

CRN East Midlands Quarterly Board Report

Author: Prof. David Rowbotham

Sponsor: Mr Andrew Furlong

Trust Board paper J

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 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 September 2017. It has also been considered by UHL Executive Performance Board and is submitted for UHL Trust Board review.

Questions

1. In order to provide assurance to the Host, what are the major achievements and challenges of the Network, and performance from 1 April 2017 up to 14 August 2017?
2. What are the current risks affecting the LCRN and are the Board assured of measures in place to address these?

Conclusion

1. Overall, we have made a very positive start to the year in our progress towards achieving our high level objectives (HLOs). Appendix 1 of the report presents our HLO dashboard with data extracted on 14 August 2017 reflecting performance to date. In particular, we have nearly met the year end target for HLO7 (recruitment into dementia studies) and performance for HLO1 (total recruitment) is on track to meet our year end target. We are also currently rated green for both recruitment to time and target objectives, HLO2A for commercial studies and HLO2B for non-commercial studies. It will be important to ensure this progress is sustained, with work ongoing and actions executed against our 2017/18 Annual Plan. Since the last report, we have received some positive feedback from the NIHR CRN Coordinating Centre in relation to our 2017/18 Annual Plan, 2016/17 Annual Report and our Annual Review Meeting which took place on 28th June 2017. The feedback letters and our corresponding responses are appended to the report. We intend to build on this and continue to deliver against our HLO targets, working closely with the Host, as we prepare for the final year of the current CRN contract.

2. Overall, risks remain relatively unchanged; all are either medium or low risk at this stage of the year with mitigating actions ongoing. Primary care recruitment is less of a concern. Financial risks will continue to be closely monitored, with active forecasting work shared with partners throughout the year. In relation to uncertainty over future hosting arrangements (DH/LCRN Host Organisation contract post March 2019), the NIHR CRN Coordinating Centre have now confirmed that LCRN Host Organisations will know by March 2018 the arrangements for March 2019. Our risk register is included in the report as Appendix 5. Our latest Executive Group Finance Report is included as Appendix 6. This provides details of the financial position of CRN East Midlands as at the end of July 2017

Input Sought

We would welcome Trust Board input to confirm that the report provides sufficient assurance of the progress and performance of the Network. Specifically, 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

Edit as appropriate:

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:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

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: January 2018 TB

6. Executive Summaries should not exceed **2 pages**. My paper does not comply

7. Papers should not exceed **7 pages**. My paper does comply (23 pages of appendices)

CRN East Midlands Quarterly Board Report

Progress, Challenges and Performance

DATE: 1st September 2017

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

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 to take overall responsibility for the monitoring of governance and performance of the Network.
- 1.2 This report provides a summary of 2017/18 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 year to date performance figures, recent feedback letters from the NIHR CRN Coordinating Centre, recent Executive Group finance report and current risk register.
- 1.3 This report will be taken to the CRN East Midlands Executive Group, chaired by Andrew Furlong (Medical Director and UHL Executive Lead for the CRN) in September 2017. It will then be considered by the UHL Executive Performance Board and submitted for UHL Board review in October 2017.

2. CURRENT PERFORMANCE, PROGRESS AND FORECAST

- 2.1 Appendix 1 presents data extracted on 14 August 2017 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 points for the Board's specific attention:
 - i. Our recruitment rate (HLO1) is currently at 103% of our year to date target with 15,756 participants recruited. We are currently in fourth position out of 15 regional networks in the national league table. This level of performance is the best we have presented at this stage in any year; last year we finished at 94% of our HLO1 target, and in sixth position out of 15. Additionally, we are in first position based on weighted patient recruitment activity. This is significant as this measure, in part, determines our future funding. In order to maintain this strong level of performance we are continuing to actively monitor the pipeline of future studies, along with close controls of our recruitment to time and target for all studies through the senior team meeting. A number of BAU workstreams also contribute to these measures including work to improve our Study Support Service (SSS), especially at early contact stage and partnership working, particularly with both of the big teaching trusts to keep on top of performance issues. At year end, we are currently forecasting an amber position, just short of target as we are aware that a number of larger studies are due to close shortly, and currently without like-for-like replacements in the pipeline.
 - ii. For the proportion of commercial studies recruiting to time and target (HLO2A), we are currently at 85% against a target of 80% and in second position out of the 15 regional networks. At this point of the year, only a small proportion of the closed study data has been reported so this is still subject to high levels of fluctuation. Based on current forecasting, we are reasonably confident we will achieve the national target of 80% at year end, although not yet certain that we will meet our internal target of 90%.
 - 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 88% against a target of

80%. A lot of time was invested last year in achieving this metric; we will continue to maintain that momentum in order to achieve this again for 2017/18.

- iv. For our objective to reduce the time taken for studies to achieve set up in the NHS (HLO4), we are currently at 65% of studies in the required timeframe, against a target of 80%. At year end, we are forecasting to attain this goal, and reach a green metric for this HLO.
- v. HLO5A & 5B are objectives to reduce the time taken to recruit the first participant into NIHR CRN studies. For commercial studies (5A) no data is available as there are no qualifying sites for this objective to date. For non-commercial studies, (5B) we are currently at 100% with one qualifying study. HLO 5A and 5B are both measured against national target of 80%. At this stage in the year, with such low volume of qualifying studies, it is difficult to make a meaningful forecast of performance against these measures.
- vi. For the proportion of NHS Trusts recruiting into NIHR studies (HLO6A), we have achieved this objective with 100% of trusts recruiting. Based on our current forecast, we are confident that we will also achieve our targets for the proportion of NHS Trusts recruiting into commercial studies (HLO6B) and the proportion of GP sites recruiting into NIHR studies (HLO6C).
- vii. For recruitment into Dementia and Neurodegenerative studies (HLO7), we are currently at 288% of our year to date target with 1,297 participants recruited. We can provide assurance that we will surpass our overall target of 1,350 and will be rated green for this objective at year end. This is largely due to one new study which opened in-year, has surpassed its recruitment target, has now been expanded and will continue to recruit well this year.

3. NIHR CRN COORDINATING CENTRE FEEDBACK

- 3.1 The NIHR wrote to Mr Andrew Furlong as UHL LCRN Executive Lead on 21st June 2017 with feedback on the Annual Plan for 2017/18 (Appendix 2a). The plan has been formally approved and the feedback was very positive overall. In light of the final year end recruitment figures for 2016/17, we increased our HLO1 (total recruitment) target to 46,000 participants and this has been accepted. Some requests for further information and support were made, and these have been addressed in the email response (Appendix 2b).
- 3.2 Feedback in relation to our 2016/17 Annual Report was received on 10th July 2017 (Appendix 3). The report has been formally approved and the feedback recognised our achievements and performance for 2016/17. Recognition was given for strong performance against the majority of HLOs, in particular excellent performance for HLO2A (commercial study recruitment to time and target) and HLO2B (non-commercial study recruitment to time and target), exceeding our target for HLO7 (recruitment to Dementia and Neurodegenerative studies) and recruiting three “global first” patients to commercial studies. No specific response to this feedback letter has been provided as any points of clarification have been addressed through the other correspondence noted.

3.3 Our Annual Review Meeting with the NIHR CRN Coordinating Centre took place on 28th June 2017 and feedback has since been received. In the feedback letter (Appendix 4a), the CRNCC noted the strong commitment from the CRN East Midlands senior leadership and management team to the delivery of a dynamic and effective network and commended our achievements to date. The feedback letter provides a summary note of the meeting and a list of actions from the meeting. These have since been addressed in a letter from Professor Rowbotham (Appendix 4b).

