# CRN: East Midlands Quarterly Host Board Report

Author: Prof. David Rowbotham Sponsor: Mr Andrew Furlong **Trust Board paper L**

# Executive Summary

## Context

University Hospitals of Leicester (UHL) NHS Trust is the Host organisation for the National Institute for the National Institute of Health Research (NIHR) Clinical Research Network: East Midlands, (CRN). Whilst there are appropriate governance arrangements in place, UHL is contracted by the Department of Health to take overall responsibility for the monitoring of governance and performance of the network. The purpose of this regular update paper is to summarise our performance, major achievements, challenges and actions. This report was taken to the CRN: East Midlands Executive Group, chaired by Andrew Furlong (Medical Director and UHL Executive lead for the CRN) in December 2016, and was considered by the December 2016 UHL Executive Performance Board.

## Questions

1. In order to provide assurance to the Host, what are the major achievements and challenges of the Network, performance from 1 August 2016 up to 14 November 2016 and what actions are being taken to improve areas of underperformance?

## Conclusion

1. There have been improvements in some areas, particularly with respect to commercial performance; however, recruitment continues to cause real concern. The report provides analysis and contains an action plan to address this. Also appended to this written report is a dashboard detailing key performance measures for 2016/17, latest financial report and risk register.

## Input Sought

We would welcome Trust Board input to confirm that the report provides sufficient assurance of the performance of the Network.

**For Reference**

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

| | |
|---|---|
| Safe, high quality, patient centred healthcare | [Not applicable] |
| Effective, integrated emergency care | [Not applicable] |
| Consistently meeting national access standards | [Not applicable] |
| Integrated care in partnership with others | [Yes] |
| Enhanced delivery in research, innovation & ed' | [Yes] |
| A caring, professional, engaged workforce | [Not applicable] |
| Clinically sustainable services with excellent facilities | [Not applicable] |
| Financially sustainable NHS organisation | [Yes] |
| Enabled by excellent IM&T | [Not applicable] |

2. This matter relates to the following **governance** initiatives:

| | |
|---|---|
| Organisational Risk Register | [Yes] |
| Board Assurance Framework | [Yes] |

3. Related **Patient and Public Involvement** actions taken, or to be taken: [Insert here]

4. Results of any **Equality Impact Assessment**, relating to this matter: [Insert here]

5. Scheduled date for the **next paper** on this topic: [28.3.16 EPB and 6.4.16 TB]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages.** [My paper does comply: Total of 5 pages including 9 pages of appendices]

NHS
National Institute for Health Research

Clinical Research Network
East Midlands

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**NIHR Clinical Research Network: East Midlands**

**Quarterly Host Board Report: Progress, challenges and performance update**

## Executive Summary

This report provides a summary of 2016-17 year to date performance for the Clinical Research Network: East Midlands and highlights risks and issues. In response to a previous request from the UHL Chairman, Karamjit Singh CBE, there will be a 5 minute presentation at the UHL Trust Board on a particular change or development within the wider research environment - The National Institute for Health Research at 10 Years: an Impact Synthesis (RAND Europe & Policy Institute at King's).

## 1. Background

1.1 University Hospitals of Leicester (UHL) NHS Trust is the Host organisation for the National Institute for Health Research (NIHR) Clinical Research Network: East Midlands (CRN). UHL is contracted by the Department of Health to take overall responsibility for the monitoring of governance and performance of the network.

1.2 This is the second formal report of 2016-17 which will be taken to the CRN East Midlands Executive Group, chaired by Andrew Furlong (Medical Director and UHL Executive lead for the CRN) in December 2016. It will then be considered by the UHL Executive Performance Board, and submitted for UHL Board review in January 2017. Appended to this written report is a dashboard detailing current performance measures for 2016-17 (Appendix 1).

1.3 In line with the CRN East Midlands Executive meeting schedule and the UHL Trust Board meeting schedule, the previous report covered the period 1 April 2016 – 31 July 2016; this report covers the period from 1 August 2016 – 14 November 2016.

