CRN East Midlands Quarterly Board Report

Author Prof. David Rowbotham Sponsor: Mr Andrew Furlong **Trust Board paper O**

Executive Summary

Context

University Hospitals of Leicester (UHL) NHS Trust is the Host Organisation for the National Institute of Health Research (NIHR) Clinical Research Network East Midlands (CRN). UHL is contracted by the Department of Health and Social Care to take overall responsibility for the monitoring of governance and performance of the network. The purpose of this regular update paper is to summarise our performance, major achievements, challenges and actions. This report has been taken to the CRN East Midlands Executive Group, chaired by Andrew Furlong (Medical Director and UHL Executive Lead for the CRN) in March 2019. It will then be considered by UHL Executive Performance Board, and submitted for UHL Board review in April 2019. Appended to this report is a dashboard displaying performance figures, Executive Group finance report, mid-year review feedback letter and current risk register.

Questions

1. In order to provide assurance to the Host, what are the major achievements and challenges of the Network, and performance from 20 November 2018 up to 19 February 2019?

2. What are the current risks affecting the LCRN and are the Board assured of measures in place to address these?

Conclusion

1. Overall, this report reflects further improvements to our key HLOs, particularly HLO1 (total recruitment), which we will exceed and HLO2 (recruitment to time & target). There are some concerns around our other HLOs as reported in our risk register with mitigation action plans. We have received positive feedback from the CRN Co-ordinating Centre following our recent mid-year review meeting. We are currently preparing our Annual Delivery Plan for 2019-20, however, there has been some delay as we are still awaiting confirmation of the key national objectives to aid planning. The recently notified budget position is disappointing considering 2017-18 was our best performing year, however, a new formula was used, we are working within an overall flat budget position and currently operating in challenging times. We are confident that our prudent planning at the end of 2018 has set us well for the further planning now required and acknowledge we are in a better position than some other regions.

2. Four risks have now closed due to improved performance and management over recent months. We are unlikely to meet our targets for HLO5 (first participant recruited) & HLO6B (proportion of Trusts recruiting into commercial studies), however, this will have no material impact. The risk relating to Excess Treatment Costs is unchanged as there remains some uncertainty about the future process. New risks have been added relating to management/support for the NUH employed members of the CRN core team and ongoing delays to payment of CRN invoices. These concerns have been discussed at our Executive Group and remedial actions have been put in place.

Input Sought

UHL Trust Board is asked to:

(i) Review our performance and progress to date providing any comments or feedback you might have.

(ii) Review our current challenges, risks and mitigating actions, providing any comments or feedback you might have.

For Reference

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

Safe, high quality, patient centred healthcare	Not applicable
Effective, integrated emergency care	Not applicable
Consistently meeting national access standards	Not applicable
Integrated care in partnership with others	Yes
Enhanced delivery in research, innovation & ed'	Yes
A caring, professional, engaged workforce	Not applicable
Clinically sustainable services with excellent facilities	Not applicable
Financially sustainable NHS organisation	Yes
Enabled by excellent IM&T	Not applicable

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register No

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

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

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

This report does not relate specifically to any risks on UHL's risk register. CRN East Midlands has an internal risk register which is included at Appendix 4 of our report. Any significant risks which may relate to the UHL Organisational Risk Register or Board

Assurance Framework would initially be discussed and reviewed with Andrew Furlong through our Executive Group.

b. Board Assurance Framework No

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

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

3. Related **Patient and Public Involvement** actions taken, or to be taken: N/A

4. Results of any **Equality Impact Assessment**, relating to this matter: N/A

5. Scheduled date for the **next paper** on this topic: 06/06/2019 (Annual Delivery Plan for Trust Board approval)

6. Executive Summaries should not exceed **4 sides** My paper does comply

7. Papers should not exceed **7 sides.** My paper does comply

Clinical Research Network
East Midlands

National Institute for Health Research

CRN East Midlands Quarterly Board Report

Progress, Challenges and Performance

DATE: 20 March 2019

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

EXECUTIVE EDITOR: Professor David Rowbotham - Clinical Director

1. INTRODUCTION

1.1 University Hospitals of Leicester (UHL) NHS Trust is the Host Organisation for the National Institute for Health Research (NIHR) Clinical Research Network East Midlands (CRN). UHL is contracted by the Department of Health and Social Care (DHSC) to take overall responsibility for the monitoring of governance and performance of the Network.

1.2 This report provides a summary of 2018-19 year to date performance for CRN East Midlands and an update on current challenges and risks. Appended to this written report is a dashboard displaying performance figures, Executive Group finance report, mid-year review feedback letter and current risk register.

1.3 This report will be taken to the CRN East Midlands Executive Group in March 2019. It will then be considered by the UHL Executive Performance Board and submitted to UHL Trust Board for review in April 2019. It should be noted that the performance figures presented in this report do not provide an end of year position as the national data cut is at the end of April, and this report is prepared at the beginning of March. Our next Board report, due in July 2019, will include finalised year end performance figures for 2018-19.

2. CURRENT PERFORMANCE, PROGRESS AND FORECAST

2.1 Appendix 1 presents data extracted on 19 February 2019 reflecting performance to date. This shows the various NIHR High Level Objectives (HLOs) which the CRN is managed against. We wish to highlight the following for the Board's specific attention:

i. For our total recruitment objective (HLO1), performance stands at 118% of our year to date goal (previously 121%) and we remain in sixth position out of 15 regional networks (fifth position for weighted recruitment, which in part, determines our future funding). We have recruited 51,125 participants against our annual goal of 52,000 and we are confident we will exceed this by year end. This goal was in fact a reduced goal against last year's achievement, which was (at the time) our best ever year, recruiting in excess of 56,000 research participants across the East Midlands; we are now striving to exceed that.

ii. For the proportion of commercial studies recruiting to time and target (HLO2A), we are currently at 81% (previously 74%) against a target of 80%; this reflects a marked improvement and significant effort since the implementation of our HLO2A recovery plan. We have also moved up to second position out of the 15 regional networks. Based on our current forecast, it is possible we may drop just below target by year end, however, regular performance reviews are ongoing to work towards achieving this objective.