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 5) is maintained with risks discussed and mitigating actions agreed; this is shared periodically with the NIHR CRN Coordinating Centre.

4.2 Overall, the risks remain relatively unchanged from our previous report; all are either rated as medium or low risk at this stage of the year.

- Risk #26 - There is still uncertainty around the future model for calculating our budget and this could lead to a budget reduction in 2018/19. This remains medium risk, and is being managed.
- Risk #27 - Inability to meet the vacancy factor in 2017/18 at our Partner Organisations and centrally. This remains low risk and is being actively managed.
- Risk #28 - Lack of budget flexibility and inability to provide funding for Independent Health Service Providers (IHSPs) / other non-partner organisations in 2017/18. This remains medium risk and is being actively managed.
- Risk #29 - Continued fall in recruitment in the primary care setting. This risk has reduced as both the likelihood of the risk being realised has reduced, due to forecast improvement in primary care activity based on study pipeline and a reduction in impact of this risk, due to improved recruitment in other areas of the portfolio to compensate for the reliance on primary care activity.
- Risk #30 - Uncertainty over future hosting arrangements (DH/LCRN Host Organisation contract post March 2019). Although this is outside our control, we have lobbied nationally for further information. The NIHR CRN Coordinating Centre submitted recommendations to the Department of Health (DH) in March 2017, however, there has been some delay due to the pre-election period and ministerial appointments. The CRNCC have now confirmed that LCRN Host Organisations will know by March 2018 the arrangements for March 2019.

4.3 Our latest Executive Group Finance Report is included as Appendix 6. This provides details of the financial position of CRN East Midlands as at the end of July 2017

5. SUMMARY

- 5.1 Overall, we have made a very positive start to the year in our progress towards achieving our high level objectives, in particular we have nearly met the year end target for HLO7, with HLO1 performance on track to meet our year end target. It will be important to ensure this progress is sustained, with work ongoing and actions executed against our 2017/18 Annual Plan.
- 5.2 Since the last report we have received some positive feedback from the NIHR CRN Coordinating Centre in relation to both our previous achievements and future plans. We intend to build on this and continue to deliver against our HLO targets, working closely with the Host, as we prepare for the final year of the current CRN contract.
- 5.3 Risks remain relatively unchanged; all are either medium or low risk at this stage of the year with mitigating actions ongoing. Primary care recruitment is less of a concern. Financial risks will continue to be closely monitored, with active forecasting work shared with partners throughout the year.

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 2017/18

Clinical Research Network: East Midlands

Refreshed: 24/08/2017

Network Progress Overview

HLO Description	Study Type	Target		Progress/Summary			Actions	Status	Owner	Year End RAG Assurance		
		England	East Midlands	Current	Previous	Trend						
1	Number of patients recruited into NIHR studies	All	650,000	46,000	15,756	-	-	103% of YTD goal (15,333) CRN East Midlands in 4th position out of 15 LCRNs n.b. in 1st position based on weighted recruitment	- Actively monitor pipeline of future studies and open new sites - Focus on recruitment to time and target	Ongoing	Chief Operating Officer	Amber
2	Proportion of NIHR studies delivering to recruitment target and time	Commercial	80%	80%	85%	-	-	85% (22) for 26 studies recorded as closed and reported recruitment across all Network supported sites. CRN East Midlands in 2nd position out of 15 LCRNs	On target	Ongoing	Industry Operations Manager	Green
		Non-commercial	80%	80%	88%	-	-	88% (14) for 16 closed HLO studies	On target	Ongoing	Chief Operating Officer	Green
4	Proportion of eligible studies achieving NHS set up within 40 calendar days	All	80%	80%	65%	-	-	65% (11) for 17 closed HLO studies	- Focus on Early Contact service and engagement - Continued communication with sponsors locally	Ongoing	Business Intelligence Lead	Green
6	Proportion of NHS Trusts recruiting into NIHR studies	All	99%	99%	100%	-	-	16 out of 16 Trusts reported recruitment	Target achieved	Complete	Chief Operating Officer	Green
		Commercial	70%	70%	63%	-	-	10 out of 16 Trusts reported commercial recruitment.	On target at this point of year	Ongoing	Industry Operations Manager	Green
	Proportion of General Medical Practices recruiting into NIHR studies	All	35%	40%	25%	-	-	147 out of 582 GPs, surgeries & health care sites currently reporting recruitment	On target at this point of year	Ongoing	Division 5 Research Delivery Manager	Green
7	Number of participants recruited into Dementias and Neurodegeneration (DeNDroN) NIHR studies	All	20,000	1,350	1,297	-	-	288% of YTD goal (450) Requires 26 recruits per week	On target	Ongoing	Division 4 Research Delivery Manager	Green

Sources: Commercial Reporting on ODP 14/08/2017, Portfolio ODP Last update: 14/08/2017, Portfolio ODP 16-17 Annual Cut Last update: 28/04/2017, Portfolio ODP Reporting Last update: 14/08/2017

Network Summary Report 24/08/2017, Commercial Team update: 14/08/2017

Provided by: CRN: East Midlands Business Intelligence Team

N.B: HLO 3 & HLO 5 are not included as these relate to national objectives

Clinical Research Network Coordinating Centre
21 Queen Street
Leeds
LS1 2TW

Mr Andrew Furlong
Medical Director
University Hospitals of Leicester
NHS Trust
Gwendolen House
Gwendolen Road
Leicester
Leicestershire
LE5 4QF

Tel: 0113 343 2314
Fax: 0113 343 0336
Email: crn@nhr.ac.uk
Web: www.nhr.ac.uk

21 June 2017

Dear Mr Furlong,

LCRN Annual Plan 2017/18

Thank you for submitting CRN East Midlands' Annual Plan (including Annual Financial Plan) for 2017/18. The timescales for development and submission of your plan following release of the final guidance were challenging and we would like to thank you for providing this information within the requested deadline.

I am pleased to confirm that the panel recommended your Annual Plan was approved.

1. Specific feedback on CRN East Midlands Annual Delivery Plan

The review panel highlighted a number of points which we hope you will find helpful:

- a) It was evident that considerable effort had gone into development of the plan. Overall, the plan was clear, well presented and provided assurance the network has appropriate plans in place to deliver against the national targets, strategies and goals. The inclusion of a Host forward was a welcome addition. The review panel noted that it might be helpful if more of the content of the plan was provided in the main body of the plans rather than being split between the main body and appendices, and we encourage you to consider this when preparing your plan for 2018/19.
- b) It was evident from the plan that the whole network is very engaged in the plan and the review group commend the network on the collaborative approach demonstrated in the plans for 2017/18.

- c) HLOs:
- Overall, plans for delivering against the HLOs appeared robust.
 - The panel noted that you estimate you may not meet the national HLO targets for HLOs 4 and 5, and encourage you to stretch your performance to meet these targets.
- d) Overall, good analyses of current activities and challenges supported by specific plans for delivering the majority of the individual specialties were presented. The review group noted that further information and assurance would be helpful in relation to plans for the Cancer, Metabolic and Endocrine and Surgery specialties, and Medical and Research Delivery Directorate colleagues will be in touch to discuss further.
- e) Plans for Workforce development were excellent. The review group commented on the clear focus and investment in all sections of the workforce and commend the network on their commitment to engagement and appreciation of the workforce.
- f) The network's strong approach to embedding innovation and improvement was clearly presented across the plan.
- g) The submitted LCRN Profile was excellent. The review group were pleased to see a sound, clear and concise action plan for life sciences industry focussed on 5 Medtech companies and 2 Portfolio studies and the clear focus on supporting the national Biosimilars project.
- h) The review group noted that the plan implied that there is no forum available for LPMS users and questioned whether this was referring to a digital platform rather than a regular meeting. Further clarification would be appreciated.
- i) At the time of submission your Wellbeing lead was still to be confirmed. Thank you for subsequently confirming the name and details of this individual.
- j) The review group noted that the network's strong record of contributing positively to national work and supporting initiatives to drive up performance beyond the local region was not as evident from the plan as would be expected and we would encourage you to make these contributions more visible in next year's Annual Plan.

