ~~December 2013~~ ~~March~~ April 2014	Lack of progress with Interserve escalated via Chief Nurse and NHS Horizons; however still no formal assurance from Interserve of the BCM policy/process/plans. Meeting to be scheduled on w/c 31st March 2014 to resolve with Interserve. Deadline extended to reflect this.	2
11.13	Training and Exercising events to involve multiple CMGs/ specialties to validate plans to ensure consistency and coordination	COO	EPO	August 2014	BCM training and exercising programme has been developed. Training sessions for bleep holders in cardiology and MSK and Specialist Surgery undertaken with more to be planned. New exercises planned for May and July with more to follow.	4
11.14	Finance and procurement staff to be trained how to assess the BC risk to a contract and utilise the tools developed.	COO	EPO	~~March~~ May 2014	Materials developed awaiting availability to run training session.	3
11.15	Review all the plans and identify priority for updating and work into 2014/2015 year plan	COO	EPO	March 2014	**Complete.** 2014/2015 work plan based on priority tasks to undertake and plans to review	5

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

11.16	Review and consider options for an automated system to reduce time and resources required to initiate a staff call out	COO	EPO	~~April~~ June 2014	A number of solutions considered but high costs and integration with current trust systems are not ideal. Awaiting consideration from IBM to develop an in house option.	3
11.17	Develop an assurance process for IT disaster recovery testing in order to provide the Trust with confidence that testing is being performed.	CIO		May 2014		1
12	**Failure to exploit the potential of IM&T**					
12.9	Ensure that there is further integration of IM&T within planning groups (12.9)	CIO		May 2014	On track	4
12.10	Ensure that there are no unforeseen IM&T requirements coming out of the 2014-2016 planning phase.	CIO		April 2014	On track	4
12.11	Work with the DOF and the capital group to ensure a coherent 5 year plan is in place for the delivery of the core IM&T components	CIO		May 2014	On track	4
12.12	Work with specialists from UHL and IBM to better define the communications and engagement strategy.	CIO		May 2014	On track	4
12.13	Review and reissue the IM&T strategy	CIO		June 2014	On track	4
12.14	To review the means by which we communicate to clinical teams, including reviewing working models from successful organisations.	CMIO		April 2014	On track	4
12.15	Review any relevant groups and engage our external stakeholders for membership	CIO/ CMIO		May 2014	On track	4
12.16	Ensure that all teams working on IM&T projects work to the required standards.	CIO		April 2014	On track	4

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

12.17	Post project benefit realisation plans and ownership is identified at pre-commencement phase to ensure the total work is identified.	TBA		TBA		1
12.18	Requirements and benefits are fully signed off prior to any work commencing	TBA		TBA		1
12.19	Re-establish monthly meetings with a nominated lead to discuss projects and overall performance with the CMGs	CIO		April 2014	On track	4
12.20	Enhance the communications with the CMGs to include new opportunities that they could consider within their planning processes going forward	CIO		April 2014	On track	4
12.21	To provide a plan/dates to the relevant NTDA bodies of the expected business case release plan	CIO		March 2014	Awaiting update	
12.22	Further work through the IM&T strategy board is required to refine the large set of requirements into a realistic deliverable plan	CIO		May 2014	On track	4
13	**Failure to enhance education and training culture**					
13.1	To improve CMG engagement facilitate meetings to discuss Medical Education Strategy and Action Plans with CMGs.	MD	AMD	~~December 2013/January 2014~~ ~~March~~ April 2014	Meetings held with – ES Medicine, O&G, MSS, ITAPS, and discussion with CMG Leads from CHUGS and CSI Meeting with RRC tbc. Previous meeting with Cardiac Services had to be postponed so deadline extended to reflect this	3
13.2	Relevance of the UHL Education Committee to be discussed at CMG Meetings in an effort to improve attendance.	MD	AMD	~~December 2013/January 2014~~ ~~March~~ April 2014	Meetings held with – ES Medicine, O&G, MSS, ITAPS, and discussion with CMG Leads from CHUGS and CSI Meeting with RRC tbc. . Previous meeting with Cardiac Services had to be postponed so deadline extended to reflect this	3

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

13.7	Monitor UHL position against other trusts nationally to ensure progress against strategic and national benchmarks.	MD	AMD	Review ~~October 2013~~ ~~March~~ June 2014	Following further discussions with the LETB this data is not readily available. LETB to investigate how we can acquire this data.	2
13.8	New Library/learning facilities to be developed at the LRI to help resolve inadequate educational resources.	MD	AMD	~~October 2013~~ April 2014	A Project Manager is now in place. Odames Ward will be handed over on 1st February for work to start on 1st April 2014.	4
13.10	Need to engage with the CMGs to help them understand the implication of SIFT and their funding streams.	MD	AMD	~~December 2013/January 2014~~ ~~March~~ April 2014	Meetings held with – ES Medicine, O&G, MSS, ITAPS, and discussion with CMG Leads from CHUGS and CSI Meeting with RRC tbc. Previous meeting with Cardiac Services had to be postponed so deadline extended to reflect this	3

Key

CEO	Chief Executive Officer
IDFBS	Interim Director of Financial Strategy
MD	Medical Director
AMD	Assistant Medical Director
COO	Chief Operating Officer
DHR	Director of Human Resources
DDHR	Deputy Director of Human Resources
DS	Director of Strategy
ADLOD	Asst Director of Learning and Organisational Development
DMC	Director of Marketing and Communications
CIO	Chief Information Officer
CMIO	Chief Medical Information Officer
EPO	Emergency Planning Officer
HPO	Head of Performance Improvement
HO	Head of Operations
CD	Clinical Director
CMGM	Clinical Management Group Manager
DDF&P	Deputy Director Finance and Procurement

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

FTPM	Foundation Trust Programme Manager
HTCIP	Head of Trust Cost Improvement Programme
ADI	Assistant Director of Information
FC	Financial Controller
ADP&S	Assistant Director of Procurement and Supplies
HoN	Head of Nursing
TT	Transformation Team
CN	Chief Nurse

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

Appendix 3 - UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – RISK REGISTER SUMMARY (RISKS SCORING 15 OR ABOVE)

PERIOD: AS AT 31 MARCH 2014

ID	RISK TITLE	CURRENT SCORE	TARGET SCORE	RISK MOVEMENT
2236	There is a risk of overcrowding due to the design and size of the ED footprint	25	16	⇔
2234	There is a medical staffing shortfall resulting in a risk of an understaffed Emergency Department	20	6	⇔
2294	Risks to the clinical care of patients with CHD due to the shortfall of paediatric cardiac anaesthetists	20	1	⇔
698	Risk to the production of aseptic pharmaceutical products	20	3	⇔
847	Lack of Capacity in maternity services	20	12	⇔
2267	Risk of reduced compliance with DoH requirements in relation to adherence to antimicrobial prescribing policy	20	4	⇔
2320	Inadequate staffing levels in therapy radiography and radiotherapy physics causing a serious radiotherapy treatment error	16	4	NEW
2193	Risk of unplanned loss of theatre and/or recovery capacity at the LRI	16	4	⇔
2307	The Forensic Toxicology service will fail resulting in a substantial loss of income and prestige for the Department/empath	16	4	⇔
2194	Risk of unplanned loss of theatre, recovery or Critical Care capacity across UHL due to insufficient nursing staffing	16	4	⇔
2191	Follow up backlogs and capacity issues in Ophthalmology	16	8	⇔
607	Failure of UHL BT to fully comply with BCSH guidance and BSRs may adversely impact on patient safety and service delivery	16	4	⇔
2300	There is a risk of not meeting the national guidelines for out of hours Vascular cover	16	4	NEW
2248	Lack of IR(ME)R training records held across the Trust	16	4	⇔
2245	There is a risk that staff vacancies within the medical records departments will have an impact on service delivery	16	6	⇔
2153	Shortfall in the number of qualified nurses in Children's Hospital including ECMO staffing and Capacity	16	8	⇔
1312	Poor quality of information on UHL document management system (DMS)	16	6	⇔
2237	Risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm	16	8	⇔
2271	Failure to achieve compliance of 75% attendance at Safeguarding training may have adverse impact on UHL safeguarding processes	16	6	⇔
2247	There are 500 Registered Nurse vacancies across UHL leading to a deterioration in service and adverse effect on financial position	16	12	⇔
2318	Blocked drains causing leaks and localized flooding of sewage	16	2	NEW
1693	Risk of inaccuracies in clinical coding	16	8	⇔
697	Failure to achieve Foundation Trust (FT) status	16	6	⇔
1737	Inappropriate environment and infection prevention Renal Transplant	15	15	⇔
2070	Harborough Lodge environment stops staff safely delivering haemodialysis	15	5	⇔
1196	No comprehensive out of hours on call rota for consultant Paediatric radiologists	15	2	⇔
1157	Lack of planned maintenance for medical equipment maintained by Medical Physics	15	6	⇔
2278	Risk that the Leicester Fertility Centre could have its licence for the provision of treatment and services withdrawn	15	6	⇔
1310	Risk of user error associated with non-standardisation of manual and automated external defibrillators	15	5	⇔
2275	There is a lack of robust clinical processes relating to Subcutaneous Methotrexate therapy due to staff shortages	15	2	⇔
2270	Failure to achieve compliance of 75% attendance at Fire Safety training may cause UHL to fail to meet its statutory obligation	15	9	⇔
2268	Failure to meet targets for training compliance for M and H training may adversely affect patient care /staff safety	15	9	⇔
2272	Failing to meet internal and external targets in relation to undertaking IG training may adversely affect UHL compliance with IP	15	6	⇔
2269	Failure to meet UHL target of a minimum of 75% of clinical staff undertaking IP/Hand hygiene training	15	10	⇔
1551	Failure to manage Category C documents on UHL Document Management system (DMS)	15	9	⇔

⇔ = Risk score not changed from previous reporting period
NEW = New risk entered during this reporting period
↑ = Risk score increased from previous reporting period

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

OPERATIONAL RISKS SCORING 15 OR ABOVE FOR THE PERIOD ENDING 31/03/14

REPORT PRODUCED BY: UHL CORPORATE RISK MANAGEMENT TEAM

Key

Red	Extreme risk (risk score 25)
Orange	High risk (risk score 15 - 20)
Yellow	Moderate risk (risk score 8 - 12)
Green	Low risk (risk score below 8)

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2236	Emergency and Specialist Medicine	ED	There is a risk of overcrowding due to the design and size of the ED footprint	04/10/2013	31/03/2014	Design and size of footprint in paediatrics causes delay in being seen by clinician. Risk of deterioration. Risk of four hour target and local CQUINS. Lack of patient confidentiality. Increased violence and aggression. Design and size of footprint in resus causes delay in definitive treatment, delay in obtaining critical care, risk of serious incidents, increased crowding in majors, risk to four hour target. Poorer quality care. Risk of rule 43. Lack of privacy and dignity. Increased staff stress. Design and size of majors causes delay in definitive treatment and medical care. Poor quality care. Lack of privacy and dignity. High number of patient complaints. Risk of deterioration. Difficulty in responding to unwell patient in majors. Risk of adverse media interest. Staff stress. Risk of serious incident. Inability to meet four hour target resulting in patient safety and financial consequences. High number of incidents. Increased staff stress. Infection control risk. Risk of rule 43. Design and size of assessment bay causes delay in time to assessment. Paramedics unable to reach turnaround targets Design and size of minors results in delay in receiving medic Design and size footprint in streaming rooms causes threat t	Patients	The Emergency Care Action Team, which was established in spring 2013 aims to improve emergency flow and therefore reduce the ED crowding. The Emergency department is actively engaging in plans to increase the ED footprint via the 'hot floor' initiative, but in the shorter term to increase the capacity of assessment bay and resus.	Extreme	Almost certain	25	New ED plus associated hot floor rebuild approved by the trust and OBC (Outline Business Case) submitted and first phase of construction of new ED to completed by December 2015 . Bays to be allocated and staffed appropriately in majors to act as resus step-down bays for when space in resus is at a premium and some patients are well enough to be moved to majors with the appropriate level of observation - 16/06/14. The resus viewing room is to be made into a fully equipped resus bay - 31/03/14. Resus space to be increased to 8 bays - 31/03/14.	16	JE

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2234	Emergency and Specialist Medicine	ED	There is a medical staffing shortfall resulting in a risk of an understaffed Emergency Department impacting on patient care	04/10/2013	31/03/2014	**Causes:** Consultant vacancies. Middle grade vacancies. Risk of losing trainees due to incorrect service/training balance. Trainee attrition. Trainees not wanting to apply for consultant positions. Reduced cohesiveness as a trainee group. Junior grade vacancies. Juniors defecting to other specialties. Poorer quality of training resulting in poor deanery reports. Non ED medical consultants. Locums. Increased consultant workload. Lack of uniformity. Paediatric medical staffing. Poorer quality care for paediatric population. **Consequences:** Poor quality care. Lack of retention. Stress, poor morale and burnout. Increased sickness. Increased incidents (SUI's), claims and complaints. Inability to do the general work of the department, including breaches of 4 hour target. Financial impacts. Reduced ability to maintain CPD commitments for consultants/medical staff with subspeciality interest. Reduced ability to train and supervise junior doctors. Deskilling of consultants without subspeciality interest. Suboptimal training.	Patients	The chief executive and medical director have met with senior trainees in Leicester ED to invite them to apply for consultant positions. The East Midlands Local Education and training board has recognised middle grade shortages as a workforce issues and has set up several projects aiming to attract and retain emergency medicine trainees and consultants. Advanced nurse practitioners and non-training CT1 grades have been employed in order to backfill the shortage of SHO grade junior doctors. There has been shared teaching sessions in which non ED consultants and ED consultants have shared skills, (i.e. ED consultants learning about collapse in the elderly and elderly medicine consultants doing ALS). The non ED consultants have been set up on a specific mailing list so that new developments and departmental 'mini-teaches' (= learning cases from incidents) can be shared. Only approved locum agencies are used for ED internal locums and their CVs are checked for suitability prior to appointing them. Locums receive a brief shop floor induction on arrival and also must sign Locum doctors are only placed in paeds ED in except The grid paediatric trainees shift pattern has changed ED employs medical registrars to work night shifts in E ED consultants have extended their shop-floor hours f ED employs locum medical consultants to improve se ED has employed several well performing locums on s	Extreme	Likely	20	Review of shift vs rota and the required number of juniors per shift - 01/03/14	6	BTD

