

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 10 January 2019

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

- **East Midlands Clinical Research Network quarterly report** – Lead contact point Mr A Furlong (0116 258 3871) – **paper 1**;
- **Clinical Education quarterly update** – Lead contact point Mr A Furlong (0116 258 3871) – **paper 2**, and
- **Quarterly Sealings Report** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 3**.

It is intended that these papers will not be discussed at the formal Trust Board meeting on 10 January 2019, 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.

CRN East Midlands Quarterly Board Report

Author: Prof. David Rowbotham Sponsor: Mr Andrew Furlong

Trust Board Bulletin 10 January 2018 – paper 1

Executive Summary

Context

University Hospitals of Leicester (UHL) NHS Trust is the Host Organisation for the National Institute of Health Research (NIHR) Clinical Research Network East Midlands (CRN). UHL is contracted by the Department of Health and Social Care 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 has been taken to the CRN East Midlands Executive Group, chaired by Andrew Furlong (Medical Director and UHL Executive Lead for the CRN) in December 2018. It will be considered by UHL Executive Performance Board and submitted for UHL Trust Board review in January 2019. Appended to report is a dashboard displaying performance figures, Executive Group Finance report, LCRN Contract Compliance Assurance Framework and current risk register.

Questions

1. In order to provide assurance to the Host, what are the major achievements and challenges of the Network, and performance from 14 August 2018 up to 19 November 2018?
2. What are the current risks affecting the LCRN and are the Board assured of measures in place to address these?

Conclusion

1. We have made progress in some key areas, notably, our overall recruitment level (HLO1) has improved significantly and we are likely to achieve this objective at year end. Recruitment to time and target for commercial studies (HLO2A) has improved but is still of concern. We have implemented the first stage of a recovery plan, which will be rolled out further and monitored over coming weeks. We have started to prepare some of our plans for next year, particularly in relation to budget modelling and broader engagement work.
2. In relation to risks, our communications function has been re-established and this is no longer a risk. Management of our partner budgets has been addressed and the risk score has reduced significantly as we have supported partners to manage this risk. In general, risk scores in relation to our HLOs remain unchanged and we have highlighted HLOs we are unlikely to meet, as well as detailing mitigating actions. There remains a lot of uncertainty around Excess Treatment Costs and we are undertaking further actions to communicate the new process to our stakeholders. Our risk register is attached at Appendix 4 of the report.

Input Sought

UHL Trust Board is asked to:

- (i) Review our performance and progress to date providing any comments or feedback you might have.
- (ii) Review our current challenges, risks and mitigating actions, providing any comments or feedback you might have.

For Reference

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:

a. Organisational Risk Register No

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

If NO, why not? Eg. Current Risk Rating is LOW

This report does not relate specifically to any risks on UHL’s risk register. CRN East Midlands has an internal risk register which is included at Appendix 4 of our report. Any significant risks which may relate to the UHL Organisational Risk Register or Board Assurance Framework would initially be discussed and reviewed with Andrew Furlong through our Executive Group.

b. Board Assurance Framework No

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken: N/A
4. Results of any **Equality Impact Assessment**, relating to this matter: N/A
5. Scheduled date for the **next paper** on this topic: 04/04/2019
6. Executive Summaries should not exceed **4 sides** My paper does comply
7. Papers should not exceed **7 sides.** My paper does comply



National Institute for
Health Research

Clinical Research Network
East Midlands

CRN East Midlands Quarterly Board Report

Progress, Challenges and Performance

DATE: 30 November 2018

AUTHORS: Carl Sheppard - Project Manager & Elizabeth Moss - Chief Operating Officer

EXECUTIVE EDITOR: Professor David Rowbotham - Clinical Director

1. INTRODUCTION

- 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 and Social Care to take overall responsibility for the monitoring of governance and performance of the Network.
- 1.2 This report provides a summary of 2018/19 year to date performance for CRN East Midlands and an update on current challenges and risks. Appended to this written report is a dashboard displaying performance figures, Executive Group finance report, LCRN Contract Compliance Assurance Framework and current risk register.
- 1.3 This report will be taken to the CRN East Midlands Executive Group in December 2018. It will then be considered by the UHL Executive Performance Board and submitted to UHL Trust Board for review in January 2019.

2. CURRENT PERFORMANCE, PROGRESS AND FORECAST

- 2.1 Appendix 1 presents data extracted on 19 November 2018 reflecting performance to date. This shows the various NIHR High Level Objectives (HLOs) which the CRN is managed against. We wish to highlight the following for the Board's specific attention:
 - i. Since our previous report in September, there has been a significant improvement to our overall recruitment level (HLO1), which is currently at 121% (previously 93%) of our year to date target with 36,583 participants recruited. We remain in sixth position out of 15 regional networks in the national league table for total recruitment. We have moved up one place to fifth position for weighted recruitment, which in part, determines our future funding. At year end, we are forecasting that it is likely that we will meet, or indeed exceed, our annual recruitment target.
 - ii. For the proportion of commercial studies recruiting to time and target (HLO2A), we are currently at 74% (previously 71%) against a target of 80% and in fourth position out of the 15 regional networks. This reflects a small improvement, however, we are still concerned that we may not achieve our target by year end. HLO2A underperformance is also an issue at a national level, as currently only one of the 15 LCRNs is meeting this target. We have developed and begun to implement a tailored local recovery plan. When we wrote the plan HLO2A was at 65%, therefore our current performance of 74% reflects an improvement over recent weeks. Further details are provided in the summary under Risk #40 in section 4.2 of this report.
 - iii. For the proportion of non-commercial studies recruiting to time and target, where the lead site is in the East Midlands (HLO2B), we are currently at 94% (previously 95%) against a target of 80% and remain in first place out of the 15 LCRNs. There will still be some difficult studies which may drop our overall attainment, however, we remain on track to achieve this objective at year end.
 - iv. For our objective to reduce the time taken for studies to achieve set up in the NHS (HLO4), we are currently at 78% (previously 82%) of studies in the required timeframe

against a target of 80%. We have dropped slightly below target and we are forecasting it is possible that we may not attain this at year end. We plan to work with the CRNCC to advise on potential changes to this measure and develop a targeted comms plan with clear approach focussing on HLO4. We will also explore the potential to include an incentive on HLO4 attainment at partner level and conduct budget modelling around this.