2. Specific feedback on CRN East Midlands Annual Financial Plan

- a) Net Unallocated Funds and Vacant Posts
- Your TBA is £123k (0.6% of total funding) compared to £1,281k at 2016/17 AFP excluding flowthrough (6.2% of non flowthrough funding) and your Vacancy Factor is £1,156k (2016/17 AFP £857k) giving negative net unallocated funds of £1,033k (2016/17 £424k ex flowthrough).
 - You have 43 vacant posts totalling £867k (4.7% of staff costs) compared to 48 vacant posts totalling £991k at 2016/17 AFP (5.6% of staff costs). The Vacancy Factor is greater than the value of posts to be filled at the start of the year, which suggests you are therefore relying on posts to fall vacant throughout the year.
 - The Vacancy Factor is also considerably higher than the TBA figure, resulting in negative Net

Unallocated Funds, meaning that if the vacant posts are filled and the Vacancy factor cannot be achieved, this may lead to an overspend.

- In 2016/17, the Vacancy Factor and vacant posts were managed well, evidenced by the Vacancy Factor being offset entirely against the vacant posts. The risk however is higher in 2017/18 due to the large reduction in funds to be allocated and we therefore recommend the ongoing monitoring of vacant posts and Vacancy Factor to ensure a breakeven position. The CRNCC will monitor progress through quarterly returns.

b) Minor Points / Technical Corrections

Additional feedback points concerning more minor corrections to reporting will be sent by email from the CRNCC Finance Team to your Finance Manager. The Chief Operating Officer will also be copied. We ask that any issues are addressed for the Q1 return.

3. General comments that the review panel felt were important to feed back to all LCRNs

The review group would like to share some general points on LCRN Annual Plans:

- As highlighted in annual planning guidance and at the recent CRNCC/LCRN Liaison meeting, implementation of our single national research management system and realisation of associated benefits for supporting the set-up and delivery of studies is a CRN wide priority in 2017/18. Given this priority and the need to implement HLO reporting for study set up (HLOs 4 & 5) and recruitment activity (HLOs 1, 2, 6 & 7) through Local Portfolio Management Systems (LPMS) in 2017/18, the level of detail in LCRN annual plans was variable.

In order to provide collective assurance that we can deliver this objective, each LCRN will be asked to provide an overview of progress on the following at their forthcoming Annual Review Meeting:

- Progress with LPMS implementation at Partner organisation and at LCRN level
- Current position on minimum data set (MDS) completeness within CPMS for your region highlighting any Partner organisations where there are known issues around the completeness and quality of data
- Plans to utilise the Partnership Group to maximise the use of LPMS locally to drive a single integrated research management information system with buy-in from local stakeholders in the R&D community
- Strategies to ensure LPMS data completeness (as per the MDS) in near time
- Strategies to ensure LPMS data quality
- Measures planned or in place to ensure effective engagement and partnership working with R&D departments to drive information flow to improve research set up and delivery performance
- Local barriers/ risks to LPMS partner engagement and timely implementation and the steps that will be taken during 2017/18 to address these.

Progress against these requirements will subsequently be captured and monitored as part of the wider Research Delivery readiness framework consolidating operational and system requirements.

- There was wide variability within submitted plans of the evidence of plans to work

collaboratively with other parts of the CRN and to work as One-NIHR. As noted in Section 2.8 of Part A: Performance Framework, of the POF, the expectation is that all LCRNs demonstrate a "one Network" approach to delivery and CRNCC will expect to see clear evidence of this presented in 2017/18 Annual Delivery Reports.

- As in 2016/17 there was wide variability in the structure and content of risk registers submitted and CRNCC will provide further guidance on expectations. For example, if the network is not expecting to meeting the national targets for HLOs 2, 4, 5 and 6 then CRNCC would expect this to be noted as a risk.
- Within Section 3 of plans CRN Clinical Research Specialty Objectives, there was wide variation in the level of evidence of Local Clinical Research Specialty Lead involvement in the planning process with some plans indicating little or no involvement. Colleagues from the Medical Directorate will be in contact directly to discuss further.
- There are some additional aspects of plans that some Specialty Cluster teams and Directorate colleagues would like to follow-up informally so please expect this contact.

2017/18 HLOs

Thank you for providing details of your estimated performance for HLOs 1 and 7, and supporting rationale(s). The collated performance estimates for all LCRNs indicate that there will be a shortfall of approximately 43,041 participants under HLO 1.

Therefore, for 2017/18 we will adopt each LCRN's estimated performance for HLO 1 (to be known as 'LCRN HLO 1 local contribution') and each LCRN will also have a 'LCRN HLO 1 goal'. If individual LCRNs wish they may review their estimated performance for HLO 1 in light of 2016/17 year-end recruitment figures and advise CRNCC of a higher LCRN local contribution.

There is no shortfall in the collated estimated contributions for HLO 7. Each LCRN's estimated performance for HLO 7 will be adopted as the 'LCRN's HLO 7 goal'. Again, LCRNs may advise of an increased local goal for HLO 7 if they so wish. Details of the estimated performance and goals for all LCRNs and the method of calculation of LCRN HLO 1 goals are provided in Appendix 1 to this letter.

We are pleased to confirm the following recruitment goals for CRN East Midlands for 2017/18:

- LCRN HLO 1 local contribution: 44,000
- LCRN HLO 1 goal: 44,414
- LCRN HLO 7 goal: 1,350

In performance reports and for monitoring purposes the CRNCC will use both LCRN local contribution and LCRN goals for HLO 1. For HLO 7 we will refer to the LCRN goals for HLO 7. CRNCC national Research Delivery, Specialty Cluster colleagues and Specialty National Leads, will continue to liaise with you so please make use of their Specialty knowledge and experience to support you to achieve your targets.

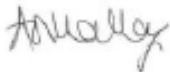
As discussed and noted previously, improving delivery to the CRN High Level Objective 2 ("Increase the proportion of studies in the CRN Portfolio delivering to recruitment target and time"), with a particular emphasis on commercial contract studies, remains a priority for 2017/18.

Annual Review Meeting

We have recently been in contact with Elizabeth Moss to arrange an Annual Review Meeting with you and your senior team during the summer this year. We look forward to discussing the achievements and challenges in your area in 2016/17, and progress to date in 2017/18.

We very much look forward to working with you in the coming year to support the implementation of your Plan. Please do not hesitate to escalate any performance issues or areas needing support from the CRN Coordinating Centre as they arise during the year via the CRN Performance Management team (cmcc.performance@nhr.ac.uk) or the lead responsible for the relevant function.