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698	Clinical Support and Imaging	Pharmacy	Risk to the production of aseptic pharmaceutical products	03/05/2007	03/04/2014	**Causes** Provision of aseptically prepared chemotherapy is being undertaken from a temporary rental unit. Temporary nature and age of facility indicates high probability of failure. Arrangements for segregation of in-process and completed items is inadequate leading to high possibility of error. Current temporary unit is outside the range of the department's temperature monitoring system. Failure of refrigerated storage will remain undetected outside working hours, and has already occurred. Planning permission for temporary unit only valid until August 2012 Contingency arrangements are insufficient and could only provide for the very short term. Project is already 6 months behind schedule Storage, receipts and dispensing facility for dose-banded chemotherapy and other outsourced items purchased. Alternative arrangements will need to be found when unit is refurbished **Consequences** Failure of Current Temporary Facility; Inability to provide 50% of current chemotherapy products for adult services. Inability to provide chemotherapy for paediatric services. Substantial delay in re-establishing service provision from alt Limitations of treatments that can be sourced from an alterna Inability to support research where aseptic compounding req	Targets	Planned servicing & maintenance of temporary facility being undertaken. Constant environmental monitoring of facility in place. Contingency arrangement for supply from external source currently being pursued. Business Case for new unit (refurbishment of facility within the Windsor building) has been presented and approved by the commercial exec board in 2011. Facilities are working with Pharmacy and commercial architects in order to finalise plans and get refurbishment started. Project to refurbish the aspetic unit has now started - nov 2013	Extreme	Likely	20	New unit in operation - due 12/05/2014	3	GH

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2294	Women's and Children's	Paediatrics (Cardiorespiratory)	Risks to the clinical care of patients with CHD due to the shortfall of paediatric cardiac anaesthetists	29/01/2014	03/03/2014	Shortfall in availability of paediatric anaesthetists. Currently the consultant cardiac anaesthetists with paediatric/adult congential expertise are having to provide 1in 2 cover due to a number of absences.vacancies in the last 12 months. This has lead to unacceptable delays in surgery/interventional or diagnostic catheterisation with the potential for deterioration in the patients condition leading to higher risk intervention. Breaching of national and local waiting list targets Decreased patient/family satisfaction Increase in complaints Difficulty in recruiting and obtaining suitably trained locums due to a national shortage of expertise and training in this field	Patients	Use of Locums via agency	Major	Almost certain	20	Locum agency bookings to continue via agency - due 31/3/14 Explore sabbaticals for experienced congenital cardiac anaesthetists in Italy - due 28/2/14 Explore other options to cover adult congenital only lists with adult cardiac anaesthetists - due 28/2/14 National/International advert for replacement Anaesthetist - due 31/3/14	1	EA

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847	Women's and Children's	Maternity	Lack of Capacity in maternity services	28/09/2007	06/04/2014	**Causes** Continuing increase to the birth-rate in Leicester . The number of maternity beds has decreased. Consultant cover for Delivery Suite is 60 hours a week with long term business plans to increase the hours in accordance with Safer Childbirth Recommendations. **Consequences** Midwifery staffing levels are not in accordance with national guidance however they are in line with regional averages. Transfer of activity between the LGH and LRI occurs on a frequent basis with Leicestershire having to close to maternity admissions on a number of occasions. Increase in incidents reported where there has been a delay in elective CS, IOL and augmentation due to lack of beds. Staff frequently go without meal breaks. Increased waiting time in MAC and therefore increased risk of a clinical adverse outcome to both mother and baby.	Patients	Length of postnatal stay in hospital as short as possible. Community staff prepare women for early discharge home if straightforward delivery. Extra triage room on Delivery Suite, LRI completed July 2012. Triage and admission areas in acute units to ensure no category x women sitting on delivery suite. Use of Escalation Plan to inform staff on actions required if capacity is high. Capacity is managed between the two acute units by temporarily transferring care if one site is busy. Liaison with neighbouring maternity hospitals if high risk of closure of Leicestershire Maternity Hospitals. Prioritisation of both elective and 'emergency' work according to clinical urgency and need. On call Manager. On call SOM. Funded midwife places increased to 1:32. Escalation and contingency plans in place. Relocation of all elective gynaecology beds to LGH.	Extreme	Likely	20	Increase ward capacity on LRI site by opening 13 AN beds on level 1 - due 31/5/2014 Transfer of EL CS lists to level 1 on tuesdays & thursdays - due 28/4/14 Complete transfer of all EL CS to level 1 - due 30/9/14	12	JPORT

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2267	Nursing	IPC	Risk of reduced compliance with DoH requirements in relation to adherence to antimicrobial prescribing policy	09/12/2013	30/04/2014	**Causes:** Change over from paper prescription chart which contains a dedicated section for prescribing antimicrobials, with a prompt for only a 5 days duration, extended duration verification code requirements, and dedicated boxes for documentation of the indication and duration. The current EPMA system does not allow antimicrobials to be differentiated from any other drug and hence duration cannot be mandated, and there is no section to record indication - the lack of this information leads to poor compliance with the duration policy. **Consequences:** On the EPMA wards there has been a reduced compliance with the antimicrobial duration policy and antimicrobial documentation requirements compared to non EPMA wards. Increased risk of C. difficile infection. Increased resistance to anti-microbials. Potential financial penalty via CQUINS in relation to C difficile cases (£50k per patient above C Diff. target). Poor Trust reputation with Commissioners in relation to quality of care.	Quality	Education and training of prescribers (including educating prescribers to record duration for antimicrobials). Monitoring of progress (including weekly telecommunications) in relation to including an antimicrobial section within EPMA and exception reports to TIPAC if there is a failure to progress. Attendance on EPMA board to review progress.	Major	Almost certain	20	Mandate use of indication and duration fields in EPMA - 30/04/14 Create second microbial tab within EPMA - to be advised	4	KDA

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2320	CHUGS	Radiotherapy	Inadequate staffing levels in therapy radiography and radiotherapy physics causing a serious radiotherapy treatment error	21/03/2014	21/04/2014	**Causes** Inadequate staffing levels caused by insufficient budget to recruit to recommended levels. Increased demand and complexity of activity **Consequences** Staff fatigue (due to increased overtime working) resulting in greater risk of error with potential for severe patient injury. Lack of resilience in case of unplanned events such as staff sickness / machine breakdown. Inability to cope with increases in demand Non compliance with national recommendations (i.e. only 75% of patients receive on-treatment verification - national recommendation 100% and possible failure to meet NHS England standard for IMRT capacity). Shortage of Medical Physics Expert (MPE) cover leading to lack of ability to deal with unusual cases requiring variation from protocol and delays in approving new protocols / techniques. (MPE cover is legal requirement under IRMER) Inadequate oversight of new techniques/trials Lack of strategic planning and delays to service critical developments such as IGRT, SABR. Change management process (including risk assessments) not consistently applied potentially meaning that process cha Participation in radiotherapy trials reduced. Staff training compromised. Potential for increased external scrutiny. Low morale and difficulties in retaining staff.	Quality	Planned shifts limit daily working hours Practice controlled by quality system with training/competency records. New techniques can only be authorised by senior staff. Processes carefully defined with checklists Minimum senior staffing levels	Major	Likely	16	Increase radiographers - recruit 2 band 7's from vacancy money 31/514 Protected time for training / development (dependant on business case) - 1/10/14 Increase treatment imaging to 100% to prevent risk of treatment error, aim to increase imaging to 100% of patients (dependant on business case) - 1/10/14 Submit second business case to increase in linac capacity by generating income from further increase in activity / complexity - 1/10/14 Enforce change management process to include risk assessment of new development and controlled documentation - 1/8/14 Identify resource for quality system - appoint dedicated staff member to update and maintain quality system - 1/9/14 Identify resource for quality system - appoint dedicated staff member to update and maintain quality system - 1/9/14	4	LWI

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2193	ITAPS	Theatres	Risk of unplanned loss of theatre and/or recovery capacity at the LRI	28/06/2013	31/03/2014	**Causes:** The Theatre and Recovery estate and supporting plant(s) are old, unsupported from a maintenance perspective and not fit for purpose. There is recent history of unplanned loss of surgical functionality at the LRI site due to plant failure, problems with sluice plumbing and ventilation. In addition, the poor quality of the floors, walls, doors, fittings and ceilings mean an unfit working environment from a working life, infection prevention and patient experience perspectives. There is insufficient electricity and medical gas outlets per bed. Aged electrical sockets resulting in actual and potential electrical faults - fire in theatres at LRI (Theatre 4) in July 2013. **Consequences:** Periodic failure of the theatre estate (ventilation etc) so elective operating has to cease. Risk of complete failure of the theatre estate so elective and emergency operating has to stop. Increase risk of patient infections. Poor staff morale working in an aged and difficult working environment. Difficulty in recruiting and retaining specialised staff (theatre and anaesthetic) due to poor working environment. Poor patient experience - our most vulnerable patients arrive May impair delivery of life support technologies.	HR	1. Regular contact with plant manufacturers to ensure any possible maintenance is carried out 2. Use of limited charitable funds available to purchase improvements such as new staff room chairs and anaesthetic stools - improve staff morale. 3. TAA building work has started 4. Plan to develop full business case for new recovery build 2013 - start 2014 5. 5S'ing events taking place within the theatre transformation project frame work 6. Compliance with all IP&C recommendations where estate allows 7. Purchase of new disposable curtains for recovery area, reducing infection risk and improving look of environment	Major	Likely	16	Recovery re-build - due 01/12/14 Replacement of all theatre corridor floors and doors - due 31/12/14 (Will not be implemented as no funding for works) Completion of ITAPS nursing recruitment plan - regular monitoring Capital investment and refurbishment of LRI theatres - plan in place and commenced - due 01/12/15 Detailed appraisal from 'Interserve' for LRI site of theatre estate 31 Jan 14	4	PV

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2194	ITAPS	Theatres	Risk of unplanned loss of theatre, recovery or Critical Care capacity across UHL due to insufficient nursing staffing	28/06/2013	31/03/2014	**Causes:** Locally, ITU and theatre nursing staff have been historically difficult to recruit and retain. Turnover regularly negates recruitment efforts and the effects of a poor working environment in a high stress and risk area has meant difficulties in resolving the issue previously. **Consequences:** Increased overtime and waiting list payments required to run the core service. Tired and unmotivated staff in post. Poor staff morale working in an aged and difficult working environment. Difficulty in recruiting and retaining specialised staff (theatre and Critical care) due to poor working environment and low staff morale in general. Reduction in critical care capacity across UHL. Inability to respond to increases in demand in theatre, recovery and critical care capacity. Elective patient cancellations including cancer patients. Critical Care alternatives becoming the norm for high level of care patients e.g. Kinmonth, overnight PACU and specialty "HDU's". Poor patient and carer experience for some of our sickest patients.	HR	1. Use of Bank and Agency staff with block contracts for consistency and cost effectiveness. 2. Regular team and leadership meetings/training events. 3. Rolling adverts in place. 4. International recruitment with HRSS and relevant agencies commenced. 5. Exit interviews used regularly and in line with trust policy to understand issues exacerbating higher than wanted turnover of staff. 6. PULSE check underway/ Health and Safety Stress Assessments 7. Staff engagement strategy being devised and implemented	Major	Likely	16	1. Continuation of monthly rolling adverts - monthly monitoring 31 March 3. Introduction of electronic rostering to standardise shift patterns and maximise efficient use of theatre, recovery and ITU staff - due 30/04/14 (slippage on action due to roll out plans and implementation of theatre off duty into current system) -Consolidate Gynae capacity 31 march 14	4	JHOL

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2191	Musculoskeletal and Specialist Surgery	Ophthalmology	Follow up backlogs and capacity issues in Ophthalmology	12/06/2013	01/10/2014	**Causes:** Lack of capacity within services. Junior Doctor decision makers resulting in increased follow-ups. Follow-ups not protocol led. No partial booking. Non adherence to 6/52 leave policy. Clinic cancellation process unclear, inadequate communication and escalation. **Consequences:** Backlog of patients to be seen. Risk of high risk patients not being seen/delayed. Poor patient outcomes. Increased complaints and potential for litigation.	Patients	Outpatient efficiency work ongoing. Full recovery plan for improvements to ophthalmology service are in process . Outsourcing of follow up patients to Newmedica (IS) has been agreed. All overdue patients will be triaged by them, with the company following up the appropriate patients. The company have agreed to flag high risk patients to us for follow up that do not meet their criteria	Major	Likely	16	Monitor and review impact of NEW MEDICA - 01/10/14.	8	DTR
607	Clinical Support and Imaging	Blood Transfusion	Failure of UHL BT to fully comply with BCSH guidance and BSQR in relation to tracebility and positive patient identification (PP	22/12/2006	02/06/2014	**Causes:** Failure to implement electronic tracking for blood and blood products to provide full traceability from donor to recipient At UHL blood is tracked electronically up to the point of transfer of blood from local fridge to patient with a manual system thereafter which is not 100% effective (currently approximately 1 - 2% (approx 1200 units) of all transfusion recording is non-compliant = 98% compliance). Non-compliance with blood transfusion policies resulting in incorrect identification processes resulting in sample identification and labeling error resulting in wrong blood cross-matched and / or provided for patient (last incident of ABO incompatibility by wrong transfusion approx. 4 years ago (yr 2008); approximately 6 near misses per year). New British Committee for Standards in Haematology (BCSH) guidelines state that unless a secure electronic PPI system is in place for the taking of blood transfusion samples, except in cases of acute clinical urgency, 2 samples on 2 separate ocassions should be tested prior to blood issue. An electronic system would require only 1 samp Critical report received from MHRA in October 2012 in relatic **Consequences:** Potential loss of blood bank licence (via MHRA) with severe Financial penalty for non-compliance due to increased numb	Quality	Policies and procedures in place for correct patient identification and blood/ blood product identification to reduce risk of wrong transfusion. Paper system provides a degree of compliance with the regulations. Training and competency assessment for UHL staff involved in the transfusion process including e-learning and induction training with competency assessment for key staff groups. Regular monitoring and reporting system in relation to blood/ blood product traceability performance within department, to clinical areas and Transfusion Committee.	Major	Likely	16	IMT project approval ;board approval 02.06.2014 ; Develop implementation plan 30.07.2014	4	KJON