- v. HLO5A & 5B are objectives to reduce the time taken to recruit the first participant into NIHR CRN studies. For commercial studies (5A), we are currently at 50% (previously 57%) and for non-commercial studies (5B), we are at 59% (previously 58%). For both these objectives, we remain around the mid-position of the national standings and the majority of LCRNs are below target. It is unlikely that we will achieve these targets at year end. Many of the contributing activities for these objectives are outside of the scope of influence of the CRN, however, we continue to work with our partners to further improve this. We also understand that this metric is likely to be removed or change next year.
- vi. For the proportion of NHS Trusts recruiting into commercial studies (HLO6B), we have improved and are currently at 56% against a target of 75%. We expect this will improve further, however, it is likely we will fall just short of this target at year end. The proportion of GP sites recruiting into NIHR studies (HLO6C) is currently at 37% against a target of 45% and we are in second position out of the 15 regional networks. Again, we expect this to increase but will likely fall short of the target at year end.
- vii. For recruitment into Dementia and Neurodegenerative studies (HLO7), we are currently at 65% (previously 66%) of our year to date target with 568 participants recruited. This issue has been raised by the Specialty Lead at national meetings as this is affecting all LCRNs that do not have large single site studies. We continue to take actions locally and this has been reviewed at the Division 4 Steering Group meetings. We have seen a small increase in the number of expressions of interest for studies, however, these are for low recruiting studies and unlikely to make a significant contribution to this HLO. We are forecasting that we are unlikely to achieve this target at year end; although there is no significant impact of this, and again next year we believe this HLO will change or be removed.

2.2 Our latest Executive Group Finance Report is included as Appendix 2.

2.3 We are currently working on our budget planning exercise for 2019-20. Whilst our budget will not be confirmed until February/March 2019, we are developing plans using a similar methodology to our current model based on NIHR Portfolio activity. All LCRNs have been advised to forecast a 5% cut as a worst case scenario, however, we are cautiously hoping for a flat budget. It is likely that our budget will be spread out more broadly to account for the continued expansion of our research portfolio into non-traditional settings (e.g. schools, prisons, care homes, hospices).

3. NIHR CRN COORDINATING CENTRE / LCRN COMPLIANCE & ASSURANCE

3.1 The NIHR CRN Coordinating Centre (CRNCC) is required to manage and monitor LCRN activity to provide assurance to the Department of Health and Social Care (DHSC) that

LCRNs are operating in full compliance with the Performance and Operating Framework (POF). To date, the CRNCC has sought assurance through two routes: LCRN self-assessment and CRNCC assessment. These mechanisms are being brought together under a coherent LCRN Contract Compliance Assurance Framework (CCAF) to streamline contract compliance activities and to avoid unnecessary duplication. The CCAF sets out a three year schedule to ensure LCRN Host Organisation compliance with all sections of the POF. The framework is based on a sample of elements and compliance indicators from the POF. We have prepared the evidence to provide assurance for 2018/19 and this was submitted to the CRNCC on 30 November 2018. This is summarised in the table in Appendix 3.

- 3.2 We are tentatively preparing broader plans for next year, which will include more collaborative work across the region, in particular with other NIHR bodies (e.g. Biomedical Research Centres). Addressing the portfolio expansion will be important, as well as further development and widening of our communications and engagement function, including patient and public involvement. We also anticipate there will be some change to the national CRN High Level Objectives, which may shift our focus into different areas.

4. RISK REGISTER & CURRENT CHALLENGES

- 4.1 Risks and issues are formally discussed through the CRN Executive Group chaired by Andrew Furlong. A risk register (Appendix 4) is maintained with risks discussed and mitigating actions agreed; this is shared periodically with the NIHR CRN Coordinating Centre.

- 4.2 Risks are recorded on the register as follows:

- Risk #31 - Reduced communications function will affect ability to deliver all elements of the communications action plan. This has now been successfully re-established and this risk has been closed on the register.
- Risk #32 - Budget reductions of up to 8% for some Partner organisations will be difficult to manage in 2018-19. Analysis of vacancy factors from 6 months onwards has been addressed by our Senior Team Links and we have supported our partners to manage this. The risk impact has reduced to minor, probability has reduced to possible and the overall risk score is now relatively low.
- Risk #36 - CRN EM will not deliver against HLO1 target for 2018-19 (total number of participants recruited). Due to recent improvements in recruitment, the probability has now reduced to unlikely and the overall risk score is relatively low.
- Risk #37 - CRN EM will not deliver against HLO4 target for 2018-19 (time taken to achieve study set up in the NHS). This remains medium risk and mitigating actions have been updated on the risk register.
- Risk #38 - CRN EM will not deliver against HLO5 targets for 2018-19 (time taken to recruit first participant into studies). This remains medium risk and mitigating actions have been updated on the risk register.

- Risk #39 - Insufficient level of data quality and completeness in LPMS for primary care research activity. This remains relatively low risk and mitigating actions documented on the risk register are ongoing.
- Risk #40 - CRN EM will not deliver against HLO2A target for 2018-19 (proportion of commercial studies delivering to time & target). A review has been undertaken and this has identified there is no single route cause as HLO2A performance is influenced by a combination of factors. A series of incremental issues have contributed to our current under performance; these include staff absence in the Industry team, a significant increase of new sponsors approaching the Network to discuss concept studies, which has shifted resource away from performance management, and changes in the national management approach, which has seen stricter criteria for target alignment across all Divisions. There has also been an increased number of small target and rare studies, which are challenging to recruit to and several studies have closed to recruitment earlier than expected. Closure of historic cancer studies that failed to achieve target has also had a small impact on HLO2A.

A recovery plan has been implemented, which sets out a robust and structured approach to performance management. The first stage has been completed and this has established new reporting systems to aid effective performance management. The current stage focuses on increasing staff resource and clearly defining role responsibilities to support the performance management process. This includes assigning ownership of study performance to senior members of staff within the Study Support Service. A workflow has been prepared to guide the process and escalate study recruitment issues appropriately. In particular, this will focus on targeting studies at UHL and NUH with support from R&D departments. Progress will be monitored and reported to CRN East Midlands Senior Leadership Team, Executive Group and UHL Trust Board. Since the plan was implemented, performance has begun to improve slightly, however, at this stage the overall risk score remains unchanged. A copy of the recovery plan can be provided, if required.

- Risk #41 - Uncertainty around the national process change for the management of Excess Treatment Costs (ETCs) may cause delays in study set up and delivery and impact upon HLO attainment. There remains a lot of uncertainty at a national level, around the implementation of ETCs, with new details becoming available on a regular basis. We are adapting our approach as we learn more, as such this remains medium risk and mitigating actions focusing on communication and raising awareness have been updated on the risk register.
- Risks #42, 43 & 44 correspond to concerns that we will not deliver against our targets for HLO6B (proportion of NHS Trusts recruiting into commercial NIHR studies), HLO6C (proportion of General Medical Practices recruiting into NIHR studies) and HLO7 (number of participants recruited into Dementias and Neurodegeneration NIHR studies) respectively. These all remain medium risk and mitigating actions have been updated on the risk register.

