

**Public Trust Board Paper O**

<b>Meeting title:</b>	UHL Public Trust Board			
<b>Date of the meeting:</b>	13 June 2024			
<b>Title:</b>	CRN East Midlands Quarterly Board Report			
<b>Report presented by:</b>	D Barnes, Deputy Medical Director, E Moss, Chief Operating Officer, CRN East Midlands			
<b>Report written by:</b>	E Moss, Chief Operating Officer, CRN East Midlands and C Sheppard, Host Project Manager, CRN East Midlands			
<b>Action – this paper is for:</b>	Decision/Approval	Assurance	x	Update
<b>Where this report has been discussed previously</b>	CRN East Midlands Executive Group on 23 May 2024.			

**To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which**

The purpose of the report is to provide assurance against the CRN Host Contract. The report does not relate to any significant risks.

**Impact assessment**

UHL has been formally announced as the new Host of the East Midlands Regional Research Delivery Network (RRDN) commencing in October 2024.

**Acronyms used:**

AP – Accounts Payable  
 CRNCC - NIHR CRN Coordinating Centre  
 CRN - Clinical Research Network  
 DHSC - Department of Health and Social Care  
 HLOs - CRN High Level Objectives  
 ICB - Integrated Care Board  
 LCRN - Local Clinical Research Network  
 NIHR - National Institute for Health and Care Research  
 NMAHP – Nurses, Midwives & Allied Health Professionals  
 RDN - Research Delivery Network  
 RRDN - Regional Research Delivery Network

**Purpose of the Report**

University Hospitals of Leicester (UHL) NHS Trust is the Host Organisation for the National Institute for Health and Care 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. For the information of the Board, we have prepared this update paper on the recent progress and current priorities of CRN East Midlands. Appended to this report is our latest Finance update report, CRN East Midlands 2023/24 Highlight Report and current risks & issues register.

**Recommendation**

We would welcome the Trust Board’s input to review our report (including CRN East Midlands 2023/24 Highlight Report) and provide any comments or feedback you might have. No formal approvals are required.

## Summary

This report provides details of CRN East Midlands 2023/24 year-end performance (including data for the CRN High Level Objectives), feedback from CRN East Midlands Research Awards 2024 and two case studies highlighting projects from our under-served communities funding stream. The report also includes updates on the reconfiguration of the Network (RRDN transition), details of our 2023/24 outturn financial position, and CRN East Midlands Highlight Report for 2023/24.

There are no live risks on the CRN risk register. On the CRN issues register, issue #10 states the CRN team is spending a disproportionate amount of time focussing on issues with Accounts Payable (AP) and progress is extremely slow. Although this has not moved forward significantly, we are continuing to work with the Host Finance team and have appropriate actions in place to address this. This issue continues to be rated as high priority with moderate severity. Issue #11 (previously risk #65) states that as the LCRN transitions to the RRDN, the process is causing uncertainty/instability, negatively impacting staff morale and productivity, potentially impacting contract delivery. We are working closely with the Host to manage the transition process and are continuing to support staff through this. This issue remains rated as medium priority with moderate severity.

## Main report detail

### 1. Performance (including CRN High Level Objectives)

Within the Performance and Operating Framework for the CRN, there are a range of performance expectations across all areas of work, including the High Level Objectives (HLOs). The HLOs are nationally set objectives for the Clinical Research Network relating to research delivery. The HLOs for 2023/24 are set out in the table below. With the exception of the PRES local ambition, all HLOs are measured at CRN-wide (national) level, however, the Network is keen to show our regional contribution to these national metrics. The below table details our year-end position in relation to these metrics (data cut 27/04/2024).

Objective		Measure	National ambition	East Midlands data
Study Delivery (SD)	Support sponsors to deliver their NIHR CRN Portfolio studies to recruitment target	Percentage of <u>open</u> to recruitment commercial contract studies which are predicted to achieve their recruitment target	80%	76%
		Percentage of <u>open</u> to recruitment non-commercial studies which are predicted to achieve their recruitment target	80%	75%
Participant Experience (PE)	Demonstrate to participants in NIHR CRN supported research that their contribution is valued through collecting their feedback and using this to inform improvement in research delivery	Number of NIHR CRN Portfolio study participants responding to the Participant Research Experience Survey (PRES)	1,344 (local) 14,000 (national)	2,323