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 92% (previously 94%) against a target of 80% and remain in first place out of the 15 LCRNs. Based on current forecasting and actions in-train we believe that we will remain above the 80% target for this HLO.

iv. For our objective to reduce the time taken for studies to achieve set up in the NHS (HLO4), we have experienced a slight drop and are currently at 75% (previously 78%) of studies in the required timeframe against a target of 80%. We have conducted some

analysis to understand the reasons why studies have not achieved this metric and several of these cases are due to sponsor delays, which we have limited opportunity to influence. Our median performance for this objective is good, however, our overall performance is skewed by a small number of outliers. We continue to undertake actions seeking to improve this, although it is possible we may fall short of our target at year end. For 2019-20, we are expecting there to be changes to the way study set up times are measured nationally. Unlike HLO1, 2A and 2B, attainment of this metric does not currently impact on our budget.

v. HLO5A & 5B are objectives to reduce the time taken to recruit the first participant into NIHR CRN studies, the target is to achieve 80% of studies within the specified timeframe. For commercial studies (5A), we are currently at 44% (previously 50%) and for non-commercial studies (5B), we are at 50% (previously 59%). Across the country, the majority of Networks are significantly below target for these metrics. We continue to monitor progress, however, as we have previously reported, we are unlikely to achieve these targets at year end. As with HLO4, we are also expecting some changes to this HLO for 2019-20; additionally attainment of this does not impact budget.

vi. The next group of HLOs are intended as a measure of local engagement across the health economy. We achieved our objective for the proportion of NHS Trusts recruiting into NIHR studies (HLO6A) earlier in the year with 100% of trusts recruiting. For the proportion of NHS Trusts recruiting into commercial studies (HLO6B), we remain at 56% against a target of 75%. Based on some recent activity, we expect this figure to improve, however, it is unlikely that we will achieve the target at year end due to a lack of suitable studies. The proportion of GP sites recruiting into NIHR studies (HLO6C) has increased to 47% against a target of 45%. This has exceeded our forecast and we have achieved this HLO for 2018-19.

vii. For recruitment into Dementia and Neurodegenerative studies (HLO7), we are currently at 68% (previously 65%) of our year to date target with 854 participants recruited. For reasons we have previously reported in relation to the study portfolio, we are forecasting that we will not achieve our target at year end. This has been updated to the NIHR CRN Co-ordinating Centre, with no major concerns raised.

2.2 Our latest Executive Group Finance Report is included at Appendix 2 which details the 2018-19 budget position as at early March, there are no areas of concern in relation to our 2018-19 budget position.

2.3 We are, however, continuing to experiencing ongoing delays with the payment of invoices from our suppliers and partners by UHL Accounts Payable. This is starting to cause concern at the CRNCC and could potentially have an adverse effect on the reputation of the CRN as well as UHL for future re-bids related to NIHR infrastructure. This has been added to our risk register with further details provided in Section 4 below.

2.4 We have recently had confirmation of both the overall NIHR CRN and local East Midlands CRN budget position for 2019-20. Despite a request for additional funding to deliver additional activity, due to portfolio expansion, and to meet the NHS pay deal, an overall flat budget has been provided by DHSC, currently with no provision to cover the pay uplift. In real terms, over the past four years this flat budget (before adjusting for pay uplift) reflects a 12.2% cut at the national CRN level.

2.5 Across the 15 LCRNs a new formula has been applied to define regional budgets, for the East Midlands a flat budget has been calculated (although without provision for pay uplift). We are currently re-working our local approach to partner budgets which is based on relative activity of partners, with complexity weighted study recruitment as a proxy for activity. Our previous planning was undertaken in December 2018, when a prudent approach was employed, considering a -5% reduction, and without clarity over pay uplift. As such, although some partners will still face overall reductions, due to performance, this improved financial position is unlikely to cause any planning delays at this stage.

2.6 Our Mid-Year Performance Review meeting with the NIHR CRN Co-ordinating Centre (CRNCC) took place on 15th January 2019 and feedback has since been received. There were no major concerns or issues identified which require specific attention. Overall, the CRNCC is content with our performance and delivery against our plans for 2018-19. In particular, the CRNCC is pleased to see our strong performance against HLO1, HLO2B and HLO6C. Further work is needed to ensure we meet national Specialty performance targets, and we will continue to monitor these. The CRNCC also thanked us for our proactive contribution to national priorities and initiatives, and noted the breadth of colleagues undertaking national work. Further detail can be found in the feedback letter attached at Appendix 3.

3. LCRN ANNUAL PLANNING AND REPORTING

3.1 We are currently preparing our 2019-20 Annual Delivery Plan, which sets out the strategic direction for the LCRN for the reporting year. This seeks to provide assurance to the Host and CRN Co-ordinating Centre about our approach to delivering and working within the NIHR CRN Performance and Operating Framework (POF). Our plan will be developed in consultation with our partner organisations, relevant local governance groups, public representatives and in agreement with our Partnership Group.

We are still awaiting confirmation of the CRN High Level Objectives and CRN Speciality Objectives for 2019-20, which have been submitted to DHSC for approval, although have recently received a draft. Consequently the deadline for submitting our Plan to the CRNCC has been extended to 23rd April. The plan will require formal approval by UHL Trust Board and we propose for this to be submitted to the Board in June 2019.

With reference to the draft HLOs we will need to make some changes to our approach to supporting the various Specialties, with a specific focus on Early Career Researchers, to generate the researchers of the future; we see this as an exciting challenge and opportunity to work with other partners. Engagement across the expanding health and social care landscape and into public health also presents an opportunity, as we will need to demonstrate research opportunities across this wider remit.