5. SUMMARY

- 5.1 This report shows we have made progress in some key areas, notably, our overall recruitment level (HLO1) has improved significantly and we are likely to achieve this objective at year end. Recruitment to time and target for commercial studies (HLO2A) has improved but is still of concern. We have implemented the first stage of a recovery plan, which will be rolled out further and monitored over coming weeks. We have started to prepare some of our plans for next year, particularly in relation to budget modelling and broader engagement work.
- 5.2 In relation to risks, our communications function has been re-established and this is no longer a risk. Management of our partner budgets has been addressed and the risk score has reduced significantly as we have supported partners to manage this risk. In general, risk scores in relation to our HLOs remain unchanged and we have highlighted HLOs we are unlikely to meet, as well as detailing mitigating actions. There remains a lot of uncertainty around Excess Treatment Costs and we are undertaking further actions to communicate the new process to our stakeholders.

6. RECOMMENDATIONS

- 6.1 UHL Trust Board is asked to review and comment upon:
- (i) Review our performance and progress to date providing any comments or feedback you might have.
 - (ii) Review our current challenges, risks and mitigating actions, providing any comments or feedback you might have.

Appendix 1 - Dashboard 2018/19

Clinical Research Network East Midlands

Refreshed: 19/11/2018 2018-19 YEAR TO DATE

Network Progress Overview

HLO Description	Study Type	Target		Progress/Summary			Actions	Status	Owner	Year End RAG Assurance		
		England	East Midlands	YTD	Previous	Trend						
1	Number of participants recruited into NIHR studies	All	650,000	52,000	121%	93%	↑28%	121% of YTD goal (36,583 participants) CRN East Midlands in 6th position out of 15 LCRNs (5th position based on weighted recruitment)	- Ongoing analysis of current portfolio	Ongoing	Chief Operating Officer	Green
2	Proportion of NIHR studies delivering to recruitment target and time	Commercial	80%	80%	74%	71%	↑3%	74% (75) for 101 studies recorded as closed and reported recruitment across all Network supported sites. CRN East Midlands in 4th position out of 15 LCRNs	- Increase frequency of performance review meetings - Establish recovery plan	Ongoing	Industry Operations Manager	Amber
		Non-commercial	80%	80%	94%	95%	↓1%	94% (33) for 35 closed HLO studies CRN East Midlands in 1st position out of 15 LCRNs	- Continue to review and actively monitor	Ongoing	Chief Operating Officer	Amber
4	Proportion of eligible studies achieving NHS set up within 40 calendar days	All	80%	80%	78%	82%	↓4%	78% (126) for 162 closed HLO studies	- Comms activities to promote the importance of this HLO	Ongoing	Deputy Chief Operating Officer	Amber
5	Proportion of studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited")	Commercial	80%	80%	50%	57%	↓7%	50% (5) for 10 qualifying studies	- Continue to work with our partners to improve this HLO	Ongoing	Deputy Chief Operating Officer	Red
		Non-commercial	80%	80%	59%	58%	↑1%	59% (37) for 63 qualifying studies	- Continue to work with our partners to improve this HLO	Ongoing	Deputy Chief Operating Officer	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%	56%	44%	↑12%	9 out of 16 Trusts reported commercial recruitment.	- Review pipeline for potential studies in MH and dementia - Support set-up of existing studies	Ongoing	Industry Operations Manager	Red
	Proportion of General Medical Practices recruiting into NIHR studies	All	45%	45%	37%	23%	↑14%	203 out of 551 GPs, surgeries & health care sites currently reporting recruitment	- Channel additional resource into this area to ensure Eols can be received	Ongoing	Division 5 Research Delivery Manager	Amber
7	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) NIHR studies	All	25,000	1,510	65%	66%	↓1%	65% of YTD goal (568 participants)	- Scoping pipeline for potential studies open to new sites	Ongoing	Division 4 Research Delivery Manager	Red

Sources: Commercial Reporting on ODP 19/11/2018, Portfolio ODP Last update: 19/11/2018, Portfolio ODP 17-18 Annual Cut Last update: 20/04/2018, Portfolio ODP Reporting Last update: 19/11/2018
 Network Summary Report 19/11/2018
 Provided by: CRN East Midlands Business Intelligence Team

N.B: HLO 3 is not included as this relates to a national objective

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CRN EM EXECUTIVE COMMITTEE

DATE: 5th DECEMBER 2018

REPORT FROM: MARTIN MAYNES – HOST FINANCE LEAD

SUBJECT: CRN EM FINANCE UPDATE**1. Purpose**

This report provides an update on the following issues:

- 18/19 financial position
- Financial Health Checks
- Accounts Payable Update

2 2018/19 Financial Position and Forecast

The table below summarises the 18/19 current financial position and forecast out turn.

	Annual Plan	YTD April to October 2018	Forecast Expenditure	Variance
	£'000	£'000	£'000	£'000
Income				
NIHR Allocation	20,597	6,866	20,903	306
Expenditure				
Network Managed Team	645	266	470	(175)
Host Services	300	170	300	0
Core Management Team	761	394	721	(40)
SSS Team	373	283	483	110
RST Team	394	227	384	(10)
Clinical & SG Leads	95	39	88	(7)
Research Site Initiative	363	209	359	(4)
Primary Care Service Support Costs	170	112	202	32
General Service Support Costs	170	113	204	34
Partner Organisation Infrastructure	16,776	9,766	16,964	188
CRN EM Non Pay Non Staff	201	112	241	40
Innovation Fund	350	42	350	0
Excess Treatment Costs			36	36
To Be Allocated	0		101	101
Total	20,598	11,733	20,903	305

The key issues are reported below.

Income

Forecast income has increased by £306k. This relates to the following adjustments:

- Transfer of Burton Hospital funding following merger with Derby Hospitals - £265k
- Additional funding re Excess Treatment Costs - £36k
- Commercial income - £5k

Network Managed Team

There is a favourable pay variance of £175k. £82k relates to staff being recoded to the SSS team, so there is a corresponding overspend there. The remainder of the variance relates to staff leaving and delays in appointing replacements.

Core Management Team

Favourable pay variance is £40k. This is due to Clinical Co Director being employed at NUH, rather than UHL, two senior managers reducing WTE, and slippage in recruiting to the Business Delivery Operational Manager's post. There is an adverse variance of £10k in general non pay.