Expanding our work with the life sciences industry to improve health and economic prosperity (ELS)	Sustain or grow commercial contract research	Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total MHRA CT approvals for PHASE II-IV studies	75%	Not locally applicable
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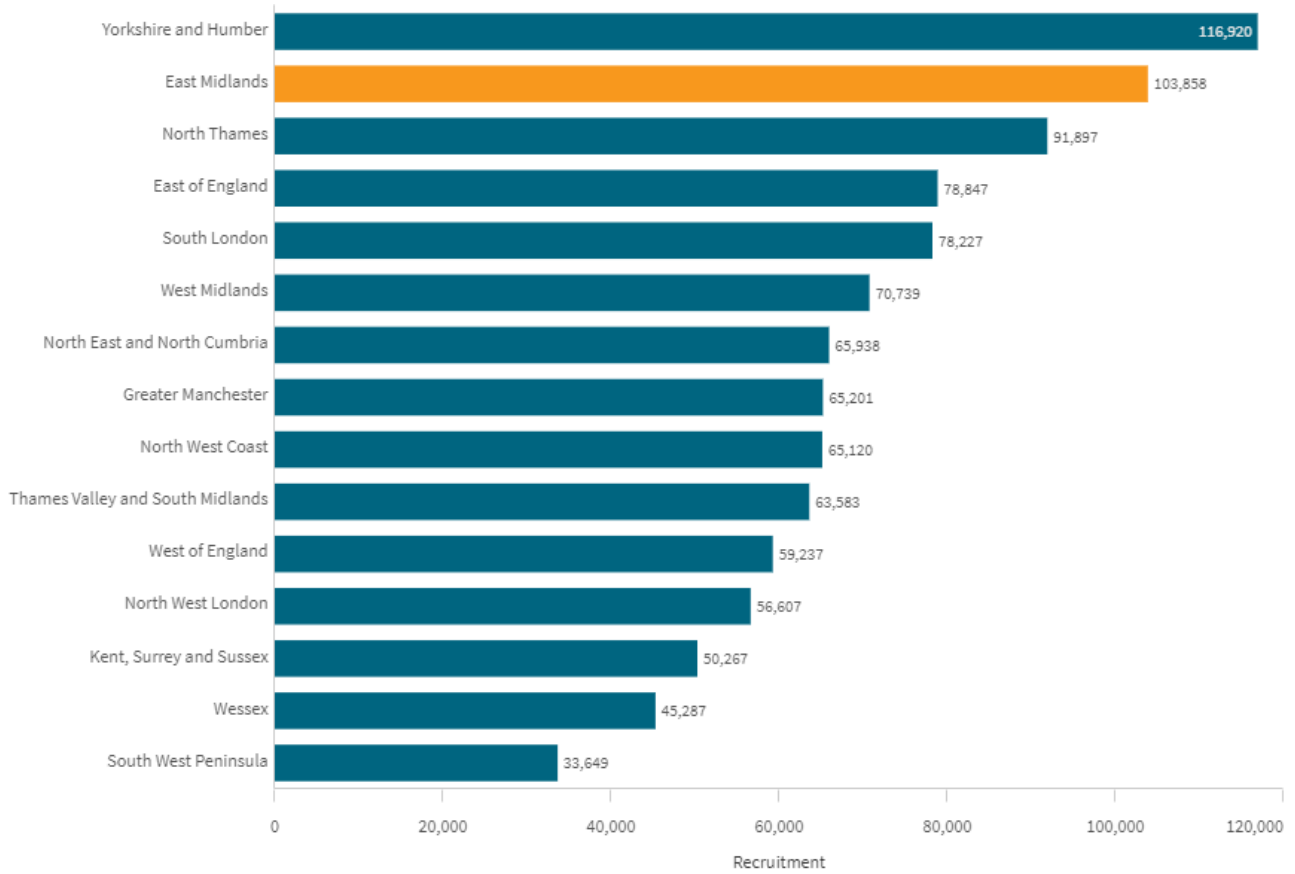
With respect to the data in the above table, we can provide the following supporting commentary:

- For the Study Delivery (SD) measures, this objective relates to studies which are locally led, CRN East Midlands ended the year just below the ambition of 80% for both measures. However, this is an improvement on our 2022/23 data, where we ended the year on 65% for commercial and 60% for non-commercial open lead studies. For further context, the overall national performance at 2023/24 year-end was 71% for commercial studies and 82% for non-commercial studies.
- For the Participant Experience (PE) objective, CRN East Midlands have finished the year with 2,323 responses against an ambition of 1,344. As noted in our previous reports, this is a fantastic accomplishment and represents the highest number of surveys the East Midlands has ever received in a single financial year. We would like to reiterate our thanks to colleagues across the region for their work over the last year to contribute to this achievement.

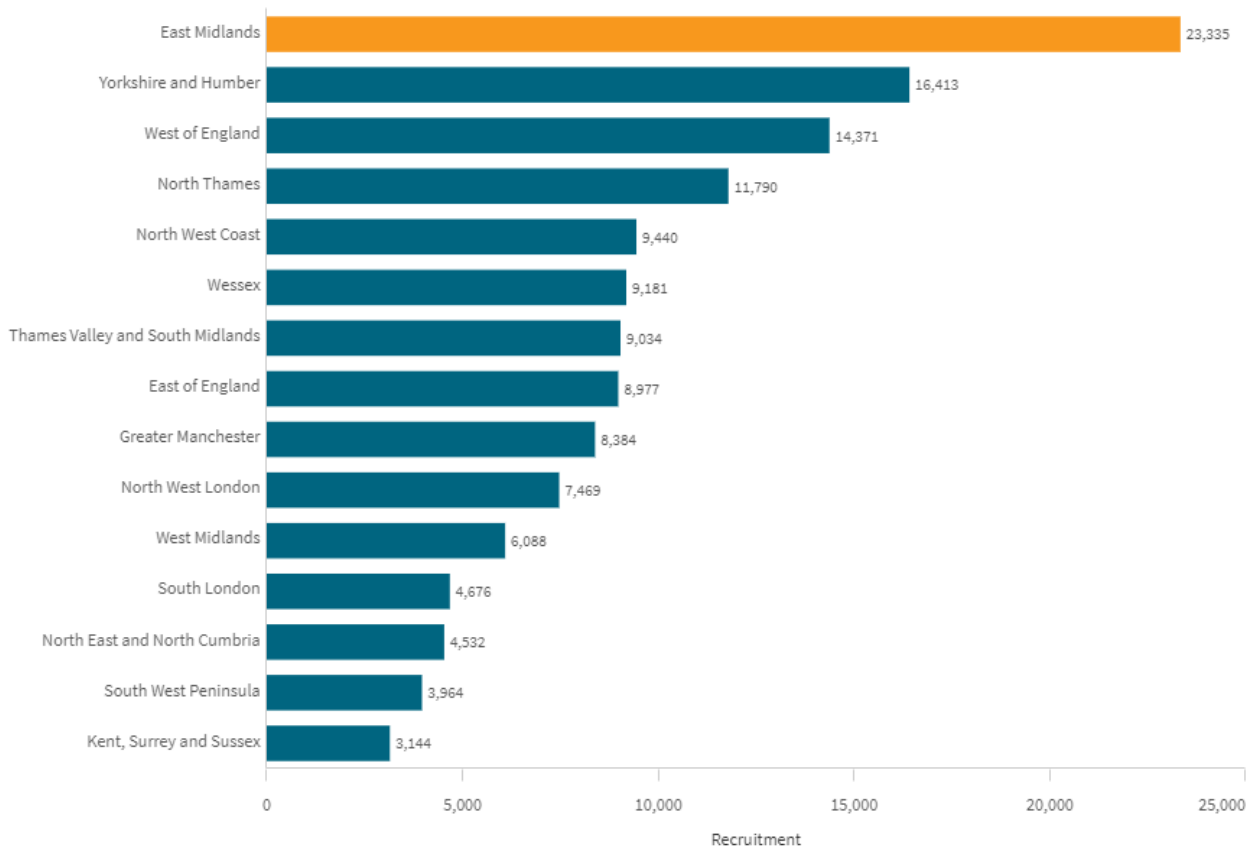
With respect to broader areas of performance, CRN East Midlands has performed very strongly during 2023/24. At year-end, we can report the following:

- CRN East Midlands has recruited 103,858 participants into studies, which is an outstanding achievement and a 65% increase from our 2022/23 figure of 62,870. This makes us the second highest performing Network across England (see Figure 1 below), although in relation to population and geographical size, and in terms of funding, we are certainly not the largest.
- Commercial research performance remains an area of great strength and growth for CRN East Midlands. During 2023/24, the East Midlands has recruited 23,335 participants into commercial studies (see Figure 2 below), which is a huge increase on our 2022/23 figure of 1,716 participants. This is due to a number of reasons, including an increase in the number of high recruiting commercial studies, a significant contribution from Primary Care and growth within NHS Trusts. Further activities which have contributed to growth of the commercial portfolio are detailed in Part 3 of our 2023/24 Highlight Report (Appendix 2).
- CRN East Midlands Primary care has made a very significant contribution during 2023/24 and was the highest recruiting 'organisation' in England with recruitment of 47,881 participants.
- Although no longer a formal objective, we have continued to monitor the percentage of general medical practices (GPs) recruiting into NIHR studies, as a useful indicator for engagement and spread. Last year, the national ambition was to achieve 45% of practices recruiting into NIHR studies at year-end and we achieved 53%. Our 2023/24 year-end performance is 82% (see Figure 3 below), which is another fantastic effort and reflects our continued strong engagement in primary care settings.

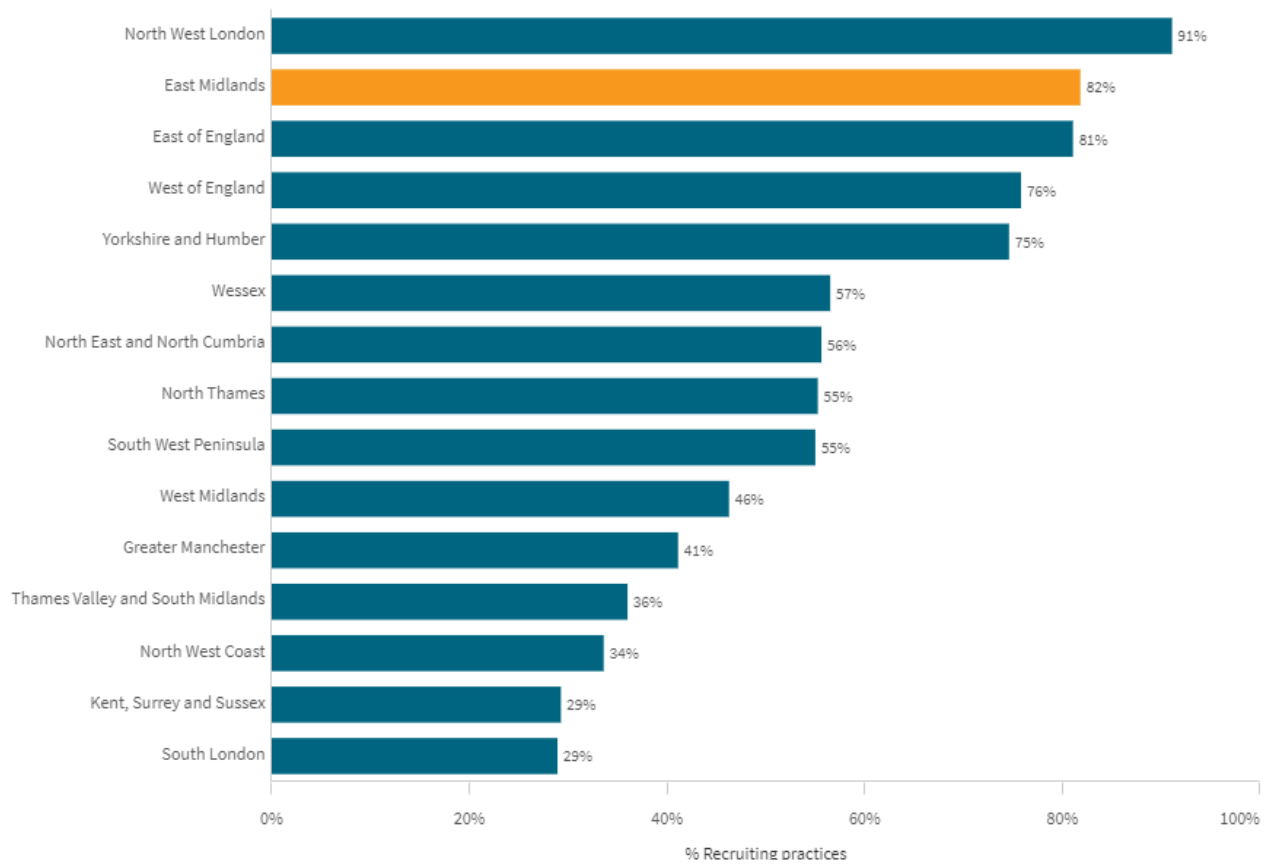
**Figure 1. Regional recruitment by LCRN: 2023/24**