## 2. 2016-17: Current performance & progress

2.1 In our previous report of 2016-17, a number of challenges were presented, along with associated action plans. Several of the issues have been addressed with performance improvements seen; however, there is still one area of considerable concern i.e. the continued fall in our overall recruitment rate which, as yet, has not responded to our mitigation actions. Appendix 1 presents data extracted on 14 November 2016 reflecting performance to date. This shows the various High Level Objectives the CRN is managed against. We wish to highlight the following issues for the Board's specific attention:

i. We previously highlighted concerns in relation to our recruitment rate, High Level Objective (HLO) 1 and presented some key mitigating actions. Since July, we have seen some progress and our performance has improved to 69% of our YTD target (previously 56%). However, in our view, this probably does not signal as yet, a turnaround in our performance in this HLO, especially when measured against other regions. For example, we have dropped to 8th in the national table, although remain 5th based on weighted activity, which is the measure used when calculating our annual budget from the NIHR. Activities undertaken by the network to reverse this decline are listed in section 3 below.

ii. For the proportion of commercial studies recruiting to time and target (HLO2a), we have seen a further improvement over recent months. Our current performance is 78% against a target of 80% and we are ranked 4th of the 15 regional networks. We are continuing to focus resource in this area and are more confident that the target of 80% will be achieved by the end of the year.

iii. For the proportion of non-commercial studies recruiting to time and target (HLO2b), we have seen a small improvement over recent months. Our current performance is 72% against a target of 80%. However, current predictions indicate that by year end this may fall below 60%; we have put actions in place to address this.

iv. For the proportion of Trusts recruiting into commercial studies (HLO6a) our target is 70%. We have now surpassed this with 81% of Trusts recruiting to commercial studies; this will remain "green" rated at the end of the year. This is a noteworthy achievement and the first year we have met this objective; it has been achieved due to greater engagement of Healthcare/Mental Health Trusts in commercial research.

v. Performance remains strong for NHS engagement with all trusts recruiting to NIHR portfolio studies, and high levels of engagement with GPs.

vi. Another highlight of the last quarter, relates to our role in organising the first meeting of all nine NIHR-funded organisations in the East Midlands. This was very well attended gaining support for subsequent meetings and close partnership working, thus improving the return on this investment in the East Midlands and increasing access to research and new treatments for our patients.

vii. We are currently working on the budget planning exercise for 2017-18. Whilst our budget will not be confirmed until February/March 2017, we are making plans and preparing draft budgets, based on a series of planning assumptions. Currently we anticipate a slightly reduced budget, around 3.5%, rather than the maximum reduction of 5%. The best case scenario would be a flat budget.

2.2 For information, our latest Finance Report has been included, providing details of CRN East Midlands financial position as at end of October 2016 (Appendix 2). Overall there is relatively small variance to plan, with an expectation that the network will be in financial balance at

year end. If further information on the financial position of the Network is required, this can be provided.

**3. Challenges and Actions**

3.1 Risks and issues are formally discussed through the Executive Group for the CRN, which is chaired by Andrew Furlong. A risk register (Appendix 3) is maintained for the CRN with risks discussed and mitigating actions agreed; this is shared periodically with the NIHR CRN Co-ordinating Centre.

3.2 The table over page details current challenges and has been updated to outline how these are being addressed or managed.

| Challenge or concern | Associated action | Update November 2016 |
|---|---|---|
| Reduced levels of recruitment, concerns about performance in relation to HLO1 | ▪ Continually reviewing national portfolio to identify pipeline studies to deliver locally<br>▪ Work to encourage local portfolio generation<br>▪ Shift focus on ensuring studies we have open are recruiting to time and target, (HLO2 a & b)<br>▪ Communicating this to partners and working with them to improve delivery to time and target i.e. maximising our recruitment for those studies already open. | ▪ Recognised that unlikely to meet HLO1 at year end, we have raised this with NIHR CRN CC in advance, who are less concerned than anticipated (although we remain very concerned and working as described to improve recruitment)<br>▪ Have identified Lead non-commercial studies and tasked RDMs with turn-around to improve HLO2b<br>▪ Both our large University Trusts have introduced projects aimed at increasing local portfolio activity.<br>▪ Poorly performing partners will see a more significant budget reduction in 2017-18; we hope that this will provide further focus on cost effectiveness of their network funding |
| Concern in relation to performance of some key partners, due to low recruitment output and potential impact on overall East Midlands budget | ▪ Working closely with partner colleagues to support recovery in recruitment<br>▪ Actively involved in local groups and work programmes to support this<br>▪ Modelling budgets earlier this year to forecast potential reduction and thus be clear on impact. | ▪ Close working with one specific partner to address concerns has delivered better partnership working and acceptance of the need for change. Experience from this now informing relationships with other partners<br>▪ More directive approach to resource placement in these trusts for 2017-18 – specifically we will be moving resource within and across trust if necessary in a more proactive manner |
| Working with non-NHS partners to deliver research in these settings to expand the research opportunity for patients | ▪ Recognition that private providers under contract for NHS service delivery are well placed to provide NIHR research<br>▪ Incorporating the activity of these providers in our monthly reports & featuring in local publications/promotions to raise awareness among the research community<br>▪ Establishing relationships with Nuture, Circle, CityCare, St Andrews Healthcare, Loros and potentially BMI Hospitals; and others as year progresses | ▪ Used strategic funding to support non-NHS organisations delivering NIHR research |

