

CRN East Midlands Quarterly Board Update

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Trust Board paper G

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee		
Trust Board		

This report was reviewed by CRN East Midlands Executive Group on 26 January 2022.

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.

For the information of the Board, we have prepared this update paper on the recent progress and current priorities of CRN East Midlands. Appended to this report is our latest financial report and our current risks & issues register.

Questions

1. Since our last report, what have been the key areas of progress for CRN East Midlands and do the Board require any further information or assurance in relation to this?
2. What are the main risks and issues currently affecting CRN East Midlands and does this paper provide sufficient assurance as to mitigating actions?

Conclusion

1. This report provides an update on our current priorities, which include the delivery of the PANORAMIC trial involving COVID-19 antiviral treatments, recent workforce pressures impacting on research delivery, and our progress with the CRN Transformation of Research programme. The report also includes information pertaining to our latest financial position and an update on our current performance with respect to the CRN High Level Objectives (HLOs).
2. Our risks and issues register is attached at Appendix 1 to the report. The risk (R059) relating to a potential underspend for our 2021/22 budget is now very likely to be realised. However, the impact of this risk has reduced to minor as we expect any underspend to be relatively small and we have received assurance this will not impact on our future budget. The risk (R061) relating to the recovery of CRN portfolio research being negatively impacted by the availability of staff (primarily COVID related) is now a live issue and has been moved to our issues register (I04). In response to recent workforce pressures, we have been working with our partner organisations to support the movement of research staff to priority areas. Further response actions are set out on our issues register. The issue is currently scored as high priority with moderate severity. The risk (R062) that research in NHS settings could be negatively impacted due to backlog pressures and challenges linked to restoration of services remains medium risk. Although the potential impact of the backlog is a concern, research is still seen as a priority within our partner organisations and we are continuing to work closely with them to manage this risk.

Input Sought

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

For Reference

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	Not applicable
Safely and timely discharge	Not applicable
Improved Cancer pathways	Not applicable
Streamlined emergency care	Not applicable
Better care pathways	Not applicable
Ward accreditation	Not applicable

2. Supporting priorities:

People strategy implementation	Not applicable
Estate investment and reconfiguration	Not applicable
e-Hospital	Not applicable
More embedded research	Yes
Better corporate services	Not applicable
Quality strategy development	Not applicable

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A - This report does not relate to a business case/business decision making process.
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required - N/A
- How did the outcome of the EIA influence your Patient and Public Involvement ? - N/A as this report provides an update on the CRN and does not relate to a UHL business case/decision making.
- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance**Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?	N/A	
Organisational: Does this link to an Operational/Corporate Risk on Datix Register	N/A	
New Risk identified in paper: What type and description ?		
None		

5. Scheduled date for the **next paper** on this topic: June 2022
6. Executive Summaries should not exceed **5 sides** My paper does comply

CRN East Midlands - Quarterly Board Update, 26 January 2022

1. Introduction

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

This report provides an update on: current CRN priorities; our current financial position; current performance; and risks & issues. Our latest finance report and our risks & issues register are appended to the report.

This report will be reviewed by the CRN East Midlands Executive Group in January 2022 and is submitted to UHL Trust Board for review in February 2022.

2. Current priorities and progress

Currently one of our key priorities is supporting the delivery of the NIHR-funded PANORAMIC trial. This is a nationwide platform study led by the University of Oxford to rapidly assess the effectiveness of different COVID-19 antiviral treatments, as they become available. These new orally administered treatments are intended for use in the very early stages of infection, by people in the community with COVID-19 who are at higher risk of complications from the disease. In the East Midlands, currently we have three primary care 'hub' sites delivering the trial, each with several 'spoke' sites to help identify potential participants. We have five further hub sites in set-up, which are expected to open shortly. As of 18 January 2022, our sites have recruited c.40 participants into the study. Furthermore, a number of participants have been referred to the national team for central enrollment due to an initial IT issue, which has since been overcome.

The region continues to contribute to a range of other COVID-19 related studies, with activity fluctuating as cases do the same. A significant challenge remains to deliver these studies alongside other research, with some sites having to actively shift their research and wider service priorities as COVID-19 cases dictate.