**Figure 2. Commercial research recruitment by LCRN: 2023/24**



**Figure 3. Percentage of recruiting GP practices by LCRN: 2023/24**



## 2. Current priorities and progress

### i) CRN East Midlands Research Awards 2024

On 6th March 2024, the fifth CRN East Midlands Research Awards were held at Kilworth House Hotel in Leicestershire. The event provided an opportunity to recognise and celebrate the inspiring achievements of the research community across the East Midlands. Over 100 people attended the awards, including the finalists and their nominators, representatives from across our NHS partner organisations, ICBs, Health Innovation Network East Midlands, NIHR Research Support Service (RSS) East Midlands, CRN Research Champions and CRN East Midlands colleagues. Many thanks to Richard Mitchell, who attended the event, and gave an opening talk as the Host Lead for the Network.

Over 90 nominations were received across six award categories. We would like to extend our congratulations to the winners for each category, as follows:

- **Outstanding Achievement by an Individual** - Professor Tommy Mousa, University Hospitals of Leicester NHS Trust
- **Outstanding Achievement by a Team Award** - Research in Emergency Medicine Derby (REMEDY) Research Team, University Hospitals of Derby and Burton NHS Foundation Trust
- **Exceptional Performance in Commercial Research Award** - Research Department, Chesterfield Royal Hospital NHS Foundation Trust
- **Putting People First Award** - Professor Opinder Sahota, Nottingham University Hospitals NHS Trust

- **Rising Star Award** - Sophie Howlin, Pinfold Medical Practice, Loughborough
- **Lifetime Achievement Award** - Tracy McCranor, Lincolnshire Partnership NHS Foundation Trust
- **Judges Special Recognition Award** - Nottingham and Nottinghamshire Primary Care Research Champions, Chilwell Valley and Meadows Practice and Elmswood Surgery

## ii) Under-served Communities

As highlighted in our November report, CRN East Midlands (alongside all the LCRNs in England) has used funding to focus on expanding clinical and applied research to under-served regions and communities with major health needs. In the East Midlands £1.2M has been made available to invest in this important area. This funding has been placed across a wide range of settings and communities, including several projects outside of traditional NHS settings.

The closure of this funding stream is scheduled to coincide with the conclusion of the CRN contract on 30 September 2024. At that time, we will complete a comprehensive evaluation of the impact of the funding in its entirety. In the meantime, we have produced two case studies, which may be of interest to the Board:

- [Video case study: Adapting training to suit the needs of people with intellectual disabilities from minority ethnic backgrounds](#)
- [Written case study: Developing a community of interest in research for statutory social workers and the care workforce](#)

Overall, delivery of this funding stream has expanded our understanding of the wider research needs and appetite for research in the region, which will support a long-term vision and plan as we move into the RRDN.

## iii) Reconfiguration of the Network

From October 2024, the NIHR Clinical Research Network will become the NIHR Research Delivery Network (RDN). The RDN is being established to build on the success of the NIHR's Clinical Research Network, to support the country's world-class research system to deliver high quality research that enables the best care for our population. UHL will be the Host for the new East Midlands Regional Research Delivery Network (RRDN).

Following the appointment of the RRDN Network Director, further appointments have been made to the RRDN Leadership team posts, as follows:

- Operations Director - Daniel Kumar
- Strategic Development Director - Kaatje Lomme
- Health and Care Director (Medical) - Professor Azhar Farooqi

A deputy Health and Care Director (Medical) and the Health and Care Research Director (Nursing, Midwifery and Allied Health Professional (NMAHP)) position will be advertised shortly.

Following a central recruitment process, national RDN Specialty and Setting Leads have been appointed, including two national leads from within the East Midlands region. Firstly, Dr Joanne Morling, Clinical Associate Professor in Public Health at the University of Nottingham and current CRN East Midlands Public Health Specialty Lead, has been appointed as the RDN national Specialty Lead for Public Health. Professor Melanie Davies, Professor of Diabetes Medicine at the University of Leicester and current CRN East

Midlands Diabetes Specialty Lead, has been appointed as the RDN national Specialty Lead for Diabetes, Metabolic & Endocrine.