## 4. Research Highlights

4.1 As part of this report, we would also like to bring to highlight a development within the wider research environment. Appendix 4 provides details of The National Institute for Health Research at 10 Years: an Impact Synthesis (RAND Europe & Policy Institute at King's). This will be presented at UHL Trust Board and can be further discussed, as required.

## 5. Summary

5.1 Many of the challenges previously reported have been addressed with improvements seen in performance data. Our commercial performance has improved, however recruitment continues to cause real concern. Nationally there has been a reduction in available studies and a fall in the numbers required per study. Many regions are feeling the effect of these and other adverse factors; however, they are affecting our recruitment more than the national average. Some are out of our control; however, we are focussing our efforts on those that we can influence as described above.

5.2 Our intention when budget planning for next year is to take firmer control in relation to placement of CRN funding, especially within the larger NHS partners. Where we are confident that resource placement will yield activity, we will be insisting on this change before budgets are approved. However, we will endeavour to do this in partnership in order to maintain productive relationships.

5.3 Over the past 2 years we have worked with partners on specific projects to improve efficiency of resource, to increase engagement and to utilise the broad experience and expertise of the CRN. Into 2017/18, we intend to continue to do that, both prospectively based on need identified by partners, and through issues or concerns the network has identified where such intervention would be beneficial. Within this work, we are currently reviewing some supporting services across partners, including clinical trials Pharmacy capacity and workflow, and will look to make changes where required.

## 6. Recommendations

6.1 UHL Trust Board is asked to review and comment upon our current performance figures for 2016-17 and associated achievements, challenges and actions.

6.2 In particular, we wish the Board to note the significant fall in overall recruitment and the actions we are taking in mitigation.

NHS
National Institute for Health Research

Clinical Research Network
East Midlands

Appendix 1 - Dashboard 2016-17

**Clinical Research Network: East Midlands** **Refreshed: 02/12/2016** **Network Progress Overview**

| | HLO Description | Study Type | Target | | Progress/Summary | | | | Actions | Status | Owner | Year End RAG Assurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | England | East Midlands | Curr. YTD | Previous | Trend | | | | | |
| 1 | Number of patients recruited into NIHR studies | All | 650,000 | 48,000 | 19,391 | 13,147 | ↑ 3% | 69% of Year to Date goal (28,000)<br>CRN: East Midlands in 8th position out of 15 LCRNs<br>n.b. in 5th position based on weighted recruitment | - Ongoing review of UKCRN database for potential studies and open new sites<br>- Shift focus to recruitment to time and target<br>- Added to risk register (risk #23) with mitigating action plan | Ongoing | Chief Operating Officer | Red |
| 2 | Proportion of NIHR studies delivering to recruitment target and time | Commercial | 80% | 80% | 78% | 76% | ↑ 2% | 88 studies recorded as closed and reported recruitment across all Network supported sites. CRN: East Midlands in 4th position out of 15 LCRNs | - Divisional performance review meetings<br>- Review of performance of closed studies for last year to identify areas for improvement<br>- Added to risk register (risk #24) with mitigating action plan | Ongoing | Industry Operations Manager | Green |
| | | Non-commercial | 80% | 80% | 72% | 68% | ↑ 4% | 72% (65) for 90 closed HLO studies | - Analysis of reasons and concerns has been requested and plan will be developed<br>- Analysis to predict year end figure<br>- Added to risk register (risk #25) with mitigating action plan | Ongoing | Chief Operating Officer | Amber |
| 4 | Proportion of eligible studies achieving NHS set up within 40 calendar days | All | 80% | 80% | 20% | -% | - | 5 eligible studies<br>No previous reporting on this metric due to no eligible studies | - Focus on Early Contact service and engagement<br>- Continued communication with sponsors locally | Ongoing | Business Intelligence Lead | Red |
| 6 | Proportion of NHS Trusts recruiting into NIHR studies | All | 99% | 99% | 100% | 100% | ↔ | 16 out of 16 Trusts reported recruitment | Target achieved | Complete | Chief Operating Officer | Green |
| | | Commercial | 70% | 70% | 81% | 69% | ↑ 12% | 13 out of 16 Trusts reported commercial recruitment. | Target achieved | Complete | Industry Operations Manager | Green |
| | Proportion of General Medical Practices recruiting into NIHR studies | All | 35% | 35% | 59% | 44% | ↑ 15% | 347 out of 590 GPs, Surgeries & Health care sites reported recruitment | Target achieved | Complete | Division 5 Research Delivery Manager | Green |
| 7 | Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) NIHR studies | All | 20,000 | 1,250 | 404 | 243 | ↑ 3% | 51% of Year to Date goal (792)<br>Requires 24 recruits per week | - Increase number of studies by actively searching NIHR portfolio | Ongoing | Division 4 Research Delivery Manager | Red |