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2300	Clinical Support and Imaging	Cardiovascular Procedures	There is a risk of not meeting the national guidelines for out of hours Vascular cover	03/03/2014	30/04/2014	**Causes** From April 2014 there is a requirement to meet a 1in 6 cover for Vascular radiology out of hours service 1 members of staff unable to cover vascular work out of hours Not all staff covering out of hours trained in EVAR procedures **Consequences** Failure to comply with guidelines loss of reputation and service standard Stress for those staff members covering the extra work currently 1in 5 Patient safety Loss of contract income loss/interruption to service provision	HR	Locum cover and partime cover Extra worked covered by existing staff	Major	Likely	16	Business case for 6th vascular radiologist - 30/04/14 Provide training in EVAR technique to those lacking the skills - 30/05/14 Recruitment to 6th Radiologist post - 30/06/14	4	JGI

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2248	Clinical Support and Imaging	Medical Physics	Lack of IR(ME)R training records held across the Trust	14/11/2013	30/04/2014	Although the Trust Radiation Protection Policy states that "IRMER training records must be managed and maintained by individual Directorates (to be changed to Clinical Business Units in the current review) involved in the use of radiation" audits carried out routinely find that these training records are not sufficient, particularly for medical staff. Audits therefore suggest the policy is not being followed. **Causes** Current training records are poorly designed and / or incomplete / do not exist Inadequate or missing training records for IR(ME)R defined roles due to lack of compliance with the Trust policy in some areas. Staff working independently without reaching full competency No central records are kept of which staff have responsibilities under IRMER **Consequences** Lack of suitable training records may result in a failure to comply with standards set by regulatory and healthcare agencies (e.g. HSE / CQC). Failure at assessment might result in financial penalty and / or warning notices being issued. Non-compliance with national standards leading to enforcement action taken on the Trust following a routine ins Increased patient radiation doses due to lack of training. Increased staff doses due to lack of awareness of the potent	Quality	There is a defined method of recording training across the Trust in the Trust Radiation Safety policy. Although this is working in some areas it is not working consistently in all areas. The issue has been raised at the Trust Radiation Protection Committee numerous times where representatives of each Division have been in attendance. This has not so far led to a an increase in compliance. Radiation Protection produced a specific plan of what is required to demonstrate compliance. Mock audit completed 2/12/13. Investigate potential of using e-UHL to deliver a centralised record of IRMER training - Completed 3/3/14 7. CMG and service to manage and maintain records for the staff groups identified - completed 3/3/14	Major	Likely	16	1. Identify Trust staff with responsibilities under IRMER - due 30/4/2014 4. Introduce centralised training records for IRMER compliance - due 30/4/2014 5. Review training in the policy. due 31/5/2014 6. Ongoing monitoring of the effectiveness of the determined method of recording training will be detailed in the new policy. due 31/5/2014	4	MNO

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2245	Clinical Support and Imaging	Medical Records	There is a risk that staff vacancies within the medical records departments will have an impact on service delivery	24/10/2013	30/04/2014	The Medical Records service should be working 14 days in advance for locating routinely requested records, current performance is 3 to 5 days. Many case notes are being located late or not at all with a consequent impact on patient care, causing delays in clinics and delayed decision making on wards in some instances. **Causes (hazard)** High level of turnover and vacancies, predominantly caused by the anticipated impact of the proposed Electronic Document Records Management project. **Consequences (harm / loss event)** Deterioration in service provided due to inability to deal with level of medical records requests leading to cancellation of these and failure to provide service. Patients appointments and elective surgery are being cancelled due to records not being available in some clinical areas with a potential adverse impact on patient care. Delays to emergency flow and extension of length of stay due to a lengthened decision making process (due to lack of available clinical information in a timely manner). Increase in daily internal complaints and Datix incidents and Backlog of cases of 'Access to Health Records' requests, res Case notes overcrowding in Library areas creating a health a	HR	Use of A&C bank staff where possible, though very limited in supply. Use of overtime from remaining substantive staff (though dwindling due to length of time during recruitment process; staff are under pressure). Reduction / cancellation of staff attendance at mandatory training (though with clear consequent impact on this Trust deliverable target). Cancellation of non-clinical requests for case notes daily (e.g. audit) to minimise disruption to front line clinical need (though with clear consequent impact on other areas of service delivery). On going urgent recruitment to existing vacancies. A waiting list of suitable applicants has been created to minimise the risk of the current staffing levels reoccurring in the future. Medical records management supporting HRSS by chasing references and other checks. Daily review of staffing levels and management of requests with concentration of staffing in areas of greatest demand and clinical priority.	Major	Likely	16	Continuing review of short-term reduction in service for non-clinical requests for case notes located within specialty areas of UHL (records within library areas will continue to be located). Communication to affected clinical areas as required - 30/04/2014. Monitoring and review of need for short-term agency usage (limited bank availability) to make library locations safe - 30/04/2014 Continuation of substantive overtime and utilisation of bank staff if available - 30/04/2014 Monitoring storage capacity in the libraries - 30/04/2014	6	CSH

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2307	Clinical Support and Imaging	Special Biochemistry	The Forensic Toxicology service will fail resulting in a substantial loss of income and prestige for the Department/empath	17/02/2014	02/05/2014	**Causes:** The Coronial Forensic Toxicology workload will treble in January after the appointment of a new consultant Toxicologist. Work previously analysed in Sheffield will transfer to Leicester in January 2014. - insufficient qualified and experienced staff to perform analysis and interpret and report findings. - insufficient analytical platforms to perform analysis and address workload. - insufficient staff and time to administer increased workload **Consequences:** There are no resources in place for our Forensic Toxicology department to be able to process this workload in a timely manner. We will fail the agreed targets with our current users of the service. Failure to address the above will result in loss of current Toxicology contracts.with a large loss of income. Loss of prestiege will compromise our ability to win new contracts in the future.	Patients	Staff are working extra sessions and overtime at weekends but this is not sustainable in the long term. This doesn't address the lack of analytical time available on the current equipment.	Major	Likely	16	Recruitment/Transfer of staff -02.05.2014 ;Procure additional LCMS platform - 02.06.2014;Procure Forensic LIMS - 02.05.2014	4	BDI

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2153	Women's and Children's	Paediatrics	Shortfall in the number of qualified nurses in Children's Hospital including ECMO staffing and Capacity	05/03/2013	30/04/2014	**Causes** The Children's Hospital is currently experiencing a shortfall in the number of appropriately qualified Children's nurses. This is in part due to the increased numbers of staff on maternity leave and the issues with recruiting Children's trained nurses. The demand for PICU beds currently outweighs capacity. There is an establishment of 6.5 beds but due to vacancies and long-term sickness/maternity leave the unit is currently only able to run at maximum capacity of 6 beds and on specific days only 5 beds (depending on the overall ECMO activity across adults and children). In addition to NHS activity the Trust has contracted to provide cardiac surgery for a cohort of Libyan children. At the time that the contract was developed (Nov-December 2012) it was assessed that there would be sufficient capacity to operate on one child per week without impacting on NHS Activity. However, the current staffing and long-term profile of patients on PICU has resulted in pressures on both NHS work and the delivery of the Libyan contract. Currently there are vacancies for 5.82 wte qualified and 1 wt **Consequences** There is a short fall in the number of appropriately qualified c Balancing the demand for PICU beds between NHS contract Unsafe staffing levels, therefore unable to provide the recom	HR	The bed base in Leicester Royal infirmary has been reduced. There is an active campaign being undertaken to recruit new nurses from around the country. Additional health care assistance have been employed to support the shortfall of qualified nurses. No further Libyan patients are being operated on until agency staff can be recruited to support their PICU stay or until the patient flow changes on PICU to allow week-end operating which does not compromise week-day operating or access to PICU. Active Recruitment in progress Educational team cover clinical shifts Cardiac Liaison Team cover Outpatient clinics Overtime, bank & agency staff requested Lead Nurse, Matron and ECMO Co-ordinator cover clinical shifts Children's Hospital & Adult ICU staff cover shifts The beds on Ward 30 have been reduced from 13 to 10 PICU beds are closed where necessary	Major	Likely	16	Recruitment of suitably trained/experienced agency PICU/ECMO/ward nurses - due 30/4/14	8	LBLA

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
697	Communications		Failure to achieve Foundation Trust (FT) status	30/04/2007		Public opinion does not support our FT application; Failure of the Trust to persuade the public about the benefits and importance of FT status. Failure to engage staff / public re: FT / Strategic Direction; Disengagement of members / public from the process. Disengagement of staff from the process. Public perception may be of a ""failing"" Trust. We will be required by Monitor to show that staff and the public / stakeholders are aware of and support the Trust's Strategic Direction and FT Trust application. The consultation fails to generate sufficient responses / poor demographic representation among responders; Consultation document / communications do not reach sufficient numbers of people / organisations. Responses do not reflect the diversity of the population.	Public	FT programme Board meets regularly to drive and monitor progress on FT application. FT programme leads meet weekly to keep application on track. Dedicated FT Programme Manager in post, supported by the Trust's strategy team. Consultation Document and supporting communication clearly sets out aspirations and benefits. Communications and Engagement strategy established for FT consultation and strategic direction. FT consultation will be supported and monitored by Membership Engagement Services (MES) Regular briefings to members of staff/ public/ members/ stakeholders. Bi - monthly Prospective Governor meetings established Consultation Strategy specifically targets a wide demographic range of groups / organisations Risk monitored at Board level in Board Assurance Framework.	Major	Likely	16	Consultation and Engagement actions	12	KMAY

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
1312	Communications		Poor quality of information on UHL document management system (DMS)	17/12/2009		Documents are not managed properly by UHL owners (staff) ie. Have an owner, are version controlled, are managed appropriately through their lifecycle then they become worthless to the user trying to access them because the user cannot be sure the document is timely or accurate. The further development of standards in a UHL records management programme is currently on hold (Jan 2013) due to organisational restructure and removal of records manager post. UPDATE Jun 2013: migration and testing in progress. Further development work required for completion. Agreed with Ascribe consulting - cost £7k. UPDATE Sep 2013: migration of data complete for informatics; rest of docs migrated across by Nov 13. Lead person on project put at risk of redundancy Oct 13 which increases risk of not completing project. UPDATE DEC 2013: Handover plan to IM&T in place and progressing.	Quality	Internal documented procedures at http://insite.uhl.nhs.uk/document management. Asst Knowledge Manager provides all training. Discussion with HR Training to take on user training due May 2013. System supported by IM&T via an Operating Level Agreement April 2013. Update Sep 2013: IM&T will take on the duties of the project lead for sharepoint.	Major	Likely	16	User support is limited with only one corporate administrator. Improve user support processes. DMS to be replaced with Sharepoint: review support and document management processes	6	SAN

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2237	Medical Directorate		Risk of results of outpatient diagnostic tests not being reviewed or acted upon resulting in patient harm.	07/10/2013	30/06/2014	**Causes** Outpatients use paper based requesting system and results come back on paper and electronically. Results not being reviewed acknowledged on IT results systems due to; Volume of tests. Lack of consistent agreed process. IT systems too slow and 'lock up'. Results reviewed not being acted upon due to; No consistent agreed processes for management of diagnostic test results. Actions taken not being documented in medical notes due to; Volume of work and lack of capacity in relation to medical staff. Lack of agreed consistent process. Referrals for some tests still being made on paper with no method of tracking for receipt of referral, test booked or results. Poor communication process for communicating abnormal results back to referring clinician; Abnormal pathology results- cannot always contact clinician that requested test and paper copies of results not being sent to correct clinicians or being turned off to some areas. Suspicious imaging findings- referred to MDT but not always also communicated back to clinician that referred for test. Lack of standards or meeting standards for diagnostic tests i	Patients	Abnormal pathology results escalation process Suspicious imaging findings escalated to MDTs	Major	Likely	16	Implementation of Diagnostic testing policy across Trust - to ensure agreed speciality processes for outpatient management of diagnostic tests results. March 14 Development IT work with IBM to improve results system for clinicians and Trust to develop EPR with fit for purpose results management system. - Jan 16	8	CER

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2271	Nursing		Failure to achieve compliance of 75% attendance at Safeguarding training may have adverse impact on UHL safeguarding processes	11/12/2013	31/03/2014	**Causes:** Adult Safeguarding e-learning modules have only been available for the last 4/5 months as previous programme was not SCORN compliant and due to length of development had to then be further reviewed to ensure accuracy of content. Safeguarding Childrens e-learning modules have also only been available since early 2013. Poor uptake for medical staff training. Difficulties in releasing staff to undertake training. Lack of staff awareness in relation to the availability of an e-learning module. Current accuracy of e-UHL data is questionable. e-UHL does not show the individual the training that is required to be undertaken. **Consequences:** Delays in Safeguarding referrals and / or referrals to wrong agency leading to: Potential for loss of evidence. Greater risk of harm. Patient discharged prior to alert being raised. Additional staff time required to retrospectively resolve issues. Non-compliance with CQC outcomes. Potential for critical reports from OFSTED/ CCGs etc. Loss of good reputation as specific safeguarding cases are publicly reportable. Potential for 'Rule 43' to be applied.	Quality	Safeguarding team and Safeguarding web pages to provide guidance in relation to Safeguarding issues. New SCORN compliant e-learning package developed and live on e-UHL. Face to face training carried out by Divisional education teams in clinical Divisions (now CMGs) since April 2012 to cover gaps in safeguarding training programme.	Major	Likely	16	Incentivise medical staff attendance for safeguarding training - 31/03/14. Continue to develop -eUHL to ensure that individuals are aware of their mandatory training requirements - 31/03/14. Implement protected learning time for clinical staff - 31/03/14. Validate e-UHL attendance data - 31/03/14. Implement more effective management control in relation to non-attendance - 31/03/14. CMG education leads to raise awareness of Safeguarding training at local level - 31/03/14. Advertise Safeguarding training on InSite - 31/03/14.	6	MCLA

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2247	Nursing		There are 500 Registered Nurse vacancies in UHL leading to a deterioration in service and adverse effect on financial position	30/10/2013	31/05/2014	**Causes:** Shortage of available Registered Nurses in Leicestershire. Nursing establishment review undertaken resulting in significant vacancies due to investment. Insufficient HRSS Capacity leading to delays in recruitment. **Consequences:** Potential increased clinical risk in areas. Increase in occurrence of pressure damage and patient falls. Increase in patient complaints. Reduced morale of staff, affecting retention of new starters. Risk to Trust reputation. Impact on Trust financial position due to premium rate staffing being utilised to maintain safety. Increased vacancies across UHL. Increased pay bill in terms of cover for establishment rotas prior to permanent appointments. HRSS capacity has not increased to coincide and support the increase in vacancies across the Trust. Delays in processing of pre employment checks due to increased recruitment activity. Delayed start dates for business critical posts. Benefits of bulk and other recruitment campaigns not being realised as effectively as anticipated and expected. Service areas outside of nursing being impacted upon due to	Patients	HRSS structure review. A temporary Band 5 HRSS Team Leader appointed. A Nursing lead identified. Recruitment plan developed with fortnightly meetings to review progress. Vacancy monitoring. Bank/agency utilisation. Shift moves of staff. Ward Manager/Matron return to wards full time.	Major	Likely	16	Over recruit HCAs. - 31/05/14 Utilise other roles to liberate nursing time - 31/05/14	12	CRIB