Study Support Service Team

There is an adverse pay variance of £110k, of which £82k is the offset underspend in the Network Managed Team budget.

Partner Infrastructure

There is a forecast adverse variance of £188k, which relates to the new budget for Burton Hospital of £265k, offset by underspends elsewhere in the budget

Excess Treatment Costs

An estimated cost of £36k has been added to match the additional income received.

Forecast Out Turn

The CRN is forecast to break even in line with budget and revised forecast income. As of October there is £101k of accrued underspend which needs to be reallocated. The CRN has plans to utilise any potential funding available.

3. Financial Health Checks

CRN East Midlands is contracted by the Department of Health (DoH) to undertake timely and accurate budgetary monitoring and reporting on funds paid directly to Partner Organisations. Additionally, the CRN is required to provide sufficient assurance that NIHR CRN funding is used only on eligible CRN activity, in accordance with DoH funding agreement terms. CRN East Midlands gains this assurance through a range of mechanisms, including this newly introduced Financial Health Check Questionnaire and Partner visits to support this assurance.

We began a rolling programme of partner finance health-check visits, and so far have visited the following PO's

- Northampton General Hospital
- Nottinghamshire Healthcare
- Nottingham University Hospitals
- Kettering General Hospital

A further visit to Leicestershire Partnership Trust is planned in December.

To date no major issues of concern have been identified, although all the visits have proved very useful. It is intended to provide a report at the end of the financial year identifying the main findings from the visits, and lessons that can be learned or shared more widely.

4. Accounts Payable

Following the introduction of a new process the Network is receiving an improved service in respect of the prompt payment of invoices from suppliers and partners. As at 28th August there were 15 invoices over 30 days old, with a total value of £773,339. The

delays were largely due to authorisation dates, and not Accounts Payable performance. This improved performance has been consistent for the past three months, and will continue to be monitored.

5. Recommendations

The CRN Executive Committee is asked to:

- Note the forecast 18/19 financial position
- Note the Finance Health Check Programme
- Note the current Accounts Payable performance

Appendix 3 - LCRN Contract Compliance Assurance Framework 2018/19 - CRN East Midlands

LCRN Operating Framework Indicators

Ref	Assurance	Example compliance requirements	Assurances Provided
2018/19_OF11	Evidence that the LCRN Host Organisation rolls-out the Patient Research Experience Survey (PRES) to research participants	<p>Example assurances could include:</p> <ul style="list-style-type: none"> ● Current implementation / action planning documents ● Evidence of activity (e.g. the roles / job titles / employing organisations / number of whole time equivalents who deliver or will deliver the survey) 	<ul style="list-style-type: none"> ● Project focussed team has been created to deliver PRES this year and build a platform for delivering PRES next year (Kanbanchi board for project) ● The Project team includes: Digital Project Manager, Comms and Engagement Lead, Comms & PPI Project Officer and Business Delivery Operations Manager ● PRES team has approached the following partner organisations this year: <ul style="list-style-type: none"> ○ University Hospitals of Leicester NHS Trust (Host) ○ Nottingham University Hospitals NHS Trust ○ University Hospitals of Derby and Burton NHS Foundation Trust ○ Sherwood Forest Hospitals NHS Foundation Trust ○ Lincolnshire Partnership NHS Foundation Trust ○ various Primary Care sites ● Working on rolling out the PRES at NUH in December 2018 <ul style="list-style-type: none"> ○ Nicola Hall (Divisional Lead Research Nurse) and Rachel Webster (Programme Manager, Research Comms & Marketing) will be working in partnership with the CRN EM to implement PRES at NUH ○ Presentation to Research Leads delivered on 28 Nov 18 ○ Questionnaire finalised. ○ Business card for each participant ○ Survey available electronically for participants. Project team promoting digital survey to enable real-time monitoring and reporting of responses for the CRN and Partner Organisations ○ Planning for the survey to be displayed in the NUH's

			<p>website</p> <ul style="list-style-type: none"> ○ Plan to have PRES for trusts as a live report ○ A video tour for the PRES Google site ○ We are collaborating with NUH's comms lead (Philip Kirk) to develop a campaign to support PRES ○ Survey to be distributed at NUH, CRF and BRC ● PRES progress update discussed at East Midlands Nov-18 R&I lead meeting
2018/19_OFI2	Evidence that the LCRN Host Organisation actively supports the implementation of any specific recommendations arising from the survey, as part of continuous improvement activities	<p>Example assurances could include:</p> <ul style="list-style-type: none"> ● Current implementation / action planning documents ● Evidence of partnership working locally to expedite change resulting from survey feedback (e.g. other patient groups, intra-Trust working) ● Evidence of communications regarding actions taken such as 'you said / we did' to let patients and public know they are valued and the CRN is listening (e.g. posters, leaflets, newsletter articles) 	<p>In 2017-2018 the CRN EM recruited over 57,000 participants and there were 98 completed PRES surveys. The size of the sample is very small to make any solid recommendations based on the 3 questions asked.</p> <p>To support the collection of data that can aid identifying recommendations, we are planning to considerably increase the number of completed surveys in 2019-20 and increase the mandatory questions from three to eight in the East Midlands. We will do this by:</p> <ul style="list-style-type: none"> ● Collaborating with PO to make PRES business as usual ● Offer CRN EM's PRES expertise and resources to PO (eg. a digital platform for data display, data entry, promotional resources and questionnaire) ● Use local intelligence to adapt PRES to the PO's needs, infrastructure and process. Identify PRES leads for each of the PO we collaborate with ● Once the responses have been collated, the project team intends to offer a Reporting Page where organisations can check responses in real-time. Facilitating the analysis, identification and implementation of recommendations

Financial Management

Ref	Assurance	Requirement	Assurances Provided
2018/19_FM1	The Host Organisation Standard Operating Procedure for the monitoring of Partner organisations, as per Minimum Control MO2	Standard Operating Procedure	<ul style="list-style-type: none"> ● Financial Health Check Pre Visit Questionnaire - template ● Partner Health Check Feedback - NUH ● Partner Health Check Feedback - NottsHC ● Host Audit ToR 2017/18 ● Host Audit Findings Report 2017/18 ● Financial Operating Procedures v1.4 1/04/2018
2018/19_FM2	The Host Organisation Standard Operating Procedure for the CRN Portfolio Commercial Contract Research, as per Minimum Control CF1	Standard Operating Procedure	<ul style="list-style-type: none"> ● CRNEM Commercial Income Distribution Guidance Final 20.8.15 v1.0 ● Host Audit ToR 2017/18 ● Host Audit Findings Report 2017/18 ● Financial Health Check Questionnaire - (Q.10 addresses commercial income) ● CRNEM Commercial Income Distribution - presentation and agenda from Finance Engagement Event on 10.11.2016
2018/19_FM3	A copy of the complete signed Category A sub-contracts for the organisations selected at random by the CRNCC and listed in 'Category A Partner organisation sample'	Upload of the requested signed Category A sub-contracts (please ensure the complete sub-contract is provided for each requested organisation)	<ul style="list-style-type: none"> ● KGH Category A contract variation ● SFH Category A contract variation

