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Meeting title:	Public Trust Board
Date of the meeting:	9 June 2022
Title:	CRN East Midlands Quarterly Board Update
Report presented by:	J Jameson, Deputy Medical Director, and E Moss, Chief Operating Officer, CRN East Midlands
Report written by:	Prof David Rowbotham

Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	CRN East Midlands Executive Group on 17 May 2022.					

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

Impact assessment
No relevant impacts identified. This report provides an update on the CRN and does not relate to a UHL business case/decision making process.

Acronyms used: CRN - Clinical Research Network
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Executive Summary

Context

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

For the information of the Board, we have prepared this update paper on the recent progress and current priorities of CRN East Midlands. Appended to this report is our latest 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: the NIHR Research Reset Programme, the Transformation of Research programme, the CRN Host re-tender, funding to target under-served communities in research, and the appointment of our new Lead Clinical Director. The report also includes information pertaining to our 2021/22 year-end financial position & current forecast for 2022/23, as well as our 2021/22 year-end performance with respect to the CRN High Level Objectives (HLOs).

2. Our risks and issues register is attached at Appendix 2 to the report.

The risk (R059) relating to a potential underspend for our 2021/22 budget has been closed as we did report an underspend at year-end. We notified the NIHR CRN Coordinating Centre of this risk early in the year so this has been appropriately managed and has not had any impact on our future budget. The risk (R062) that research in NHS settings could be negatively impacted due to backlog pressures and challenges linked to restoration of services, has been closed. Although there are still pressures which are having an impact on research, we feel this risk no longer captures the current position. We have added a new issue (I06) which describes some of the specific impacts related to the current challenges.

Issue (I04), which related to the availability staff having a negative impact on research delivery, has been closed. Although there is still some COVID related sickness, the overall situation has improved and this is no longer causing any redeployment of staff. A new issue (I05) has been added that as of 25.05.22, the annual 2022/23 CRN High Level Objectives and Annual Plan remain unconfirmed, and are still undergoing amendments. This makes planning and targeting of resources challenging, with the issue that achieving these objectives may be compromised. The issue severity is scored as moderate and the priority is scored as medium. A further new issue (I06) has been added that ongoing challenges linked to COVID and restoration of routine services are having a negative impact, specifically on recruitment into respiratory and surgery studies. The issue severity is scored as minor and the priority is scored as medium. We have set out our response actions to manage these issues on the issues register.

Input Sought

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

CRN East Midlands - Quarterly Board Update, 27 May 2022

1. Introduction

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

This report provides an update on: current CRN priorities; our 2021/22 year-end financial and performance positions, 2022/23 financial forecast and risks & issues. Our latest finance report and our risks & issues register are appended to the report.

This report was reviewed by the CRN East Midlands Executive Group in May 2022 and is submitted to UHL Trust Board for review in June 2022.

2. Current priorities and progress

Research Reset Programme

As the pressures of COVID-19 begin to change, the UK clinical research delivery system continues to face unprecedented challenges. Notably, the number of research studies on the NIHR CRN Portfolio is currently higher than ever before. This is due to additional COVID-19 studies, research that was delayed by the pandemic, and a high volume of new studies to set up. This presents a significant workload for NHS R&D offices and research delivery teams, and there is an urgent need to address these challenges.

To enable the recovery of research delivery capacity and capability, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement (NHSE/I) are leading on a new programme of work known as 'Research Reset'. The objective of this programme is to give as many studies as possible the chance of completing and yielding results, generating the evidence needed to improve care and sustain our health and care system.

Sponsors will be supported to make transparent and realistic assessments of the capacity and capability of their studies. This may lead to closing some studies that are struggling in the current environment. The role of the Network is firstly to undertake work to improve the integrity of the research data within our systems, this is now largely completed. Additionally, we are engaging with our sites across the region to understand the impact and challenges of

delivering the current portfolio, and in due course will be discussing more tailored support arrangements.

