

<b>Meeting title:</b>	UHL Public Trust Board	<b>Public Trust Board paper O</b>		
<b>Date of the meeting:</b>	14 March 2024			
<b>Title:</b>	CRN East Midlands Quarterly Board Report			
<b>Report presented by:</b>	A Furlong, Medical Director, E Moss, Chief Operating Officer, CRN East Midlands and A Farooqi, Clinical Director, 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 February 2024.			

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
The purpose of the report is to provide assurance against the CRN Host Contract. The report does not relate to any significant risks.

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

<p>Acronyms used:</p> <ul style="list-style-type: none"> <li>CRNCC - NIHR CRN Coordinating Centre</li> <li>CRN - Clinical Research Network</li> <li>DHSC - Department of Health and Social Care</li> <li>HLOs - CRN High Level Objectives</li> <li>ICB - Integrated Care Board</li> <li>LCRN - Local Clinical Research Network</li> <li>NIHR - National Institute for Health and Care Research</li> <li>NMAHP – Nurses, Midwives &amp; Allied Health Professionals</li> <li>RDN - Research Delivery Network</li> <li>RRDN - Regional Research Delivery Network</li> </ul>
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**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 and current risks & issues register.

**Recommendation**

We would welcome the Trust Board’s input to review our report and provide any comments or feedback you might have.

## **Summary**

This report provides the latest update on the reconfiguration of the Network and details of funding to support research engagement with Integrated Care Boards (ICBs) across the East Midlands. The report also includes information pertaining to our year-to-date financial performance & current forecast, and data for the 2023/24 CRN High Level Objectives.

There are no live risks on the CRN risk register as some previous risks have been closed or moved to the issues register. On the CRN issues register, issue #09 relates to difficulties in recruiting to CRN posts. This issue has been closed as progress has been made and it is no longer a concern. Issue #10 has been revised and now states the CRN team is spending a disproportionate amount of time focussing on issues with Accounts Payable (AP). We are continuing to work with the Host Finance team to manage this and address further issues as they arise. Issue #11 (previously risk #65) has also been revised slightly and this now states that the process for the LCRN transition to the RRDN is causing some uncertainty/instability, negatively impacting staff morale and productivity, potentially impacting contract delivery. Further information has recently been issued which will help to plan the transition, including staffing changes. We are continuing to communicate regularly with staff to support them through the transition period.

## **Main report detail**

### **1. Current priorities and progress**

#### **i) 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 recent appointment of the RRDN Network Director, the next level of RRDN Leadership posts are now being recruited. This includes the Strategic Development Director, Operations Director, and two Health & Care Research Directors (one Medical post & one NMAHP post). These posts are expected to commence in July 2024.

The RRDN Service Description Framework, which sets out the RRDN services, has recently been issued to all Host organisations, including UHL. Locally, a working group is using this to develop a Hosting Implementation Plan, which will support the transition from the CRN to the RDN. The group comprises UHL's Head of Strategy & Planning, RRDN Director, Transition Lead, CRN Host Project Manager & HR colleagues, and may seek input from other departments as required. A key element of the planning work will be defining the arrangements and processes for the transition of the remaining RRDN staff roles. The deadline to submit this plan to the national Coordinating Centre is 19 March 2024.

#### **ii) ICB Research Engagement Funding**

In addition to allocating funds to NHS Partner Organisations and a range of initiatives across the wider social care and community settings, the CRN budget for 2023/24 set aside an allocation for the five Integrated Care Boards (ICBs) across the East Midlands. The intention for this funding was to strengthen relationships and understanding between the ICBs and CRN, and to support the development and implementation of research strategies across the system. The CRN allocated a total of £250,000 to support

this work, with around £50,000 allocated to each of the five ICBs. Each proposal demonstrated activities that would work towards expanding health and care research across the Integrated Care Systems (ICS).

Since funding has been allocated, each ICB has been progressing well, regularly feeding back and seeking support from their CRN ICB link, as required. An East Midlands NIHR/ICB Research Forum was held on 28 November 2023 where each ICB was asked to provide an update on progress made and set out their future plans. Another forum is scheduled to take place in May, which will offer the opportunity to receive further updates, specifically sharing research strategies. We will be looking to review common themes within each of the strategies and identify areas of potential learning and collaboration. A comprehensive report will be completed at the conclusion of the funding stream, to ensure continued shared learning and promotion of outcomes across the region.

To our knowledge, we are the only CRN to have engaged with ICBs in this way to build strategic partnerships and support them with research strategy development across systems. Two members of the East Midlands CRN Leadership Team recently presented at a national event (c.300 delegates) to outline the approach, and have since submitted a paper for wider circulation.

## 2. Financial Position

Our latest Host finance report for the current financial year (2023/24) is attached at Appendix 1. This report provides an update on CRN East Midlands year-to-date financial performance and current forecast.

## 3. Performance (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 and 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.