Governance and Management

Ref	Assurance	Example compliance requirements	Assurances Provided
2018/19_GM1	Assurances that the LCRN Host Organisation board has put in place governing structures, systems, terms of reference and local policies for the LCRN on assurance framework and risk management system	Example assurances could include: <ul style="list-style-type: none"> • Standard Operating Procedures (SOPs)/ Working Practices / Templates / Training policies / Review policies 	<ul style="list-style-type: none"> • LCRN Governance Framework (Sections 9 & 11) • Executive Group 19.9.18 Minutes (item 4.2) • Executive Group Terms of Reference • Quarterly Board Report (Sep 18)
2018/19_GM2	Assurances that the LCRN Host Organisation board has put in place governing structures, systems, terms of reference and local policies for the LCRN on escalation process	Example assurances could include: <ul style="list-style-type: none"> • Standard Operating Procedures / Working Practices / Escalation policies 	<ul style="list-style-type: none"> • LCRN Governance Framework (Section 12) • Issue Resolution Procedure

Research Delivery

Ref	Assurance	Example compliance requirements	Assurances Provided
2018/19_RD1	Evidence that processes are in place to ensure all LCRN Partner organisations adhere to national systems, Standard Operating Procedures and operating manuals in respect of research delivery as specified by the National CRN Coordinating Centre	<p>Example assurances could include:</p> <ul style="list-style-type: none"> • Relevant Standard Operating Procedures (SOPs) • Evidence of training provided to Partner organisations • Evidence of audit / monitoring undertaken by the Host Organisation on Partner organisations with a focus on adherence to national systems, SOPs / working practices / etc. in respect of research delivery • Evidence of any Corrective Action Preventive Action (CAPA) undertaken in response to non-adherence to national systems, SOPs and operating manuals in respect of research delivery 	<ul style="list-style-type: none"> • SSS/Industry alignment project - ongoing project to review alignment of working policies/practices. Detailed evidence presented in the SSS Kanbanchi Board. This has previously been shared with the national CRN CC Team to support discussion and comparison with the Study Support Master Schedule. • Study Support Service SOP.v1.2 • SSS Working Group: Terms of Reference; Agenda and Draft Minutes - 17/09/18; Minutes - 21/05/18 • AcoRD sessions are advertised via the CRN East Midlands website and set-up in CRN Learn. Attendees register via the system and then are provided with the link to the on-line post-course evaluation form. Once this is complete, the Attendance Certificate is generated and sent via email to the attendees. Summary of evaluation for 2018 courses (6 so far) is here. • Review of SSS delivery in Partner Organisations undertaken from July - October 2017. Summary paper presented to the SSS Working Group in January 2018 (Enc. 7). • Edge Training Plan • EDGE Training Overview • 2018-07 CRN EM and Trust EDGE Engagement events

2018/19_RD2	Evidence that the LCRN develops and implements a local engagement and communication strategy with stakeholders involved in the research delivery pathway	<p>Example assurances could include:</p> <ul style="list-style-type: none"> Engagement and communication strategy and/or associated implementation plan, or equivalent Details of stakeholder engagement events and / or regular meetings in 2018/19, including the type of stakeholders engaged with (e.g. patients, carers and the public, other NIHR Infrastructure, Sponsors and Academic Health Science Networks) 	<ul style="list-style-type: none"> Engagement Group Terms of Reference Engagement Group Minutes 3.10.18 Finance Engagement Event 9.5.18 - Agenda Finance Engagement Event 29.11.18 - Agenda Research Forum 10.10.18 (Spark page includes agenda: https://spark.adobe.com/page/nBsOoC6VqGA3q/) Primary Care Conference 27.09.18 Agenda (inc. Spark page: https://spark.adobe.com/page/iv7AJ9nUSPfk/) Midlands Health Alliance documents Study Support Service Working Group - Terms of Reference, Agenda & Draft Minutes 17.09.18, Minutes - 21/05/18
2018/19_RD3	Evidence that the LCRN Host Organisation demonstrates a “one Network” approach to delivery, supported by engagement with and implementation of the Study Support Service	<p>Example assurances could include:</p> <ul style="list-style-type: none"> Local governance arrangement for overseeing the delivery of the Study Support Service, with examples of any performance reports supporting service delivery and review frequency Evidenced use of and/or contribution to the Study Support Service Master Schedule 	<ul style="list-style-type: none"> CRN East Midlands & West Midlands joint meeting - Agenda 29.06.17 Action plan Joint CRL SLT meeting - 29.06.17 CRN East Midlands & West Midlands joint meeting Agenda - 3.07.18 CRN East Midlands & West Midlands joint meeting Notes - 3.07.18 Joint CRN I&I event agenda (Spark page: https://spark.adobe.com/page/zSVIAQJk9TICU/) MedilinkEM and SME project brief 03.10.18 Development of the updated ‘Site Identification form’ to cover both commercial and non-commercial across wider settings for delivery. Updating the SSS Master Schedule to link regional work with the national picture.