Regional Specialty and Setting Lead positions will be advertised ahead of October. At present the CRN East Midlands Specialty Leads remain in post and continue to do an excellent job to champion and drive forward research across their specialities in the region.

UHL submitted the RRDN Hosting Implementation Plan to the national Coordinating Centre on 19th March. The plan describes how UHL intends to ensure RRDN implementation, including provision of Host services such as IM&T, finance, HR and the provision of office accommodation. The CRN team is currently based within Knighton Street Outpatients Building which is scheduled to be demolished as part of the Building Better Hospitals programme. Conversations regarding identification of accommodation, supported by Estates & Facilities, are ongoing.

A significant part of the implementation plan relates to establishing the RRDN staff complement. The intention is for each RRDN to have a consistent staffing complement, with an organogram and a series of nationally agreed job descriptions to be provided to each Host. Work is ongoing with HR colleagues to manage the process for the transition of CRN staff into the new RRDN roles. A small subset of CRN central team staff are currently employed through NHS organisations other than UHL, due to legacy arrangements. Within the RRDN contract, UHL is expected to employ all RRDN central team members directly and conversations around this are ongoing with HR, affected individuals and their employers.

Both the national and East Midlands Network leadership teams are continuing to give regular updates to keep CRN staff and stakeholders informed of the direction of travel, provide updates regarding progress and opportunities to raise questions and share feedback. In recent weeks the team has been provided with outline descriptions of the services and functions the RRDN will deliver.

Finally, regular 1:1 meetings have been set up between the Host and colleagues from DHSC & the national Coordinating Centre to support the transition process. Simon Pizzey, Associate Director - Strategy & Partnerships has been supporting this process on behalf of UHL.

### **3. Financial Position**

Our latest Host finance report is attached at Appendix 1. This report provides an update on the 2023/24 outturn position (breakeven) and an explanation of any significant variances to the annual plan, along with an update on any issues for information.

### **4. Highlight Report 2023/24**

In relation to annual reporting, we were required to produce a three-page Highlight Report in line with a national template, which forms part of the 2023/24 CRN Annual Report to DHSC. Our Highlight Report will be submitted to the CRN Coordinating Centre by 13 June 2024 and will be shared with the CRN Partnership Group alongside submission in this Board report. The report focuses on CRN East Midlands activities which have demonstrated social value (including under-served communities), local initiatives that have resulted in a national difference and local initiatives to grow the commercial portfolio.

The Highlight Report is attached at Appendix 2 for the information of the Board. We are keen for the Trust Board to have sight of this and would welcome any comments, however, formal approval of the report is not required.



## 5. Risks & Issues

Risks and issues are formally reviewed through the CRN Executive Group chaired by Andrew Furlong. A risks & issues register (Appendix 3) is maintained with risks & issues discussed and mitigating actions agreed; this is shared periodically with the NIHR CRN Coordinating Centre. Risks and issues are recorded on the register as follows:

- There are currently no open risks on the register.
- Issue #10 - The CRN team is spending a disproportionate amount of time focussing on issues with Accounts Payable (AP) and progress is extremely slow. Support from UHL's Chief Financial Officer, Lorraine Hooper, has provided helpful discussion, with further work still required. The Network is content with the measure that 'No PO, No Pay' will not be actively pursued with respect to CRN invoices for the foreseeable future, due to the current assurance measures in place regarding contracted payments.

Although the overall day to day position with respect to AP has not moved forward significantly since the last Trust Board meeting, a meeting has been set up to map the AP process with both CRN and AP colleagues. We are continuing to work with the Host Finance team to manage this and address further issues as they arise. This issue continues to be rated as high priority (as action is still needed to address this) with moderate severity.

- Issue #11 (previously risk #065) - As the LCRN transitions to the RRDN, the process is causing uncertainty/instability, negatively impacting staff morale and productivity, potentially impacting contract delivery. An additional concern is that this instability may impact staff retention. As described in section 2 (iii) of this report, we are working closely with the Host and HR colleagues to manage the transition process. We are communicating regular updates to staff and providing opportunities to raise questions and share feedback. Further actions are set out on the issues register. This issue continues to be rated as medium priority with moderate severity.

If you have any questions about this report or require any further information, please contact:

- Elizabeth Moss, Chief Operating Officer, [elizabeth.moss@nihr.ac.uk](mailto:elizabeth.moss@nihr.ac.uk) or
- Professor Azhar Farooqi OBE, Clinical Director, [azhar.farooqi@nhs.net](mailto:azhar.farooqi@nhs.net) or
- Professor David Rowbotham, Deputy Clinical Director, [david.rowbotham@nihr.ac.uk](mailto:david.rowbotham@nihr.ac.uk) or
- Carl Sheppard, Host Project Manager, [carl.sheppard@nihr.ac.uk](mailto:carl.sheppard@nihr.ac.uk)

### **Supporting documentation**

- Appendix 1 – Finance Update Report
- Appendix 2 – CRN East Midlands 2023/24 Highlight Report
- Appendix 3 – Risks & Issues Register



## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO: CRN EM EXECUTIVE GROUP**

**DATE: 23<sup>rd</sup> May 2024**

**FROM: Mahendra Wadhwana, Host Finance Lead & Parita Yadav (Finance Business Partner)**

**SUBJECT: CRN EM FINANCE UPDATE: 23/24 Outturn Summary**

### 1. Purpose

This report provides an update on the 23/24-year outturn position and an explanation of any significant variances to the annual plan and an update on any issues for information.

