

NIHR CRN West Midlands 3 December 2018



Agenda Item No: 9.4

Trust Board Report

Meeting Date:	3 December 2018
Title:	NIHR CRN West Midlands
Executive Summary:	<p>RWT as Host for the National Institute for Health Research Clinical Research Network West Midlands (CRN WM) is responsible for ensuring the effective delivery of research in Trusts, primary care organisations as well as care homes, hospices, schools, prisons, or other social care and public health environments.</p> <p>This report seeks to provide an overview and assurance to the Board on progress to date in the CRN WM against the Host responsibilities and objectives included within the contract between the DHSC and NIHR Coordinating Centre (NIHR CC)</p>
Action Requested:	The Board is asked to receive and note the performance report
For the attention of the Board	
Assure	<ul style="list-style-type: none"> To inform the Board of the current performance against NIHR CRN High Level Objectives, give an update on new national and local initiatives and provide a financial update.
Advise	<ul style="list-style-type: none"> N/A
Alert	<ul style="list-style-type: none"> N/A
Author + Contact Details:	<p>Tel 01902 446815 Email Pauline.boyle@nihr.ac.uk Jeremy Kirk, Clinical Director & Pauline Boyle, Chief Operating Officer</p>
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> Create a culture of compassion, safety and quality Proactively seek opportunities to develop our services To have an effective and well integrated local health and care system that operates efficiently Attract, retain and develop our staff, and improve employee engagement Maintain financial health – Appropriate investment to patient services
Resource Implications:	None

CQC Domains	<p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Risks: BAF/ TRR	N/A
Public or Private:	Public session
Other formal bodies involved:	<p>RWT Finance and Performance Committee</p> <p>RWT Executive Group</p> <p>CRN West Midlands Partnership Group</p>
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Background Details	
1.	<p>The LCRN Host Organisation shall ensure the proper management of the Local Clinical Research Network (LCRN) in terms of compliance with the governance framework and processes of the LCRN Host Organisation, including human resources, standing financial, audit and standards of business conduct instructions. The LCRN Host Organisation shall ensure internal policies and standing financial instructions, as they affect the LCRN, do not unreasonably diminish the efficient management of the LCRN.</p>
Updates - Excess Treatment Costs	
2.	<p>Following the conclusion of NHS England consultation to simplify and strengthen arrangements for research in the NHS, new arrangements are in place to fund Excess Treatment Costs (ETCs). Each Clinical Commissioning Group has now agreed to identify funding for ETCs which will be managed by the NIHR CC.</p> <p>From 1 October 2018 Trusts will be paid quarterly in arrears for additional ETCs associated with clinical trials once the thresholds set by NHS England have been met. Details of the thresholds are based upon NHS England's evaluation of an organisations turn over. Please see appendix 1 for details of thresholds. It is expected that each Trust will identify funding to cover the threshold and there after the additional costs will be met by NHS England through the funding managed by the NIHR CC.</p> <p>The COO for CRN WM has requested the opportunity to present this information for discussion at the regional Finance Directors meeting.</p> <p>The period of 1 October 2018 to 31 March 2019 is a pilot phase.</p>
Clinical Trials Scholars (CTS) and Research Scholars (RS)	

3.	<p>As detailed in CRN WM Annual Delivery Plan the CRN through an open competitive process has appointed to 11 CTS and 5 RS which will significantly increase the number of Chief Investigators based in the West Midlands. Each award is for two years with the expectation of significant grant income within the region along with additional recruitment of participants into clinical trials.</p>
<p>Local Portfolio Management System</p>	
4.	<p>It has been a long time ambition of the NIHR CRN to have real time data regarding recruitment into Clinical Trials. Work has been ongoing to develop the interface between the Local Portfolio Management System and the Central Portfolio Management System (CPMS) which is due to go live by the end of the year. This will mean that recruitment will be taken from the Local Portfolio Management System (which is EDGE in the CRN West Midlands) and not from the CPMS which is the current position. Therefore, it is essential that 100% of recruitment data as well as capacity and capability dates are inputted into EDGE within one week of the activity taking place as this will determine the amount of funding the CRN receives and consequently Partner Organisations funding. All partners have been informed of this change.</p> <p>As detailed above from 1 October 2018 new arrangements are in place to fund Excess Treatment Costs (ETCs) associated with Clinical Trials. Funding will automatically be awarded to an organisation recruiting into studies where ETCs apply. The amount of funding awarded will be calculated only from recruitment shown in EDGE.</p>
<p>National Funding Model</p>	
5.	<p>The NIHR CC are currently in negotiation with DHSC to secure a 3 year funding model which will include 80% stable funding and 20% based upon performance elements which is likely to include performance relating to HLO2 (recruitment to time and target).</p>
<p>Review and Refresh of High Level Objectives (HLO's)</p>	
6.	<p>Following a consultation by NIHR CC a review of the current HLO's is currently being undertaken. It is expected that the draft HLO's will be published in the 2019/20 Performance and Operating Framework which will be submitted to DHSC for approval in Nov/Dec 2018.</p>
<p>Finance Update</p>	
7.	<p>Annual Financial Plan 2018/19: The Annual Financial Plan for 2018/19 was submitted to NIHR in mid-April 2018 with a funding allocation of £27.6m and approved by NIHR in early May.</p> <p>Q2 Reporting: The final submission for Quarter 2 2018/19 was submitted on 26th October 2018. The CRN reported an unallocated figure of £212k which is less than 1% of the total allocation for financial year 2018/19. The unallocated figure will be fully utilised to fund Chief Investigator / Principal Investigator development across the CRN and therefore increase the numbers of participants recruited into clinical trials.</p> <p>CRN WM at Q2 also reported an underspend of £265k relating to Burton transferring to East Midlands (see below) – NIHR advised CRN WM to report the issue in this way.</p> <p>No staff names were on the submitted report for any Trusts; this is to comply with the policy used by NIHR (data protection) as per the June 2018 report.</p>