Yours sincerely



Amber O'Malley

Head of Performance Management
NIHR Clinical Research Network

cc David Rowbotham, CRN Clinical Director, CRN East Midlands
Elizabeth Moss, Chief Operating Officer, CRN East Midlands
Dr Jonathan P Sheffield, CRN Chief Executive Officer
John Sitzia, CRN Chief Operating Officer
Professor Nick Lemoine, CRN Medical Director
Dr Susan Hamer, CRN Director of Nursing, Learning & Organisational Development
Dr Clare Morgan, CRN Research Delivery Director
Dr Matt Cooper, CRN Business Development & Marketing Director
Nick Hirst, CRN Chief Information Officer
Sarah Thorp, Head of Finance
Seema Verma, Head of Finance

Appendix 1: LCRN total recruitment contributions, HLO 1 goals & HLO 7 goals for 2017/18

LCRN	2017/18 Funding allocation £ [a]	Adjusted % of 2017/18 Funding allocation [b]	LCRN HLO 1 local contribution [c]	2017/18 LCRN HLO 1 goal [d]	2017/18 LCRN HLO 7 goal [e]
East Midlands	20,049,203	9.49%	44,000	44,414	1,350
Eastern	19,167,453	9.07%	38,000	42,461	1,600
Greater Manchester	17,284,625	8.18%	39,000	39,626	2,200
Kent, Surrey and Sussex	14,014,365	-	32,500	32,500	1,900
North East and North Cumbria	18,170,836	8.60%	33,000 - 33,500	39,000	1,500
North Thames	31,175,630	14.75%	70,000	70,000	3,000
North West Coast	15,486,125	7.33%	28,000	34,306	3,630
North West London	14,363,762	6.80%	21,031	30,566	304
South London	25,406,799	12.02%	52,500, aspiring to 55,500	56,282	2,108 aspiring to 2,400
South West Peninsula	10,462,514	4.95%	24,035	24,035	3,500
Thames Valley and South Midlands	14,450,930	-	45,000	45,000	1,600
Wessex	16,861,074	-	39,339	39,339	664
West Midlands	27,364,790	12.95%	55,100	60,620	1,250
West of England	12,404,521	5.87%	20,454	26,852	550
Yorkshire and Humber	25,951,709	-	65,000	65,000	2,250
Total	282,614,336	100.00%	606,959	650,000	27,406**
CRN target 2017/18 (where applicable)			650,000	650,000	22,500
Shortfall from CRN target 2017/18 (where applicable)			43,041*		0
Notes					
[a] 2017/18 LCRN Funding allocation (excluding Top-sliced elements, post cap and post MFF)					
[b] Percentage of 2017/18 Funding allocation [a], adjusted to exclude the 4 LCRNs where the LCRN's 2017/18 LCRN total recruitment estimate is also their HLO 1 target					
[c] Locally determined 2017/18 HLO 1 estimated contribution submitted in LCRN Annual Delivery Plan (April 2017)					
[d] Based on either the LCRN's 2017/18 LCRN total recruitment estimate or weighted according to adjusted % of 2017/18 LCRN Funding allocation (excluding Top-sliced elements, post cap and post MFF), whichever is greater					
[e] Locally determined 2017/18 HLO 7 estimated contribution submitted in LCRN Annual Delivery Plan (April 2017)					
*HLO 1 shortfall from the national CRN 650,000 target is the maximum estimated shortfall incorporating the lower of the two estimated recruitment contributions submitted by CRN North East and North Cumbria and CRN South London					
** The collated HLO 7 figure for the 15 LCRNs includes the lower of the two estimated recruitment contributions submitted by CRN South London					

Appendix 2b – Annual Plan 2017/18 Feedback - CRN East Midlands Response

On 31 July 2017 at 12:27, Carl Sheppard <carl.sheppard@nihr.ac.uk> wrote:

SENT ON BEHALF OF MR ANDREW FURLONG

Dear Amber,

Thank you for sending the feedback letter in relation to CRN East Midlands' Annual Plan 2017/18 and confirming that the panel recommended our plan was approved. I am aware our Annual Review Meeting also took place recently and we look forward to receiving feedback from that meeting in due course.

We appreciate the specific points you have highlighted on our plan and acknowledge the general comments which were fed back to all LCRNs. In response to some of the specific points raised in the letter, we would like to provide some further clarification as follows:

In light of the final 2016/17 year end recruitment figures, we have reviewed our HLO1 target and wish to increase this to 46,000. We also acknowledge the feedback in relation to HLOs 4 & 5 and will look to stretch our performance towards meeting the national targets.

For further information and assurance into plans for the specific specialties (Cancer, Metabolic and Endocrine and Surgery), I understand the cluster officers have been in touch and a meeting has been arranged to discuss this; we are keen to make these corrections.

With respect to the point on a forum for LPMS users, we can clarify that we run regular Edge events with approximately four meetings per year. These are well attended by Edge users, Trust Local Administrators, R&D and CRN staff. The most recent event took place in June 2017.

Concerning the network's contribution to national work and initiatives, I am aware a slide was presented at the recent Annual Review Meeting and the following points were highlighted:

- Contributed to the Rewarding Performance guidance, Prof Rowbotham, Clinical Director
- Actively contributed to the LCRN Funding work, through the Funding Project Board, incl Acord SSC costing - Beth Moss (COO) & Kathryn Fairbrother (BI Lead)
- Local work on LPMS and LPMC-CPMS link has been actively shared along with contributions to the Business Intelligence community - Paul Maslowski and Kathryn Fairbrother
- Contributed to the national WFD agenda as a member of the Integrated Workforce Framework working group and project board & adoption committee for the National Training Directory - Michele Eve (WFD Lead)
- CRN EM hosted the first 'clustered' Continuous Improvement meeting between 3 LCRNs; very well attended, with a clear plan for moving forward emerging
- Significant contributions to the accelerating digital agenda through WFD and automation of systems for course bookings, attendance, feedback and certificates
- CRN Leadership team have contributed to the National Research Delivery community activities and events
- Regular Research Delivery Manager contribution to Divisional meetings, and attendance at Specialty meetings on a rotational basis (Harpal Ghattoraya, Karen Pearson, Hannah Finch)
- Hannah Finch, RDM Div 1 & 3, is member of NIHR CRN Research Delivery Steering Group
- Kathryn Fairbrother, BI Lead represents CRN within Site Performance Metrics in Multicentre Clinical Trials work led by NCTU, commissioned by NIHR
- Kiran Dhilon, Comms Lead is involved with national Comms pilot work with Chelsea Drake
- Roz Somie, SSS Operations manager is part of HRA National working group on behalf of CRN

We look forward to continuing to work towards the objectives and activities set out in our plan for 2017/18. If you require any further information, please do not hesitate to get in touch.

Kind regards

Carl Sheppard
Host Project Manager | NIHR Clinical Research Network (CRN)


**National Institute for
Health Research**

Clinical Research Network Coordinating Centre
21 Queen Street
Leeds
LS1 2TW

Mr Andrew Furlong
Medical Director
University Hospitals of Leicester NHS Trust
Gwendolen House
Gwendolen Road
Leicester
Leicestershire
LE5 4QF

Tel: 0113 343 2314
Fax: 0113 343 0336
Email: crn@nihr.ac.uk
Web: www.nihr.ac.uk

10 July 2017

Dear Mr Furlong,

LCRN Annual Report 2016/17

Thank you for submitting CRN East Midlands' Annual Report (including your year-end finance return) for 2016/17. The timescales for development and submission of your Report following release of the guidance were challenging and we would like to thank you for all the hard work that went into producing the Report, and for providing it within the requested deadline.

I am pleased to confirm that the review panel recommended your Annual Report was approved.