3.2 We will soon begin preparing our 2018-19 Annual Delivery Report, which will provide an assessment of delivery against our Annual Plan and performance indicators for 2018-19. The deadline for submitting our Report to the CRNCC is 17th May and it will also require formal approval by UHL Trust Board. We propose for this to be submitted to the Board in July 2019.

4. RISK REGISTER & CURRENT CHALLENGES

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

4.2 Risks are recorded on the register as follows:

- Risk #32 - Budget reductions of up to 8% for some Partner organisations will be difficult to manage in 2018-19. This has been managed and has now been closed on the register as we have reached the end of the financial year.

- Risk #36 - CRN EM will not deliver against HLO1 target for 2018-19 (total number of participants recruited). We are confident we will exceed our target and this has been closed on the register.

- Risk #37 - CRN EM will not deliver against HLO4 target for 2018-19 (time taken to achieve study set up in the NHS). On review, the impact of this risk has reduced to minor as there is no effect on our budget.

- Risk #38 - CRN EM will not deliver against HLO5 targets for 2018-19 (time taken to recruit first participant into studies). The risk score is unchanged, remaining medium risk overall. Whilst it is likely this risk will be realised at year end, the impact is minor and there are no material consequences linked to this objective.

- Risk #39 - Insufficient level of data quality and completeness in LPMS for primary care research activity. A project is ongoing to address this and we have seen improvements reflected in the data. This has now been closed on the register.

- Risk #40 - CRN EM will not deliver against HLO2A target for 2018-19 (proportion of commercial studies delivering to time & target). Performance has continued to improve such that the risk probability has reduced from likely to possible and the overall risk score has reduced from high to medium.

- Risk #41 - Uncertainty around the national process change for the management of Excess Treatment Costs (ETCs) may cause delays in study set up and delivery and impact upon HLO attainment. There remains some uncertainty around future management of ETCs and the pilot period has been extended by 12 months. Overall, the risk score is unchanged as a medium risk, as there are still a high level of unknowns around workload and process impact.

- Risk #42 - CRN EM will not deliver against HLO6B target for 2018-19 (proportion of NHS Trusts recruiting into commercial NIHR studies). This risk score is unchanged as a medium risk and it is likely this will be realised at year end. Mitigating actions are documented on the register.

- Risk #43 - CRN EM will not deliver against HLO6C target for 2018-19 (proportion of General Medical Practices recruiting into NIHR studies). This has been closed on the register as we have achieved our target for this HLO.

- Risk #44 - CRN EM will not deliver against HLO7 target for 2018-19 (number of participants recruited into Dementias and Neurodegeneration NIHR studies). This risk score is unchanged as a medium risk and it is likely this will be realised at year end. Mitigating actions are documented on the register.

- Risk #45 - Ongoing issues with NUH employed members of the core team resulting in disproportionate amounts of time spent on staff management/support for these team members and concerns around how well both staff and managers are supported. This has been added as a new risk with medium impact and highly likely probability as this is already being realised to some extent. This also impacts on our overall ability to focus on other aspects of CRN delivery under the Host contract. This issue has been formally notified to NUH Corporate Governance Dept and NUH HR Dept, and also discussed with the Host HR Dept to provide advice and support. Further meetings and discussions are planned as there is keenness to address and resolve this issue as swiftly as possible. Following these actions we intend to bring a proposed resolution to our next Executive Group meeting in June.

- Risk #46 - Ongoing delays to payment of invoices from suppliers and partners could negatively impact reputation of CRN & UHL, and impact on the delivery of some contractual elements. This has been added as a new risk with moderate impact and highly likely probability. There is still no system in place within Accounts Payable to pay suppliers before invoices breach the 30 day late payment limit. In this respect the Host is still not compliant with the required standards. The NIHR are aware of this issue and will shortly be writing formally to the Trust. A meeting is to be scheduled with UHL Chief Financial Officer seeking to resolve this.

5. SUMMARY

5.1 Overall, this report reflects further improvements to our key HLOs, particularly HLO1 (which we will exceed) and HLO2. There are some concerns around our other HLOs as reported in our risk register with mitigation action plans. We have received positive feedback from the CRN Co-ordinating Centre following our recent mid-year review meeting. We are currently preparing our Annual Delivery Plan for 2019-20, however, there has been some delay as we are still awaiting confirmation of the key national objectives to aid planning. The recently notified budget position is disappointing considering 2017-18 was our best performing year, however, a new formula was used, we are working within an overall flat budget position and currently operating in challenging times. We are confident that our prudent planning at the end of 2018 has set us well for the further planning now required and acknowledge we are in a better position than some other regions.

5.2 In relation to challenges, four risks have now closed due to improved performance and management over recent months. We are unlikely to meet our targets for HLO5 & HLO6B, however, this will have no material impact. The risk relating to ETCs is unchanged as there remains some uncertainty about the future process. New risks have been added relating to management/support for the NUH employed members of the CRN core team and ongoing delays to payment of CRN invoices. These concerns have been discussed at our Executive Group and remedial actions have been put in place.

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 – HLO Dashboard 2018-19

Clinical Research Network East Midlands **Refreshed: 06/03/2019** **2018-19 YEAR TO DATE** **Network Progress Overview**