As with the rest of the NHS and social care, workforce remains a constant pressure. Both short term due to sickness and isolation, and longer term as staff look to change professions, retire earlier etc. We anticipate that going into 2022/23 some focussed work will be required

to address an increasing shortfall in attracting and retaining high quality research support and delivery staff.

We have made progress with respect to the Transformation of Research programme of work, and have recently established our new Direct Delivery Team. This multidisciplinary team will ensure flexibility, capability and capacity to deliver research across a broader range of settings in health and social care.

We have recently appointed Simon Weldon as the new Chair of our Partnership Group. Simon was appointed as Group Chief Executive for both Northampton and Kettering General Hospitals from July 2020, where he is strengthening collaboration between the two hospitals. We look forward to working closely with Simon and drawing on his insights and experience to help shape the way we deliver research across all settings in the East Midlands region.

In November we hosted the CRN East Midlands Research Awards 2021. This provided us with an opportunity to reflect on all that has been achieved since we held our last ceremony in 2018. We were able to come together as a community to hear some of the inspiring stories from across our region and celebrate achievements during a challenging period. Notably, five out of the seven awards were won by staff or teams from UHL, which is testament to everyone's hard work and a fantastic achievement.

3. Financial Position

Our latest finance report is attached at Appendix 1. This report provides an update on our 2021/22 financial performance and forecast.

4. 2021/22 Current Performance

Within the Performance and Operating Framework for the CRN, there are a range of performance expectations across all areas of work, including the High Level Objectives (HLOs). The HLOs are nationally set objectives for the Clinical Research Network relating to research delivery. The table below incorporates the key HLOs and summarises current performance (as of 18 January 2022) for CRN East Midlands

We would like to reiterate that the 'Efficient Study Delivery' objective is measured at a Network-wide level as opposed to at a regional level. This means we are not performance managed against this objective and we are reporting our local contribution in the below table for completeness. As this HLO is measured nationally, we have very few locally-led studies to contribute to the metric and we wish to assure the Board that we are not concerned about this data.

For 'Efficient Study Delivery' measures (2) and (3), there is only one contributing study for each of these, hence the performance figures of 0% and 100% respectively. For measure (1) there are no East Midlands closed lead studies to contribute to this metric.

Objective	Measure	Ambition	East Midlands Performance
Efficient Study Delivery	(1) Proportion of new commercial contract studies led within the East Midlands achieving or surpassing their recruitment target during their planned recruitment period	80% (National only)	No data to report
	(2) Proportion of commercial contract studies led within the East Midlands in the managed recovery process achieving or surpassing their recruitment target during their planned recruitment period	70% (National only)	0%
	(3) Proportion of non-commercial studies led within the East Midlands in the managed recovery process achieving or surpassing their recruitment target during their planned recruitment period	70% (National only)	100%
Provider Participation in Research	(1) Proportion of NHS Trusts recruiting into CRN Portfolio studies	100%	100%
	(2) Proportion of NHS Trusts recruiting into CRN Portfolio commercial contract studies	70%	69%
	(3) Proportion of General Medical Practices recruiting into CRN Portfolio studies	45%	41%
Research Participant Experience	Number of NIHR CRN Portfolio study participants responding to the Participant Research Experience Survey, each year	1,400 (East Midlands) 12,000 (National)	1,151

5. Risks & Issues

Risks and issues are formally reviewed through the CRN Executive Group chaired by Andrew Furlong. A risks & issues register (Appendix 2) is maintained with risks discussed and mitigating actions agreed; this is shared periodically with the NIHR CRN Coordinating Centre (CRN CC).

Risks and issues are recorded on the register as follows:

- Risk #059 - risk of a potential underspend for CRN East Midlands budget for 2021/22 due to a significant uplift in funding. Most of this additional funding was allocated after the commencement of the financial year, which has made planning very difficult. Also, some of this funding is provided for very specific purposes and cannot be re-distributed to other areas. The risk probability has increased to very likely, however, the impact has reduced to minor, as we do expect to be reporting a relatively small underspend at the end of this financial year. The CRN Coordinating Centre is aware of these challenges and has provided assurance that reporting an underspend will not impact our future funding. This means the overall risk score has increased slightly, although it is still categorised as medium risk.
- Risk #061 - this is now an issue (see Issue #04 below)
- Risk #062 - Research in NHS settings could be negatively impacted due to backlog pressures and challenges linked to restoration of services. Although the potential impact of the backlog is a concern, research is still seen as a priority within our partner organisations and we are continuing to work closely with them to manage this risk. The risk probability is scored as possible and the risk impact is scored as moderate meaning the overall risk score is still medium.
- Issue #04 (previously risk #061) - The recovery of CRN portfolio research is being negatively impacted by the availability of staff (absences primarily due to sickness/isolation related to COVID and potentially VCOD). In response to recent workforce pressures, we have been working with our partner organisations to support the movement of research staff to priority areas (c.25-30% of our Partner trusts are reporting redeployment of staff). It is difficult for us to take further mitigating actions as this issue relates to system-wide pressures, however, we have set out our response actions on the issue register. These include maintaining close dialogue with partners regarding best placement of resources, seeking advice from the CRN Coordinating Centre to manage redeployment and exchanging knowledge with other regions of the Network. The issue is currently scored as high priority with moderate severity.

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

- Elizabeth Moss, Chief Operating Officer, elizabeth.moss@nihr.ac.uk or
- Professor David Rowbotham, Clinical Director, david.rowbotham@nihr.ac.uk or
- Carl Sheppard, Host Project Manager, carl.sheppard@nihr.ac.uk

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CRN EM EXECUTIVE COMMITTEE

DATE: 26th JANUARY 2022

REPORT FROM: MARTIN MAYNES – HOST FINANCE LEAD

SUBJECT: CRN EM FINANCE UPDATE

1. Purpose

This report provides an update on the following issues:

- 2021/22 financial out turn

2 2021/22 Finance Out Turn

The table below summarises the 2021/22 outturn position and key variances to the opening plan.

		April to December 2021		
	Annual Plan	YTD Actual	Forecast Expenditure	Variance
	£'000	£'000	£'000	£'000
Income				
NIHR Allocation	22,303	17,914	23,694	-1,391
Expenditure				
Network Wider Team	682	426	542	-140
Host Services	350	264	354	4
Management Team	797	617	841	45
Study Support Service (SSS) Team	493	386	517	24
Research Study Team (RST)	538	357	499	-39
Clinical & SG Leads	126	92	117	-8
Research Site Initiative	795	754	784	-11
Primary Care Service Support Costs	100	56	75	-25
CRN EM Additional Funding	740	436	1,769	1,028
Partner Organisation Infrastructure	17,040	12,521	16,962	-79
ETC	0	216	216	216
Non Pay Non Staff	191	155	169	-23
High Priority Funding	450	272	413	-37
To be allocated	0	1,363	437	437
Total	22,303	17,914	23,694	0

The main points to note are as follows.

3. 2021/22 Finance Position

The latest financial position and forecast as at April 2021 updated financial plan for the CRN for 21/22 is set out in the table below.

Key issues are summarised below.

Income

The initial indicative funding allocation communicated by the coordinating centre in March 2021 was £22,302,510. However, subsequently the allocation was updated in April 2021 as £23,276,499. The favourable movement is made up of additional funding for the transformation programme (£909k) and PH prevention research funding (£65k). In year non recurrent income for managed recovery (£297k), ETC (£216k) and recovery for RST commercial support (£8k) was also received. £59k was returned to the centre for 2020/21 financial year.

Planned £22,303k includes £1,291k which was notified very late in March 2021. Although this was in annual plan, as the information came very late it added pressure in allocating the funds as well as ensuring that the Partners can use the in year funding by end of the financial year.

Network Wider Team

Favourable pay variance is £132k due to net effect of:

- promotion of CRN EM Training and Development Lead
- secondment of Dementia Champion Project Manager
- two posts have not been replaced
- new posts still required for Workforce Facilitator – ECR and Commercial Business Development Manager
- Regional Vaccine Project Managers finishing secondment earlier than planned

The underspend in non pay is £8k due to movement in staff, reduced travel cost due to working from home arrangements and Overheads are costing lower than planned due to leavers.

Management Team

Adverse pay variance is £49k due to a net effect of in year recruitment of Transformation Leads 1.91 WTE (funding for this comes through the Transforming Research fund - £909K), Industry Operation Manager moving to DCCO Post, slippage in DCCO leaving the post and replacement, ROM 2.00 WTE commencing posts earlier than planned. Underspend in non pay due to lack of travel cost of £5k.