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2318	Operations		Blockaged drains causing leaks and localized flooding of sewage	17/03/2014	01/07/2014	**Causes (hazard)** Aging infrastructure that can no longer cope with the volume of sewage due to restrictions and narrowing of the pipes Staff, visitors and patients placing materials other than toilet paper into the drainage system Staff placing non maceratorable items in the macerators causing breakages and loss of containment Back flow sink drains are unprotected resulting in foreign bodies **Consequences (harm / loss event)** Blockages build up easier and the older pipes cannot cope with the additional pressure causing leaks of raw sewage into occupied areas. Approximately 250 calls a month are being received by LRI estates relating to blockages Pipes cannot cope with the non-degradable materials and flooding occurs Localised flooding of clinical areas often involving areas on the floors below Foreign bodies block the drains and cause back fill and overspill of sinks and other facilities Clinical areas and staff areas become contaminated with raw sewage, ED 21st September, 12th August EDU 25th September, Ward 8 23rd August, ITU and CT 5th August. Patients contaminated with sewage from leaks in the ceilings Whilst repairs are underway it may become necessary to iso Potential media coverage (one request for information from L Quality and safe delivery of care will be compromised in area Risk to health and safety of staff from an unsafe working env	Statutory	Interserve and Hospital response teams. Awareness raised at local inductions. Business Continuity Plans. Communications and awareness with staff - poster campaign (launched September 2013). Approval for drain survey (Kensington and Balmoral Building).	Major	Likely	16	Samples of suitable wipes to be considered (dissolvable/maceratorable) to NET and decide from there. Liz Collins - due 31.3.14 Implement single choice patient wipes from end of March. Liz Collins/ Jeff Oliver - due 31.3.14 Discuss use of patient wipes in toilets with NET. Liz Collins - due 31.3.14. Survey being done in Kensington and Balmoral. Nigel Bond - due 19.4.14. Cost of replacement of stacks to be assessed. Nigel Bond - due 30.4.14. Need to link to new emergency floor. Phil Walmsley - due 31.3.14. Jet washing pipes. Andrew Martin due 30.4.14. To check macerator posters and if necessary contact with company with regards to posters on limiting numbers of items in macerator. Aaron Vogel - due 31.3.14. Comms campaign to be revisited. Tiff Jones - due 31.3.14.	2	PWA

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
1693	Strategy		Risk of inaccuracies in clinical coding	02/08/2011	31/03/2014	**Causes:** Casenote availability. HISS constraints (HRG codes not generated). High workload (coding per person above national average). Inaccuracies / omissions in source documentation (e.g. case notes may not include co-morbidities, high cost drugs may not be listed). Inability to provide training to large groups of coders due to lack of time and financial constraints. **Consequences:** Loss of income (PbR). Outlier for CHKS/HSMR data. Non- optimisation of HRG. Loss of Trust reputation.	Economic	Coding improvement project initiated April 2011. Project Board commenced September 2011 (PID, project plan and highlight report agreed). Electronic coding implemented February 2012 and to be upgraded November 2012 - HRG code generated. Will aid with audit, implementation of local policies and performance management. Task and finish groups completed in Divisions review improvements in coding using PeRL, PLICs, CHKS and medicode (encoder). New process for medical records retrieving notes. Due to changes in recording and payment of EDU and CAU episodes number of episodes coded has reduced. Shifts from day case to outpatient will reduce workload. Lead clinicians identified and Trust wide communication to move coding closer to the clinician. Tick lists introduced in both the ward area and discharge letter. Bank staff and overtime authorised to meet deadline. Scorecard developed to demonstrate improvements and benchmark against other Trusts. 3 year refresher programme completed November 2011. Quarterly updates/briefings to be led by Asst Director of Information - commenced April 2012. Team restructure Annual External Audit Internal Audit - commences November 2013 Audit Committee updates Clinical Coding Manager has a regular slot on Junior I Improvement and Innovation Framework Board - stan	Major	Likely	16	Succession Planning for Coding Manager - 31/03/14 CIP - to increase income for Trust by £1.5m - 31/03/14 Review the priority of this risk after go live with the encoder as all actions will have been taken - 30/06/14	8	JRO

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1737	RRC	Renal Transplant	Inappropriate environment and infection prevention Renal Transplant	25/10/2011	31/03/2014	**Causes:** Insufficient side room capacity. Inadequate space in existing side room for haemodialysis and line procedures. Insufficient en suite facilities in side rooms. Vascular access and % of patients with dialysis catheters. Procedure room on ward 10 not fit for purpose. Inappropriate areas used for renal biopsy on ward 17. Inadequate drug preparation areas. Inadequate domestic storage areas. No separate facility for isolating patients in ward 10/17 DCU. Movement of patients to accommodate admissions or haemodialysis in another area. **Consequences:** Poor compliance with cannula care. Challenges in maintaining integrity of commode lids using Chlorclean. Infection prevention risks. Transportation of contamination through patient occupied areas (15N/A).	Patients	Preventing Transmission of Infection including Isolation Guidelines (DMS 47699) MRSA Screening policy Weekly MRSA audits undertaken by IP Team Local Infection Prevention Group Communication of IP issues regular agenda item on local meetings Link Nurse Network Daily side room list Monthly Nursing Metrics audits Monthly HII audits Monthly Environment audits Recent refurbishment and upgrade of ward 15N/A accommodation Steam cleaning post CDT patients Vascular access being monitored by CQUIN & EMRN Medically led Vascular Access coordination Expert specialty trained competent staff Use 'cohort facility' as required Ongoing competency based programme for the training and implementation of ANTT	Extreme	Possible	15	Development of renal relocation plan - 31/01/2017	15	JPR
2070	RRC	Satellite Units	Harborough Lodge environment stops staff safely delivering haemodialysis	16/08/2012	31/03/2014	**Causes:** Insufficient space to: Safely carry out dialysis procedures. Safely carry out manual handling procedures. Safely carry out emergency procedures. Maintain patient privacy & dignity. Poor state of repair of within clinical areas. **Consequences:** Cross contamination/infection. Manual handling injury to staff/patient/visitor. Poor patient experience. Negative reputation of Trust. Increase in number of complaints.	Patients	Specialist haemodialysis trained and competency assessed staff. Haemodialysis/other clinical policies. Annual manual handling training. Annual infection prevention training. Infection prevention policy. Infection prevention audits. Environment audits. Curtains at each bed space. Minimum cleaning standards.	Extreme	Possible	15	UHL undertake Duty of Care review and produce recommendations - 31/03/2014	5	JPR

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2275	Emergency and Specialist Medicine	Rheumatology	There is a lack of robust clinical processes relating to Subcutaneous Methotrexate therapy due to staff shortages	02/01/2014	28/02/2014	**Causes** There is no dedicated person within rheumatology or pharmacy to generate the scripts for Subcutaneous Methotrexate (ScMTX). **Consequences** Patient safety - Patients often do not receive their drug on time, and as a result have worsening joint pains and in some cases have a flare of their arthritis. This can often result in an emergency out-patient clinic visit and sometimes can rarely even precipitate an emergency hospital admission. Quality - Increase in the amount of complaints being received with Service being considered sub-optimal by patients and GPs as well as hospital clinical staff. Human Resources - Late delivery of services for patients due to the lack of appropriate staffing resources. Increased workload to the Specialist Nursing team.	HR	Short-term resource has been assigned to clear the backlog ;A Junior Dr is supplying short-term overtime; admin resource has been assigned to the CNS team to release their time for other duties. Pharmacy Lead is pushing the recruitment into the pharmacy prescriber role.	Moderate	Almost certain	15	Review of Service Requirements for Rheumatology Specialist Nurses - capacity, establishment, admin support - including short term medical cover to support Junior doctor assisting with Scripts - technician identified for Specialist Nursing team 28/02/14 *** 14/3/24 Jnr Dr has been managing the prescribing list since Dec 13 and the overtime costs recharged to the budget in pharmacy that the recruitment was meant to have come from. Admin function introduced - will pay for itself via helpline virtual clinic set up Pharmacy prescriber role to be filled - Lead pharmacy role for this service provision is crucial for this system to work efficiently 31/3/14 24/3/14 still o/s Lessons learned exercise to understand in order to establish a more robust communications plans with patients Letter issued to all clinicians and GPs requiring them to notify CNS/Admin team immediately of any bloods frequency/dose changes required. Improvements to be tracked Delays caused by Rheum Clinicians and Pharmacy working to different parameters. JF and pharmacy to meet and agree use of Chemocare parameters movir Changes made to data shared between CNS team LF DAWN data load is manual and first record can only b	2	LDAL

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1196	Clinical Support and Imaging		No comprehensive out of hours on call rota for consultant Paediatric radiologists	29/06/2009	30/04/2014	**Causes** There are Consultant Radiologists on call however there are not sufficient numbers to provide an on call service. Registrars are available but they have variable experience. **Consequences** Delays for patients requiring Paediatric radiological investigations. Sub-optimal treatment. Paediatric patients may have to be sent outside Leicester for treatment. Potential for patient dissatisfaction / complaints. Consultants are called in when they are not officially on call and they take lieu time back for this, resulting in loss of expertise during the normal working day.	Patients	There are Consultant Radiologists on call however there are not sufficient numbers to provide an on call service. Registrars are available but they have variable experience. Non Paediatric radiology consultants are not able to perform or interpret Paediatric radiological interventions.	Moderate	Almost certain	15	Recruit to Consultants vacancies - due 01/06/14	2	RG

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1157	Clinical Support and Imaging	Medical Physics	Lack of planned maintenance for medical equipment maintained by Medical Physics	14/05/2009	30/04/2014	**Causes:** Lack of Medical Physics technical staff. No mechanism to ensure that the revenue consequences of maintenance are identified and funding given to Medical Physics to perform this maintenance. **Consequences:** Potential for equipment to perform out of specification leading to increased risk of patient/ staff harm. Equipment failure due to non-replacement / maintenance of limited life parts Failure to meet statutory requirements for electrical safety testing of medical equipment. Increased risk of patient complaints / claims. Potential for adverse media attention and risk to the reputation of the Trust. May impact upon successful outcome of future NHSLA assessments. Possibility of non-compliance with CQC Outcome 11. May attract attention of Medicines and Healthcare products Regulatory Agency (MHRA). Low morale / unreasonable pressure on Medical Physics technical staff.	Statutory	Some critical equipment is being maintained under service agreements set up with supplier. Medical Physics team are targeting "High" risk equipment as a first priority. Trust wide project team has been assembled to categorise the risk rating of equipment categories for both Maintenance and training needs - work from this team will eventually lead to many of the recommended actions being possible Identified all critical equipment and maintenance needs through the risk assessment process Reviewed the Medical Devices policy Site wide audit of medical devices Standardise medical equipment wherever possible Trust wide communication about future of medical device management issued. Develop robust mechanism to ensure the revenue consequences of maintenance for medical equipment purchases are identified - 30/9/13 - completed Develop process to allow appropriate funding for Medical Physics to ensure programmed maintenance can be performed - completed 2/12/13	Moderate	Almost certain	15	Secure funding to increase current staff base for Medical Physics technical staff or outsource maintenance contracts - 31/5/14 Quantify the shortfall in maintenance provision from existing resources and identify to the Trust (to enable Trust decision on corrective to be made) - 31/5/14 Establish infusion pump libraries at LGH and LRI - 31/12/14	6	MNO

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2278	Women's and Children's		Risk that the Leicester Fertility Centre could have its licence for the provision of treatment and services withdrawn	17/12/2013	04/05/2014	**Causes:** Inadequate staffing levels and inappropriate quality systems in place. ISO 15189 accreditation would be an outcome if the service was adequately staffed with appropriate quality systems in place. **Consequences:** Patient safety and quality issues if unable to deliver service. Financial impact if patients choose to move elsewhere or NHS contracts not obtained. Risk to Trust reputation. Challenging external recommendations/improvement notice from HFEA - critical report received Feb 2013.	Statutory	1 fulltime trained Embryologist to a national recognised level 3 part time trained Embryologist to a national recognised level 1 0.8wte Band 6 BMS	Moderate	Almost certain	15	Review of protocols to ensure meet ISO 15189 standards - due 30/4/2014. Improve information for patient and service users - due 30/4/2014. Formulation of business plan for Quality Manager post - due 30/4/2014. Overhaul of specimen request, collection and delivery procedures - due 30/4/2014. Review of the need for a automated semen analyser due 30/4/2014.	6	DMARS

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1310	Medical Directorate		Risk of user error associated with non-standardisation of manual and automated external defibrillators	16/12/2009	30/04/2014	**Causes:** Different make / model of defibrillator used at LGH site (Zoll defibrillators as opposed to Medtronic LifePak 20). Defibrillator training at LRI/ Glenfield hospital uses Lifepak defibrillators for practical element of training but purely illustrates the differences between Zoll and Lifepak. This includes how to turn on, how to activate manual mode (2-stage activation), and location of 'shock' button. Defibrillator training at LGH hospital uses Zoll defibrillator for practical element of training but purely illustrates the differences between Zoll and Lifepak. This includes how to turn on, how to activate manual mode (finding release button and opening manual door), and location of 'shock' button. Medical staff using the defibrillator will rotate to other sites within the Trust. Internal audit shows further education and training is required to train clinical staff. **Consequences:** Potential for unsuccessful defibrillation attempt. Potential for injury to the patient (death). Potential to disrupt the advanced life support universal algorithm. Non-compliance with recommendations of the CPR Standard	Patients	Defibrillation training programme in place which highlights the issues. Defibrillator will give automated instructions (depending on clinical setting). Internal Alert issued and closed for clinical areas.	Extreme	Possible	15	Training and educating staff to use new defibs - due 30/04/14	5	LR
2272	Nursing		Failing to meet internal and external targets in relation to undertaking IG training may adversely affect UHL compliance with IP	11/12/2013		**Causes:** Lack of availability of face to face IG training sessions. Previous on-line e-learning facility increasingly unreliable **Consequences:** Potential for an increase in IG incidents leading to: Adverse media attention and loss of good reputation. Fines from the Information Commissioner. Critical reports from external regulators.	HR	Blended learning using work books and e-learning. New IG e-learning package has been developed (live since mid October 2013). Already seeing an improvement in compliance rates.	Moderate	Almost certain	15	Market new on-line session Re-issue workbook and FIT training	6	RSMI