	HLO Description	Study Type	Target		Progress/Summary				Actions	Status	Owner	Year End RAG Assurance
			England	East Midlands	YTD	Previous	Trend					
1	Number of participants recruited into NIHR studies	All	650,000	52,000	118%	121%	↓3%	118% of YTD goal (51,125 participants) CRN East Midlands in 6th position out of 15 LCRNs (5th position based on weighted recruitment)	- Ongoing analysis of current portfolio	Ongoing	Chief Operating Officer	Green
2	Proportion of NIHR studies delivering to recruitment target and time	Commercial	80%	80%	81%	74%	↑5%	81% (118) for 146 studies recorded as closed and reported recruitment across all Network supported sites. CRN East Midlands in 2nd position out of 15 LCRNs	- Increase frequency of performance review meetings - Establish & implement recovery plan	Ongoing	Industry Operations Manager	Amber
		Non-commercial	80%	80%	92%	94%	↓2%	92% (57) for 62 closed HLO studies CRN East Midlands in 1st position out of 15 LCRNs	- Continue to review and actively monitor	Ongoing	Chief Operating Officer	Green
4	Proportion of eligible studies achieving NHS set up within 40 calendar days	All	80%	80%	75%	78%	↓3%	75% (219) for 291 closed HLO studies	- Comms activities to promote the importance of this HLO - Analysis to understand reasons studies have not achieved this metric	Ongoing	Deputy Chief Operating Officer	Amber
5	Proportion of studies achieving first participant recruited within 30 days at confirmed Network sites (from "Date Site Confirmed" to "Date First Participant Recruited ")	Commercial	80%	80%	44%	50%	↓6%	44% (11) for 25 qualifying studies	- Continue to work with our partners to improve this HLO	Ongoing	Deputy Chief Operating Officer	Red
		Non-commercial	80%	80%	50%	59%	↓9%	50% (58) for 116 qualifying studies	- Continue to work with our partners to improve this HLO	Ongoing	Deputy Chief Operating Officer	Red
6	Proportion of NHS Trusts recruiting into NIHR studies	All	99%	99%	100%	100%	-	16 out of 16 Trusts reported recruitment	Target achieved	Complete	Chief Operating Officer	Green
		Commercial	70%	70%	56%	56%	↔	9 out of 16 Trusts reported commercial recruitment.	- Review pipeline for potential studies in MH and dementia - Support set-up of existing studies	Ongoing	Industry Operations Manager	Red
	Proportion of General Medical Practices recruiting into NIHR studies	All	45%	45%	47%	37%	↑10%	262 out of 552 GPs, surgeries & health care sites currently reporting recruitment	Target achieved	Complete	Division 5 Research Delivery Manager	Green
7	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) NIHR studies	All	25,000	1,510	68%	65%	↑3%	68% of YTD goal (854 participants)	- Scoping pipeline for potential studies open to new sites	Ongoing	Division 4 Research Delivery Manager	Red

Sources: Commercial Reporting on ODP 19/02/2019, Portfolio ODP Last update: 19/02/2019, Portfolio ODP 17-18 Annual Cut Last update: 20/04/2018, Portfolio ODP Reporting Last update: 19/02/2019

Network Summary Report 06/03/2019 Provided by: CRN East Midlands Business Intelligence Team

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CRN EM EXECUTIVE COMMITTEE

DATE: 13th MARCH 2019

REPORT FROM: MARTIN MAYNES – HOST FINANCE LEAD

SUBJECT: CRN EM FINANCE UPDATE

1. Purpose

This report provides an update on the following issues:

- 18/19 financial position
- Accounts Payable Update

2 2018/19 Financial Position and Forecast

The table below summarises the 18/19 annual plan and forecast out turn at the end of March.

	Annual Plan	Forecast Expenditure	Variance
	£'000	£'000	£'000
Income			
NIHR Allocation	20,597	21,019	422
Expenditure			
Network Wider Team	645	461	-184
Host Services	300	302	2
Management Team	761	737	-24
Study Support Service (SSS) Team	373	487	114
Research Study Team (RST)	394	377	-17
Clinical & SG Leads	95	73	-22
Research Site Initiative	363	351	-12
Primary Care Service Support Costs	170	250	80
NON - Primary Care SSC	170	250	80
Partner Organisation Infrastructure	16,776	17,055	279
CRN EM Non Pay Non Staff	201	261	60
Excess Treatment Costs	0	116	116
Innovation Fund	350	250	-100
To Be Allocated		49	49
Total	**20,598**	**21,019**	**421**

The key issues are reported below.

Income
Income is £422k more than plan. This is due to:

- Recovery of commercial income for RST support - £5k
- Income received for transfer of funding for Burton Hospital NHS Trust - £265k
- Funding received for Excess Treatment Cost to deliver new CCG ETC arrangements - £116k

Network Wider Team
There is a favourable variance is £184k. £82k relates to staff being recoded to the SSS team, so there is a corresponding overspend there. The remainder of the variance relates to staff leaving and delays in appointing replacements.

Core Management Team
Favourable pay variance is £24k.This is due to Clinical Co Director being employed at NUH, rather than UHL, two senior managers reducing WTE, and slippage in recruiting to the Business Delivery Operational Manager's post. There is an adverse variance of £29k in general non pay.

Service Support Costs
Primary and Secondary Care SSCs are forecasting a combined overspend of £160k against plan. This is due to increased recruitment across the Network and the impact of some new studies, particularly in Primary Care.

Study Support Service Team
There is an adverse pay variance is £89k, of which £82k is the offset underspend in the Network Managed Team budget.

Partner Infrastructure
There is a forecast adverse variance of £279k, which relates to the new budget for Burton Hospital of £265k, offset by underspends elsewhere in the budget

Excess Treatment Costs
An estimated cost of £115k has been added to match the additional income received.

Innovation Fund
There is an underspend of £100k, largely due to slippage in the recruitment of posts funded by this source in POs.

Forecast Out Turn
The CRN is forecast to break even in line with budget and revised forecast income. . As of February there is £49k of accrued underspend which needs to be reallocated. The CRN has plans to utilise any potential funding available before year end.

3. Accounts Payable

Following the introduction of a new process of weekly reporting of late invoices the Network is now in a position where these are usually, although not always, paid the following day. However, there is still no system in place within Accounts Payable to pay suppliers before invoices breach the 30 day late payment limit. In this respect the Host is still not compliant with the required standards. NIHR are aware of this issue and will shortly be writing formally to the Trust.

4. Recommendations

The CRN Executive Committee is asked to:

- Note the forecast 18/19 financial position
- Note the current Accounts Payable performance

Appendix 3 – Mid-Year Review Feedback Letter

NIHR | National Institute for Health Research

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Professor David Rowbotham
NIHR CRN East Midlands
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Leicester Royal Infirmary
LE1 5WW

28 February 2019

Dear Professor Rowbotham

NIHR CRN East Midlands Mid-Year Performance Review Meeting 15 January 2019

Thank you to you and your team for attending the Mid-Year Review Meeting between the CRN Coordinating Centre (CRNCC) and CRN East Midlands ("the LCRN") held on 15 January 2019 to discuss the LCRN's performance and delivery to date against plans for 2018/19.