Study Support Service (SSS) Team

Adverse pay variance of £24k is due to net effect of Industry Research Officer leaving post later than planned, changes to SSS team to include new Study Support Service Co-ordinator post, maternity cover for Study Support Service officer and also slippage in Study Support Service Officer leaving the post and replacement.

Research Study Team (RST)

There are two types of expenditure in this cost centre:

RST - overall there is a forecast underspend of £56k largely due to leavers, long term sick leave and retirement.

Transformation Research - DDT posts have been planned in this cost centre and has a total forecast expenditure of £40k, budget was not set for this at the beginning of the financial year. In due course there is an intension to manage as one team from the next financial year.

Research Site Initiative (RSI)

Favourable variance is due to some practices dropping out of the RSI Scheme.

Primary Care Service Support Costs

This budget was revised at the Finance working group from £100K to £75k due to reduction in research activity. There is some potential this may increase due to PANORAMIC service support cost.

Additional Funding

This cost centre contains expenditure for three funding streams.

- Targeted Funding - against a budget of £740,479 there is a forecast expenditure of £748,503.
- Managed recovery - against in year total allocation of £297,472 there is a forecast expenditure of £241,430. £44,400 will be returned to the centre as one of the Trust was unable to add the funding to their capital programme. MR income was allocated very late in year, therefore there may be further slippage in this funding. As this funding cannot be recycled to fund other research activities, there is a potential to return unallocated funding to NIHR.
- Transformation Programme - as at month 9 a total of £489,518 has been committed against Social care, Enrich post, Digital growth , Training manager for DDT and some of the targeted funding.

Partner Organisation Infrastructure

This cost centre contains three types of funding stream. Favourable variance is made up of:

- Delivery £85k after allocating additional funding to POs, Social care budget (£66k) was set in S90, however expenditure has been coded to CC O11
- Primary Care has overspent by £10k, combination of underspend in pay cost and allocating funding for Dental pilots and GP Practices.
- Network has a small underspend of £2k

ETC

Funding received for ETC have been passed on to the relevant POs and GPs. There is a high variance as budget is not set at the beginning of the year as allocation is unknown. This variance will grow as we received funding for QTR 3 and 4.

Non Pay Non Staff

Favourable variance is largely due to recovery of commercial income for the vaccine studies.

High Priority Funding

HPF was unable to be fully utilised as planned due to delays in recruiting to the posts within POs.

To Be Allocated

As at month 9 £437K remains uncommitted due to receiving unexpected funding in year which was challenging to manage. We are currently reviewing expenditure as we preparing for QTR 3 submission to NIHR at the end of January. There will be an element of further allocations to POs and non NHS organisations. However, some funding will be returned to CC, final balancing value to be identified before the submission on 26th January 2022.

4. Recommendations

The Exec Committee is asked to note:

- the year to date and forecast financial position.
- The possibility of unused funding being returned to NIHR before year end. This will be confirmed as part of Q3 reporting.