1. Specific feedback on CRN East Midlands Annual Delivery Report

The review panel highlighted a number of points which we hope you will find helpful:

- a) The panel felt that the story infographic effectively captured the network's successes and challenges from 2016/17, it was a useful addition to the report and can see it will be very helpful for local engagement.
- b) We congratulate you on your overall strong performance against the majority of HLOs, and in particular, on:
 - the sustained effort to improve, and excellent performance, for HLO 2, with 90% and 82% respectively for HLO 2A and 2B against the target of 80%.
 - exceeding your target for HLO 7 with recruitment of 1,352 patients against your local target of 1,250.
 - the significant achievement recruiting three Global first patients.

- c) We note your total recruitment (HLO 1) fell slightly short of your local forecast with 45,056 patients recruited against a target of 48,000 and the network's concerns around local PI access to studies. We encourage you to continue to seek opportunities to provide patients with access to research opportunities as for example you are doing by linking-up with community dentistry and the University of Sheffield.
- d) Specialties: the report provided an excellent summary demonstrating good performance against the majority of Specialty Objectives and plans to address where there have been challenges. While the respective Specialty Objectives were met, the panel noted concerns relating to recruitment in Cancer, Oral and dental health and Surgery. Colleagues from the Medical and Research Delivery Directorates will monitor progress and liaise with you as appropriate.
- e) From a Business Development and Marketing perspective, the panel noted the network has engaged with a wide range of stakeholders, and an increased focus on business development activities now that HLO 2 performance has improved.
- f) The report included mention of the network procuring a version of Google Cloud and it would be helpful if you could provide further clarification around this to Chris King, Deputy CIO (chris.king@nih.ac.uk).
- g) The network's strong commitment to supporting the workforce was evident from the report.
- h) The panel noted the network's strong support for national initiatives and the excellent contributions that network colleagues make nationally, including Paul Maslowski's leadership around data quality and availability in Local Portfolio Management Systems, which is much appreciated.

2. Specific feedback on CRN East Midlands Year-end Finance Return

There were no specific comments from the review panel.

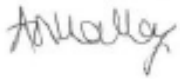
3. General comments that the review panel felt were important to feed back to all LCRNs

Section 1 of the majority of LCRN Annual Reports provided confirmation that the Host Organisation delivered the LCRN in full compliance with the DH/LCRN Host Organisation Agreement in 2016/17 and that all Partner organisations operated in full compliance with the 2016/17 POF. Elsewhere in many of the reports there were comments that suggested possible instances of non- or partial-compliance in 2016/17. As discussed at the recent CRNCC/LCRN Liaison meeting the CRNCC will be in touch about contract compliance monitoring.

2017/18

We very much look forward to working with you in the coming year to support you in building on your strong and successful performance in 2016/17.

Yours sincerely



Amber O'Malley

Head of Performance Management
NIHR Clinical Research Network

cc David Rowbotham, Clinical Director, CRN East Midlands
Elizabeth Moss, Chief Operating Officer, CRN East Midlands
Dr Jonathan P Sheffield, CRN Chief Executive Officer
John Sitzia, CRN Chief Operating Officer
Professor Nick Lemoine, CRN Medical Director
Dr Susan Hamer, CRN Director of Nursing, Learning & Organisational Development
Dr Clare Morgan, CRN Research Delivery Director
Dr Matt Cooper, CRN Business Development & Marketing Director
Nick Hirst, CRN Chief Information Officer
Sarah Thorp, CRN Head of Finance
Seema Verma, CRN Head of Finance



**National Institute for
Health Research**

Clinical Research Network Coordinating Centre

21 Queen Street

Leeds

LS1 2TW

Tel: 0113 343 2314

Fax: 0113 343 0336

Email: crn@nihr.ac.uk

Web: www.nihr.ac.uk

Professor David Rowbotham
CRN East Midlands
Knighton Street Outpatients
1st Floor
Leicester Royal Infirmary
LE1 5WW

28 July 2017

Dear Professor Rowbotham

NIHR CRN East Midlands Annual Review Meeting 28 June 2017

Thank you to you and your team for attending the Annual Review Meeting between the CRN Coordinating Centre (CRNCC) and CRN East Midlands ("the LCRN") held on 28 June 2017 at Minerva House, London, to discuss the LCRN's delivery and performance in 2016/17 and plans for 2017/18.

The meeting was chaired by Clare Morgan and attended by the following colleagues:

LCRN attendees:

- David Rowbotham (DR) - Clinical Director
- Elizabeth Moss (EM) - Chief Operating Officer

CRNCC attendees:

- Clare Morgan (CM) - Research Delivery Director (Chairperson)
- John Sitzia (JS) - Chief Operating Officer
- Nick Lemoine (NL) - Medical Director
- Susan Hamer (SH) - Director of Nursing, Learning and Organisational Development
- Nick Hirst (NH) - Chief Information Officer
- Ciara Luscombe (CL) - Performance Officer (Secretariat)

LCRN apologies:

- Andrew Furlong (AF) - Medical Director for University Hospitals of Leicester NHS Trust (Host Nominated Executive Director)
- Peter Miller (PM) - Chief Executive Officer for Leicestershire Partnership NHS Trust (Partnership Group Chairperson)

CRNCC apologies:

- Jonathan Sheffield (JPS) - Chief Executive Officer
- Matt Cooper (MC) - Business Development & Marketing Director

My apologies that I personally was unable to attend the meeting, however my Executive team have briefed me on the discussions and issues raised at the meeting. Thank you for providing documents to support the discussions at the meeting.

The CRN Coordinating Centre (CRNCC) was very pleased to see such a strong commitment from the senior leadership and management team to the delivery of a dynamic and effective network and I would like to commend you and your LCRN colleagues on the achievements to date.

This letter provides a summary note of the meeting and a list of actions from the meeting:

Actions and matters arising from previous Performance Review meeting

- The notes from the previous meeting were accepted as an accurate record of discussions and all actions from the previous meeting were noted as complete.

CRN East Midlands Presentation - key achievements, challenges and progress on strategic initiatives

- LCRN colleagues took the group through the [presentation](#) focusing on performance and the strategic issues of the network. The visual approach utilised to highlight key achievements was welcomed by the CRN Executive team.
- CM thanked the CRN East Midlands team for their work in achieving and surpassing the HLO 2A target (90% achieved), with specific thanks to Dan Kumar and his team for ongoing work in this area.
- DR set out key achievements in 2016/17 highlighting the success of the lunchbox study for Public health, led by Professor Derek Ward, Professor of Public Health, and the University of Derby, which recruited 3,188 participants.
- CM advised that the Department of Health have recently signed off a policy change in relation to the eligibility criteria for Clinical Research Network (CRN) support relating to research in non-NHS settings, which will be communicated shortly. CM commended the network's engagement with social care and commented that this aligns well with the policy change.
- NL requested further information on the Internship Programme. DR advised that the Programme forms part of the network's strategic fund and gives non research staff the time and support to undertake research. The programme commenced last year and the network intends to carry out an evaluation exercise.
- The LCRN works closely with CRN Eastern and CRNCC colleagues thanked the network for this work and encouraged further close working as part of "One NIHR".
- JS noted the number of independent health service providers within the network and queried whether these metrics could be pulled from ODP (see Action EM4).
- It was noted that the network's HLO 1 target was not met. EM identified the study pipeline as a key challenge for the network, particularly for HLO 7. The LCRN is actively working with Partners and seeking opportunities to get studies onto the NIHR CRN Portfolio. Laura Bousfield, Head of Feasibility and Start-Up/Research Operations at the CRNCC is developing a plan to support an approach for non commercial feasibility and this will be shared with LCRN Chief Operating Officers in due course.
- EM raised concerns around budget reduction and lack of contingency. Given the lack of contingency CM and NL were keen to learn how the network would approach a sudden increase in studies particularly in Oral and Dental Health. The network outlined the strong relationship it has with Partner organisations and the senior link role between the LCRN and its Partners that it has established. The network was confident that this would allow for some flexibility. CM commended the LCRN on this approach and CRNCC colleagues were satisfied that the LCRN is managing this risk well.
- EM sought clarification on the future budget approach. JS advised that the cap and collar will remain in place and that the network should plan accordingly. CM commented that data should be uploaded on a quarterly basis. The year end data cut may or may not influence the funding model.