PRE-RESPONSE (INHERENT)										POST RESPONSE (RESIDUAL)				
Risk ID	Primary category	Date raised	Risk owner	Risk Description (event)	Risk Cause and Effect	Probability	Impact	Value (Pxl)	Proximity	Response Actions	Action owner(s)	Action status	Risk status (open or closed date)	Trend (since last reviewed)
R031	Services	Jan-18	COO	Reduced capacity of Communications function meaning full comms plan will be impacted on	<p>Cause: Post holder was unwell, away long-term and not returning to work. Cover arrangements ceased and we are currently unable to undertake any new work, and are struggling to meet our Comms requirements within the POF.</p> <p>Effect: Will affect comms plans for 2018-19, also the further delay to reappointing is extending this problem.</p>	5	1	5	Q1/2 2018-19	Working with Host HR to seek a swift resolution as post holder has now notified their intent not to return, keen to readvertise asap	COO	5	Closed	Decreased
										Appoint new Communications & Engagement Lead	COO	5		
										Appoint new Business Delivery Operations Manager, who will provide oversight of comms function	COO	5		
										Prioritise key deliverables for this year with input from Comms Lead	COO	5		
										Establish regional 'Engagement Group' and operational 'Communications & PPIE Working Group' to support and deliver comms plans	COO	5		
R032	Reputational	Jan-18	COO	Budget reductions of up to 8% for some Partner organisations will be difficult to manage	<p>Cause: Relatively poor performance & desire by CRNEM to have stabilised budgets & move towards fair share based on activity.</p> <p>Effect: Reputational risk to CRN and will present a challenge locally to ensure we are supporting these organisations and populations sufficiently. This could result in local Partners having insufficient funding to fund their workforce, leading to potential redundancies.</p>	3	2	6	Q1/2 2018-19	Work closely with Partners via their STLs and consider how to ensure PO R&D colleagues are suitably empowered to act	STLs	4	Open	Decreased
										In some cases, COO & CD to meet with senior staff in these organisations e.g. ULH Medical Director etc.	COO & CD	4		
										Provide support to Partners with managing their budget and prioritising where to invest their CRN funding etc.	COO & DCOO	4		
										Add item for next Partnership Group meeting to discuss flexible approach to budget management	COO & DCOO	5		
										STLs to have meetings with all Partners who are showing significant vacancy factors at end of Q2 and ensure there is a plan of action to meet this with support of CRN.	STLs, COO & DCOO	5		
R036	Performance	May-18	COO	<p>CRN EM will not deliver against HLO1 target for 2018-19 (total number of participants recruited)</p> <p>Currently at 103% of YTD target with 36,583 recruits (annual target: 52,000)</p>	<p>Cause: Reduced portfolio pipeline across specialties, current analysis of forecast activity suggests recruitment of 42,000, however target stands at 52,000, need to identify opportunities to bridge this gap.</p> <p>Effect: Impact on future budget i.e. reduction in future years also reputational impact for EM slipping down national league tables and appearing less attractive to CIs to place studies if performance drops off.</p>	2	3	6	Mar-19	Work with all specialties to ensure they reach their potential, and look to stretch all specialties/Divisions through the year	COO, RDMs, CLs	4	Open	Decreased
										Seek opportunities to work with new providers, especially across Public Health, Social care and a range of health settings	COO, RDMs	3		
										Continued focus on HLO2 performance to ensure we get maximum efficiency from current portfolio	COO, RDMs	4		
										Further analysis of current portfolio, three months post AP submission to look for any growth in specialties for year ahead	DCOO/ RDMs	3		
										Review at Q2 to ensure that forecast is accurate	DCOO/ RDMs	5		
R037	Performance	May-18	COO	<p>CRN EM will not deliver against HLO4 target for 2018-19 (time taken to achieve study set up in the NHS)</p> <p>Currently 78% (target: 80%)</p>	<p>Cause: The timelines for study set up under HLO4 have not, historically, aligned well with the timelines our Partners are working to. Some elements of the achievement of HLO4 (HRA AAC) are outside of CRN direct control; additionally we are reliant on partners for the provision of this data, which creates some delay in the recording of this metric. It is expected that this metric will change from 2019-20.</p>	3	3	9	Mar-19	Work with the CRNCC to advise on potential changes to this measure and develop a targeted comms plan with clear approach focussing on HLO4	COO/ DCOO	1	Open	Static
										Potential to include incentive on HLO4 attainment at partner level - conduct budget modelling around this	COO/ DCOO	1		
										Include article in autumn newsletter to raise awareness of HLO4	Comm & SSOM	5		

					Effect: Recorded by the NIHR CRNCC as underperformance against a HLO measure, thus non-compliance with the contract. Potential reputational risk with Sponsors/CIs. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.					Develop reporting system in LPMS to capture and review reasons HLO4 not achieved	SSSOM	3		
R038	Performance	May-18	COO	CRN EM will not deliver against HLO5 targets for 2018-19 (time taken to recruit first participant into studies) 5A: currently 50% (target: 80%) 5B: currently 59% (target: 80%)	Cause: The timelines for HLO5 have not, historically, aligned well with the timelines our Partners are working to. The starting point for this metric (HRA AAC process) is largely outside of CRN direct control and from a trust perspective is only one element of the 70 days process they are managed against. This creates an element of ambiguity in reporting and relative priority at trust and CRN level. It is expected that this metric will change from 2019-20. Also there is a lack of evidence that attainment of HLO5 is a clear indicator of high performance in research. Effect: Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	4	2	8	Mar-19	Continue to educate Partners about importance of collecting data for HLO4&5 with renewed focus now that 70 day reporting is removed from PID, this is great opportunity	IOM & SSSOM	5	Open	Static
										Detailed analysis of reasons for not attaining this, identify trends and implement relevant corrective actions	IOM / SSSOM	4		
										The continued focus on HLO2A/B (though TnT campaign) should drive behaviours to improve HLO5A/B	DCOO/ Comms	4		
R039	Information	May-18	DCOO	Insufficient level of data quality and completeness in LPMS for primary care research activity (RA)	Cause: Lack of awareness/training, capacity of staff and understanding of a process change. Effect: Reduction in accuracy of performance monitoring & reporting. Effect on budget planning & management, could lead to poor decision making or inability to make informed decisions. Also reputational impact if the current primary care RA data does not improve.	2	3	6	Q2/3 2018-19	Implementation of Data Quality Strategy (incl. ongoing MDS project)	COO/ DCOO	4	Open	Static
										Focus on primary care data with CRN team, able to influence this, need a tailored approach to primary care	Div 5 RDM & OM	4		
										Working with partners to improve their understanding and will employ a training and communications package to support LPMS users	DCOO/ BI Prog. Manager	4		
R040	Performance	Sept-18	IOM	CRN EM will not deliver against HLO2A target for 2018-19 (proportion of commercial studies delivering to time & target) Currently 74% (target: 80%). forecast c.75%	Cause: Multi-factorial - increased number of small target studies; some changes in the central management approach; some local staffing related matters and the impact of study performance/approach within one partner organisation. Effect: Recorded by the NIHR CRNCC as underperformance against a HLO measure. Damage to East Midlands reputation and impact upon loss of future commercial contract research for the region. Also impacts upon future CRN budget - reduction in performance premium generated from time & target performance. Additionally this may impact on any future RCF for trusts.	4	3	12	Mar-19	Increase frequency of performance review meetings	IOM	4	Open	Static
										Intend to establish a recovery plan to address these issues with clear actions	PM	4		
										Targeting studies at NUH with support from R&D Director/Co-CD	Co-CD	3		
										Reviewing staffing in the CRN to understand if we need to appoint staff or re-prioritise current staff	IOM	3		
										Targeting studies at UHL with support from R&D	IOM	3		
R041	Performance	Sept-18	COO	Uncertainty around national process change for management of Excess Treatment Costs (ETCs) may cause delays in study set up and delivery	Cause: National change to process for management of ETCs following NHS England consultation. Pilot will be trialled from 1 Oct 18 - 1 Apr 19 with LCRNs undertaking attribution AND costing works, and processing payments to partners. Effect: There is likely to be additional work for CRN to manage ETC process; also a lack of clarity around role and expectations. Potential delays to study set-up and recruitment, which could have negative impact on performance for several HLOs.	3	3	9	Q3/4 2018-19	Undertake process mapping work with a view to establishing regional process for managing ETCs.	DCOO/ SSSOM	4	Open	Static
										Train CRN staff, use of SoECAT template CCAT costing tool - plan how we use this	DCOO / SSSOM	4		
										Ensure any updates are clearly communicated to Partners, R&D and provide signposting for researchers to Early Contact Service for information	COO / DCOO / SSSOM	4		
										ETC flowchart produced to share with Partner organisations	Div4 CL / COO	5		
										Raise awareness at SL meeting and Finance Engagement Event	COO	5		
										Selected staff to attend national training session in December 2018	Div 3 RDM & SSSOM	1		
R042	Performance	Sept-18	IOM	CRN EM will not deliver against HLO6B target for 2018-19 (proportion of NHS Trusts recruiting into commercial NIHR studies) Currently 56% target: 70%)	Cause: Reduced pipeline of commercial dementia and mental health studies suitable for our Healthcare & Partnership Trusts Effect: Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact.	4	2	8	Mar-19	Review pipeline for potential studies in mental health and dementia	IOM	4	Open	Static
										Support set-up of existing studies at applicable Trusts	IOM	4		
										Raise at Division 4 Steering Group	Div 4 RDM	4		