### 2. Outturn Variance

The table below summarises the 23/24 annual plan to the outturn position. Appendix 1 and 2 provides a more detailed comparison of the annual financial (AFP) to the actual outturn by cost centre and by funding themes. The variance will be explained further within the report.

**Table 1 Annual Plan Compared to Outturn**

	2023/24 Annual Plan	Outturn (Income)/ Expenditure	Variance (Surplus)/Deficit
	£000's	£000's	£000's
Income	(£24,849)	(£26,270)	(£1,421)
Expenditure	£24,850	£26,270	£1,421
<b>TOTAL</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>

**Main points to note:** Overall the outturn position is balanced in line with the annual plan. The following are variances to note:

- As previously reported the level of additional funding notified on 5<sup>th</sup> April not originally included in the annual financial plan (AFP). This was invested in further supporting under-served communities, clinical supporting services, and other strategic activities.
- **Income** variance is largely due to receiving Excess Treatment Costs (ETC) income late in the financial year because this is based on actual study participants recruited during the year was not planned at the beginning of the financial year. ETC income received is a pass-through payment to the relevant partners.
- **Service Support costs** – outturn expenditure was higher than the plan due to higher recruitment of participants than estimated.

- **Public Health** – underspend with the surplus was recouped by the centre, as the restrictions placed on the funding did not allow for repurposing within the East Midlands.
- **Supporting Services** – this funding stream was developed in year supporting two areas – Small equipment funding to cover items for research study delivery, falling outside of the recent capital grant process. Examples include centrifuges, fridges, and vein finders.

Investment directly into supporting services: related to support staffing, with investment in Pharmacy, Labs, Radiology, Ophthalmology and IAPT (Improving Access to Psychological Therapy).

- **Underserved funding** - Network spent above the planned budget due to demand and increased focus in this area expanding clinical and applied research to underserved regions.

### **3. Other Updates**

**3.1** Although a number of vacant posts have been reported previously, as well as the challenge this year to appoint to research roles against a background of a limited pool of research staff, the last quarter has seen an improvement and a number of vacant posts now filled. There are no vacant posts as at March 2024.

#### **3.2 Accounts Payable (AP) - invoice Payment Process**

As reported previously the invoice payment process is being reviewed to ensure a more consistent and efficient process becomes embedded. Regular review meetings are in place with AP team to review performance and progress. The meetings will continue to be scheduled on monthly basis.

It is acknowledged the process of change is taking some time, but this is against a backdrop of the AP service undergoing a transformation at the same time. However, with senior finance team support plans are being put into place to give some pace to the improvement process.

#### **3.3 No Purchase Order No Pay Policy**

Related to invoice payment processes, the Trust has broadened the scope of a “No Purchase Order No Pay Policy”. Although the CRN have been supportive and see the business benefits, the scale and time frame of the implementation provides too high a risk of payment delays to partner organisations. Therefore, it has been agreed that this will not apply to CRN for the time being.

### **3.4 Staffing & Capacity**

For much of 23/24 the CRN finance team experienced gaps in staffing and generally increasing workload as well as period of long-term sickness having an impact. A recent vacant post has now been recruited to and the team are now at all full capacity.

### **4. Recommendations**

The CRN Executive Committee is asked to note the balance outturn position.

## Appendix 1

### Summary - Annual Plan to Outturn Variance By Cost Centre

	2023/24 Annual Plan	Outturn April to March actuals	Variance Annual Plan to Outturn (Surplus)/Deficit
	£'000	£'000	£'000
<b>Income</b>			
NIHR Allocation	(24,849)	(26,270)	(1,421)
<b>Sub-Total Income</b>	<b>(24,849)</b>	<b>(26,270)</b>	<b>(1,421)</b>
<b>Expenditure</b>			
NETWORK WIDER TEAM	708	567	(140)
HOST SERVICES	388	384	(3)
MANAGEMENT TEAM	857	829	(28)
STUDY SUPPORT SERVICE (SSS)	612	624	12
DIRECT DELIVERY TEAM CENTRAL	530	433	(97)
CLINICAL & SG LEADS	204	194	(10)
NON-PAY NON STAFF	230	460	230
NON-NHS SSC	90	120	30
DIRECT DELIVERY TEAM TRANSFORMATION (DDT)	712	661	(51)
TRANSFORMATION NON-DDT	197	118	(79)
PUBLIC HEALTH	77	35	(42)
ADDITIONAL FUNDING	32	309	277
UNDERSERVED COMMUNITIES	461	548	86
RESEARCH SITE INITIATIVE (RSI)	1,332	1,309	(23)
EXCESS TREATMENT COSTS	0	1,501	1,501
PARTNER ORGANISATION INFRASTRUCTURE	18,419	18,179	(240)
To be allocated			0
<b>Sub-Total Expenditure</b>	<b>24,850</b>	<b>26,270</b>	<b>1,421</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Appendix 2 Annual Financial Plan v Outturn Variance by Funding Stream