Sources: Commercial Reporting on ODP 18/11/2016, Portfolio ODP Last update: 14/11/2016, Portfolio ODP 1516 Annual Cut Last update: 31/05/2016, Portfolio ODP Reporting Last update: 14/11/2016
Network Summary Report 14/11/2016, Commercial Team update: 18/11/2016 Provided by: CRN: East Midlands Business Intelligence Team

N.B: HLO 3 & HLO 5 are not included as these relate to national objectives

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** CRN EM EXECUTIVE COMMITTEE

**DATE:** 7th DECEMBER 2016

**REPORT FROM:** MARTIN MAYNES – HOST FINANCE LEAD

## SUBJECT: CRN EM 2016/17 FINANCE REPORT

### 1.1 Purpose

This report provides details on CRN EM's financial position as at the end of October 2016.

### 1.2 Income & Expenditure to October 2016 (Month 7)

The table below summarises the financial position for the period ended 31st October 2016.

| | | April to October | | |
|---|---|---|---|---|
| | Annual Plan | YTD Plan | YTD Actual | YTD Variance |
| | £'000 | £'000 | £'000 | £'000 |
| **Income** | | | | |
| NIHR Allocation | 21,244 | 12,249 | 12,249 | 0 |
| | | | | |
| **Expenditure** | | | | |
| Network Managed Team | (702) | (390) | (352) | 37 |
| Host Services | (325) | (188) | (181) | 7 |
| Core Management Team | (647) | (371) | (382) | (11) |
| Study Support Service | (310) | (174) | (134) | 40 |
| Research Task Force | (345) | (189) | (160) | 29 |
| Clinical Leads | (84) | (48) | (33) | 14 |
| Research Site Initiative | (343) | (172) | (174) | (2) |
| Primary Care Service Support Costs | (225) | (131) | (75) | 56 |
| General Service Support Costs | (266) | (155) | (111) | 44 |
| Partner Organisation Infrastructure | (17,533) | (10,225) | (10,121) | 104 |
| Strategic Fund | (464) | (206) | (117) | 90 |
| **Total** | **(21,244)** | **(12,249)** | **(11,840)** | **409** |

This shows that overall there is a year to date favourable variance to plan of £409k (3%).

The principal reasons for variance against key budgets are reported below.

### 1.3 Network Managed Team/Research Support Team

The underspend against this budget is due to staff leaving and delays in reappointing.

### 1.4 Study Support Service

This service is new for this financial year and there have been different requirements as the service has evolved. This has led to a variance in expenditure against the original budget.

### 1.5 Clinical/Specialty Leads

The favourable variance is due to a reduction to in hours for one lead. There are two leads who were originally budgeted for at the Host organisation but have now moved to another Partner.

### 1.6 Primary Care & General SSCs

The expenditure on SSCs has been less than budgeted in Quarters 1 and 2, resulting in an overall favourable variance of £100k. We are planning to roll out 'Trigger Payments' in primary care so costs should increase in Q3, however the CRN has contingency plans to utilise SSC savings should this trend continue.

### 1.7 Partner Organisation Infrastructure

There is a relatively small underspend against this budget due to allocation adjustments for some centrally funded network posts hosted in POs.

### 1.8 Strategic Fund

This fund was over committed to as in previous years, and there is generally a slippage due to delayed appointments. There is a variance to plan showing currently, but we expect this to balance back to the original planned spend once information relating to appointments at POs is finalised.

## 2. Financial Risks

### 2.1 Vacancy Factor/Savings

Within the financial plan submitted to NIHR there was a planned savings assumption of £858km. This was made up of two elements;

Partner Vacancy Factor - £799km Network
Vacancy Factor - £59k **Total £858k**

There has been significant progress in terms of addressing Vacancy Factor risk across the Network Across the POs there is currently a vacancy factor of £242k and the network one has been fully delivered.