Objective		Measure	National ambition	East Midlands data (data cut: 16/02/24)
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%	74%
Participant Experience (PE)	Demonstrate to participants in NIHR CRN supported research that their contribution is valued	Number of NIHR CRN Portfolio study participants responding to the Participant Research Experience Survey (PRES)	1,344 (local) 14,000 (national)	2,068

	through collecting their feedback and using this to inform improvement in research delivery			
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

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 is currently just below the ambition of 80% for both measures. However, for commercial studies, we are expecting this to improve and be back on track shortly; for non-commercial studies, work is ongoing with an aim to work towards the 80% goal by year-end.
- For the Participant Experience (PE) objective, CRN East Midlands previously surpassed our annual ambition of 1,344 and have recently met our stretched internal target of 2,000 submissions. 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 give a huge thank you to everyone for their continuous work and particularly acknowledge the CRN Direct Delivery Team for their contribution to this achievement.

With respect to broader areas of performance, CRN East Midlands is continuing to perform strongly. As of 16 February 2024, we can report the following:

- CRN East Midlands has recruited 85,183 participants into NIHR CRN Portfolio studies and we are now in second position for recruitment out of the 15 regional Networks. We are currently forecasting recruitment of over 100,000 participants by year-end, which would be a phenomenal achievement.
- CRN East Midlands Primary care continues to make a significant contribution and remains the highest recruiting 'organisation' in England with recruitment of 40,687 participants.
- Although no longer a formal objective, we are continuing to monitor the percentage of general medical practices 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. Our current performance is 81%, which demonstrates our very strong engagement and continued support for research in primary care settings.
- Commercial research performance is currently an area of great strength and growth for CRN East Midlands, particularly within primary care. This financial year, the East Midlands has recruited 15,981 participants into commercial studies.
- Recently, a GP practice in the East Midlands (Royal Primary Care, part of Chesterfield Royal Hospital NHS Foundation Trust) recruited the first global participant into a cardiovascular commercial clinical trial. This financial year, CRN East Midlands has now recruited four first global participants and one first European participant into research studies. This is an excellent achievement as recruitment of global and European 'first' participants into commercial contract studies is considered an important performance indicator by the NIHR and DHSC.

## 4. Risks & Issues

Risks and issues are formally reviewed through the CRN Executive Group chaired by Andrew Furlong. A risks & issues register (Appendix 2) is maintained with risks 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 #09 - It is becoming increasingly difficult to recruit to CRN posts. This is caused by a range of factors, which are described on the issues register. This has resulted in management time being used to re-advertise posts, unpicking issues and not being able to deliver promptly on services and broader aspects of research study delivery. We have undertaken a lot of work to address this issue over recent months and have been successful in recruiting several CRN posts. This issue is becoming less of a concern as we move closer to the start of the new RRDN contract in October and has been closed 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. Individual issues are being picked up and addressed as part of the ongoing dialogue, although they are on the whole symptomatic of the underlying issue of a lack of robust processes within an AP team that has staffing issues and is going through a restructure. A risk remains to payment of CRN invoices from suppliers and partners, breaching the contractual obligation, which may negatively impact the reputation of CRN & UHL and affect some elements of study and business delivery. Overall, the issue is that the CRN Finance team is over-stretched in dealing with multiple queries, as the process with Host AP is currently not optimised. We are continuing to work with the Host Finance team to manage this and address further issues as they arise. Additional actions are set out on the issues register. The scoring is unchanged and this issue continues to be rated as high priority with moderate severity.
- Issue #11 (previously risk #065) - As the LCRN transitions to the RRDN, the process is causing some uncertainty/instability, negatively impacting staff morale and productivity, potentially impacting contract delivery. An additional concern is that this instability may impact staff retention. The RRDN Service Design Framework has recently been released, which includes information about the required RRDN roles and structures, and this will help to plan the transition, including staffing changes. We are continuing to communicate regular updates to staff to support them through the transition and provide opportunities to raise questions. The scoring is unchanged and 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 – Risks & issues register

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** CRN EM EXECUTIVE GROUP

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

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

**SUBJECT:** CRN EM FINANCE UPDATE: PERIOD 10 23/24 Forecast Outturn Summary

### 1. Purpose

This report provides an update on the 23/24 year forecast outturn position as at period 10, January 2024, an explanation of any significant variances to the annual plan and an update on any issues for information.

### 2. Forecast Variance at Period 10

The table below summarises the annual plan to forecast outturn position at period 10 (January 2024). Appendix A provides a more detailed summary by cost centre and actual to date income and expenditure. The variance will be explained further within the report.

**Table 1 Annual Plan Compared to Outturn Forecast At Period 10**

	2023/24 Annual Plan	Forecast (Income)/ Expenditure	Variance (Surplus)/Deficit
	£000's	£000's	£000's
Income	(24,849)	(25,541)	(691)
Expenditure	24,850	25,541	692
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Main points to note:

**The forecast outturn position is balanced in line with the annual plan.**

Plans are in place to allocate out any funding not yet transacted by end of the financial year to deliver a balanced position taking into account additional funding notified at the start of the financial year not originally included in the AFP. This has been invested in, partner infrastructure, further supporting under-served communities, clinical supporting services, and other strategic activities.