As the work progresses, we will provide further local intelligence to this national programme and monitor the impact of Research Reset on the NIHR CRN Portfolio across the East Midlands.

Transformation Programme

At the start of 2021/22, the NIHR CRN established and funded a three year Transformation Programme across all Local Clinical Research Networks in England. This work aims to expand the delivery of high-calibre research into new settings and offer research opportunities to a wider breadth of participants. This will support the generation of further evidence to improve health and care across the region.

Within the East Midlands, we have made significant headway in the first year of the Transformation Programme. We have established two Transformation Leads and set up four work-streams, which are supported by a Task and Finish group. Some of the key progress highlights from the work-streams are as follows:

- We have created the Direct Delivery Team (DDT) to further support research delivery across all health & care settings. This has brought together two existing, very experienced, research delivery teams and has been supplemented with a range of new posts.
- We have developed and launched an app to enable research delivery staff to view, submit and vote on ideas to address challenges and opportunities that can be supported by the use of digital tools and data.
- We have begun to establish constructive and collaborative relationships with the five ICS/ICBs in our region. This is important to strengthen opportunities to develop research which is appropriate to local populations and their health needs.

Across the region, there are many initiatives and activities that contribute to the objective of the Transformation Programme: to create more opportunities for all communities across the East Midlands to take part in research outside the acute settings. In order to deliver a lasting change, the Transformation Programme must not be a stand alone programme, separate from core business. Instead it will act as an overarching support mechanism which brings together many elements and collectively supports the objective by identifying interdependencies, risks, opportunities and amplifying good practice.

CRN Host re-tender

The current CRN Host contract, held by UHL, runs to March 2024. It is anticipated that the DHSC will soon commence a Host re-procurement process. The expectation is for this process to be completed by the end of this financial year, to allow a transition year before the new contract. It is understood that any NHS organisation within the regional footprint can

make an application to host the CRN, with further information is expected in due course. The CRN Leadership team will liaise with the Trust via Andrew Furlong, to advise as to any further information as it becomes available.

Targeting under-served communities in research

CRN East Midlands, alongside all Local Clinical Research Networks (LCRNs) in England, has set aside 2% of 2022/23 income to focus on expanding clinical and applied research to under-served regions and communities with major health needs. This equates to just over £460,000, however the network is likely to increase this, if the opportunity arises due to wider changes across the regional budget.

In the region, the network has been undertaking work in this vein for some years, both led by the CRN and in collaboration with other organisations. This targeted investment will support further focus on this important aspect of our work and build upon a wide range of existing activities. Whilst this dedicated investment will focus solely on targeting under-served communities in research, it is important to highlight that this is a priority activity which runs through much of the work of the CRN, and which many of our partners, including the ICSs, are very engaged and supportive of.

To date, there has been an open call for bids against this funding. At the date of this report, we have received bids of £2.3m, of which c.£210k (for 14 bids) have confirmed funding.

New Lead Clinical Director

Finally, we are pleased to confirm that Professor Azhar Farooqi, OBE has been appointed as the Lead Clinical Director for CRN East Midlands and will commence in this role on 1 June 2022. Prof Farooqi currently holds the role of Clinical Lead for Division 5 with the CRN, along with a range of other important roles, not least as a very experienced research active GP, with his main research interests in diabetes and ethnic health issues. Professor David Rowbotham and Professor Stephen Ryder will continue to support, in Deputy Clinical Director roles, thus we are able to retain their wealth of experience, which brings important continuity for the Network.

3. Financial Position

Our latest finance report is attached at Appendix 1. This report provides an update on our year-end 2021/22 financial performance and current forecast for 2022/23.

4. 2021/22 Year-end 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. Our final year-end performance for 2021/22 is presented in the following table.