### 2.2 Network Underspends

The current position shows that the majority of budgets have small variances, which together total £409k year to date. . This is a not uncommon position for the Network to be in during the middle part of the year, and the management team have already developed plans to ensure that any resources freed up are rebadged against other initiatives which support the aims of the Network. These include:

- Reviewing additional requests for Infrastructure Funding
- Speeding up staff recruitment in the second half of the year

## 3. Forecast Position

The forecast is that the Network will meet its planned expenditure total of £21.2m by the end of the financial year.

## 4. NIHR Financial Control Questionnaire

The Network has been requested to complete a Financial Control Questionnaire by NIHR, which is due to be returned on 9th December. The aim of the questionnaire is to assess the robustness of the financial controls and governance framework operating
within the Network. This will be followed up by a high level visit from senior NIHR managers to discuss the questionnaire and any requirements for improvements. There is no date confirmed for the visit, but it is likely to be in February or March. The Exec Committee will be informed of the outcome of the NIHR visit.

## 5. Recommendations

The CRN Executive Committee is asked to:

- Note the financial position to October 2016
- Note the financial risks identified, together with the mitigating actions
- Note the Financial Control Questionnaire and NIHR visit

| Scoring legend | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Likelihood | Rare | Unlikely | Possible | Likely | Almost Certain |
| Impact | Very low | Low | Medium | High | Very high |

Appendix 3 - NIHR Clinical Research Network: East Midlands Risk Register  Owner of Risk Register: Executive Group

| # | Risk Description | RISK SCORE | | | | Consequence of failure to manage | Status | Mitigating Action Plan | Due Date | Action Owner | Action RAG status | Risk Owner | Progress Update / Required Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Likeli-hood (1-5) | Impact (1-5) | Overall Risk Score | Risk Trend | | | | | | | | |
| 20 | Delays in HRA AAC process | 4 | 4 | 16 | ↑ | • Delays to study start-up<br>• Delays to implementation of amendments<br>• Problems with information flow as study details will not be known to CRN<br>• Ultimate consequence will be lower than expected recruitment – this is being realised | OPEN | Continued communication with sponsors locally | Ongoing | SSSWG | 4 | COO, Business Intelligence Lead | OMG & SSS Working Group reports |
| | | | | | | | | National CRN communication with sponsors through SSS Working Group | Actioned | SSSWG | 5 | | |
| | | | | | | | | Capture real examples of delays and feed up to NIHR CRN CC & cascade feedback/escalation to PO R&D teams | Actioned | Sr Team | 5 | | |
| | | | | | | | | Focus on Early Contact Service and engagement with teams | Ongoing | SSS Team | 4 | | |
| | | | | | | | | Item on agenda for discussion at next SSS meeting | 16.1.17 | SSSOM | 4 | | |
| 22 | Lack of improvement in recruitment at NUH during 2016/17 | 4 | 4 | 16 | ↔ | • HLO1 not met by end of year 2016/17<br>• Reduction in Activity Based Funding (ABF) for 2017/18<br>• Budget reduction targeted at NUH | OPEN | Ongoing update meetings with NUH R&I Leadership Team | Ongoing | CD, COO | 4 | COO & D1 RDM | COO & CD updates |
| | | | | | | | | Division 1 plan required to focus this activity | 14.10.16 | D1 RDM + CL | 2 | | |
| | | | | | | | | Working closely to improve financial planning therefore making sensible investments to turn around this situation | 30.09.16 | CD, COO | 4 | | |
| | | | | | | | | 2017/18 Budget likely to prompt a response | 31.12.16 | COO | 4 | | |
| | | | | | | | | CRN RDMs to meet with NUH RPMs and Director to identify practical ways for NUH staff to support/manage recruitment issues | 06.12.16 | RDMs | 4 | | |
| 23 | HLO1 will not be met (currently 69% of YTD target) by end of year 2016/17 | 5 | 4 | 20 | ↑ | • Impact on future budget i.e. reduction<br>• Reputational impact for EM slipping down national league tables<br>• Could be beginning of further decline and impact on morale | OPEN | Review CPMS database for potential studies and open new sites | Ongoing | RDMs & PST | 4 | COO & RDMs | CD reporting to Host Trust Board. Next board report due 05.01.17. |
| | | | | | | | | Work with Partner Organisations to target resource | Ongoing | CD + COO | 4 | | |
| | | | | | | | | Shift focus from HLO1 to RTT measures | Ongoing | COO + RDMs | 4 | | |
| | | | | | | | | Provide better communication to explain goals and importance of RTT | Ongoing | COO | 4 | | |
| | | | | | | | | Liaise with BRUs and CLAHRC to ensure studies are portfolio badged wherever possible | Ongoing | RDMs | 4 | | |
| | | | | | | | | Work with EMAS as there is scope to undertake more studies - ensure these are portfolio badged | Ongoing | D6 RDM | 4 | | |
| | | | | | | | | Target resource to expedite set-up of key studies, such as FAST & CODEX (both UHL) | 31.12.16 | COO/ BIL/ RDM Div5/2? | 4 | | |
| 24 | HLO2a will not be met (target 80%, currently 78%) by end of year 2016/17 | 3 | 3 | 9 | ↔ | • Damage to East Midlands reputation<br>• Potential loss of future commercial contract research to region<br>• Reduction in funding from the CRN CC for time & target performance<br>• May impact on any future RCF | OPEN | Monthly Divisional performance meetings | Ongoing | IOM | 4 | Industry Operations Manager | Monthly updates to COO & Executive Group |
| | | | | | | | | Attendance at site selection visits in areas of poor performance | Ongoing | IOM | 4 | | |
| | | | | | | | | Request updates from sponsors for all studies expecting to close to recruitment this year | 23.12.16 | IOM | 4 | | |
| | | | | | | | | Communications campaign – general PR on importance of RTT | Jan 17 | Sr Team | 4 | | |
| | | | | | | | | Regular teleconferences with sponsors running studies at multiple primary care sites | Ongoing | IOM & IIM | 4 | | |

