

West Midlands Clinical Research Network Update Report 6 November 2019

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Agenda Item No: 6.4

Trust Board Report

Meeting Date:	6 November 2019
Title:	CRN WM
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 Host Trust 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:	Receive and note performance report.
For the attention of the Board	
Assure	
Advise	CRN West Midlands Performance report details performance against the national High Level Objectives.
Alert	
Author + Contact Details:	Jeremy Kirk, Clinical Director & Pauline Boyle, Chief Operating Officer Tel 01902 446815 Email Pauline.boyle@nihr.ac.uk
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services
Resource Implications:	None
Report Data Caveats	

CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <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>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</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>
Equality and Diversity Impact	
Risks: BAF/ TRR	n/a
Risk: Appetite	
Public or Private:	Public session
Other formal bodies involved:	RWT Finance and Performance Committee RWT Executive Group CRN West Midlands Partnership Group
References	
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

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| 1 | <p>The LCRN Host Organisation shall ensure the proper management of the 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> |
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Finance Update

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| 2 | <p>Q1 1920 reporting
CRN West Midlands submitted the Qtr 1 1920 return on the 9th August 2019 with a TBA figure of £243k (1%) of total funding which is well inside the limits set by NIHR- the increase is due to vacancies within the plan. There will be meetings in the near future involving senior CRN employees to ensure this is fully utilised before year end.</p> <p>Monitoring Visits:
CRN:WM had a successful internal audit in March 2019 and the new controls which were tested will form the base of the next round of monitoring visits. The next round of monitoring visits has now started with two trusts testing out these new controls – the trusts were Primary Care (Keele) plus Robert Jones and Agnes Hunt – both of these were fine with all participants taking part in a two way exchange regarding CRN.</p> <p>Future Funding Model:</p> |
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NIHR CRN have introduced a new funding model which is 80% stable funding for 3 years and 20% based upon performance against HLO1, HLO2a, HLO2b and specialty objectives. The new funding model was announced early 2019 and relates to performance in 2017/18. A 5% cap and collar is applied.

Local Funding Model:

CRN WM local funding model will finish in March 2020. The Partnership Group has agreed to a new model which will be based upon performance against HLO1, HLO2a and HLO2b. The model will run from 1 April 202 for three years.

Financial pressures:

- AfC award
- Apprenticeship levy
- Inflation
- Pension contributions

Performance Update

3 The key headlines/issues and levels of assurance are set out below, and are graded as follows:

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 actions	Timescale
HLO1b Number of participants recruited to commercial contract NIHR CRN Portfolio studies		New measure for 2019-20. Overall number of recruits to commercial studies. Still more than 50% behind target.	Continue to work with pharmaceutical companies to identify sites in the West Midlands although the national portfolio is limited.	December 2019
HLO2a Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed CRN sites		Performance is low across England and taking into account the current status of open studies that are due to close later this year, we should be around average.	Continuation of Senior Leadership Team bi-monthly peer review and Partner Organisation performance review documents for monthly engagement. Funding model for 2020/21 will include incentives for performance against HLO2a.	March 2020 April 2020

HLO2b Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period		Performance very low across England. We are <i>currently</i> rated green, but no Network is currently forecast to achieve target. We are likely to be around the national average	Need to maintain focus on studies due to close before the end of the fiscal year to ensure we stay green.	April 2020
HL06c Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies		Currently at 32% of GP practices recruited.	Increase spread of studies across practices. Invite more practices to participate to increase the overall figure.	January 2020
HLO6d Number of non-NHS sites recruiting into NIHR CRN Portfolio studies		Need 25 non-NHS sites to recruit. Currently on 12 but no new ones for several months	Promote CRN offering to non-NHS partners. Develop promotional material. Expand Chief Investigator development programme to include non-NHS	January 2020 December 2019
HLO7 Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio, each year		Currently rated green.	Continue to explore the national portfolio for new studies.	April 2020
HL01a Number of participants recruited to NIHR CRN Portfolio studies		Currently just behind target for the year to date. Large primary care study also due to start recruiting soon.		
HL06a Proportion of NHS Trusts recruiting into NIHR CRN Portfolio studies		All Trusts recruited.		
HL06b Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial		Currently on 68% vs target of 70%. Need just one more Trust to recruit to a commercial study this year.		

contract studies				
HLO8 Number of NIHR CRN Portfolio study participants responding to the Patient Research Experience Survey, each year		RPES survey recently sent out, with first responses expected soon. Robust action plan in place.		
HLO9a Reduce study site set-up times for NIHR CRN Portfolio studies by 5%		Speed of setup. Median values well below target time for both commercial and non-commercial studies.		
HLO9b Reduce study site set-up times for NIHR CRN Portfolio studies by 5%				

Appendices	
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