The meeting was chaired by John Sitzia and attended by the following colleagues:

LCRN attendees: David Rowbotham (DR) - Clinical Director, Elizabeth Moss (EM) - Chief Operating Officer, Kathryn Fairbrother (KF) - Deputy Chief Operating Officer, Michele Eve (ME) - Workforce Development Lead. **CRNCC attendees:** Jonathan Sheffield (JPS) - Chief Executive Officer, John Sitzia (JS) - National Chief Operating Officer, Matt Cooper (MC) - Business Development and Marketing Director, Nick Lemoine (NL) - Medical Director, Clare Morgan (CM) Research Delivery Director, Imogen Shillito (IS) - Stakeholder Engagement and Communications Director, Jonathan Gower (JG) - Assistant Specialty Cluster Lead for Cluster F (SMT Link), Janice Paterson (JP) - Workforce Intelligence Manager, Hannah Kingston (HK) - Performance Officer (Secretariat)

LCRN apologies: Steve Ryder (SR) - Co-Clinical Director, Andrew Furlong (AF) - Medical Director, University Hospitals of Leicester NHS Trust (Host Nominated Executive Director), Peter Miller (PM) - Chief Executive Officer, Leicester Partnership NHS Trust (Partnership Group Chair)

We would like to thank your team for providing the documents and presentation materials to support discussions at the meeting.

Actions and matters arising from the last meeting

- All actions from the previous meeting were marked as complete with the exception of EM18 and EM19. Following discussions these actions were subsequently closed.
- EM19 was discussed and the LCRN will contact Stephen Lock, Head of Business Intelligence, for any further information as required on existing 'apps' for clinicians to access real-time information.

- EM and DR provided an update on EM18. The LCRN have implemented processes, however the Host's delay in paying invoices remains an issue. JPS will raise the issue directly with the Host Organisation (see Action EM21). Continued focus is needed to ensure delivery to time and target for commercial studies.

Overall summary

Overall, the CRNCC is content with the LCRN's performance and delivery against plans for 2018/19. The CRNCC is pleased to see strong performance against HLO 1 at 32,315 against an annual target of 52,000, HLO 2B performance at 91% and HLO 6C performance with an additional 23 GP practices delivering studies on the NIHR CRN Portfolio since 2017/18 at Q2. Further work is needed to ensure the network is meeting national Specialty performance targets. The CRNCC thanked the LCRN for their proactive contribution to National Priorities and Initiatives, and noted the breadth of colleagues undertaking national work.

Key issues to be addressed

There were no major concerns or issues identified which require specific attention.

Medium issues

- NL highlighted a significant number of specialties are not delivering studies to time and target, with Diabetes, Gastroenterology, Injuries and Emergencies, Metabolic and Endocrine, Neurological Disorders, Respiratory and Stroke red-rated at the end of Q2. EM explained that the LCRN manage by Trust rather than portfolio of specialties.
- In relation to improving performance in the Stroke Specialty, it was noted there is room for improvement with local engagement from the National Specialty Lead for Stroke (see Action EM22).

Minor issues

- EM explained that this year HLO 2A has presented the biggest challenge for several years. The LCRN have implemented a targeted action plan, which has improved performance from 67% to 75%, and will work to improve performance further. DR and EM are undertaking performance management work with the two Trusts delivering the majority of the commercial studies.
- The LCRN are working towards HLO 6B but achieving the target will be challenging due to lack of study availability and suitability of all Trusts to undertake commercial contract studies.
- Meeting the HLO 7 target is also a challenge following closure of one high recruiting study, which contributed to strong performance in 2017/18, with 5,527 participants recruited against a target of 1,350. The LCRN continue to seek new studies, but currently there are no new studies in the pipeline.

Progress on these issues may be sought at the next CRNCC / LCRN Performance Review meeting.

Additional points to note

- CRNCC was pleased to see that the LCRN have a good understanding of the performance of the network and the factors affecting performance.
- We were interested to understand any feedback the LCRN had received from Partners on Excess Treatment Costs (ETC) and thresholds. It was noted the new process may

result in capacity issues for the LCRN, as the volume of requests is currently unknown. It was acknowledged that Trusts have always previously contributed to ETCs, but this has become more of an issue now this is an explicit requirement.

- EM provided an update on financial performance and noted the value of the CRN Finance Forum. EM also highlighted the opportunities created by Health Check visits to have deeper conversations and develop understanding around the funding decision making processes and allocation of income.
- DR noted that good engagement with GP practices has been sustained for a number of years with enthusiastic primary care physicians who are engaged and leading the work. The LCRN noted that whilst GP practices are starting to cluster in the region, the GP practices on the NIHR CRN Portfolio are still operating as individual sites.
- JP provided positive feedback on the workforce plan, which demonstrates effective strategic partnerships, good knowledge of the workforce and focus on future needs. ME provided detail on the work that has been undertaken. JPS identified an opportunity for ME to contribute to a national project exploring the potential to create a formal post-graduate qualification in support of developing a wider group of Clinician Researchers (see Action EM23).
- EM discussed the changes to the process for administering Partner contracts. A new role has been recruited to manage Partner contracts, and to implement a programme of contract assurance management across the network.
- EM noted that it is to be expected that the LCRN may be non-compliant with the contract at some points during the year due to staff turnover, specifically in relation to Specialty Leads. However the LCRN remain confident they will be able to fill positions as required.
- An update was provided on the LCRN offices; the current premises are due to be demolished and relocation is scheduled between 12-18 months time. EM highlighted the benefits of remaining on the Leicester Royal Infirmary site.
- EM confirmed the previous lack of staff resource for communications and PPIE has been resolved. Recruitment to this area is now having a positive impact on delivery.
- The meeting noted that the LCRN have undertaken a scoping exercise across the hospice and wider non-NHS sector, in addition to work with primary care dentists, prisons and care homes. The LCRN are developing a strategy to further this work in 2019/20.
- NL asked for additional detail to be included on residual risks in the Risk and Issue Register (see Action EM24).