| Scoring legend | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Likelihood | Rare | Unlikely | Possible | Likely | Almost Certain |
| Impact | Very low | Low | Medium | High | Very high |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 | HLO2b will not be met (target 80%, currently 72%) by end of year 2016/17 | 4 | 3 | 12 | ↑ | • Damage to East Midlands reputation<br>• Reduction in funding from the CRN CC for time & target performance due to potential implementation of non-commercial performance premium | OPEN | Flag up studies that are underperforming | Ongoing | Sr Team | 4 | Business Intelligence Lead | Monthly updates to COO & Executive Group |
| | | | | | | | | Understand reasons for underperforming studies and develop plan | Jan 17 | BI Lead | 4 | | |
| | | | | | | | | Recently assigned leadership of HLO2b to KLF | Actioned | BI Lead | 5 | | |
| | | | | | | | | Analysis to predict year end RTT performance | 7.12.16 | BI Lead | 4 | | |
| | | | | | | | | Communications campaign - general PR on importance of RTT | Jan 17 | Sr Team | 4 | | |
| | | | | | | | | Meeting with Communications Lead to plan communication campaign | Jan 17 | BI Lead | 4 | | |
| 21 | Reduced pipeline in some specialties (particularly within division 4 & 6) | 2 | 3 | 6 | ↓ | • HLO1 & HLO7 not met by end of year 2016/17<br>• Reduction in Activity Based Funding (ABF) for 2017/18<br>• Dip in activity may result in increased capacity in some POs<br>• Opportunity to achieve HLO2 | CLOSED | Working with Specialty Leads to get better information on national pipeline | Ongoing | RDMs | 4 | COO | Senior Team Meeting & OMG updates |
| | | | | | | | | Working with Trusts & other parties to encourage adoption of studies where possible | Ongoing | RDMs | 4 | | |
| | | | | | | | | Keep a balanced portfolio of specialties with varying pipelines and encourage flexibility of staff | Ongoing | RDMs | 4 | | |
| | | | | | | | | Raise at R&D Leads Meeting and Senior Team Meeting for POs to identify any capacity due to lack of pipeline and look to focus on recruitment to time and target | Actioned | COO + RDMs | 5 | | |
| | | | | | | | | Working with Trusts & other parties to encourage adoption of studies where possible | Ongoing | RDMs | 4 | | |

| | | | Impact | | | | |
|---|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 | 5 |
| | | | Very Low | Low | Medium | High | Very High |
| Likelihood | 1 | Rare | 1 | 2 | 3 | 4 | 5 |
| | 2 | Unlikely | 2 | 4 | 6 | 8 | 10 |
| | 3 | Possible | 3 | 6 | 9 | 12 | 15 |
| | 4 | Likely | 4 | 8 | 12 | 16 | 20 |
| | 5 | Almost certain | 5 | 10 | 15 | 20 | 25 |