### **3. Other Updates**

#### **3.1 Accounts Payable - invoice Payment Process**

Performance monitoring meetings with Host finance accounts payable and CRN team are in place to work through issues and an escalation process is in place to address any issues.

Performance monitoring meetings will continue to be scheduled on a monthly basis for the time being until issues are resolved. So currently, this remains a work in progress. It is worth noting that there has been improved performance on overall accounts payable this year, this includes invoice payments for CRN.

#### **3.2 No Po No Pay Policy**

UHLT is moving to implement a revised process for payment of invoices, a “no purchase order no pay” policy. Invoices will only be paid if there is a purchase order.

There are particular concerns in areas with embedded processes with contracts being the primary driver for payments. CRN does use purchase orders for standard purchase ordering where appropriate, however the majority payments to partner organisations are based on contracts. This presents an issue of transition to comply with the implementation date of 1<sup>ST</sup> April 2024, although a soft implementation has started, effective from mid February.

The Host implementation team for “No PO, No pay” policy is liaising with the CRN team to work through a process of transition. At present this remains at early discussions.

#### **3.3 Staff & Capacity**

A vacant post in CRN finance team has now been recruited to and the is due to start in mid March.

### **4. Recommendations**

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

**Appendix 1**  
**Summary by cost centre – Annual Plan Compared to Forecast Outturn as at Period 10**  
**(January 2024)**

	2023/24 Annual Plan	April 23 to January 2024 23/24 YTD Actual	Forecast Outturn 23/24	Forecast to Plan Variance (Surplus)/Deficit
	£'000	£'000	£'000	£'000
<b>Income</b>				
<b>NIHR Allocation</b>	<b>(24,849)</b>	<b>(21,400)</b>	<b>(25,541)</b>	<b>(691)</b>
<b>Expenditure</b>				
NETWORK WIDER TEAM	708	464	568	(139)
HOST SERVICES	388	318	384	(4)
MANAGEMENT TEAM	857	692	830	(28)
STUSY SUPPORT SERVICE TEAM	612	515	626	14
DIRECT DELIVERY TEAM CENTRAL	530	360	441	(89)
CLINICAL & SG LEADS	204	160	194	(11)
NON PAY NON STAFF	230	232	455	226
NON NHS SERVICE SUPPORT COSTS	90	83	112	22
DIRECT DELIVERY TEAM TRANSFORMATION	712	552	660	(52)
TRANSFORMATION NON DDT	197	103	119	(78)
PUBLIC HEALTH	77	36	36	(42)
ADDITIONAL FUNDING	32	111	309	277
UNDERSERVED COMMUNITIES	461	311	575	114
RSI	1,332	941	1,313	(19)
EXCESS TREATMENT COSTS	0	771	771	771
PARTNER ORGANISATION INFRASTRUTURE	18,419	14,891	18,149	(270)
<b>Total Expenditure</b>	<b>24,850</b>	<b>20,538</b>	<b>25,541</b>	<b>692</b>
<b>VARIANCE</b>				<b>0</b>



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)
				<i>The are currntly no live risks - please see issues register</i>													

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: 23.02.2024

Issue ID	Issue Type	Date Raised	Owner	Description	Severity	Priority	Actions	Action Owners	Action status	Issue status
I09	Services	Jul-23	COO	<p>It is becoming increasingly difficult to recruit to CRN funded and other research posts. This is caused by a range of factors, primarily:</p> <ul style="list-style-type: none"> <li>• shortage of nurses and wider NHS workforce</li> <li>• difficulties in attracting staff to work in the NHS</li> <li>• some unnecessary delays with HR at UHL</li> </ul> <p>The impact of this is that management time is being spent on having to re-advertise posts, unpick issues and not being able to deliver promptly on services and broader aspects of research study delivery, where posts are vacant for a longer period of time.</p>	Moderate	Medium	Provide feedback nationally to identify and explore common issues affecting recruitment	WFDL	4	Closed 23.2.24
							Work with HR to improve appointments process	COO	1	
							Identify opportunities to engage with career fairs	WFDL/ STLs	4	
							Use LinkedIn to advertise roles more widely	Comms Lead	4	
							Ongoing work to explore different ways of promoting DDT roles, and research delivery roles within POs	WFDL/ STLs	4	
							Issues/delays to be escalated internally to COO to raise with HR	COO	4	
I10	Services	Sept-23	HFL	<p>The CRN team is spending a disproportionate amount of time focussing on issues with Accounts Payable (AP) and progress is extremely slow. Individual issues are being picked up and addressed as part of the ongoing dialogue, although they are on the whole symptomatic of the underlying issue of a lack of robust processes within an AP team that has staffing issues and is going through a restructure. A risk remains to payment of CRN invoices from suppliers and partners, breaching the contractual obligation, which may negatively impact the reputation of CRN &amp; UHL and affect some elements of study and business delivery. The issue is that the CRN Finance team is over-stretched in dealing with multiple queries, as the process with Host AP is currently not optimised.</p>	Moderate	High	Monthly collation of data points for invoice payments	HFL	3	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	4	
							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	
I11 (previously risk #65)	Services	Nov-23	COO	<p>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</p>	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	1	
							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