R043	Performance	Sept-18	Div 5 RDM		<p>Cause: This is due in part to a reduced pipeline of studies (availability), however is also impacted upon by GDPR regulations, as we are required to ensure all non-contracted practices are willing to receive expressions of interest in relation to research studies, when previously we would have circulated more widely.</p> <p>Effect: Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact.</p>	4	2	8	Mar-19	Channel additional resource into this area to ensure Eols can be received, by further work re GDPR compliance/practice confirmation	Div 5 RDM	4	Open	Static
										Develop relationships with new practices	Div 5 RDM	4		
										Approach potential sites for new MSK study	Div 5 RDM	4		
										Regional Primary Care Research Conference scheduled for 27.9.18 for further engagement opportunity	Div 5 RDM	5		
R044	Performance	Sept-18	Div 4 RDM	<p>CRN EM will not deliver against HLO7 target for 2018-19 (number of participants recruited into Dementias and Neurodegeneration NIHR studies) Currently at 65% of YTD target with 568 recruits (annual target: 1,510)</p>	<p>Cause: Reduced pipeline of portfolio dementia studies, high recruiting studies have closed.</p> <p>Effect: Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.</p>	4	2	8	Mar-19	Scope pipeline for potential studies open to new sites	Div 4 RDM & OM	4	Open	Static
										As this is a national issue, SL to raise concerns to national group	Dementia SL	5		
										Raise and review issue at Division 4 Steering Group	Div 4 RDM	5		

SCORING:

PROBABILITY	IMPACT				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Highly Likely (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Highly Unlikely (1)	1	2	3	4	5

1-5 GREEN = LOW*
6-11 YELLOW = MEDIUM
12-19 AMBER = HIGH
20-25 RED = EXTREME

*Only risks with an Inherent Risk of 6 or above are recorded on this Risk Register
 * Risks with a scoring of 12 and above should be monitored and escalated

Action RAG Status Key:

Complete	5
On Track	4
Some Delay – expected to be completed as planned	3
Significant Delay – unlikely to be completed as planned	2
Not yet commenced	1

Multi-professional Education Update: January 2019

Author: S Carr, Director of Medical Education, E Meldrum, Assistant Director of Nursing
Sponsor: Andrew Furlong, Medical Director

Executive Summary

Context

Provision of high quality education and training is an essential part of promoting UHL as an excellent training organisation and to support recruitment and retention of students and all healthcare staff.

This report gives an update on recent feedback from National and local surveys relating to undergraduate and postgraduate medical education – significant improvements have been made in improving the outcomes over recent years and overall trainee and student satisfaction has improved.

The establishment of a strong learning culture and a supportive training environment with good education facilities will support UHL's care delivery and patient safety by delivering a well-trained and motivated workforce.

Input Sought

For information

We would welcome the Board's support for:

1. Addressing the issues identified in National and local surveys re medical education and training
2. Supporting the placement of Physician Associate students

For Reference

Edit as appropriate:

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

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes /No /Not applicable]
Board Assurance Framework	[Yes /No /Not applicable]

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: [XX/XX/XX] or [TBC]

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

7. Papers should not exceed 7 pages. [My paper does / does not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD REPORT
DATE: JANUARY 2019
REPORT BY: Mr ANDREW FURLONG, MEDICAL DIRECTOR
REPORT FROM: PROFESSOR SUE CARR, DIRECTOR OF MEDICAL EDUCATION
SUBJECT: UHL MULTI-PROFESSIONAL EDUCATION REPORT

Medical Education Update

Postgraduate Training:

1. GMC National Trainee Survey 2018

- As a trust overall, UHL has no red flags in the 2018 survey
- UHL maintained a ranking of 3rd for 'Overall Satisfaction' in the East Midlands region

Trust / Board	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Reporting systems	Work Load	Teamwork	Handover	Supportive environment	Induction	Adequate Experience	Curriculum Coverage	Educational Governance	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study / Leave	Rota Design	
Chesterfield Royal Hospital NHS Foundation Trust																			
Derby Teaching Hospitals NHS Foundation Trust																			
Kettering General Hospital NHS Foundation Trust																			
Northampton General Hospital NHS Trust																			
Nottingham University Hospitals NHS Trust																			
Sherwood Forest Hospitals NHS Foundation Trust																			
United Lincolnshire Hospitals NHS Trust																			
University Hospitals of Leicester NHS Trust																			

There were 75 red flags and 38 green flags. HEEM have now reviewed our responses to the red flag issues as below:

The table below provides a summary of the outcomes for UHL from the 2018 GMC National Training survey

Patient Safety and Bullying & Undermining Comments	Negative Outliers (Red Flags)	Positive Outliers (Green Flags)	Multiple Year Red Flags
8	75	38	4

Of UHL 75 red flags: 32 Closed by HEE, 43 Monitored, 0 Escalated

Of the 43 monitored red flags, HEE have requested updates on 5 flags (Clinical Oncology, Sports and Exercise Medicine, Rheumatology, Medical Microbiology)

Of the 8 patient safety and Bullying and Undermining comments

- 5 Closed, 3 Monitored (update provided to HEE), 0 Escalated

(Red Flag Closed – No further action to be taken, Red Flag Monitored – No immediate action to be taken will be monitored for any signs of deterioration and escalated should the perceived risk change.)