**RISK RATING (SCORE)**

| | |
|---|---|
| **Low (1-6)** | Acceptable risk requiring no immediate action. Review annually. |
| **Moderate (8-12)** | Risk may be worth accepting with monitoring.<br>Continue to monitor with action planned within six months. Place on risk register. |
| **High (15-20)** | Must manage and monitor risks. Action planned within three month.<br>Review at monthly intervals. Place on risk register. |
| **Extreme (25)** | Extensive management essential. Action planned and implemented ASAP.<br>Review weekly. Place on risk register. |

| Action RAG Status Key: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5 | **Complete** | **4** | **On Track** | **3** | **Some Delay – expected to be completed as planned** | **2** | **Significant Delay – unlikely to be completed as planned** | **1** | **Not yet commenced** |

Appendix 4

# The National Institute for Health Research at 10 years: An impact synthesis

**Background**

The National Institute for Health Research (NIHR) has invested significantly in the East Midlands e.g. Clinical Research Networks, Biomedical Research Centres and Units, clinical academic training, research grants, Research Design Service, Collaboration and Leadership in Applied Research in Health and Care (CLAHRC) units, Clinical Trial Units.

The (NIHR) celebrated its 10th anniversary this year and commissioned an independent report published by Rand Europe and the Policy Institute at King's College describing the impact of the NIHR on the NHS and social care. This paper utilises abstracts from the report to give a short summary of its findings.

The summary and full report can be found at http://www.rand.org/pubs/research_reports/RR1574.html


**Extract from Authors' Preface**

This summary report identifies 100 examples of positive change and impact, based on available evidence, resulting from NIHR's support of research over the last 10 years. It provides an overview of more detailed case studies, published separately in a full report, grouped under 10 thematic headings. It concludes with a reflection of what the evidence suggests about NIHR's wider impacts.

Drawing together, for the first time, examples of the breadth of NIHR's impacts in a single resource, the report will be of interest to healthcare professionals involved in research, academics working in health and social care, and members of the public wishing to understand the value of research in the NHS.

The PRiSM unit brings together research expertise from RAND Europe and the Policy Institute at King's College London. It delivers research-based evidence to support NIHR's research strategy, Best Research for Best Health, and contributes to the science of science policy field in the UK, Europe and internationally.

RAND Europe is a not-for-profit organisation whose mission is to help improve policy and decision making through research and analysis.

The Policy Institute at King's College London acts as a hub, linking insightful research with rapid, relevant policy analysis to stimulate debate, inform and shape future policy agendas.

**Methodology (verbatim)**

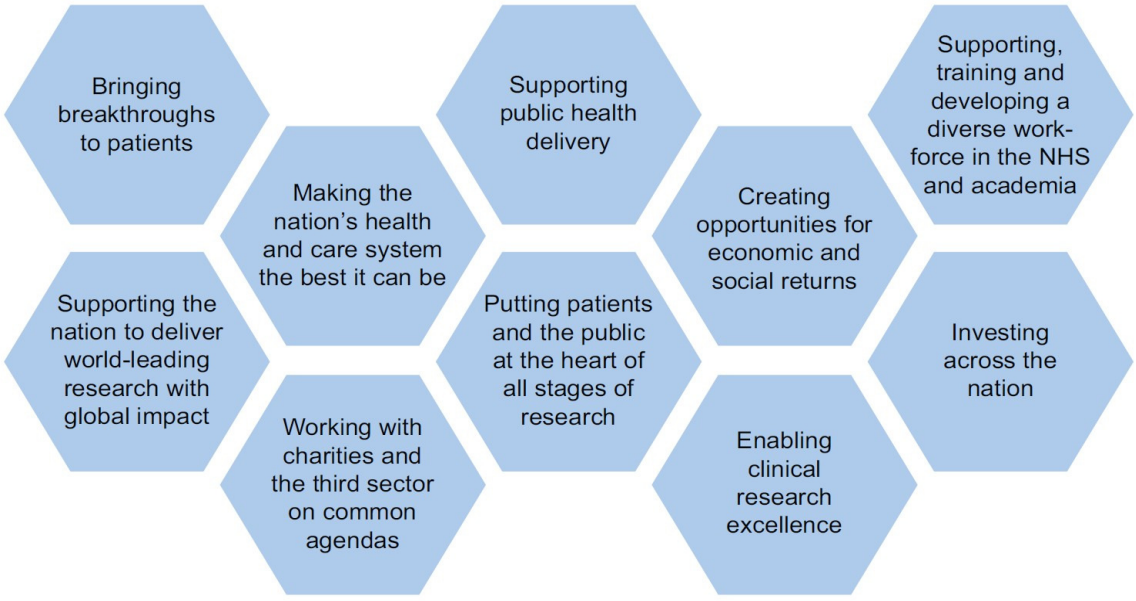
The 100 case studies included in this report were selected and produced as follows:

- An initial set of more than 200 examples which broadly reflected the original five goals of Best Research for Best Health were identified from the following sources: consultations with senior managers from the Department of Health and across NIHR, a review of annual reports and the list of more than 200 impact case studies submitted to the 2014 Research Excellence Framework (REF) that cited NIHR-funded research.
- This long list was reviewed, and examples were subsequently clustered to arrive at 10 thematic areas.
- Individual case study examples were explored further, and those where only limited evidence of benefit was readily available were discarded.
- A final short list was agreed with senior Department of Health and NIHR managers.
- Evidence of impacts and other benefits was synthesised from a variety of sources, including published reports, peer-reviewed articles and short interviews with relevant researchers or individuals associated with the research and its benefits. No primary research was done to generate new evidence of impacts or benefits.

**Results**

The authors identified that the NIHR has transformed research in the NHS and described the work as world-class research as well as enabling research through its partners. They reported that it was "delivering benefits to patients, improving the health of the public nationally and internationally, making the nation's healthcare system more effective, cost effective and safer, putting patients and the public at the heart of research supporting research infrastructure in the NHS."

The impacts are summarised in 10 themes as illustrated below. More verbatim information for each theme is given in the Appendix.




**Conclusions**

A major conclusion of the report was that: "In the past 10 years, R&D funding by and for the NHS has changed significantly as a result of NIHR's formation. Across the 100 case studies in our report, there is strong evidence of substantial impact across patient benefits, the delivery of health and social care, public policy, economic growth and the generation of knowledge. Therefore, transcending the individual case studies presented in this report is the possibility of an eleventh, cross-cutting benefit: the transformative effect NIHR has had, both on itself as a funder for R&D in the NHS and on the wider health research system."

**Appendix: Further information on themes (verbatim)**

**Bringing breakthroughs to patients**
*Innovative. Transformational. Accessible.*
NIHR drives the development of the evidence base needed to bring innovative treatments and other interventions into practice and improve the lives of patients. This research evidence informs new clinical guidelines and facilitates the translation of innovations into clinical practice.

**Supporting the nation to deliver world leading research with global impact**
*Global. Exemplary. Pioneering.*
NIHR sets a standard for high-quality research that improves global healthcare. The evidence that it generates drives international advances, establishes medical best practice and ensures global preparedness against disease.

**Making the nation's health and care system the best it can be**
*High-quality. Efficient. Deliverable.*
NIHR funds research to inform, support and improve the quality, accessibility and organisation of health services. By making better use of information and resources, the evidence that this research generates offers options for sustaining and improving the NHS.

**Working with charities and the 3rd sector on common agendas**
*Inclusive. Collaborative. Engaged.*
NIHR works with charities and the third sector on common agendas to maximise the health gains from research investment and to reach patient groups at risk of being marginalised.

**Supporting public health delivery**
*Healthy. Informed. Resilient.*
NIHR's public health research promotes healthy behaviours and population-level interventions that lead to healthier lives and tackle health inequalities across the general population.

**Putting patients and the public at the heart of all stages of research**
*Engaged. Prioritised. Involved.*
NIHR is making health research more relevant to patients and to the public it benefits by involving members of the public at all stages of research, from setting priorities to communicating and implementing study findings, as well as improving public awareness of research and actively improving public participation in research studies.

**Creating opportunities for economic and social returns**
*Entrepreneurial. Affordable. Effective.*
NIHR creates opportunities for economic as well as social returns on health research investment, including a more effective and affordable NHS.

**Enabling clinical research excellence**
*Informed. Clinical. Excellent.*
NIHR connects academia, the NHS and other parts of the healthcare system. This enables NIHR to fund world-class early translational research and provide a rapid response to research priorities.

**Supporting training and developing a diverse workforce in the NHS and academia**
*Skilled. Motivated. Diverse.*
NIHR supports training and development opportunities to develop a diverse workforce and to embed the practice and mindset of clinical research throughout the NHS and academia.

**Investing across the nation**
*Regional. Societal. Needs-based.*
NIHR supports regionally driven research to address the distinct health priorities of different regional areas and to assist the national scale-up of local initiatives.