Funding Stream	Plan	Outturn	Variance Annual Plan to Outturn (Surplus)/Deficit
	£'000	£'000	£'000
<b>Income</b>	(24,849)	(26,270)	(1,421)
<b>Sub-Total Income</b>	<b>(24,849)</b>	<b>(26,270)</b>	<b>(1,421)</b>
<b>Expenditure</b>			
CENTRALLY MANAGED Costs	4,366	4,232	(134)
HOST RECHARGES	388	384	(3)
STUDY SUPPORT SERVICE (SSS)	90	120	30
TRANSFORMATION RESEARCH	909	909	0
PUBLIC HEALTH	77	36	(41)
TARGETED FUNDING	32	51	19
ADDITIONAL FUNDING	0	258	258
UNDERSERVED FUNDING	461	548	86
DELIVERY	17,081	16,544	(538)
PRIMARY CARE	1,444	1,688	244
EXCESS TREATMENT COSTS	0	1,501	1,501
<b>Sub-Total Expenditure</b>	<b>24,850</b>	<b>26,270</b>	<b>1,421</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

## CRN East Midlands Highlight Report 2023/24

### Part 1: Social value (including under-served)

Over the past year, CRN East Midlands has continued to establish links with many health and social care organisations, such that the wider determinants of health and care are increasingly appreciated in relation to health and care services and research. For example, the RELEC (Research, Learning & Excellence Community of Home Care providers) network is a regional project with Home Care providers working together, in the endeavour of facilitating and encouraging research. The RELEC network has been an essential resource for study teams to consult at the early contact stage, not just in the region, but more widely. Some of the work done has helped with research study placement, including the Digital Social Care Records Evaluation (DiSCRE): Phase One, (CPMS 60235), which has been active this past year. Work has also begun with other LCRNs; we have created local resources including a [regional newsletter](#) and [training material](#). Furthermore, we are looking to develop a Home Care registry in collaboration with CRN Greater Manchester, similar to the NIHR Enabling Research in Care Homes (ENRICH) initiative.

In line with the national drive to support groups and communities under-served by research there are two specific areas of investment we wish to report. First, a project undertaken by researchers from Leicestershire Partnership NHS Trust, working with Sense College, Loughborough, who designed a training package for people with learning disabilities from an ethnic minority background, to encourage participation in research. In designing these educational materials, feedback from the communities involved has been invaluable. This helped to teach researchers and professionals how to best engage to make these materials more accessible and applicable to the relevant communities. Through this work, it has also helped this community to engage with research, and thus become more likely to get involved in future research. This work has since been published and widely shared across the country, [case study](#).

Additionally, we wish to draw attention to this [case study](#) which highlights the challenges, but equally the importance of involving statutory social workers and the care workforce in research. A Community of Practice (COP) has been established, which focuses on concerns identified by the group to discuss the barriers to research engagement and crucially, opportunities and potential. As a result, social workers have been involved in creating a research proposal exploring ways to develop research capacity in the social care workforce; they have also taken part in research projects as participants and a number of COP members have also supported the development of a research for social care proposal in partnership with the Ageing and Physical Activity Network.

We are also proud that the East Midlands Direct Delivery Team (DDT) have contributed to delivering research across some of our local authority services, namely the fostering and adoption services run by Leicester City and Leicestershire County Councils. The Reflective Fostering Programme (CPMS 46949)

was created with the intention of supporting foster carers in providing the best possible care for the children they look after. As highlighted in our [case study](#), the DDT provided the local authorities with essential skills and knowledge in research. Without the DDT's support, these authorities would have been unable to participate in this study, which promises long-term benefits for the fostering service.

## **Part 2: Local initiatives/projects/programmes that have resulted in a national difference**

As the new ways of working through the Springboard transformation program are introduced, our trailblazing information team have supported regional, now leading to national, developments to support Sponsor organisations across the country by enabling Sponsors to oversee their portfolio of CRN studies. The Sponsor Engagement Tool provides Sponsors with visibility of (CRN held) data on studies which are flagged for attention. However, feedback from Sponsors is that they would like to have portfolio wide oversight of the CRN held data with regards to overall performance, with the ability to drill down to detail as needed. CRN East Midlands developed a tool in QlikSense for Sponsors in the region to provide oversight of their portfolio of CRN studies (and CRN held data). The tool has been demonstrated nationally, with work underway for a soft launch to make this available across the country.

This year the CRN East Midlands has led collaborative working in relation to research inclusion and under-served funding, specifically we have provided national joint leadership to share knowledge and impacts of under-served investments. CRN East Midlands led the co-development of an AppSheet that collates project level details of under-served projects across the country; this resource has been used extensively across the wider network. One example utilised the 'Key Word' search to bring together Learning Disabilities projects across the country along with Learning Disabilities England, which led to a number of national sharing events and has helped build a community to integrate this into standard network business.

Primary care recruitment has been extremely successful in the East Midlands in 2023/24, in fact the contribution from primary care in the East Midlands has been the largest partner contribution to national CRN activity, surpassing all other trusts and sites. Within the region, 82% of all practices (426/521) have been involved in research leading to a total of 47,919 participants recruited in a year.

The aim of the [CREATE](#) course is to enable delegates to confidently apply the skills necessary for the safe delivery of high quality clinical research in their area of work, this was developed as a supraregional resource that is now being adopted nationally. The CREATE programme was added to the National Training Registry and presented to all Workforce and Learning leads, generating further interest; Wessex and North Thames LCRNs are in touch, with supraregional training managers currently putting together a training guide so that the programme can be delivered in other regions. In due course it is hoped this can be adopted more broadly across the RRDN, with a decision pending the transition process.

Another pioneering approach across the East Midlands is through supportive relationship building with our five ICBs, with a view to progressing research at a strategic level. We have led the way by supporting



the development of co-leadership (with CRN) models across our ICBs, with targeted investments made in each of the five systems. This has seen the accelerated development of ICB research strategies, networking, data systems and developmental programmes, as well as champion roles being established in primary care, further details are in the [interim report](#). This model has been shared as an innovative approach, which was presented at the NIHR Integrated Care Systems (ICS) and Research Learning Event (24/01/24) to spark similar levels of engagement and strategy development across other regions.