2. UHL Survey summary (Sept 2018)

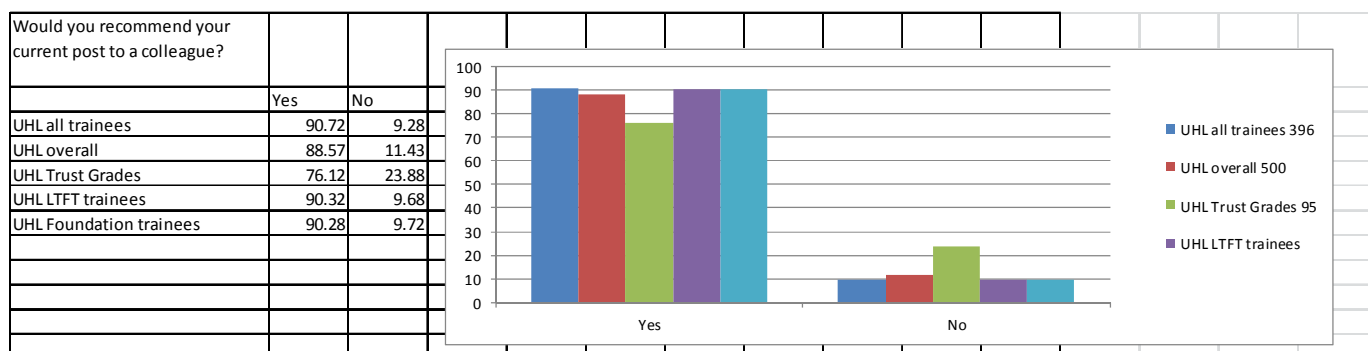
The latest UHL survey was open from the end of September for 1 month. 50% of those invited to participate, completed the survey.

Of the 455 responses- 388 were trainees, 57 trust grades and 10 ‘other’ (including MTIs and Fellows)

Additional questions were included for less than fulltime and Trust Grade doctors. Questions related to exception reporting were also included and outcomes have been shared with HR and the Guardian of Safe Working.

When asked ‘would you recommend your current post to a colleague?’ 88.57% of all respondents said ‘yes’ (Trust KPI is 80%). For the same question, 74% of specialties (with > 3 respondents) met or exceeded the KPI (see appendix for breakdown and comparison to March 18)

A further breakdown of grades/roles is shown below



3. Postgraduate Training Concerns

Where concerns have been identified in the GMC or local UHL surveys, meetings with CMG Education Leads and Heads of Service are underway to investigate these further.

	Update- December 2018
Cardiology and Respiratory	<p>The 2018 GMC survey shows improvement since 2017 for the department overall. Following the HEEM revisit in May 2018 – a meeting is scheduled for 28th January 2019 to review progress</p> <p>Ongoing challenges</p> <ul style="list-style-type: none"> • Recruitment and retention of Trust Grade doctors

GP trainees	GP trainees have indicated low satisfaction scores with UHL experience in both the 2018 GMC and UHL surveys. Meetings have taken place with the HEE GP programme Directors and Associate Deans and a meeting took place 13 December with GP trainees to explore this further. A number of actions are being taken forward in an attempt to address the concerns leading to the dissatisfaction
T&O- Core/ wider	T&O outcomes in the 2018 GMC survey were very positive. Winter pressure challenges, particularly at LGH, were reflected in the GMC survey outcomes for junior (FY2 and GP) surgical trainees. The Oct 2018 UHL survey outcomes were positive for all T&O doctors- 90% would now recommend their post.

Winter pressures impacted on training in a number of ways last year: cancellation of lists movement of trainees between services to cover high pressure areas. This is a concern again for this year and we have been working with CMG education leads to make plans to support training during the winter months.

Undergraduate Medical Education Issues

1. Medical students

National Student Survey

Encouraging improvements in the Leicester Medical School NSS scores

Overall satisfaction - increased from 83% to 87%

Leicester is now 18th out of 33 medical schools reported on overall satisfaction

2. DMU Physician Associate Students:

From August 2018: 15+ 1st year (½ day week)
 12 2nd year PA students in clinical placements

We are experiencing difficulty placing students and providing clinical supervision in the Emergency department which is a mandatory placement. As medical student numbers increase alongside PA student places then training and trainer capacity needs to be carefully considered.

There is a need to create roles for newly trained PAs as per the UHL workforce strategy

UHL as a Teaching Hospital

A communications officer has been appointed to highlight the advantages to patients of being treated in a teaching centre and to promote UHL as a teaching centre of excellence to support recruitment and retention of medical staff.

Watch for campaigns and press releases – we have received some very positive feedback

@UHL_ClinEd 

Instagram: uhlclinicaleducation

Medical Education: Ongoing key priorities

As a University teaching hospital, it is important that UHL provides high quality training to optimise recruitment and retention.

Reviewing placement capacity is important in light of increasing medical & PA student numbers

1. Continue to improve UHL learning culture and support for trainees wellbeing
2. Improve UHL education facilities
3. Facilitate “Time for training” in job plans
4. Improve accountability for funding we receive for education and training at CMG level
5. Manage education and training quality issues actively across UHL and commit to demonstrate improved education quality outcomes
6. Work with local universities to maximise our potential in educational innovation, and scholarship as a “USP” for Leicester

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 10 JANUARY 2018
REPORT BY: DIRECTOR OF CORPORATE AND LEGAL AFFAIRS
SUBJECT: SEALING OF DOCUMENTS

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 2018-19 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 2, 2018/19

There were no Trust Sealings for Quarter 2, 2018/19.

List of Trust Sealings for Quarter 3, 2018/19

Date of Sealing	Nature of Document	Date of Authority and Minute Reference	Sealed by	Remarks
15/11/18	Renewal Lease of Property at Leicester Royal Infirmary between (1) UHL (2) WHSmith Hospitals Ltd (3) WHSmith Hospitals Holdings Ltd.	Trust Board – 04/10/18 Minute 297/18	Chairman/Assistant Director – Head of Legal Services	Originals handed to Adrian Middleton, Property Manager, on 15.11.18.