Objective	Measure	Ambition	East Midlands Year-end Performance
Provider Participation in Research	(1) Proportion of NHS Trusts recruiting into CRN Portfolio studies	100%	100% (ambition met)
	(2) Proportion of NHS Trusts recruiting into CRN Portfolio commercial contract studies	70%	69% (ambition not met)
	(3) Proportion of General Medical Practices recruiting into CRN Portfolio studies	45%	49% (ambition met)
Research Participant Experience	Number of NIHR CRN Portfolio study participants responding to the Participant Research Experience Survey, each year	1,395 (East Midlands) 12,000 (National)	1,457 (ambition met)

For the objective relating to the proportion of NHS Trusts recruiting into commercial contract studies, we fell just short of meeting our ambition (achieved 69% against a target of 70%). The reason for this was due to challenges around the portfolio of suitable commercial studies for Mental Health and Community Trusts. However, our performance represents an improvement on last year's out-turn of 56% and we are now in a stronger position to achieve this, if a continued objective in 2022/23.

The table below shows final year-end data for the Efficient Study Delivery objective, which is only measured at national level.

Objective	Measure	National Ambition	National Performance	East Midlands Led Studies
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%	63%	2 studies, 1 met the ambition (not performance managed regionally)
	(2) Proportion of commercial contract studies led within the East Midlands in the managed recovery process achieving or	80%	50%	3 studies, none met the ambition (not performance

	surpassing their recruitment target during their planned recruitment period			managed regionally)
	(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%	89%	5 studies, all met the ambition (not performance managed regionally)

The data for this objective has been included in the above table for completeness and we have no performance concerns relating to this. The Efficient Study Delivery objective will change next year as the elements pertaining to managed recovery will no longer be applicable.

In relation to 2022/23 HLOs, unfortunately these have not yet been advised, as the DHSC has not formally signed off the NIHR CRN overall Annual Plan. We understand this is due to a heavy focus on the Research Reset at this time and a need to ensure the plan includes sufficient focus on this work. Until this has been signed off a local plan cannot be prepared, although there is an intention to swiftly turn around a 10-11 month annual plan, once national guidance is available.

We have recently (20/05) received the template to prepare our 2021/22 Annual Report, with only a one page highlight report required to be submitted nationally. The intention, however, is for a 5-6 page report to be produced locally which will outline the main achievements throughout the year, and then a summary report to be drawn from this for national submission mid June. This will be submitted to a future Board meeting for discussion and confirmation; it is accepted within the CRN Governance arrangements for this to be received by the Board after central submission.

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. As anticipated, we did report an underspend to our budget at year-end. We notified the CRN CC of this risk early in the year so this has been appropriately managed and has not had any impact on our future budget. The majority of

the underspend was redistributed across the CRN. As this risk was realised at year-end, it has now been closed on the risk register.

- Risk #062 - Research in NHS settings could be negatively impacted due to backlog pressures and challenges linked to restoration of services. The context around how the NHS approaches and manages COVID-19 has changed over the last six months, and although the workload and staffing pressures linked to managing the coronavirus are still impactful for research, this risk does not well capture the current position. As such, this has now been closed on the risk register.
- 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). Although there is still some COVID related sickness, and pockets of very high levels, the overall situation has improved and this is no longer causing any redeployment of staff. This has now been closed on the issue register.
- Issue #05 (new) - As at 25.05.22, the annual 2022/23 CRN High Level Objectives and Annual Plan remain unconfirmed, and are still undergoing amendments. This makes planning and targeting of resources challenging, with the issue that contributing to / achieving these objectives may be compromised. We will continue to lobby the CRN CC for updates and confirmation of objectives. The issue severity is scored as moderate and the priority is scored as medium.
- Issue #06 (new) - Ongoing challenges linked to COVID and restoration of routine services are having a negative impact, specifically on recruitment into respiratory and surgery studies. Challenges include limited access to bronchoscopies (required for many respiratory studies) and disruption to surgery waiting lists delaying recruitment of research participants. The issue severity is scored as minor and the priority is scored as medium. We have set out our response actions on the issue register.