- Clinical engagement was identified as a challenge, and DR stated that the particular emphasis was on the Surgery specialty and Division 1, which has difficulties in appointing and retaining local Specialty Leads. Progress is being made on appointing a new lead. DR and NL agreed to continue discussions outside of the meeting.
- EM set out concerns in relation to the mixed messages regarding CRNCC function timescales, for example the visibility of Portfolio adoption timelines. CM encouraged EM to feedback her experiences and ideas which support a joined up approach between the LCRN and the CRNCC (see Action EM5). CM advised that Research Delivery in the CRNCC has been using an enterprise architecture approach to map all CRNCC research delivery processes.
- JS advised that in relation to the DH/LCRN Host Organisation contract post March 2019, the CRNCC had submitted its recommendations to the Department of Health (DH) in March 2017. He explained there has been some delay due to the pre-election period and ministerial appointments. JS confirmed that LCRN Host Organisations will know by March 2018 the arrangements for March 2019. DR advised that he will feedback this update to the Host.
- SH queried if there were any challenges with workforce security. EM confirmed that there was no issue with supply in the region.
- The Executive team were content that the network were managing challenges outlined.
- LCRN colleagues discussed financial performance in 2016/17 with a balanced position reported. A strategic fund has been established and has resulted in investment in new areas. SH encouraged the LCRN to share strategic ideas with the CRNCC which could benefit the wider network.
- EM presented a detailed presentation slide outlining the network's contribution to national strategies. EM advised the group that this work forms part of business as usual for the network.
- Overall good NHS Partner engagement was reported through a range of events. Clinical engagement is good in many areas.
- EM advised the group that the network's LPMS is fully implemented in all but one Partner organisation (Nottingham University Hospitals NHS Trust (NUH) are using Documas). The network has undertaken work with NUH to enable their chosen LPMS to interface with the CRN East Midlands LPMS. EM confirmed the local minimum data set has been agreed with all Partners and the network has implemented a range of projects to improve data quality and accuracy. SH queried if Documas reports on site level data (see Action EM6). NH offered further support from the CRNCC Information and Knowledge Directorate should LCRN colleagues require it.

Items for discussion

- CM sought an update on the trainee programme. DR advised that 80 trainees have been appointed, starting in February 2017. The network will undertake an audit in August 2017 to evaluate the programme. CM encouraged the network to share this learning with other networks on completion of the audit exercise.
- NH sought clarification on the separate cloud hosting provision purchased by the network. EM will provide NH with exact details as this may be something that the CRNCC could provide to the network (see Action EM7).
- Workforce Intelligence through LPMS has not delivered as hoped. This was set out in the network's Annual Report 2016/17 (see Action EM8).

Host organisation and contract delivery

- The network advised that the Host Organisation is keen to continue beyond the current contract period.
- EM sought to clarify wording included in table 5 (Host Organisation Internal Audit of CRN funded activities) of paper 5 (2016-17 Performance Review Meeting - Financial Management Performance Review CRN East Midlands). EM confirmed that the network is confident that there is no subsidisation of commercial income.
- DR expressed concern with the lack of appropriate senior board leadership attending the Partnership Group meetings. JS advised that the intention is that attendees should either be a

member of the executive board or someone with 'authority to act' at that level and confirmed that the wording of the Performance and Operating Framework will be revised for next year in order to provide further clarification. DR stated that the network will manage this concern by requesting attendees at Director level. The CRNCC was content with this approach.

Risks and issues

- No further risks and issues were identified for discussion.

During the meeting challenges that would potentially impact on the ability of CRN East Midlands to deliver against the planned commitments set out in the LCRN Annual Delivery Plan 2017/18 were raised; however LCRN colleagues provided assurance that appropriate plans are in place to address these issues and challenges. Should you wish to discuss progress with colleagues in the CRNCC please do not hesitate to contact us for guidance or support. Otherwise we will assume that the network remains on track to deliver against commitments documented in the Plan.

As noted at the meeting, we shall be circulating a second letter to all LCRNs when all Performance Review meetings have been completed to highlight any general points of information or clarification arising from the meetings.

The CRNCC would like to thank you formally for the continuing leadership you provide for CRN East Midlands and we look forward to our next meeting with the team.

If there are any issues that you would like to discuss at this stage, please contact Amber O'Malley, Head of Performance Management (email: amber.o'malley@nihr.ac.uk, tel: 0113 3430313) in the first instance.

Yours sincerely



Jonathan Sheffield OBE, MBChB, FRCPath
Chief Executive Officer
NIHR Clinical Research Network

Cc: Andrew Furlong, Medical Director for University Hospitals of Leicester NHS Trust and Host Nominated Executive Director, CRN East Midlands
Elizabeth Moss, Chief Operating Officer, CRN East Midlands
Peter Miller, Chief Executive Officer for Leicestershire Partnership NHS Trust and Partnership Group Chairperson, CRN East Midlands
John Sitzia, Chief Operating Officer
Nick Lemoine, Medical Director
Matt Cooper, Business Development & Marketing Director
Nick Hirst, Chief Information Officer
Clare Morgan, Research Delivery Director
Susan Hamer, Director of Nursing, Learning & Organisational Development
Imogen Shillito, Stakeholder Engagement & Communications Director
Amber O'Malley, Head of Performance Management
CRNCC Senior Management Team

Appendix 1 - List of Actions

Item	Action	Owner
EM4	Nick Hirst to investigate whether metrics for independent health providers can be pulled from ODP.	NH
EM5	EM to feedback her experiences and ideas which support a joined up approach between the LCRN and the CRNCC to Clare Morgan.	EM
EM6	Elizabeth Moss to investigate whether the Nottingham University Hospitals NHS Trust LPMS reports on site level data and feedback to CRNCC colleagues.	EM
EM7	Elizabeth Moss to provide Nick Hirst with further information on the cloud hosting provision being used by the network.	EM
EM8	Elizabeth Moss to clarify a comment in the 2016/17 Annual Report regarding Workforce Intelligence through LPMS and feedback to CRNCC.	EM



**National Institute for
Health Research**

Clinical Research Network
East Midlands

First Floor, Knighton Street Outpatients Department
Leicester Royal Infirmary
Leicester
LE1 5WW

Dr Jonathan Sheffield
NIHR Clinical Research Network
Coordinating Centre
21 Queen Street
Leeds
LS1 2TW

Tel: 0116 258 6185
Web: www.nihr.ac.uk/emids

23 August 2017

Dear Dr Sheffield,

Re: NIHR CRN East Midlands Annual Review Meeting 28 June 2017

Many thanks for your letter of 28 July 2017 which provided feedback from our Annual Review Meeting. Both Beth and I found the meeting very constructive and helpful, and were pleased to receive feedback as to the direction of the CRN. The feedback letter will be shared with our Host Executive Group, Host Trust Board and will be circulated to a range of partners and stakeholders within the region.