### **Part 3: Local initiatives/projects/programmes to grow the commercial portfolio**

2023/24 has been the most commercially active year for the CRN East Midlands, with several targeted workstreams over previous years, such as the establishment of our commercial [training pathway](#). Regional commercial activity has grown by 1,260%, since 2022/23, which includes 23,335 people in the East Midlands enrolled into commercial research. Amongst this activity, there have been four first Global and one first European recruit within the region, which we are very proud to have achieved. Of these, four of the “firsts” are from primary care sites, including this [case study](#); two of the “firsts” are for Moderna studies (CPMS 55831 - 52390).

A number of innovative delivery models have been introduced, including support for a local commercial sponsor in Derby which involved local leadership to two of their decentralised studies (CPMS 56797 - 55772); also delivery of an exciting commercial study in a community Trust in Lincolnshire with a Nurse as a Chief Investigator (CPMS 54144). Additionally, AstraZeneca has funded a pilot to explore how to deliver respiratory studies in a [mobile unit](#). The pilot currently involves the delivery of a non-commercial study, C-FIND (CPMS 57133) following the national lung screening programme in supermarket car parks, with learnings from the pilot to be used to inform future commercial delivery models.

To build upon our strength in primary care, we have selected this as an area of strategic commercial focus, with a dedicated working group. We worked with practices to understand and assess their commercial readiness, and then working within our RSI scheme we have delivered workshops and dedicated training to support primary care uptake of commercial research, including thinking differently in the approach to expressions of interest. Over the past year, commercial expression of interest submissions have grown by 124% (since 2022/23) in primary care settings and activity has rocketed with commercial primary care research activity up by a phenomenal 4,210%, with 17,197 participants enrolled into commercial research in the region.

In line with the rest of the UK, partners across the East Midlands have adopted the National Contract Value Review (NCVR), an approach to costing and contracting for commercial contract research using model agreements and a standardised pricing structure. The strong relationships which have been established and strengthened between the CRN and our partners have paid effective dividends in implementing this, with all organisations 100% embracing the opportunity this presents. Of note, as detailed in this [case study](#), we have championed the first primary care commercial study participating in the NIHR Associate Principal Investigator (API) scheme - Cripps Health Centre, in Nottingham.

University Hospitals of Leicester NHS Trust  
 Owner of Risk Register: Executive Group

PRE-RESPONSE (INHERENT)										POST-RESPONSE (RESIDUAL)							
Risk ID	Primary category	Date raised	Risk owner	Risk Description (event)	Risk Cause and Effect	Probability	Impact	Value (PxI)	Proximity	Response Actions	Action owner(s)	Action status	Probability	Impact	Value (PxI)	Risk status (open or closed date)	Trend (since last reviewed)
				The are currently no live risks - see Issues Register													

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

CRN East Midlands Issues Register

Date last reviewed: 23.05.2024

Issue ID	Issue Type	Date Raised	Owner	Description	Severity	Priority	Actions	Action Owners	Action status	Issue status
I10	Services	Sept-23	HFL	The CRN team is spending a disproportionate amount of time focussing on issues with Accounts Payable (AP) and progress is extremely slow.	Moderate	High	Monthly collation of data points for invoice payments	HFL	4	Open
							To report this to CRN Executive Group on a quarterly basis	HFL	4	
							To update the Host Finance Lead on a monthly basis	DCOO	4	
							Ensure appropriate escalation of delays due to management of AP inbox	HFL	4	
							Identification of senior member of the Accounts Payable team to escalate and when possible have regular update meetings	HFL	5	
							Management of relationships with suppliers and partners by senior CRN staff	DCOO	4	
							AP team coding invoices in an accurate and timely way, from entering the system to being ready to authorise by CRNEM.	HFL	2	
							Proactive engagement from the Accounts Payable team (including Senior representation) to appropriately support and resolve delays and escalations and ensure regular update meetings	HFL	3	
							With support from the trust Quality Improvement team map the process for CRNEM payments with the Accounts Payable team as advised by the Chief Financial Officer	HFL	3	
I11 (previously risk #65)	Services	Nov-23	COO	As the LCRN transitions to the RRDN, the process is causing uncertainty/instability, negatively impacting staff morale and productivity, potentially impacting contract delivery; additionally concern that this instability may impact staff retention.	Moderate	Medium	Communicate regular updates to staff in relation to future Hosting arrangements and RRDN	COO	4	Open
							Any concerns from staff to be escalated to leadership team, and discussed directly with staff	Leadership team	4	
							Transition Lead in place to support the transition from the current LCRN to the new RRDN arrangements. The lead will work with POs to support this process.	COO/ Transition Lead	4	
							Work with Host to support transition to the RRDN	COO/HPM	4	
							Network Director to work with Host to support transition and future arrangements	RRDN ND	4	
							LCRN to input into ongoing RDN service design work	Senior Team	4	
							Use service design framework & staffing organogram to support production of Hosting Implementation Plan	Host/ND	5	
							Meet with non-UHL staff and support them through the transition process (which may be different from UHL staff) and contact relevant HR colleagues for support	COO	4	

**Key**

Severity	Priority
Minor	Low
Moderate	Medium
Major	High
Catastrophic	Critical

**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