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2268	Nursing		Failure to meet targets for Moving and Handling training may adversely affect patient care /staff safety / quality	11/12/2013		**Causes** Lack of dedicated training space/venues. Possible inaccuracies in e-UHL data (M&H records held by M&H team identify approx. 11,000 staff trained). Some areas have reduced training opportunities for staff from every year to 2 yearly against the advise of the MH service. **Consequences** Increased risk of patient and/ or staff injury during moving and handling. Risk to reputation of the Trust if an outlier against national targets. Gross failure to meet national standards.	Quality	Cascade training utilised within UHL (approx 160 trainers available). Direct input from UHL M&H team in relation to MH processes/ equipment etc. e-learning package available from October 2013.	Extreme	Possible	15	Redesign of induction training to ensure appropriate level of M&H training Implement weekly M&H training to smaller groups	9	NH
2270	Nursing		Failure to achieve compliance of 75% attendance at Fire Safety training may cause UHL to fail to meet its statutory obligation	11/12/2013	31/03/2014	**Causes:** CMG mandatory training study days may not be capturing the specific Fire Safety training as an individual component of the day therefore bringing into question the accuracy of e-UHL data. Difficulty in releasing staff to attend Fire Safety training (10 - 15% rate of non-attendance following booking). Lack of venues for additional sessions. Lack of managerial action re repeat non-attendees. **Consequences:** Non-compliance with statutory obligation. Potential non-compliance with CQC outcomes. Potential for staff / patient safety to be adversely affected in the event of a fire (it must be noted that no incidents recorded are attributable to lack of staff training). Loss of good reputation.	HR	Existing training developed to ensure that refresher training on alternate years can be via a e-learning module for non-clinical staff. Face to face training run at differing times in an attempt to satisfy everyone's needs.	Moderate	Almost certain	15	Increase the number of fire safety training sessions to two per month at each site (if venues are available) - 31/03/14. Education leads to be made aware that mandatory training days must be broken into their specific components on e-UHL in order to ensure attendance is accurately recorded - 31/03/14. Raise awareness of fire safety training via utilisation of Intranet and PC desktop messages - 31/03/14. Incentivise medical staff attendance - 31/03/14.	9	GBRO

Risk ID	CMG	Specialty	Risk Title	Opened	Review Date	Description of Risk	Risk subtype	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Owner
2269	Nursing		Failure to meet UHL target of a minimum of 75% of clinical staff undertaking IP/Hand hygiene training	11/12/2013	31/03/2014	**Causes:** Poor attendance rates for all staff groups (UHL compliance 58%). Staff not released to undertake IP face-face training. e-UHL has not signposted Infection Prevention training for Clinical Staff. UHL is unable to demonstrate that all clinical staff within the trust has received Infection Prevention Training (including Hand Hygiene). **Consequences:** Poor attendance may be a contributory factor to patients acquiring Healthcare Associated Infections. Financial impact of CDT infections in relation to CCG fines. Potential risk of staff acquiring infections through lack of basic hand hygiene. Non-compliance with national standards (CQC, Health and Social care Act 2010).	Patients	High risk areas (e.g. with increased infection rates, SI) targeted for focused training. Active liaison with Clinical Skills Unit and UHL Education and Training team to resolve issues.	Extreme	Possible	15	e-learning package to be re-developed to meet core skills framework and UHL requirements. 31/03/14. Hold discussions with Medical Director to incentivise medical staff attendance for hand hygiene 31/3/2014. Ensure e-UHL accurately signposts relevant staff to their role specific Infection Prevention training requirements. 1/4/14. Ensure e-UHL accurately signposts relevant staff to their mandatory Infection Prevention training requirements 1/4/14. Develop more robust links with medical staff training team. 31/3/14. Refine job role of link staff network to support ward managers in raising IP awareness at a local level. 31/3/14. Ward Managers to use observed assessment of ANTT for nurses and discuss the process for assessment of medical staff with medical staff training team. 31/3/14.	10	LCOL
1551	Nursing		Failure to manage Category C documents on UHL Document Management system (DMS)	14/03/2011	31/03/2014	**Causes:** Lack of resource at CMG/directorate level. Lack of resource in CASE team. Delays in the development of 'SharePoint' that would enable automatic reminders for expired documents to be generated for the document authors. **Consequences** DMS does not contain the most recent versions of all category C documents. Staff may be following incorrect guidance (clinical or non-clinical) which could impact on patient care.	Quality	Head of Outcomes & Effectiveness has discussed the problems with CMGs to identify which documents can be managed at local level. Reminders to be manually generated by the CASE team (one day a week only).	Moderate	Almost certain	15	Use of bank staff or redeployed staff for 3 - 6 months to update information on DMS and migrate to 'SharePoint' - 31/03/2014	9	SH

FF

University Hospitals of Leicester NHS
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 24 April 2014

COMMITTEE: Finance and Performance Committee

CHAIRMAN: Mr R Kilner, Non-Executive Director

DATE OF COMMITTEE MEETING: 26 March 2014

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

None

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

Minute 31/14/1 – discussion on overseas visitor debts and the arrangements for regular review by the Audit Committee.

DATE OF NEXT COMMITTEE MEETING: 23 April 2014

Mr R Kilner
16 April 2014

Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE, HELD ON WEDNESDAY 26 MARCH 2014 AT 8.30AM IN THE LARGE COMMITTEE ROOM, MAIN BUILDING, LEICESTER GENERAL HOSPITAL

Present:
Mr R Kilner – Acting Chairman (Committee Chair)
Mr J Adler – Chief Executive
Colonel (Retired) I Crowe – Non-Executive Director
Mr P Hollinshead – Interim Director of Financial Strategy
Mr R Mitchell – Chief Operating Officer
Mr G Smith – Patient Adviser (non-voting member)
Ms J Wilson – Non-Executive Director

In Attendance:
Mr M Allen – Director, Ernst and Young (for Minute 26/14)
Ms S Khalid – Clinical Director, Clinical Support and Imaging CMG (for Minute 30/14/1)
Mr N Kee – General Manager, Clinical Support and Imaging CMG (for Minute 30/14/1)
Ms D Mitchell – Interim Alliance Director (for Minute 25/14)
Mrs K Rayns – Trust Administrator
Mr S Sheppard – Deputy Director of Finance

ACTION

RECOMMENDED ITEMS

24/14 REPORT BY THE INTERIM DIRECTOR OF FINANCIAL STRATEGY

Recommended – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

25/14 REPORT BY THE DIRECTOR OF STRATEGY

Recommended – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

26/14 REPORT BY THE DIRECTOR OF STRATEGY

Recommended – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

RESOLVED ITEMS

27/14 APOLOGIES AND WELCOME

There were no apologies for absence. The Chairman welcomed Mr G Smith, Patient Adviser, to the meeting and congratulated him on reaching the milestone of 10 years service as a UHL Patient Adviser.

28/14 MINUTES

Resolved – that the Minutes of the 26 February 2014 Finance and Performance Committee meeting (papers A and A1) be confirmed as a correct record.

29/14 MATTERS ARISING PROGRESS REPORT

The Committee Chairman confirmed that the matters arising report provided at paper B detailed the status of all outstanding matters arising. Members noted updated information in respect of the following items:-

(a) Minute 13/14 of 26 February 2014 – members were invited to provide any final comments on the UHL Procurement and Inventory Management Strategy which was being presented to the Trust Board for approval on 27 March 2014; **ALL**

(b) Minute 17/14/4 of 26 February 2014 – it was confirmed that the Chief Operating Officer had circulated a summary of the queries raised by CCGs relating to UHL's RTT improvement plan and that the RTT Improvement Plan had since been accepted by Commissioners. However, the Chief Executive reported on the continuing discussions with Commissioners to determine the level of any penalties (eg up to 2%) that might be applied in the event that the RTT improvement trajectory was not maintained, and

(c) Minute 28/13/3 of 27 March 2013 – an update on the actions and timescales for clarification of landlord elements of University Occupied UHL premises and the apportionment of funding for clinical academic posts would be scheduled on the Finance and Performance Committee agenda for 23 April 2014.

<u>Resolved</u> – that the matters arising report and any associated actions above, be noted. **NAMED LEADS**

30/14 STRATEGIC MATTERS

30/14/1 <u>Clinical Support and Imaging CMG Presentation and Update on the Imaging Improvement Plan</u>

The Clinical Director and General Manager attended the meeting from the Clinical Support and Imaging CMG to present papers C and C1 providing a summary of the CMG's financial and operational performance and a progress report on each of the 9 workstreams identified under the Imaging Improvement Plan. Appendix 1 to paper C1 provided a RAG rated action plan for each of these workstreams. During the presentation, Finance and Performance Committee members particularly noted:-

(a) the support provided by the Interim Director of Financial Strategy in terms of developing greater clarity surrounding the financial reporting mechanism with Empath;
(b) the particular strengths of the CMG management team and their governance processes and the continued focus upon developing similarly high-performing teams at service level;
(c) a forecast £48k improvement upon the year-end 2013-14 control total – the level of forecast improvement had been reduced due to additional expenditure on medical records storage and hire of mobile MRI facilities;
(d) that the CMG's financial plan for 2014-15 had been signed off and that this included a reflection of the cost pressures facing the CMG (£880k). Clarity would be provided to all service level managers regarding the actions required to achieve financial balance;
(e) positive feedback had been received from Ernst and Young regarding the CMG's 2014-15 CIP schemes and a scheme which totalled £1.6m had now been re-RAG rated from red to green. Ms L Bentley, Head of Financial Management and Planning had held a CIP workshop with Service Managers and additional CIP schemes continued to be explored in order to create a contingency to mitigate against any potential in-year CIP slippage;
(f) Imaging performance for 6 week diagnostics was considered to be the CMG's biggest operational challenge. Performance had deteriorated due to significant peaks in demand and loss of capacity due to the major equipment replacement

programme. Assurance was provided that performance against the 1% threshold was expected to be consistently delivered with effect from April 2014 and a trajectory had been agreed with Commissioners in this respect;

(g) the significance of UHL's improved cancer performance over the last 6 months and that the service had been nominated for a related HSJ Award;

(h) that the CMG's workforce metrics stood at 3.3% for sickness, 95.2% for appraisal, 77% for mandatory training and 7.5% for staff turnover. Regular sickness hotspot meetings were held by the General Manager and HR lead;

(i) that the CMG had 3 active Listening into Action teams – 1 in wave 1 and 2 in wave 2, and

(j) the summary of proposed strategic changes for 2014-15 included some innovative developments relating to post mortem CT scanning and PET CT development where UHL was considered to be a UK leader in the field.

The Committee thanked the team for this comprehensive summary and the following comments and questions were raised:-

(1) Ms J Wilson, Non-Executive Director queried whether any plans were in place to increase the opening hours for MRI services to improve utilisation rates. In response, the General Manager advised that the facilities were currently operated on 7 days per week until 8pm and that engagement meetings were scheduled in April 2014 (with support from Patient Advisers) to explore the scope to extend the hours until 10pm or 11pm. Further analysis of the target group for the extended hours was also being undertaken;

(2) Ms J Wilson, Non-Executive Director sought additional information regarding the role of pharmacy staff in supporting timely discharge arrangements, noting in response that winter funding had been utilised to strengthen weekend pharmacy team resources. However, the weakest area of the TTO process was considered to be the writing up of patient prescriptions by medical staff. The provision of an interface between electronic prescribing and Sunquest ICE would be a key factor in resolving this issue, but the Trust had been advised of a 12 week timescale for this to be provided. The Clinical Director advised that an improvement trajectory would be agreed jointly between pharmacy and Consultants and it was hoped to improve upon the current 4-6 month timescale. The Committee requested that a progress report on pharmacy related issues be provided to the May 2014 Finance and Performance Committee meeting; **CD, CSI**

(3) responding to a further query from the Committee Chairman, the Clinical Director confirmed that the Medical Director had been providing medical leadership within the TTO improvement plan, but it was considered more appropriate now to segment the leadership within various specialties. Progress of this workstream was due to be considered at the next LiA Steering Group and the Clinical Director undertook to seek an update report from the Project Pharmacist; **CD, CSI**

(4) Colonel (retired) I Crowe, Non-Executive Director sought and received assurance that the CMG closely monitored its complaints profile and any associated learning opportunities through the CSI Board meetings and its Quality and Safety Committee;

(5) the Committee Chairman referred to the final presentation slide and sought more information on how the Trust Board could help to raise visibility within the CMG. Following discussion, the General Manager was requested to contact the Director of Safety and Risk to flag some of the smaller niche service areas which might benefit from increased visibility through the programme of Executive walkabouts; **GM, CSI**

(6) responding to a query from the Patient Adviser, the CMG advised that if any barriers were preventing progress with particular issues then this would be escalated with the appropriate leads (eg Executive or Clinical Director) and highlighted to the Chief

Operating Officer accordingly, and

(7) the Chief Executive commended the format of the slide presentation and the CMG's responsiveness in supporting the Super Weekends and the TTO elements of the Emergency Care Pathway. He sought further information on the assurance mechanism for monitoring imaging reporting timescales and queried whether any modalities were currently under-performing. In response, the General Manager advised that reporting on outpatient plain films currently stood at between 4 and 5 weeks. This modality was under constant review and plans were underway to establish additional reporting sessions to reduce this timescale. The Chief Executive requested the General Manager to liaise with Mr J Roberts, Assistant Director of Information to arrange for performance against imaging reporting timescales to be added to the monthly quality and performance reporting mechanism. **GM, CSI**

<u>Resolved</u> – that (A) the presentation on the Clinical Support and Imaging CMG's operational and financial performance be received and noted, and

(B) the CMG Clinical Director and General Manager be requested to:-

- **provide a progress report on the interface between e-prescribing and Sunquest ICE to the May 2014 Finance and Performance Committee meeting;** **CD, CSI**
- **contact the Director of Safety and Risk to suggest additional areas which might benefit from inclusion in the programme of Executive walkabouts;** **GM, CSI**
- **liaise with the Assistant Director of Information to arrange for the inclusion of performance against imaging reporting timescales within the monthly Quality and Performance report.** **GM, CSI**

30/14/2 <u>Update on the Resolution of E-Rostering Software Functionality Issues</u>

Further to Minute 5/14/1 of 29 January 2014, paper D provided an overview of the electronic rostering implementation and reported on progress towards resolution of the technical issues which had been affecting the functionality of reporting modules. The Deputy Director of Finance confirmed that the software solution had now been provided and that this was currently being tested by the UHL Project Lead prior to rolling out the management reporting tool to the Executive Team and CMG Management Teams.