General points and themes for all LCRNs

I am pleased to confirm that all the LCRN Review meetings have now been completed and would like to share the following general points and themes that emerged from this series of meetings:

- Primary Care engagement and participation in NIHR CRN Portfolio research (HLO 6C) was discussed at the majority of meetings. A number of issues arose, including the regional reduction in the number of primary care practices as they federate and the ability to recognise and reward Participant Identification Centres (PICs) and track referral activity. Better recognition of PIC activity has been specified in the recent Industrial Strategy Sector Deal and the DHSC has asked the CRNCC to provide a recommendation report to them by Spring 2019. The next Strategic Summit on 5&6 March will focus on delivering research in Primary Care and will include a session to garner input on this topic.

- It was helpful to understand the collated national position of data completeness and data quality in LPMSs, through individual LPMS summaries. We ask all LCRNs to prioritise efforts to ensure that we are collectively ready for the 'go-live' of Research Activity Integration with LPMS, particularly relating to completeness of Primary Care data. We are on track to go live with LPMS reporting of recruitment activity in late April.
  Recording of age or year of birth in LPMS was raised in a few meetings, to support reporting of specialty objectives. This conversation will be picked up via the CRN Integrated Research Intelligence System (IRIS) Board.

- We encouraged feedback on the new national Excess Treatment Cost (ETCs) process. It was helpful to hear about the specific issues and challenges with a small number of studies and the challenges some Trusts (particularly smaller Trusts) have highlighted regarding the thresholds. An information gathering exercise is being developed after the pilot implementation period to gather further feedback to shape this multi-agency approach and DHSC are making decisions on 'exception' studies on a case by case basis.

- At all meetings we discussed workforce plans and it was useful to have an update from all LCRNs on progress and priorities. Plans were generally considered excellent in respect of the specific and general challenges of their region. LCRNs were encouraged to ensure detailed action plans were in place, describing which activities are being addressed within the LCRN region, those being progressed via supra-regional collaboration or through national programmes. National themes included: development of the Clinical Research Practitioner professional identity and standards; accelerating development of a wider pool of Clinician Researchers to expand the PI pool and IT training on core NIHR systems. These will be part of ongoing discussions between the CRNCC and LCRNs.

- A number of LCRNs asked if DHSC had confirmed that the 2019/20 LCRN Funding Allocations would include an uplift to meet the 2018 and 2019 NHS pay awards. At time of writing we are still awaiting DHSC confirmation but, as always, advise that each LCRN model for multiple scenarios: -5%, +5%, and 0% change in LCRN funding.

- In many of the meetings we discussed the constraints and the challenges of managing LCRN activities on fixed funding and we acknowledged the impact upon LCRNs and their Partners, particularly in light of our expanded remit to begin to deliver research in wider health and social care settings. Ahead of the 2019 Comprehensive Spending Review, we are working with KPMG to produce an updated impact and value report, and we ask all LCRNs to maintain their efforts and focus on maximising delivery and value for money.

- Some LCRNs raised the subject of (Psychological) Rater Training, and we are looking to revitalise the national steering group, with the help of a new lead. This will continue to be coordinated via the network of LCRN Workforce Development Leads.

- Following publication of the Life Sciences Industrial Strategy and discussion at the December 2018 CRNCC / LCRN Liaison meeting, several LCRNs were interested in more details of the five purpose designed centres dedicated to late-phase commercial research. We anticipate a franchise model of physical centres that will be identified via a competitive process. Further details will be announced in due course.

- We are considering taking a different approach for the LCRN Mid-Year Performance Review meetings in 2020. We suggest bringing together LCRNs in their supra-network clusters, with the CRNCC Executive team, to provide an opportunity for peer to peer learning and support. We would be interested in your views on this approach, either at the next Liaison meeting but if you wish please feedback to the Performance Management team in advance of this at crncc.performance@nihr.ac.uk.

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 Plan 2018/19 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, or speak with your CRNCC Link. Otherwise we will assume that the network remains on track to deliver against commitments documented in the Plan.

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, University Hospitals of Leicester NHS Trust and Host Nominated Executive Director, CRN East Midlands
Steve Ryder, Co-Clinical Director, CRN East Midlands
Elizabeth Moss, Chief Operating Officer, CRN East Midlands
Kathryn Fairbrother, Deputy Chief Operating Officer, CRN East Midlands
Michele Eve, Workforce Development Lead, CRN East Midlands
Peter Miller, Chief Executive Officer, Leicester Partnership NHS Trust and Partnership Group Chairperson, CRN East Midlands
John Sitzia, National Chief Operating Officer
Nick Lemoine, Medical Director
Matt Cooper, Business Development & Marketing Director
Clare Morgan, Research Delivery Director
Imogen Shillito, Stakeholder Engagement & Communications Director
Jonathan Gower, Assistant Specialty Cluster Lead for Cluster F (SMT Link)
Janice Paterson, Workforce Intelligence Manager
Amber O'Malley, Head of Performance Management
CRNCC Senior Management Team

Actions

Item	Action	Owner
EM21	JPS to contact the Host Organisation via letter to address the Host's delay in paying invoices, notably from Primary care settings. EM and DR to provide data on the proportion of invoices paid on time to support the letter	Jonathan Sheffield and Elizabeth Moss
EM22	NL to follow up with the National Specialty Lead for Stroke on the importance of local engagement	Nick Lemoine
EM23	ME to be invited to contribute to the national initiative, led by John Castledine (Head of Learning Development and Design) exploring the potential to create a formal post-graduate qualification in support of developing a wider group of Clinician Researchers (drawn from all relevant professions)	Michele Eve / John Castledine
EM24	EM to revisit Risk and Issues Log	Elizabeth Moss - Closed