This letter is to address some of the specific points raised, including all of the actions detailed, to demonstrate progress towards addressing these.

Item	Action	Owner	Update
EM5	EM to feedback her experiences and ideas which support a joined up approach between the LCRN and the CRNCC to Clare Morgan.	EM	An example has recently been sent to Clare Morgan which relates to study adoption. Further examples will be provided if they arise.
EM6	Elizabeth Moss to investigate whether the Nottingham University Hospitals NHS Trust LPMS reports on site level data and feedback to CRNCC colleagues	EM	To confirm, the NUH LPMS system (Documas) can report on site level data, and currently within the CRN we do have access to this information.
EM7	Elizabeth Moss to provide Nick Hirst with further information on the cloud hosting provision being used by the network.	EM	Email correspondence has recently commenced with Nick to supply further detail, and dialogue will continue to help resolve this issue.

EM8	Elizabeth Moss to clarify a comment in the 2016/17 Annual Report regarding Workforce Intelligence through LPMS and feedback to CRNCC.	EM	This related to a comment on p.78 of the annual report. In our 2016/17 Annual Plan, we were scoping whether the LPMS might be a potential resource to help better understand our workforce and the tasks undertaken by different CRN funded members of staff in relation to portfolio activity. As Edge has been rolled out locally, there has been a need to focus on the core purpose for the LPMS – around study details, C&C information and recruitment activity. As such, it has become apparent that we need to prioritise this work first, before we consider whether it might be used to gather workforce related data in due course.
-----	---	----	--

In addition to these specific actions, we note that Nick requested further information on the Internship Programme. This forms one of a number of workforce development initiatives, which I thought it might be helpful for us to provide an update to.

The CRN Internship programme is a programme which was funded last year from the strategic funding competition we held. At the end of the programme the interns become known as Research Envoys. The primary aim of this programme was to build and enable a local network of Clinical Research Delivery Envoys who will act as ambassadors and champion research within their clinical areas. These Envoys may go onto a career in clinical research so a secondary aim is to develop the research workforce and potential clinical research leaders of the future. We piloted a 20 day educational CRN Internship for 9 non-medical clinical staff from UHL and LPT. The 20 day internship, spread over a 6-month period included 5 educational days, a 10 day placement, 4 days self-directed learning and project work, and a final post programme de-brief and presentation day which is planned for 28 Sep 2017. The programme has been managed by two members of staff from our ALP cohort, with support and oversight provided by Michele Eve, Workforce Development Lead. The pilot will be evaluated after the final presentation day and the evaluation will include:

- o Programme reaction evaluation - Programme evaluations will be conducted using mentor and learner surveys, including survey questions that measure how well the programme met the learner's expectations, the content and delivery of the educational programme, and the value of the secondment experience.
- o Learning evaluation - Through questioning techniques, learner interaction and observation, interactive evaluation will be an integral approach to test knowledge transfer during the classroom or one-on-one training. Delegates will also complete a short project which will be presented at the end of the programme.
- o Behavioural evaluation - Learners will be asked to consider how their practice will change as a result of attending the programme by completing a reflective journal. We will encourage all delegates to meet with their line managers after the programme to discuss how they can create or improve the research culture in their clinical setting. We would plan to follow-up participants 6 months after completion of the programme to measure what changes have been implemented.

Additionally, we have an initiative with HEEM to provide GCP training and a matching scheme which is aimed at increasing opportunities for Trainees to get involved in portfolio research. After attending the targeted GCP session, Trainees were provided with details of active PIs and studies in their respective areas. We obtained initial reaction evaluation at the end of the GCP session and Trainees are followed up after 6 months to see how many went on to become actively involved in research. The 6-month follow-up from the sessions this year is due by end Q2 and we are in the process of sending out the survey. From the initial pilot we received 7 responses, 5 of whom had gone on to get involved in research. Once we have received the 6-month feedback we will share with you a report summarising the evaluation.

Linked to this, there has been some further work with HEEM which involved the production of a Trainee video aimed at encouraging Trainees to get involved in research in the East Midlands. This video has been produced, and we are currently working on our communications strategy to develop a Trainee section for our website which Trainees will be directed to if the video inspires them to find out more. Once established, we will also ensure we can measure its use, measuring number of hits/views etc, and a way to evaluate this. The video can be found at:

<https://www.nihr.ac.uk/nihr-in-your-area/east-midlands/trainees.htm>

We hope the above information is helpful and would be happy to discuss any of the information further as necessary. Please contact myself or Beth in the first instance.

Yours sincerely



Professor David Rowbotham
Clinical Director
CRN East Midlands

Cc: Andrew Furlong, Medical Director for University Hospitals of Leicester NHS Trust and Host Nominated Executive Director, CRN East Midlands
Elizabeth Moss, Chief Operating Officer, CRN East Midlands
Peter Miller, Chief Executive Officer for Leicestershire Partnership NHS Trust and Partnership Group Chairperson, CRN East Midlands
John Sitzia, Chief Operating Officer
Nick Lemoine, Medical Director
Matt Cooper, Business Development & Marketing Director
Nick Hirst, Chief Information Officer
Clare Morgan, Research Delivery Director
Susan Hamer, Director of Nursing, Learning & Organisational Development
Imogen Shillito, Stakeholder Engagement & Communications Director
Amber O'Malley, Head of Performance Management
CRNCC Senior Management Team

Appendix 5 – Risk Register

Scoring legend	1	2	3	4	5
Likelihood	Rare	Unlikely	Possible	Likely	Almost Certain
Impact	Very low	Low	Medium	High	Very high

University Hospitals of Leicester NHS Trust NIHR Clinical Research Network East Midlands Risk Register