	<p>NIHR have not yet fully approved the Q2 report as of 15/11/2018 although no issues are anticipated.</p> <p>Merger of Derby with Burton Following the merger of Burton Hospitals FT with Derby Hospitals, Burton Hospitals FT has transferred to East Midlands CRN as of 1st July, therefore no funding has been sent to the Trust after this date – RWT have just received the invoice from East Midlands CRN which covers Derby & Burton for the balance of the funding - £265k.</p> <p>Monitoring Visits: CRN WM has now visited all of the Partner Organisations - the second round of the monitoring visits incorporating the new minimal controls will start in this financial year.</p> <p>Future Funding Model: NIHR are planning to bring in a more fixed funding base model from 2019/20. This will be a certain percentage of funding will be fixed for 3 years and the remaining based on the network performance. The fixed percentage and variable percentage are still in discussion and should be finalised later this year.</p>
Performance Update	
8.	A summary of progress against the 7 High Level Objectives is below:

Assurance level*	Colour to use in 'Assurance level*' column below
Assured	Green – there are no gaps in assurance
Partially assured	Amber - there are gaps in assurance but we are assured appropriate action plans are in place to address these
Not assured	Red - there are significant gaps in assurance and we are not assured as to the adequacy of current action plans If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"

Key issue	Assurance level*	Committee update	Next action(s)	Timescale
HLO5: Objective: Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies		Our current performance is comparable with all CRNs. Currently 9th	Working Group in place. Training for Partner Organisations	Ongoing
HLO6c: Percentage of GP Practices that have reported recruitment		229 practices have recruited.	This number will climb gradually through the year.	Ongoing
HLO7: Objective: Increase the number of participants recruited into Dementias and Neurodegeneration studies		Target of 1,000; Pro rata target 583. We have recruited 268 so far.	New Clinical Research Specialty Lead appointed.	Ongoing
HLO1: Number of recruits to NIHR Portfolio Studies in 2018-19, as a percentage of agreed pro rata target		5th place nationally	Just edged up from 12th to 11th when adjusted for population. Following the Q2 data cut, 11 LCRNs are green	Ongoing

<p>HLO1: Activity Based Funding as a % of target</p> <p>HLO2: Objective: Increase the proportion of studies delivering to recruitment target and time</p> <p>HLO4: Reduce the time taken for sites to be confirmed, post HRA Approval</p> <p>HLO6b: Percentage of Trusts that have reported recruitment to Commercial studies</p>		<p>A large increase recently and we are now have the largest share of ABF units.</p> <p>12% ahead of target. Currently more than any other LCRN.</p> <p>Forecast is low nationally & locally; reasons including low range targets /data accuracy. Improved on 16/17 data</p> <p>16 Trusts have recruited, 2 more needed to reach 70% target</p>	<p>against their own targets, we are one of three ambers and one LCRN is red. For commercial recruits we have dropped from 2nd to 5th place</p> <p>LCRNs ahead of us in recruitment numbers are behind us in ABF, indicating that we are currently recruiting to more complex studies on average.</p> <p>Dedicated HLO2 action plan in place.</p> <p>Formulation of an Edge Working Group as there are issues with data completion and new systems.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p>HLO3: Increase the number of commercial contract studies delivered through the NIHR CRN</p> <p>HLO6a: Percentage of Trusts that have reported recruitment to Portfolio studies to date in 2017-18</p>		<p>20 new commercial studies entered the portfolio so far</p> <p>All 25 Trusts recruited</p>	<p>Slightly behind last year but this is not officially an LCRN-level target, therefore rated green</p> <p>Exceeded 99% target</p>	

Appendices

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Appendix 1: NHS England provided thresholds for Excess Treatment Costs (CCG)

Context

- Provided to CRN staff in support of local operational discussions for the new arrangements - this document is restricted access for nihr.ac.uk accounts only to ensure CRN operational use
- Further detail regarding the thresholds noted in relation to Excess Treatment Cost Payments will be provided in the Open Data Platform Payment Schedules for the trial period that will be made available in due course
- For the 2018/19 six month trial period of operation (1 October 2018 to 31 March 2019), the thresholds have been halved to reflect the 6 month period
- Thresholds provided based on 16/17 public accounts, using 0.01% of total operating income or minimum of £10,000 pa
- Mergers or acquisitions have been indicated and these thresholds have been combined
- Trusts that been subject to a name change have been indicated
- Thresholds are applied per Trust, not per individual study
- Thresholds provide below DO NOT apply to studies involving mainly or wholly Specialised Commissioning services i.e. threshold values provided are for Clinical Commissioning Group (CCG) services only