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: 17th MAY 2022

**REPORT FROM: MARTIN MAYNES – HOST FINANCE LEAD
PARITA YADAV – SENIOR FINANCE BUSINESS PARTNER**

SUBJECT: CRN EM FINANCE UPDATE

1. Purpose

This report provides an update on the following issues:

- 21/22 financial out turn
- 22/23 financial plan

2 2021/22 Finance Out Turn

The table below summarises the 21/22 out turn position and key variances to the opening plan.

	Annual Plan	21/22 Out Turn	Variance
	£'000	£'000	£'000
Income			
NIHR Allocation	22,303	22,303	0
Excess Treatment Costs		428	428
Transformation		909	909
Managed Recovery		297	297
Public Health		66	66
Other		-56	-56
Income Returned to NIHR		-725	-725
	22,303	23,222	919
Expenditure			
Network Wider Team	682	542	-140
Host Services	350	355	5
Management Team	797	839	43
Study Support Service (SSS) Team	493	514	21
Research Study Team (RST)	538	486	-53
Clinical & SG Leads	126	116	-9
Research Site Initiative	795	762	-33
Primary Care Service Support Costs	100	141	41
Additional Funding	740	1,279	539
Partner Organisation Infrastructure	17,040	17,152	111
ETC	0	428	428
CRN EM Non Pay Non Staff	191	192	1
Innovation Fund	450	413	-37
Total	22,303	23,220	917

The main points to note are as follows.

Income

Significant additional non recurrent income of £1,700k was received for ETC, Managed Recovery and Public Health as detailed in the table above. However, it was not possible to fully utilise this income in year and subsequently £725k was returned to NIHR. The rest was used for the purposes intended and reported on below. The financial year was unusual in terms of the very significant non recurrent income received.

The major obstacles to spending the allocation received quickly were:

- An overstretched research and wider NHS workforce, with ongoing sickness absence. This means that there are delays in getting posts ready for advert and appointed to as the staff in work are stretched very thinly and trying to deliver a research and clinical service. This has definitely delayed the appointments process in the East Midlands.
- High turnover in some areas of research/some organisations. Partly due to a). decisions to return to clinical/service work (post experience in the pandemic), b). to retire a little earlier than planned due to fatigue, or c). to work in other industries, again due to fatigue and lack of recognition.
- Additionally, many vacancies have been filled by recycling the pool of the existing workforce which in turn does not reduce the overall vacant posts.

Network Wider Team

The underspend of £140k was caused by a combined effect of:

- leavers, some posts being replaced, retirement and return, long-term sickness
- RST HUB Lead for Leicestershire has returned from secondment earlier than planned
- RST team members becoming part of Direct Delivery Team (DDT Regional Leads).

Additional Funding

This was the cost centre used to spend the majority of the non recurrent income received in year. The final expenditure totals were:

Recovery, Resilience and Growth (Targeted Funding) - £686k

Transformation Funds - £371k

Managed Recovery - £221k

Total £1,278k

Partner Organisation Infrastructure

Partner Organisations received targeted additional funding of £111k

3. 2022/23 Finance Plan

The latest updated financial plan for 22/23 is set out in the table below.

Budget	Purpose	Annual Plan
		£'000
Income		23,273
NIHR Allocation		
		23,273
Expenditure		
NETWORK WIDER TEAM	Core CRN team e.g. information, administration, workforce development	600
HOST SERVICES	Host related activities, staff i.e. finance, rent etc	367
MANAGEMENT TEAM	Management related costs ie Clinical Directors, Managers, Chief Operating Officer etc for CRN	822
STUDY SUPPORT SERVICE TEAM	All Study Support Service staff but not Research Delivery Managers/Research Operating Managers	508
DIRECT DELIVERY TEAM - CENTRAL	Direct Delivery Team - Central staff & related non pay costs	483
CLINICAL & SPECIALTY GROUP LEADS	All payments for Clinical SG leads/Champions except those that are funded in NHS Trusts	188
NON PAY NON STAFF	All non staff related non pay i.e communications, PPI, Workforce Development, Edge, courses, events	229
NON NHS SERVICE SUPPORT COSTS	Primary care and non NHS Service Support Costs	75
DIRECT DELIVERY TEAM - TRANSFORMATION	Relates to cost funded through Transformation Funding	909
PUBLIC HEALTH	Public Health related costs funded through Public Health funding	77
ADDITIONAL FUNDING	All target funding allocated to Partner Organisations to help meet health needs of the region	693
UNDERSERVED COMMUNITIES	This is a new funding stream for 2022/23, which is aiming to address the misalignment between research and health and care needs	462
GENERAL INFRASTRUCTURE	All Partner Organisation funding including primary care staff (not UHL)	12,910
UHL INFRASTRUCTURE	UHL delivery and centrally managed posts employed in UHL	4,068
RESEARCH SITE INITIATIVE	Research Site Initiative scheme payments for all levels of practice - paid twice per year	882
Total		23,273