Noting that the E-Rostering Project was progressing from the implementation phase into the monitoring phase, the Committee considered the key performance indicators set out in paper D and queried progress towards the overarching project aims of optimising the use of UHL bank staff and reducing agency usage. In response, the Deputy Director of Finance reported on links with substantive recruitment plans and the assumptions relating to levels of prospective cover for staff sickness, study leave, maternity leave and annual leave. It was noted that Ernst and Young had been benchmarking the levels of prospective cover applied by other Trusts and UHL's level appeared relatively high (at 23%). The project had also highlighted some anomalies in respect of capturing annual leave which was not consistently reported for the standard period (1 April to 31 March each year).

The Interim Director of Financial Strategy advised that he had recently met with Ms M McAuley, Head of Nursing (Releasing Time to Care) and agreed a process for escalating any e-rostering concerns through the monthly CMG Performance Management meetings. Members commented on the need to implement an E-Rostering process for medical staffing, and noted that training for this project team was expected to commence in May 2014.

<u>Resolved</u> – that the update on the E-Rostering project (paper D) be received and noted and a further update on progress be provided to the Committee in June 2014. **CN**

30/14/3 Progress Report on Improvements in Ophthalmology

Further to Minute 137/13/2 of 18 December 2013, the Chief Operating Officer introduced a progress report from the Ophthalmology Service outlining reductions in waiting times for letters and the trajectory for achieving RTT compliance with admitted and non-admitted targets by July for admitted patients and by August 2014 for non-admitted (paper E refers). Finance and Performance Committee members particularly noted that:-

(a) a 97% reduction had been achieved in the backlog of letters awaiting typing and the current backlog stood at 800 letters which equated to 4 or 5 days of normal in-house activity;
(b) non-admitted performance was behind trajectory at the end of January 2014 as a result of staffing related issues, but improved clinic utilisation and additional WLI clinic capacity were having the desired effect and March 2014 performance stood at 84.9% against the trajectory of 82.3% towards the target of 95% by August 2014, and
(c) admitted performance had slipped against the trajectory as a result of staffing issues, but the total waiting list had started to reduce again and theatre utilisation rates were improving. A correction to the last sentence of the report was noted which should have referred to admitted (not non-admitted) compliance being forecast in July 2014.

In discussion on paper E, Finance and Performance Committee members recognised the significant progress made by Ophthalmology Services and highlighted the importance of feeding back this recognition to the team. The Chief Executive reported on arrangements for a Caring at its Best award to be presented within that service. Ms J Wilson, Non-Executive Director noted that whilst the outputs contained within paper E were promising, there was a lack of assurance that the improvements were sustainable and the Chief Operating Officer agreed to address this aspect within future reports. Colonel (retired) I Crowe, Non-Executive Director sought assurance that the KPIs for all outpatient clinics were monitored in this way. **COO**

Following discussion on the remaining 3 specialities with RTT challenges, the Committee Chairman requested that a summary of RTT performance within the Orthopaedics Service be provided to the May 2014 meeting. **COO**

Resolved – that (A) the progress towards improving Ophthalmology RTT performance and reducing the clinic letter backlog be noted,

(B) the Chief Operating Officer be requested to focus on providing assurance on the sustainability aspects of improved performance in future reports, and **COO**

(C) a report on RTT performance within the Orthopaedics specialty be presented to the May 2014 Finance and Performance Committee. **COO**

30/14/4 Progress Report on Outpatient Letters

Following consideration by the Executive Performance Board on 25 February 2014, paper F provided a progress report on the arrangements for reducing the Trust's clinical letter backlog. Appendix 1 to paper F detailed the speciality level data within each Clinical Management Group and members noted that each CMG had been tasked with reviewing this data and confirming their improvement plans. The improvement plans would then be reviewed Corporately to assess any scope for cross-cutting improvements. **COO**

In respect of the longest wait for a clinic letter within the Women's and Children's CMG, it was noted that the Clinical Director had not yet been able to verify this data. The Committee requested that a further update on outpatient letter performance be provided in June or July 2014 and the Chief Executive noted the need to mainstream this reporting mechanism, either through the monthly Quality and Performance report or a CMG **COO**

dashboard.

<u>Resolved</u> – that (A) the progress report on reducing the backlog of clinical letters be4 received and noted and a further update be provided to the Committee in June or July 2014, and

(B) the Chief Operating Officer be requested to instigate a mechanism for routinely reporting and tracking clinical letters performance.

30/14/5 <u>Update on Medical Productivity and Benchmarking of Medical Staffing Costs</u>

The Deputy Director of Finance introduced paper J, providing a progress report on the Medical Productivity Project, led by Dr P Rabey, Deputy Medical Director. Members considered the governance arrangements and the key next steps in terms of presenting the revised job planning framework to the Local Negotiating Committee in April 2014 for sign off. The Chief Operating Officer queried the quantum of the savings target allocated to this cross-cutting CIP scheme and noted the Chief Executive's suggestion that a position statement on all of the cross-cutting CIP schemes be provided to the April 2014 meeting, rather than focusing on any particular scheme in isolation. **COO**

Ms J Wilson, Non-Executive Director queried the level of clinical engagement that was taking place and noted in response that the Deputy Medical Director had met with each of the CMG Clinical Directors and had attended Cross CMG meetings to present updates on the progress of this project. It was also noted that the Clinical Directors for CSI and Women's and Children's were core members of the project working group.

<u>Resolved</u> – that (A) the report on improving medical productivity be received and noted as paper J, and

(B) a progress report on all of the cross-cutting cost improvement projects be provided to the 23 April 2014 Finance and Performance Committee. **COO**

30/14/6 <u>Board Assurance Framework – Review of Risk 1 Failure to Achieve Financial Sustainability</u>

The Interim Director of Financial Strategy introduced paper K, inviting Finance and Performance Committee members to consider a revised assessment of UHL's risk relating to failure to deliver financial sustainability. Members commented that it was helpful for the Committee to have sight of this information. The Interim Director of Financial Strategy was requested to populate the current and target scores, noting a suggestion that the current impact and probability scores were both reasonably high currently. In terms of any actions that the Trust was not pursuing, the Chairman suggested that robust links with the LLR Better Care Together workstream be included under this heading.

<u>Resolved</u> – that (A) the revised risk assessment relating to Risk 1 – Failure to Achieve Financial Sustainability – be received and noted, and

(B) the Interim Director of Financial Strategy be requested to complete the current and target risk scores and consider including a reference to improving links with the LLR Better Care Together workstream. **IDFS**

31/14 FINANCE

31/14/1 <u>2013-14 Financial Position to Month 11 and Year End Forecast</u>

Paper L provided an update on UHL's performance against the key financial duties surrounding delivery of a planned surplus, achievement of the External Financing Limit

(EFL) and achievement of the Capital Resource Limit (CRL). Section 2.1 of the report summarised the year to date financial performance (£38.4m deficit) and the full year forecast position (£39.8m deficit) and provided the associated RAG ratings. This section also set out UHL's performance against the subsidiary duty to pay all suppliers invoices within 30 days under the Better Payment Practice Code (BPPC). Between April 2013 and February 2014, the Trust had paid 48.3% of invoices and 72.9% of the value within the target 30 days.

A table provided on page 5 set out the risks and opportunities within the year end forecast position. Members particularly noted the potential impact of ITAPS stock adjustments, a contractual challenge surrounding anti-coagulation, winter pressure funding and a "subject to affordability" clause in respect of additional CCG income. Sections 5.4 and 5.5 highlighted balance sheet movements relating to non-NHS debts and bad debt provision. The Chief Executive queried whether the majority of the NHS debts had been settled on 24 March 2014 as expected when the report had been prepared. This was confirmed, with the exception of part of the winter funding.

The Chairman sought additional information regarding the management of overseas visitor debts, noting in response the assurance provided by the Interim Director of Financial Strategy that the management processes were being strengthened and that the level of debt identified might increase initially as a result of the improved reporting process. The Committee noted that the Audit Committee regularly reviewed the Trust's performance in this area. The Interim Director of Financial Strategy also advised that the office function for financial management of private patients and overseas visitors was being relocated to the LRI site and that there might be opportunities to invest additional resources in this team to improve the collection rate for such debts. Ms J Wilson, Non-Executive Director highlighted opportunities to work with CCG colleagues to develop reciprocal arrangements to support the management of overseas visitor debts.

Resolved – that the report on the Trust's Month 11 financial performance and the year end forecast be received and noted as paper L.

31/14/2 Report by the Interim Director of Financial Strategy

Resolved – that this Minute be classed as confidential and be taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

31/14/3 Temporary Borrowing Limit Application

The Interim Director of Financial Strategy introduced paper M, providing a copy of the business case for UHL's temporary borrowing of £30m for a period of up to 3 months.

Resolved – that the application for temporary borrowing of £30m for a period of up to 3 months be received and noted for information.

32/14 PERFORMANCE

32/14/1 Month 11 Quality, Finance and Performance Report

Paper N provided an overview of UHL's quality, patient experience, operational targets, HR and financial performance against national, regional and local indicators for the month ending 28 February 2014 and a high level overview of the Divisional Heatmap report. The Chief Operating Officer reported on the following aspects of UHL's operational performance, using the dashboard on page 27 as his central point of reference:-

ED Performance – a detailed report would be considered by the Trust Board on 27

March 2014;

RTT 18 Week Performance – a separate report had been considered earlier in this meeting (Minute 26/14/3 above refers);

Cancelled Operations and rebooking within 28 days – February 2014 performance was 2.0% against the threshold of 1.0% and an exception report and remedial action plan were provided at appendix 4. The Chief Operating Officer particularly highlighted the graph on page 2 of the exception report which illustrated a significant increase in the number of adult elective inpatients by night as additional RTT activity was taking place and members noted the impact upon cancellations. Discussion took place regarding opportunities to ring-fence elective activity within UHL's capacity plans going forwards. In addition the procedure to be followed in the event of on the day cancellations was being re-circulated to ensure that any untoward incidents were escalated appropriately;

Cancer Performance – all performance indicators were RAG rated as green;

Stroke TIA Performance – February 2014 performance had dipped to 40.7% (against the target of 60%) due to an increase in patient numbers in the first part of the month and 13 patients choosing to be treated outside the 24 hour target, and

Choose and Book Slot Unavailability – performance stood at 14% against the 4% threshold and members noted the link between this performance indicator and the Trust's RTT performance.

Resolved – that the month 11 Quality, Finance and Performance report (paper N) and the subsequent discussion be received and noted.

33/14 SCRUTINY AND INFORMATION

33/14/1 Clinical Management Group (CMG) Performance Management Meetings

Resolved – that the action notes arising from the February 2014 CMG Performance management meetings (papers O to O7) be received and noted.

33/14/2 Executive Performance Board

Resolved – that the notes of the 25 February 2014 Executive Performance Board meeting (paper P) be received and noted.

33/14/3 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 26 February 2014 QAC meeting (paper Q) be received and noted.

34/14 ITEMS FOR DISCUSSION AT THE NEXT FINANCE AND PERFORMANCE COMMITTEE

Paper R provided a draft agenda for the 23 April 2014 meeting. Discussion took place regarding the next CMG presentation and members agreed that the Musculoskeletal and Specialist Surgery (MSS) CMG be invited to present at the April 2014 meeting (instead of CHUGS). The Chief Operating Officer invited any comments or suggested amendments to the format of the presentation template. The following additional agenda items were proposed and agreed:- **TA**

- further iteration of the 2014-15 Operational Plan;
- standing agenda item for all meetings on CIP performance (and for May 2014 a presentation on each of the cross-cutting CIP schemes);

- regular submission of both the Trust Board and the Executive Performance Board reports on financial performance, and
- UHL capacity plan 2014-15.

The Trust Administrator was requested to update the agenda with the additional items agreed at this meeting and circulate a revised version outside the meeting.

Post meeting note – due to non-availability of the CMG presentation team on 23 April 2014, the RRC CMG was invited to present instead.

Resolved – that (A) the items for consideration at the Finance and Performance Committee meeting on 23 April 2014 (paper R) be noted, and

(B) the Trust Administrator be requested to update the draft agenda and recirculate it outside the meeting. **TA**

35/14 ANY OTHER BUSINESS

Resolved – that there were no items of any other business raised.

36/14 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Recommended – that the following issues be highlighted for approval at the Trust Board meeting on 27 March 2014:-

- Minute 24/14 – Confidential report by the Interim Director of Financial Strategy;
- Minute 25/14 – Confidential report by the Director of Strategy, and
- Minute 26/14 – Confidential report by the Director of Strategy.

Resolved – that the following issues be highlighted verbally to the Trust Board meeting on 27 March 2014:-

Minute 31/14/1 – discussion on overseas visitor debts and the arrangements for regular review by the Audit Committee.

37/14 DATE OF NEXT MEETING

Resolved – that the next Finance and Performance Committee be held on Wednesday 23 April 2014 from 8.30am – 11.30am in the Large Committee Room, Main Building, Leicester General Hospital.

The meeting closed at 11.16am

Kate Rayns, Trust Administrator

Attendance Record

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Chair from 1.7.13)	12	12	100%	I Reid (Chair until 30.6.13)	3	3	100%
J Adler	12	10	83%	I Sadd	2	1	50%
I Crowe	9	9	100%	A Seddon	9	9	100%
R Mitchell	9	8	89%	G Smith *	12	11	93%
P Hollinshead	3	3	100%	J Tozer *	2	2	100%
P Panchal	4	2	50%	J Wilson	12	10	83%

* non-voting members

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 24 April 2014

The following reports are attached to this Bulletin as items for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **Annual update of Trust Board Declarations of Interest (2014-15)**– Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 1**.
- **Quarterly update on Trust sealings** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 2.**
- **Updated NTDA Accountability Framework** – Lead contact point Mr J Adler, Chief Executive (0116 258 8940) – **paper 3.**

It is intended that these papers will not be discussed at the formal Trust Board meeting on 24 April 2014, unless members wish to raise specific points on the reports.