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)
R059	Financial	Mar-21	COO	There is a risk of an underspend for CRN East Midlands' budget for 2021/22 due to a significant uplift	<p>Cause: Increased funding of c.£2.6 million (over 10%) to CRN EM annual budget for 2021/22. Over 90% of this funding was notified AFTER the commencement of the financial year, which has made planning very difficult. Some of this funding is provided for very specific purposes and cannot be varied.</p> <p>Effect: Budget surplus at end of year, which means funding intended for the region does not get sufficiently well invested to offer more research to our patients. The NIHR CRN Co-ordinating centre have advised they are aware of possible delays and that it will not impact future funding.</p>	3	3	9	Mar-22	Robust financial monitoring and reporting on a monthly basis, with oversight from Finance Working Group	DCOO/ FWG	4	5	2	10	Open	Increased
										Three separate funding streams 2. Targeted funding for UPH/RRG (£740k), call opened to allocate funding promptly, as at 16/07/21 c.85% allocated, thus reducing risk	Leadership Team	4					
										Three separate funding streams 3. Transforming research (£909k) plans submitted to NIHR CC, approved, intention to re-channel c.£350-400k to stream 2, remainder is well planned against	COO	4					
										Early identification of areas of underspend with timely targeting and redistribution of funding	COO/ Senior Team	4					
										Recently awarded additional £297k to support Managed Recovery which must also be spent in year. Received feedback of some ability to vary planned spend, currently working with POs on the detail.	COO	4					
										By end Q3 reporting deadline (end Jan) intention for thorough analysis of all new funding streams, and overall position to be communicated to CRNCC	COO / Finance Team	4					
										Working with trusts to return and underspends and recycle across the region	COO/STLs	4					
R062	Services	Aug-21	COO	Research in NHS settings could be negatively impacted due to backlog pressures and challenges linked to restoration of services	<p>Cause: Backlog of routine clinical care to be delivered by NHS services due to impact of COVID-19</p> <p>Effect: Priority is to address backlog of routine care cases, which could result in reduced workforce capacity (e.g. PIs) and infrastructure, including reduced access to space to deliver research</p>	3	3	9	Q3-Q4 21/22	Early identification of disruption to studies so that issues can be addressed promptly, supported and resourced.	STLs with POs	4	3	3	9	Open	Static
										Keep in close dialogue with partners regarding best placement of resource, and plans for any redeployment	STLs / COO	4					
										Seek all opportunities for innovative approaches such as remote patient "visits" and use of technology	IOM/TL (KL)	1					
										Ensuring any new funding opportunities are pursued to help increase capacity	COO/ R&D Leads in POs	4					
										Growth of PIs through promotion of the Associate PI scheme and Workforce Facilitator appointment	STLs / SSS Team / WF	4					
R061	Services	May-21	COO	Recovery of the CRN portfolio could be negatively impacted in the event of a significant increase in COVID-19 hospitalisations in autumn/winter, along with further winter pressures, flu, RSV (peads), and wider pressures on A&E and CC	<p>Cause: Increase of COVID-19 cases, and wider winter pressures, leading to hospital admissions, and diversion of research delivery staff, also likely increase in staff unavailability due to isolation requirements, and/or covid-19 positive cases</p> <p>Effect: Resource has to be redeployed onto the frontline or to support an increase in UPH research activity, which would see activity on non-UPH studies (RRG) reduce/significantly reduce. The impact for commercial studies is a lack of confidence in the UK research system, with reputational impact for the future. Also for commercial and non-commercial studies, the impact will be for patients not being offered the latest treatments/interventions.</p>	3	4	12	Q2-Q4 21/22	When setting up studies, communicate to sponsors and study teams the risk of disruption in event of an increase in COVID-19 hospitalisations	SSS Team	4	4	4	16	Moved to Issue Register (I04)	Increased
										Seek advice from CRNCC and other LCRNs if there is useful information that can be shared	COO / DCOO	4					
										Keep in close dialogue with partners regarding best placement of resource, and plans for any redeployment	STLs / COO	4					
										Ensure RST placements are maximised, further focus on UPH work, as needed	WFDL / COO	4					

SCORING:

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

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

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

Action RAG Status Key:

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

CRN East Midlands Issues Register

Date Last Reviewed : 26.01.2022

Issue ID	Issue Type	Date Raised	Owner	Description	Severity	Priority	Actions	Action Owners	Action status	Issue status
I04 (previously Risk 061)	Services	20.01.2022	COO	The recovery of CRN portfolio research is being negatively impacted by the availability of staff (absences primarily due to sickness/isolation related to COVID and potentially VCOD). We are working with our partner organisations to support the movement of research staff to priority areas (c.25-30% of our Partner trusts are reporting redeployment of staff).	Moderate	High	Seek advice from other LCRNs if there is useful information that can be shared	COO / DCOO	4	NEW
							Seek advice from CRNCC on redeployment and best utilisation of workforce	COO / DCOO	4	
							Keep in close dialogue with partners regarding best placement of resource, plans for any redeployment and understand potential impact of VCOD (Vaccination as a Condition of Deployment)	STLs / COO & DCOO	4	
							Ensure DDT placements are maximised, with priority studies fully resourced	WFDL / COO	4	

Severity	Priority
Minor	Low
Moderate	Medium
Major	High
Catastrophic	Critical

Action RAG Status Key:

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