Most budgets are similar in size and scope to previous years. However, the main points to note are as follows;

Under Served Communities

CRN as established a new budget of £462k for this initiative. To date there has been an open call for bids against this funding. So far there are bids of £2.3m, of which £125k have confirmed funding.

Additional (Targeted) Funding

This is not a new initiative and was begun in 21/22. The budget of £693k reflects the continuation of confirmed schemes from last year. All this budget has been allocated and partners notified.

Transformation Funding

£909k has been allocated for this, of which circa 65% is made up of the Direct Delivery Team and fully planned, and posts mainly all appointed to. The balance is for a range of activities, of which only c.£150k has yet to be allocated, although a range of plans are on the table.

4. Recommendations

The CRN Executive Committee is asked to:

- Note the 21/22 Out Turn
- Approve the 22/23 Financial Plan

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	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. 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.	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	Closed 31.3.22	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	Cause: Backlog of routine clinical care to be delivered by NHS services due to impact of COVID-19 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	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	Closed 26.4.22	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					

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

CRN East Midlands Issues Register

Date Last Reviewed : 25.05.2022

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	Closed 25.4.2022
							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	
I05 (NEW)	Performance	26.04.2022	COO	As at 25.05.22, the annual CRN High Level Objectives and CRN Co-ordinating Centre Annual Plan remain unconfirmed, and are still undergoing amendments with DHSC. This makes planning and targeting of local resources challenging, with the issue that contributing to / achieving these objectives may be compromised.	Moderate	Medium	Continue to lobby CRNCC for updates and confirmation of objectives	COO / DCOO	4	Open
							Advise Partners of the draft status of this and potential to adapt approach as these evolve	COO / Comms Lead	4	
							To advise the Host Trust Board, via this issue register and Board report, of a potential issue not to reach HLOs	COO / Host Project Manager	4	
							Can continue to make local plans based on national high level strategy, and in line with DHSC Best Research for Best Health: the next chapter	COO/ DCOO	3	
I06 (NEW)	Services	26.04.2022	Div 6 RDM	Ongoing challenges related to COVID and restoration of routine services are having a negative impact in many areas, although especially with recruitment into respiratory & surgery studies. Challenges include limited access to bronchoscopies (required for many respiratory studies) and disruption to surgery waiting lists delaying recruitment of research participants. This issue is mainly related to NUH & UHL but could also affect DGHs for surgery studies.	Minor	Medium	Keep in close dialogue with partners to understand issues linked to the restoration of services and research impacts. Support this by best placement of new studies and maximising recruitment into existing studies.	Senior Team	4	Open
							Appreciate that some of this is beyond CRN influence, however keep working with sites to open / re-open these studies as and when relevant services are restored	Div 6 RDM	4	
							Look for any other relevant studies in these specialties which can run at this time	Div 6 RDM	4	
							Work across the whole CRN portfolio and with other Specialty Leads to look to deliver a balanced approach across the region and all specialties	3 x RDMs / ROMs	4	

Key

Severity	Priority
Minor	Low
Moderate	Medium
Major	High
Catastrophic	Critical

Action RAG Status Key:

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