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

Annual Update of Trust Board declarations of interest – 2014-15

NAME	POSITION	INTEREST(S) DECLARED
Mr R Kilner	Acting Trust Chairman	Managing Director of Deltex Consulting Ltd. Non-Executive Director of Triconnex Ltd; Non-Executive Chairman of SHS Integrated Services Ltd.
Colonel (Ret'd) I Crowe	Non-Executive Director	Brother, Order of St John (by award).
Dr S Dauncey	Non-Executive Director	Ward Volunteer at LOROS, Groby Road, Leicester.
Mrs K Jenkins	Non-Executive Director	Provision of interim management services for Serco plc.
Mr P Panchal	Non-Executive Director	None to declare
Ms J Wilson	Non-Executive Director	Board Chair, Leicestershire and Rutland Probation Trust (currently holds the contract for the provision of criminal justice drug and alcohol treatment services in Leicester [clinical aspects of that service provided by Inclusion Healthcare]).
Professor D Wynford-Thomas	Non-Executive Director	Dean of the University of Leicester Medical School and Pro-Vice Chancellor, Head of College for Medicine, Biosciences and Psychology, University of Leicester.
Mr J Adler	Chief Executive	None to declare
Mr R Mitchell	Chief Operating Officer	None to declare
Dr K Harris	Medical Director	NICE IPAC - Committee Member of Interventional Procedures Committee
Ms R Overfield	Chief Nurse	None to declare
Mr A Seddon	Director of Finance and Business Services (until 13 April 2014)	None to declare
Ms K Bradley	Director of Human Resources	None to declare
Mr P Hollinshead	Interim Director of Financial Strategy	Director of Brandhill Financial Services Ltd.
Ms K Shields	Director of Strategy	None to declare
Mr S Ward	Director of Corporate and Legal Affairs	None to declare
Mr M Wightman	Director of Communications and External Relations	None to declare

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **24 APRIL 2014**

REPORT BY: **DIRECTOR OF CORPORATE AND LEGAL AFFAIRS**

SUBJECT: **SEALING OF DOCUMENTS**

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1. The Trust's Standing Orders (Standing Order 12) set out the approved arrangements for custody of the Trust's seal and the sealing of documents.

2. Appended to this report is a table setting out details of the Trust sealings for the 2013-14 financial year to date (by quarter).

3. The Trust Board is invited to receive and note this information.

4. Reports on Trust sealings will continue to be submitted to the Trust Board on a quarterly basis.

Stephen Ward
Director of Corporate and Legal Affairs

List of Trust Sealings for Quarter 4, 2013/14

Date of Sealing	Nature of Document	Date of Authority and Minute Reference	Sealed by	Remarks
13/03/14	Deed of Agreement between (1) UHL and (2) Interserve (facilities management) Limited for the Provision of, Design and Construction of CHP Units within LRI and Glenfield Hospital.	Trust Board – 27/6/13 Minute 169/13/5	Acting Chairman/ Assistant Director – Head of Legal Services	Originals handed to N Bond, NHS Horizons
13/03/14	Deed of Collateral Agreement between (1) UHL and (2) Interserve (facilities management) Limited and (3) Vital Energi Utilities Limited in respect of work in relation to matter 2014/1.	Trust Board – 27/6/13 Minute 169/13/5	Acting Chairman/ Assistant Director – Head of Legal Services	Originals handed to N Bond, NHS Horizons

Trust Board Bulletin paper 3

To:	Trust Board (Bulletin)
From:	John Adler Chief Executive
Date:	24th April 2014
CQC regulation:	N/A

Title:	**NHS Trust Development Authority 2014/15 Accountability Framework**

Author/Responsible Director: Helen Harrison, FT Programme Manager / John Adler, Chief Executive

Purpose of the Report:

On 31st March 2014 the NHS Trust Development Authority (NTDA) published an updated version of it's Accountability Framework, now called 'Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards'. This paper summarises some of the key changes.

The Report is provided to the Board for:

Decision		Discussion	X
Assurance		Endorsement	

Summary / Key Points:

The updated framework reflects some of the key changes over the last year including:

- a number of new roles, policies and processes have been introduced in the last year. Most notably, the first Chief Inspector of Hospitals has been appointed and his work on the programme of new inspections has begun in earnest across all sectors of the NHS. The need for a "Good" or "Outstanding" rating from the Chief Inspector to proceed to foundation trust status has been set out, significantly changing the standards required for moving to FT. In addition, the inspections overseen by Sir Bruce Keogh early in 2013/14 have led to the introduction of the "special measures" process to secure rapid improvement in a small number of provider organisations with significant quality problems.
- the implications of the Mid Staffordshire Inquiry are now clearer than they were a year ago, and a number of related inquiries have been completed, each with significant implications for NHS providers. These include:
  - the Keogh review
  - Professor Don Berwick's review of patient safety
  - the Cavendish review on healthcare support workers
  - the Clywd-Hart review into improving the patient complaints procedure and
  - the National Quality Board which has also recently published important guidance for providers on maintaining safe staffing levels
- learning and feedback from the first year of the Accountability Framework

Recommendations:

The Trust Board is asked to note the publication of the updated NTDA Accountability Framework for NHS Trust Boards and the implications for future interaction with the NTDA in relation the oversight, development and approvals process

Previously considered at another corporate UHL Committee? No

Strategic Risk Register: No	**Performance KPIs year to date:** N/A

Resource Implications (eg Financial, HR): No
Assurance Implications: Yes
Patient and Public Involvement (PPI) Implications: No
Stakeholder Engagement Implications: No
Equality Impact: None
Information exempt from Disclosure: None
Requirement for further review? No

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board Bulletin

DATE: 24th April 2014

REPORT FROM: John Adler, Chief Executive

SUBJECT: NHS Trust Development Authority 2014/15 Accountability Framework

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1) Background

On 31st March 2014 the NHS Trust Development Authority (NTDA) published an updated version of it's Accountability Framework, now called *'Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards'*.

A full copy of the 2014/15 Accountability Framework can be found here: http://www.ntda.nhs.uk/blog/2014/03/31/af2014/

2) Developments since the 2013/14 Accountability Framework

The updated framework reflects some of the key changes over the last year including:

- a number of new roles, policies and processes have been introduced in the last year. Most notably, the first Chief Inspector of Hospitals has been appointed and his work on the programme of new inspections has begun in earnest across all sectors of the NHS. The need for a "Good" or "Outstanding" rating from the Chief Inspector to proceed to foundation trust status has been set out, significantly changing the standards required for moving to FT. In addition, the inspections overseen by Sir Bruce Keogh early in 2013/14 have led to the introduction of the "special measures" process to secure rapid improvement in a small number of provider organisations with significant quality problems.

- the implications of the Mid Staffordshire Inquiry are now clearer than they were a year ago, and a number of related inquiries have been completed, each with significant implications for NHS providers. These include:

    - the Keogh review
    - Professor Don Berwick's review of patient safety
    - the Cavendish review on healthcare support workers
    - the Clywd-Hart review into improving the patient complaints procedure and
    - the National Quality Board which has also recently published important guidance for providers on maintaining safe staffing levels

- learning and feedback from the first year of the Accountability Framework

3) Purpose of the Accountability Framework

The 2014/15 Accountability Framework brings together all of the key policies and processes which govern the relationship between NHS trusts and the NTDA. The Framework sits alongside the NTDA's planning guidance and covers their approach to:

- measuring and overseeing NHS trusts
- escalation and intervention
- the provision of support for improvement;
- the way in which NHS trusts move towards a sustainable future

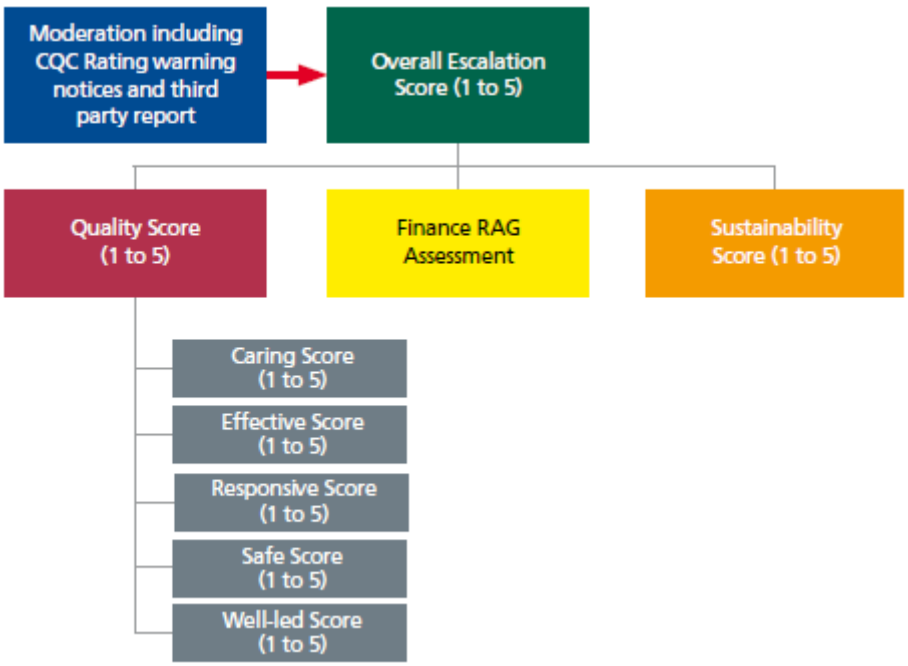
The structure of the 2014/15 Accountability Framework remains consistent. The planning guidance, already published, sets out the different plans that are required from NHS trusts and how the NTDA will assure those plans. Two year operational plans are due at the beginning of April and five year strategic plans by 20th June 2014, and Development Support Plans by the end of September 2014.

3.1) The oversight process (Chapter 2)

The oversight process sets out what the NTDA will measure and how it will hold trusts to account for delivering high quality services and effective financial management.

For 2014/15, the NTDA's quality metrics have been adjusted to improve alignment and ensure consistency with the CQC's *Intelligent Monitoring* process. For 2014/15 NHS trusts will be scored using escalation levels 1 to 5, as it was last year, but the key change will be that escalation level 1 will now be the highest risk rating with level 5 the lowest.

Key element of the oversight model:



The oversight process also sets out how the NTDA will score and categorise NHS trusts with a clearer approach to both intervention and support for organisations at different levels of escalation. Finally, the oversight section covers other rules and processes which apply to

NHS trusts in areas such as appointments, remuneration, data quality and information governance.

Appendix A sets out the indicators that will be used in the oversight model.

3.2) The development process (Chapter 3)

The development process describes the NTDA's approach to understanding the evolving development needs of NHS trusts, particularly through the production of Development Support Plans to complement trusts' operational and strategic plans. This section also sets out the NTDA's approach to development and areas where development support will be targeted during 2014/15. This includes support for challenged health economies to produce effective strategic plans, greater support for boards and leaders across the trust sector, and a refreshed approach to support for aspirant FTs, delivered in partnership with the Foundation Trust Network. The NTDA recognises the importance of providing effective support for NHS trusts and will seek to increase the emphasis on this area during 2014/15.

3.3) The approvals section (Chapter 4)

The approvals section of the Assurance framework sets out the NTDA's approach to assuring foundation trust applications, transactions proposals and capital schemes. This section clarifies the new role of the Chief Inspector of Hospitals in the FT assessment process and sets out the ambition for a single framework for assessing provider leadership to increase alignment between current regulatory and assessment processes.

4) Recommendations

The Trust Board is asked to:

- Note the publication of the updated NTDA Accountability Framework for NHS Trust Boards and the implications for future interaction with the NTDA in relation the oversight, development and approvals process

Appendix A

Proposed indicators for Monthly Oversight and Escalation:

Caring
Inpatient scores from Friends and Family Test
A&E scores from Friends and Family Test
Complaints – rate per bed days, MH contacts or calls to ambulance services
Inpatient Survey: Q68 Overall I had a very poor/ good experience?
Community Mental Health : Q45 Overall, how would you rate the care you have received in the last 12 months?
Mixed Sex Accommodation Breaches

Well-led
NHS England inpatients response rate from Friends and Family Test
NHS England A&E response rate from Friends and Family Test
Data Quality of trust returns to the HSCIC
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment
Trust turnover rate
Trust level total sickness rate
Total trust vacancy rate
Temporary costs and overtime as % total paybill
Percentage of staff with annual appraisal

Effective
Summary Hospital Mortality Indicator (HSCIC Published data)
Hospital Standardised Mortality Ratio (DFI Quarterly)
Hospital Standardised Mortality Ratio – weekend
Hospital Standardised Mortality Ratio – weekday
Deaths in low risk conditions
Emergency re-admissions within 30 days following an elective or emergency spell at the trust
IAPT – The proportion of people who complete treatment who are moving to recovery

Safe
CDIFF
MRSA
Never Event incidence
Medication errors causing serious harm
Percentage of Harm Free Care
Maternal deaths
Proportion of patients risk assessed for Venous Thromboembolism (VTE)
Serious Incidents
Proportion of reported patient safety incidents that are harmful
CAS alerts
Admissions to adult facilities of patients who are under 16 years of age (Number)

Responsive
Proportion of patients spending more than 4 hours in A&E
RTT waiting times for admitted pathways: percentage within 18 weeks
RTT waiting times for non-admitted pathways: percentage within 18 weeks
RTT waiting times incomplete pathways
RTT over 52 week waiters
Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test
Proportion of patients receiving first definitive treatment for cancer within 62 days of referral from GP
Proportion of patients receiving first definitive treatment for cancer within 62 days of referral from screening
Proportion of patients receiving first definitive treatment for cancer within 31 days of decision to treat
Proportion of patients receiving subsequent treatment within 31 days (Drug)
Proportion of patients receiving subsequent treatment within 31 days (Surgery)
Proportion of patients receiving subsequent treatment within 31 days (Radiotherapy)
Proportion of patients seen within 14 days of urgent GP referral
Proportion of patients with breast symptoms seen within 14 days of GP referral

Responsive
Urgent operations cancelled for a second time
Proportion of patients not treated within 28 days of last minute cancellation due to non-clinical reasons
Certification against compliance with requirements regarding access to health care for people with a learning disability
The proportion of those on Care Programme Approach(CPA) for at least 12 months **A** Who had a CPA review within the last 12 months **B** Having formal review within 12 months **C** Receiving follow-up contact within 7 days of discharge
Admissions to inpatient services who had access to Crisis Resolution/Home Treatment teams
Meeting commitment to serve new psychosis cases by early intervention teams (Number)
Category A8 Red 1 calls
Category A8 Red 2 calls
Category A call – ambulance vehicle arrives within 19 minutes
12 hour trolley waits in A&E
Mental health delayed transfers of care

Finance
Bottom line I&E position – Forecast compared to plan
Bottom line I&E position – Year to date actual compared to plan
Actual efficiency recurring/non-recurring compared to plan – Year to date actual compared to plan
Actual efficiency recurring/non-recurring compared to plan – Forecast compared to plan
Forecast underlying surplus/deficit compared to plan
Forecast year end charge to capital resource limit
Is the Trust forecasting permanent PDC for liquidity purposes?