Appendix 4 - Risk Register

NIHR Clinical Research Network East Midlands - Risk Register

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)
R036	Performance	May-18	COO	CRN EM will not deliver against HLO1 target for 2018-19 (total number of participants recruited) Currently at 118% of YTD target with 51,125 recruits (annual target: 52,000)	**Cause:** Reduced portfolio pipeline across specialties, current analysis of forecast activity suggests recruitment of 42,000, however target stands at 52,000, need to identify opportunities to bridge this gap. **Effect:** Impact on future budget i.e. reduction in future years also reputational impact for EM slipping down national league tables and appearing less attractive to CIs to place studies if performance drops off.	3	3	9	Mar-19	Work with all specialties to ensure they reach their potential, and look to stretch all specialties/Divisions through the year	COO, RDMs, CLs	4	1	3	3	Closed	Decreased
										Seek opportunities to work with new providers, especially across Public Health, Social care and a range of health settings	COO, RDMs	3					
										Continued focus on HLO2 performance to ensure we get maximum efficiency from current portfolio	COO, RDMs	4					
										Further analysis of current portfolio, three months post AP submission to look for any growth in specialties for year ahead	DCOO/ RDMs	3					
										Review at Q2 to ensure that forecast is accurate	DCOO/ RDMs	5					
R039	Information	May-18	DCOO	Insufficient level of data quality and completeness in LPMS for primary care research activity (RA)	**Cause:** Lack of awareness/training, capacity of staff and understanding of a process change. **Effect:** Reduction in accuracy of performance monitoring & reporting. Effect on budget planning & management, could lead to poor decision making or inability to make informed decisions. Also reputational impact if the current primary care RA data does not improve.	2	3	6	Q2/3 2018-19	Implementation of Data Quality Strategy (incl. ongoing MDS project)	COO/ DCOO	4	1	3	3	Closed	Decreased
										Focus on primary care data with CRN team, able to influence this, need a tailored approach to primary care	Div 5 RDM & OM	4					
										Working with partners to improve their understanding and will employ a training and communications package to support LPMS users	DCOO/ BI Prog. Manager	4					
R043	Performance	Sept-18	Div 5 RDM	CRN EM will not deliver against HLO6C target for 2018-19 (proportion of General Medical Practices recruiting into NIHR studies) Currently 47% (target: 45%)	**Cause:** This is due in part to a reduced pipeline of studies (availability), however is also impacted upon by GDPR regulations, as we are required to ensure all non-contracted practices are willing to receive expressions of interest in relation to research studies, when previously we would have circulated more widely. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact.	4	2	8	Mar-19	Channel additional resource into this area to ensure EoIs can be received, by further work re GDPR compliance/practice confirmation	Div 5 RDM	4	0	2	0	Closed	Decreased
										Develop relationships with new practices	Div 5 RDM	4					
										Approach potential sites for new MSK study	Div 5 RDM	4					
										Regional Primary Care Research Conference scheduled for 27.9.18 for further engagement opportunity	Div 5 RDM	5					
R032	Reputational	Jan-18	COO	Budget reductions of up to 8% for some Partner organisations (for 2018/19) which will be difficult to manage	**Cause:** Relatively poor performance & desire by CRNEM to have stabilised budgets & move towards fair share based on activity. **Effect:** Reputational risk to CRN and will present a challenge locally to ensure we are supporting these organisations and populations sufficiently. This could result in local Partners having insufficient funding to fund their workforce, leading to potential redundancies.	4	3	12	Mar-19	Work closely with Partners via their STLs and consider how to ensure PO R&D colleagues are suitably empowered to act	STLs	4	2	2	4	Closed	Decreased
										In some cases, COO & CD to meet with senior staff in these organisations e.g. ULH Medical Director etc.	COO & CD	4					
										Provide support to Partners with managing their budget and prioritising where to invest their CRN funding etc.	COO & DCOO	4					
R037	Performance	May-18	COO	CRN EM will not deliver against HLO4 target for 2018-19 (time taken to achieve study set up in the NHS) Currently 75% (target: 80%)	**Cause:** The timelines for study set up under HLO4 have not, historically, aligned well with the timelines our Partners are working to. Some elements of the achievement of HLO4 (HRA AAC) are outside of CRN direct control; additionally we are reliant on partners for the provision of this data, which creates some delay in the recording of this metric. It is expected that this metric will change from 2019-20. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure, thus non-compliance with the contract. Potential reputational risk with Sponsors/CIs. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	3	3	9	Mar-19	Work with the CRNCC to advise on potential changes to this measure and develop a targeted comms plan with clear approach focussing on HLO4	COO/ DCOO	1	3	2	6	Open	Decreased
										Develop reporting system in LPMS to capture and review reasons HLO4 not achieved	SSSOM	4					
										Review and discuss this HLO at SSS Commercial and Non Commercial Working Group	SSOM	5					
										The CRNCC draft release of HLOs suggests further changes to this measure so it is difficult to address at present. Prepare plans once HLO has been confirmed.	COO/ DCOO	1					