Owner of Risk Register: Executive Group

#	Risk Description	RISK SCORE				Consequence of failure to manage	Status	Mitigating Action Plan	Due Date	Action Owner	Action RAG status	Risk Owner	Progress Update / Required Date
		Likelihood (1-5)	Impact (1-5)	Overall Risk Score	Risk Trend								
26	Reduction in CRN East Midlands Budget in 2018/19 due to falling performance and/or changes to national funding approach	3	4	12	↔	<ul style="list-style-type: none"> Likely reduction in Partner recruitment activity as a result of less funding for research infrastructure Inability to be as responsive and flexible as we would like with budget next year Negative effect on reputation and relationship with Partners Potential redundancies in Partner Organisations and centrally (UHL hosted) due to budget shortfall 	OPEN	Model a range of budget scenarios to aid planning and forecasting	Oct 2017	BIL / Finance Lead	4	COO	Reporting through Finance Working group & monthly monitoring by BI Lead
								Conduct project to improve data quality in LPMS, working with Partners	End Q2	PM (HS)	4		
								Regular communication and providing early notification to Partners re potential budget reduction	Ongoing	Senior team / STLs	4		
								Lobby nationally to identify what budget model will be used and when this will be implemented	Q1/Q2	COO & CD	4		
								Provide clear guidance to partners on how to spend budget and offer advice and support to achieve for value for money	Ongoing	STLs	4		
								Continue with various projects with POs to get best value from investments made, increase efficiencies	As ID in-year	PMs / STLs	4		
								Maximise recruitment for HLO1 and time & target – work with POs & potential/actual CIs	Ongoing	RDMs / SSS	4		
27	Unable to meet Vacancy Factor in 2017/18 - at POs and centrally	2	3	6	↔	<ul style="list-style-type: none"> Shortfall in staff costs and non-pay, posts not replaced, non-pay spend impacted Partners look for other income sources to meet staff costs for staff delivering CRN studies 	OPEN	Robust financial planning centrally with monthly monitoring and review of spend/plans etc.	Monthly	COO & BIL	4	COO	Reporting through Finance Working group & monthly monitoring by BI Lead
								Review Partner returns each month and raise any concerns to Partners via STLs. Raise to COO at end of each quarter if significant concerns	Monthly / Quarterly	COO / BIL / STLs	4		
28	No contingency may create a lack of flexibility of resource placement, including inability to provide funding for new IHSPs / other non-partner organisations in 2017/18	3	3	9	↔	<ul style="list-style-type: none"> Less able to meet in-year need as it arises due to budget reduction Negative effect on relationship with IHSPs Likely reduction in recruitment activity and ultimately impact on ability to achieve HLO1 	OPEN	Monitor central budgets vigilantly, working to meet vf and then ID any central funding for redistribution, focus on IHSPs	Monthly	BIL	4	COO / CD	Reporting and discussion through Leadership meeting, raise to CD as required
								Manage PO budgets, ensuring any underspend is identified early and recovered	Monthly	STLs / Finance team	4		
								Maintain engagement with IHSPs more broadly, not just about financial support, also about intelligence, RST, other ways to support activities	Ongoing	Senior team	4		
								Able to meet in-year need through shifting existing resource, not new resource - work with POs	Ongoing	STLs	4		
29	Continually falling recruitment in the Primary Care setting, due to falling study pipeline - despite good capacity and engagement	3	3	9	↓	<ul style="list-style-type: none"> Negative impact on ability to achieve HLO1 Impact on future budget i.e. reduction Reputational impact for East Midlands slipping down national league tables If this trend continues the level or engagement of GPs will fall, this will be very difficult to recover Reduction in studies could allow reallocation of resources/staff to focus in other areas of activity 	OPEN	Working with RDM/Ops Manager & Specialty Leads to get better information on national pipeline and scope potential studies	Ongoing	RDM 2 & 5	4	Div 5 RDM	Reporting and Discussion through Div 5 Group, bring to regular SMT for discussion
								Highlight to CC concern over primary care pipeline and local impact	Review mtg 29 June	CD / COO	5		
								Working closely with practices through CSDOs and SSS team - monitoring performance closely to ensure RTT	Ongoing	RDM 2 & 5	4		
								Balance portfolio in absence of primary care studies, look to fill gaps	Ongoing	RDMs	4		

Appendix 5 – Risk Register

Scoring legend	1	2	3	4	5
Likelihood	Rare	Unlikely	Possible	Likely	Almost Certain
Impact	Very low	Low	Medium	High	Very high

30	Uncertainty over future of CRN, commencing with potential renewal of DH/UHL Host Contract post 2018/19	3	4	12	↔	<ul style="list-style-type: none"> Uncertainty may lead to staff leaving - core team and wider research staff, especially with 2 recently awarded BRCs TUPE process may be needed if hosting transferred to another Trust - could be protracted and complex Reputational issue for UHL 	OPEN	Lobby nationally for further information, at forthcoming review meetings and continually through COO / CD meetings	Review mtg 29 June	CD / COO / Host Exec Lead	5	COO / CD	Discussion through Host Executive meetings
								Continued communication to keep staff informed as more information becomes available	Ongoing	COO & Comms Lead	4		
								CRN team ready to work with UHL for re-application process if required and if endorsed by UHL	As needed	COO / Project Lead TBC	4		
								Highlight to UHL Trust Board Meeting on 6-July-17	Actioned	CD	5		
								Difficult for us to mitigate against as this is largely out of our control	No action	N/A	N/A		

		Impact				
		1	2	3	4	5
		Very Low	Low	Medium	High	Very High
Likelihood	1 Rare	1	2	3	4	5
	2 Unlikely	2	4	6	8	10
	3 Possible	3	6	9	12	15
	4 Likely	4	8	12	16	20
	5 Almost certain	5	10	15	20	25

RISK RATING (SCORE)

Low (1-6)	Acceptable risk requiring no immediate action. Review annually.
Moderate (8-12)	Risk may be worth accepting with monitoring. Continue to monitor with action planned within six months. Place on risk register.
High (15-20)	Must manage and monitor risks. Action planned within three month. Review at monthly intervals. Place on risk register.
Extreme (25)	Extensive management essential. Action planned and implemented ASAP. Review weekly. Place on risk register.

RISK TREND	
Static:	↔
Increasing:	↑
Decreasing:	↓

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

Appendix 6 - Finance Report

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CRN EM EXECUTIVE COMMITTEE

DATE: 6th SEPTEMBER 2017

REPORT FROM: MARTIN MAYNES – HOST FINANCE LEAD

SUBJECT: CRN EM FINANCE UPDATE

1.1 Purpose

This report provides details on CRN EM's financial position as at the end of July 2017.

1.2 Income & Expenditure to July 2017 (Month 4)

The table below summarises the financial position and forecast for the period ended 31st July 2017.

		April to July		
	Annual Plan	YTD Actual	Forecast Expenditure	Variance
	£'000	£'000	£'000	£'000
Income				
NIHR Allocation	20,082	6,698	20,089	7
Expenditure				
Network Managed Team	811	257	819	8
Host Services	325	79	334	9
Core Management Team	685	224	694	9
Research Mgmt & Governance Team	321	105	348	27
Research Task Force	388	118	399	11
Clinical Leads	93	19	85	-8
Research Site Initiative	365	122	368	3
Primary Care Service Support Costs	150	50	150	0
General Service Support Costs	150	50	150	0
Partner Organisation Infrastructure	16,929	5,549	16,818	-111
Vacancy factor	-135		-77	58
Total	20,082	6,573	20,089	7

The principal reasons for forecast variance against key budgets are reported below.

1.3 Network Managed Team/Research Support Team

The net effect of favourable pay variance of £2.6k is due to a combination of pay awards, savings in slippage of a Network Admin post, and a member of team not contributing to the pension scheme. Net effect of adverse non pay is £10.8k is due to increased costs in the Workforce Development team.

1.4 Host Services

The variance is due to pay increments and greater than anticipated audit fees.

1.5 Core Management Team

Adverse pay variance of £6.5k is due to increase in pay cost by 1%. Non pay is overspent by £2.2k is largely due to travel cost.

1.6 Research Management & Governance Team

Adverse pay variance is £24.3k, due to two team members going on maternity leave, 1 WTE Study Support Service Facilitator started a month later than planned. Also, additional part year cost of 1wte Study Support Service Facilitator. Non pay is overspent by £1.6k which is largely due to travel costs.

1.7 Research Task Force

Adverse pay variance of £11.5k is due to one new recruit costing more than planned for, slippage in a band 6 1wte vacant post, additional cost of unplanned band 5 1WTE post and 1% pay increase.

1.8 Primary and Secondary Service Support Costs

Forecast expenditure is currently on track, but due to the volatility of this budget in the past this will need to be carefully managed through to year end.

1.9 Partner Organisation Infrastructure

There is a relatively small underspend against this budget due to allocation adjustments for some centrally funded network posts hosted in Partner Organisations.

2. Financial Risks

2.1 Vacancy Factor/Savings

Within the financial plan submitted to NIHR there was a planned savings assumption of £135k for Network's budget. There has been significant progress in terms of addressing Vacancy Factor risk across the Network and now there remains a vacancy factor of £77k still to be identified.

3. Forecast Position

The forecast is that the Network will meet its planned expenditure total of £20.1m by the end of the financial year.

4. Recommendations

The CRN Executive Committee is asked to:

- Note the financial position to July 2017
- Note the financial risks identified