HH

Trust Board Paper HH

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING:	**24 April 2014**

COMMITTEE:	**Charitable Funds Committee**
CHAIRMAN:	**Mr P Panchal, Non-Executive Director**
DATE OF COMMITTEE MEETING:	**14 April 2014**

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE PUBLIC TRUST BOARD:

- **Inquorate items (Minutes 12/14, 13/14, 14/14 and 15/14)**
- **Items for Approval (Minute 16/14 refers) – specifically application numbers 4949, 4952, 4892 and 4893 due to their value being over the Charitable Fund Committee's delegated authorisation limit of £25,000.**

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE PUBLIC TRUST BOARD:

- **None**

DATE OF NEXT COMMITTEE MEETING: 9 June 2014

P Panchal, Non-Executive Director
16 April 2014

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A PART-INQUORATE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON MONDAY 14 APRIL 2014 AT 3PM IN THE ASH ROOM, KNIGHTON STREET OFFICES, LEICESTER ROYAL INFIRMARY

**** asterisked items were inquorate***

Present:
Mr P Panchal – Non-Executive Director (Chair)
Mr R Kilner – Acting Trust Chairman
Ms R Overfield – Chief Nurse (excluding Minutes 12/14 – 15/14 inclusive)

In Attendance:
Mr P Burlingham – Patient Adviser
M T Diggle – Head of Fundraising
Mr P Hollinshead – Interim Director of Financial Strategy
Mr N Sone – Charity Finance Lead
Dr P Spiers – CMG Director, ITAPS
Ms H Stokes – Senior Trust Administrator
Mr M Wightman – Director of Marketing and Communications

RECOMMENDED ITEMS **ACTION**

*** 12/14 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr S Ward, Director of Corporate and Legal Affairs and Ms K Jenkins, Non-Executive Director.

The Committee Chair welcomed Mr R Kilner, Trust Acting Chair to the meeting.

*** 13/14 MINUTES**

Recommended – that the Minutes of the 3 February 2014 Charitable Funds Committee meeting be confirmed as a correct record.

*** 14/14 MATTERS ARISING FROM THE MINUTES**

Members reviewed the matters arising report at paper B, which covered both the immediately preceding and historic Charitable Funds Committee meetings. Specific discussion took place in respect of the following items:

(a) Minute 1/14 – it was agreed to clarify this issue to members outside the meeting (confirmation that the funding within previously-approved application 4836 [Women's and Children's CMG] was not being used for health and safety issues); **CFL**

(b) Minute 1/14 – the resource needed to enable restructuring of the approvals report (to mirror the new CMG structure) was close to being agreed;

(c) Minute 1/14 – the Director and General Manager, Women's and Children's CMG had acknowledged the business case issues within application 4550 and had agreed to ensure that all appropriate issues were covered in future submissions;

(d) Minute 1/14 – a reserve was included in the 2014-15 financial plan for non-capital items below £5000 – the plan was being reported accordingly to the April 2014 Trust Board. The Committee welcomed this approach, noting the challenges faced by staff to fund small equipment items below the £5000 capital threshold. The Interim Director of Financial Strategy emphasised that an appropriate prioritisation process would still apply when considering such bids;

(e) Minute 4/14 – the review of progress against historic Charitable Funds Committee actions would be pursued outside the meeting; **HoF/ CFC CHAIR**

(f) Minute 4/14 – KPMG had confirmed that its audit of UHL's charitable funds accounts would be in sufficient time to observe the accounts deadline;

(g) Minute 5/14 – discussions on contacts with Leicester community groups would take place outside the meeting. The Charitable Funds Committee Chair noted the need for further consideration on how to link the charity into events such as the festival of Eid; **CFC CHAIR/ HoF**

(h) Minute 8/14 – a report on individual fund balances and movements over the last 12 months and the status of any spending plans by fund, would be presented to the June 2014 Charitable Funds Committee, and **CFL**

(i) Minute 47/13 of 13 September 2014 – in response to a query from the Patient Adviser, the Head of Fundraising outlined his discussions with the Lead Matron for Leicester's Baby Loss Appeal re: the further training available for staff when dealing with women experiencing miscarriage or stillbirth. The Committee Chair suggested that further information on this training could be sought from the Chief Nurse outside the meeting. **CN**

<u>Recommended</u> – that the discussion above and any associated actions, be noted and progressed by the appropriate lead. **ALL**

*** 15/14 FUNDRAISING UPDATE**

Paper C outlined both recent and planned future fundraising activities by Leicester Hospitals Charity, particularly noting a successful bid to the Department of Health for £161,000 for the Baby Loss Appeal. The Head of Fundraising clarified that this money would not appear on the charity's balance sheet. Staff Lottery numbers were at record levels within UHL, which was also welcomed.

The Head of Fundraising also particularly noted the installation of free wi-fi facilities in all children's areas across UHL, funded by the charity following a substantial donation from a parent. The wi-fi was provided via Wi-Fi Spark, and the most recent data report indicated that 6400 people had used it within the last month at a cost of £420 per month for 50 points. Members agreed that the usage data was very helpful in light of ongoing discussions re: Trust-wide roll-out of free wi-fi (a further report on which would be discussed by the Executive Team in May 2014). In further discussion, the Acting Trust Chairman suggested clarifying the position re: any Interserve wi-fi provision, with the Chief Nurse. **CN**

In response to a query from the Patient Adviser, the Head of Fundraising clarified the nature of the support being provided to the charity team by the external fundraising team mentioned in paper C. This was a pragmatic interim solution pending clarity on where the Trust's team would be based in future, and he confirmed that a flat fee was being paid rather than a results-based arrangement. The external team was working on certain specific projects, and had a good track record.

<u>Recommended</u> – that (A) the fundraising update be noted, and

(B) the Chief Nurse be requested to confirm the position re: any potential Interserve wi-fi provision, outside the meeting. **CN**

16/14 ITEMS FOR APPROVAL

Paper H listed the grant applications being presented for Charitable Funds Committee approval, and confirmed that all bids had been initially reviewed by the charitable funds team to ensure that they were affordable, fell within the scope of the funds, and had been appropriately authorised by the fund holders. Any applications of £25,000 or more from either general purpose or restricted funds would require Trust Board approval as above the Charitable Funds Committee's delegated limits for approval. Appendix 1 of paper H detailed the applications (totalling £165,762) approved by the Charity Finance Lead in line with the scheme of delegation and which did not therefore require approval by the Charitable Funds Committee. Appendix 3 of the report detailed applications which had

been rejected.

Following due consideration of the applications presented for approval, the Charitable Funds Committee:-

(i) **approved application 4887** for £1,726 from the General Purposes Fund, for bereavement room furniture at the Glenfield Hospital;

(ii) **approved application 4921** for £809 from the General Purposes Fund for privacy screens at the Glenfield Hospital outpatients department;

(iii) **approved application 4928** for £690 from the General Purposes Fund for a national nurses' conference. In response to a query from the Acting Trust Chairman, the Interim Director of Financial Strategy confirmed that it was acceptable for travel/conferences to be charitably funded where appropriate;

(iv) **approved (subject to confirmed support from the Chief information Officer) application 4946** for £21,703 from the Lord Mayor's Appeal Fund for capture stroke software. It was agreed to seek confirmation from the Chief Information Officer that he supported the introduction of this software and its fit with UHL's existing IM&T infrastructure; **CFL**

(v) **approved application 4947** for £1,150 from the Training for Clinical Ethics Committee. The Patient Adviser welcomed the involvement of lay people;

(vi) **approved application 4948** for £10,245 from the Women's and Children's Fund for viewing screens in antenatal services;

(vii) **approved (for recommended Trust Board support) application 4949** for £25,170 from the General Purposes Fund for funding the Caring at its Best staff awards 2014. The Head of Fundraising confirmed that sponsorship was also being sought for this event, with £5000 secured to date. Charitable funds support was needed, however, as sponsorship could not be guaranteed. Dr P Spiers, ITAPS CMG Director, suggested also holding a raffle at the event; **CFC CHAIR**

(viii) **approved (for recommended Trust Board support) application 4952** for £163,747 from the General Purposes Fund for the funding of a meaningful activities service. Members emphasised their support for this service and reiterated their concern that this was not mainstream funded, and at the fact that the contract was only for a further 12 months. In response to comments from the ITAPS CMG Director, members noted that the Trust's older persons' strategy would be discussed at the May 2014 Trust Board. In response to a query from the Patient Adviser query, the Chief Nurse advised that the 7 staff within the meaningful activities service covered at least 10 wards across all 3 UHL sites. The Committee Chair suggested that a partnership approach with older persons' charities would be useful, in terms of accessing potential training monies; **CFC CHAIR**

(ix) **approved (for recommended Trust Board support, and subject to the following comments) application 4892** for £49,944 from the General Purposes Fund for an LiA scheme relating to Hot Boards for every ward. Although supporting the overall cost envelope, the Charitable Funds Committee requested that the Chief Nurse consider any other potential alternatives to hot boards, which might deliver the same outcomes. In response to a query from the Charitable Funds Committee Chair, the Chief Nurse clarified that the bid had been unable to be approved through the LiA capital route as it was not for capital purposes; **CFC CHAIR** **CN**

(x) **approved (for recommended Trust Board support) application 4893** for £36,447 from the General Purposes Fund for an LiA scheme relating to adaptable crockery and cutlery. As with application 4892 above, this was not appropriate for capital funding and there was no LiA revenue fund, and **CFC CHAIR**

(xi) **approved application 4894** for £10,800 from the General Purposes Fund for an LiA scheme relating to protected meal time pop-ups.

Paper H also sought Charitable Funds Committee retrospective approval for the 2014-15 renewal of the following Trust insurances funded from charitable funds: (1) Directors' and Officers' Liability and Crime (£5,777) thus protecting charitable Trustees, and (2) Group Personal Accident (£9,714.90). The report clarified that under HSC1999/021, UHL was not permitted to use exchequer funds to fund (2), which had therefore been charitably funded

since UHL's inception. The Committee endorsed the renewal of both policies from 1 April 2014 and their funding from general purpose charitable funds. **CFC CHAIR**

<u>Recommended</u> – that (A) the approvals report at paper H be noted;

(B) (noting any issues outlined below) the applications at points (i) – (xi) above be approved, with specific applications 4496, 4550, 4675, 4686, 4837 and 4838 be approved; **ALL**

(C) further to (B) above, applications 4949, 4952, 4892 and 4893 be recommended onto the Trust Board for formal approval (due to their value being over the Charitable Funds Committee's delegated authorisation limit of £25,000); **CFC CHAIR**

(D) further to (B) above, confirmation be sought from the Chief Information Officer of his support for application 4946 (CaptureStroke software); **CFL**

(E) further to (B) above, the Chief Nurse be requested to explore other potential alternatives to hot boards within the overall supported cost envelope for application 4892 (£49,944), and **CN**

(F) retrospective Charitable Funds Committee approval be given to the renewal and charitable funding of the following insurance policies from 1 April 2014 – 31 March 2015:- **CFC CHAIR**

- **Directors' and Officers' Liability and Crime - £5,777, and**
- **Group Personal Accident - £9,714.90.**

<u>RESOLVED ITEMS</u> **<u>ACTION</u>**

17/14 REPORT BY THE HEAD OF FUNDRAISING

<u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly on the grounds of commercial interests.

18/14 PROPOSALS FOR A LEICESTER HOSPITALS CHARITY ANNUAL GENERAL MEETING (AGM)

Arising from a suggestion by the Interim Director of Financial Strategy, paper E outlined proposals for a potential Leicester Hospitals Charity AGM – if supported in principle, a more detailed report would be presented to the June 2014 Charitable Funds Committee. In addition to raising the profile of the charity, the AGM would be used to present the charity's annual report and financial accounts, and was provisionally scheduled for October 2014 to reflect the accounts timetable and avoid clashing with UHL's own Trust Annual Public Meeting. In discussion on the proposals, the Charitable Funds Committee:- **HoF**

(a) supported the principle of holding a Leicester Hospitals Charity AGM;
(b) agreed (following consideration) that it would be preferable not to hold the charity AGM and UHL's APM on the same day;
(c) noted the significant attendance levels at similar events run by other hospitals for their charities, and
(d) agreed the importance of inviting people who had donated and also those who had benefited from donations, to raise awareness of the work of the charity. Members further suggested inviting teams who might be thinking of applying for funding from Leicester Hospitals Charity (where this was known – eg potentially through the LiA workstreams), and also potential donors who had not previously made contributions.

<u>Resolved</u> – that the proposal to hold a Leicester Hospitals Charity AGM be supported in principle, with a further detailed report to be considered at the 9 June 2014 Charitable Funds Committee. **HoF**

19/14 REPORT BY THE CHARITY FINANCE LEAD

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage would be prejudicial to the conduct of public affairs.

20/14 USE OF CHARITABLE FUNDS WITHIN THE 2014-15 CAPITAL PROGRAMME

The Interim Director of Financial Strategy advised members verbally that the 2014-15 capital programme (approximately £35m) assumed approximately £300,000 for donated funds to buy capital equipment.

Resolved – that the position be noted.

21/14 REPORT BY THE CHARITY FINANCE LEAD (2)

Resolved – that this Minute be classed as confidential and taken in private accordingly on the grounds of commercial interests.

22/14 ANY OTHER BUSINESS

There were no items of any other business.

23/14 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD

Resolved – that the issues in confidential Minutes 19/14 and 21/14 above be drawn to the attention of the private Trust Board on 24 April 2014. **CFC CHAIR**

24/14 CHARITABLE FUNDS COMMITTEE MEETING DATES 2014

Resolved – that the next Charitable Funds Committee be held on Monday 9 June 2014 from 10.30am – 1pm (venue to be confirmed) and **TA**

(B) remaining Charitable Funds Committee 2014 meeting dates be circulated to members-

The meeting closed at 4.12pm.

Cumulative Record of Members' Attendance (2014-15 to date):

Name	Possible	Actual	% attendance
P Panchal (Chair)	1	1	100
P Burlingham *	1	1	100
T Diggle *	1	1	100
P Hollinshead*	1	1	100
K Jenkins	1	0	0
R Overfield	1	1	100
N Sone *	1	1	100
P Spiers *	1	1	100
M Wightman*	1	1	100
S Ward *	1	0	0
R Kilner	1	1	100

* non-voting members

Helen Stokes - **Senior Trust Administrator**