R038	Performance	May-18	COO	CRN EM will not deliver against HLO5 targets for 2018-19 (time taken to recruit first participant into studies) 5A: currently 44% (target: 80%) 5B: currently 50% (target: 80%)	**Cause:** The timelines for HLO5 have not, historically, aligned well with the timelines our Partners are working to. The starting point for this metric (HRA AAC process) is largely outside of CRN direct control and from a trust perspective is only one element of the 70 days process they are managed against. This creates an element of ambiguity in reporting and relative priority at trust and CRN level. It is expected that this metric will change from 2019-20. Also there is a lack of evidence that attainment of HLO5 is a clear indicator of high performance in research. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	3	3	9	Mar-19	Detailed analysis of reasons for not attaining this, identify trends and implement relevant corrective actions	IOM / SSOM	4	4	2	8	Open	Static
										The continued focus on HLO2A/B (though TnT campaign) should drive behaviours to improve HLO5A/B	DCOO/ Comms	4					
										Review and discuss this HLO at SSS Commercial and Non Commercial Working Group		5					
R040	Performance	Sept-18	IOM	CRN EM will not deliver against HLO2A target for 2018-19 (proportion of commercial studies delivering to time & target) Currently 81% (target: 80%). forecast c.80%	**Cause:** Multi-factoral - increased number of small target studies; some changes in the central management approach; some local staffing related matters and the impact of study performance/approach within one partner organisation. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Damage to East Midlands reputation and impact upon loss of future commercial contract research for the region. Also impacts upon future CRN budget - reduction in performance premium generated from time & target performance. Additionally this may impact on any future RCF for trusts.	4	3	12	Mar-19	Increase frequency of performance review meetings	IOM	5	3	3	9	Open	Decreased
										Intend to establish a recovery plan to address these issues with clear actions	PM	5					
										Targeting studies at NUH with support from R&D Director/Co-CD	Co-CD	4					
										Reviewing staffing in the CRN to understand if we need to appoint staff or re-prioritise current staff	IOM	4					
										Targeting studies at UHL with support from R&D	IOM	3					
R041	Performance	Sept-18	COO	Uncertainty around national process change for management of Excess Treatment Costs (ETCs) may cause delays in study set up and delivery	**Cause:** National change to process for management of ETCs following NHS England consultation. Pilot will be trialled from 1 Oct 18 - 1 Apr 19 with LCRNs undertaking attribution AND costing works, and processing payments to partners. **Effect:** There is likely to be additional work for CRN to manage ETC process; also a lack of clarity around role and expectations. Potential delays to study set-up and recruitment, which could have negative impact on performance for several HLOs.	3	3	9	Q3/4 2018-19	Undertake process mapping work with a view to establishing regional process for managing ETCs.	DCOO/ SSSOM	4	3	3	9	Open	Static
										Train CRN staff, use of SoECAT template CCAT costing tool - plan how we use this	DCOO / SSSOM	4					
										Ensure any updates are clearly communicated to Partners, R&D and provide signposting for researchers to Early Contact Service for information	COO / DCOO / SSSOM	4					
										Selected staff to attend national training session in December 2018	Div 3 RDM & SSSOM	5					
R042	Performance	Sept-18	IOM	CRN EM will not deliver against HLO6B target for 2018-19 (proportion of NHS Trusts recruiting into commercial NIHR studies) Currently 56% target: 70%)	**Cause:** Reduced pipeline of commercial dementia and mental health studies suitable for our Healthcare & Partnership Trusts **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact.	4	2	8	Mar-19	Review pipeline for potential studies in mental health and dementia	IOM	4	4	2	8	Open	Static
										Support set-up of existing studies at applicable Trusts	IOM	4					
										Raise at Division 4 Steering Group	Div 4 RDM	5					
R044	Performance	Sept-18	Div 4 RDM	CRN EM will not deliver against HLO7 target for 2018-19 (number of participants recruited into Dementias and Neurodegeneration NIHR studies) Currently at 68% of YTD target with 854 recruits (annual target: 1,510)	**Cause:** Reduced pipeline of portfolio dementia studies, high recruiting studies have closed. **Effect:** Recorded by the NIHR CRNCC as underperformance against a HLO measure. Potential reputational risk. At present there is no financial impact. This area is something which will be considered nationally, as this is a concern from all CRNs.	4	2	8	Mar-19	Scope pipeline for potential studies open to new sites	Div 4 RDM & OM	4	4	2	8	Open	Static
										As this is a national issue, SL to raise concerns to national group	Dementia SL	5					
										Raise and review issue at Division 4 Steering Group	Div 4 RDM	5					
R045	Performance	Jan-19	COO	Ongoing issues with NUH employed members of the core team resulting in disproportionate amounts of time spent on staff management/support for the these team members and concerns around how well both staff and managers are supported. This also impacts on our overall ability to focus on other aspects of CRN delivery under the Host contract	**Cause:** Inconsistency in local policies/procedures (NUH/UHL); lack of and poor HR support (NUH); ongoing, badly managed HR cases; very few NUH employed managers in core team; lack of understanding/clarity at NUH of network and staffing arrangements **Effect:** Focus diverted from CRN core business; real concerns that staff are not being given appropriate advice and support; managers not well supported, quite vulnerable	5	3	15	Jan-19	Formally raise this with NUH Corporate Governance Dept.	COO	5	5	3	15	Open	New
										To discuss with Host HR (Tina/Smita) for advice and support	COO	4					
										To write paper with possible options, and begin discussions with NUH HR/Corporate governance	COO & Host HR Lead (Smita)	1					
										To raise options with staff as and when appropriate	COO	1					

R046	Reputational	Mar-19	COO	Ongoing delays to payment of all CRN invoices from suppliers and partners, breaching the contractual obligation, to negatively impact reputation of CRN & UHL and effect some elements of study and business delivery	**Cause:** CRN invoices not being paid on time by UHL Accounts Payable **Effect:** Negative effect on future engagement with our Partners with potential to impact on ability to deliver research. For suppliers, where invoices are late, the risk is for services to cease, e.g. Google and Edge which which are underpinning systems to allow our business to proceed, and ultimately deliver the contract. Non compliance with the Host contract. This could also have an adverse effect on reputation of UHL for future re-bids related to NIHR infrastructure.	5	3	15	Mar-19	Meeting scheduled with UHL Chief Finance Officer seeking to resolve this	COO / CD	1	5	2	10	Open	New
										Letter to be sent from NIHR CRN CEO to UHL CEO outlining issue	NIHR CRN CC	1					
										A wide range of correspondence & discussion with UHL accounts payable, incl escalation to FD	DCOO/ COO	5					
										Report provided to NIHR CRN CC to breakdown this issue	COO	5					

SCORING:

	IMPACT				
PROBABILITY	**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