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Meeting title:	UHL Public Trust Board				
Date of the meeting:	14 December 2023				
Title:	East Midlands CRN Quarterly Board Report				
Report presented by:	A Furlong, Medical Director, E Moss, Chief Operating Officer, CRN East Midlands and A Farooqi, Clinical Director, CRN East Midlands				
Report written by:	E Moss, Chief Operating Officer, CRN East Midlands and C Sheppard, Host Project Manager, CRN East Midlands				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously	CRN East Midlands Executive Group on 23 November 2023.				

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

<p>Acronyms used:</p> <ul style="list-style-type: none"> CRNCC - NIHR CRN Coordinating Centre CRN - Clinical Research Network DHSC - Department of Health and Social Care LCRN - Local Clinical Research Network NIHR - National Institute for Health and Care Research RDN - Research Delivery Network RRDN - Regional Research Delivery Network HLOs - CRN High Level Objectives
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Purpose of the Report

University Hospitals of Leicester (UHL) NHS Trust is the Host Organisation for the National Institute for Health and Care Research (NIHR) Clinical Research Network East Midlands (CRN). UHL is contracted by the Department of Health and Social Care to take overall responsibility for the monitoring of governance and performance of the Network. For the information of the Board, we have prepared this update paper on the recent progress and current priorities of CRN East Midlands. Appended to this report is our latest Finance update report, Under-served Communities funding interim report, and current risks & issues register.

Recommendation

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

Summary

This report provides the latest update on the reconfiguration of the Clinical Research Network, the next steps from the NIHR Reset programme and information relating to the CRN East Midlands Under-served Communities funding stream. The report also includes information pertaining to our year-to-date financial performance & current forecast, and data for the 2023/24 CRN High Level Objectives.

On the CRN risk register, risk #65 relating to uncertainty around the future arrangements of the Network has been moved to a live issue (issue #11) with updates to the description based on recent developments. There are currently no open risks, however, one potential area of risk has been identified. This is currently being investigated further and will be discussed at the next CRN Executive Group meeting.

On the CRN issues register, issue #09 relates to difficulties in recruiting to CRN posts. We are working closely with HR and providing feedback nationally to address this issue, with further actions set out on the issues register. Issue #10 states there are ongoing delays to payment of all CRN invoices from suppliers and partners, breaching the contractual obligation. We are working with the Host Finance Lead and other UHL Finance colleagues to address this issue and have set out remedial actions on the issues register. Issue #11 (previously risk #65) relates to uncertainty around detail of the RRDN services and team structures in the future Network negatively impacting staff morale and productivity, and potentially impacting contract delivery. The Transition Lead and new Network Director will be working closely with the Host to support the transition requirements and we will continue to communicate regularly with our teams and partners to support them during this period.

Main report detail

1. Current priorities and progress

i) Reconfiguration of the Network

From October 2024, the NIHR Clinical Research Network will become the NIHR Research Delivery Network (RDN). The RDN is being established to build on the success of the NIHR's Clinical Research Network, to support the country's world-class research system to deliver high quality research that enables the best care for our population.

Following a competitive process, UHL has been formally announced as the Host for the new East Midlands Regional Research Delivery Network (RRDN). To ensure preparation for the commencement of the new RRDN contract on 1 October 2024, UHL is required to deliver a number of transition milestones. This is being coordinated by a group led by Andrew Furlong with support from UHL's Associate Director of Strategy and Partnerships Simon Pizzey, and CRN East Midlands Host Project Manager Carl Sheppard. The group will also seek input from other departments (such as HR, Estates, R&I) as needed to ensure the completion of the relevant milestones. Following a competitive recruitment process, Elizabeth Moss (current Chief Operating Officer of CRN East Midlands) has been appointed as the new East Midlands RRDN Network Director and will be working closely with the Host to support the implementation of the RRDN. The next milestones relate to the processes for appointing the other RRDN Senior Leadership roles. There has been constructive dialogue between colleagues to support this and the work is currently on track.

UHL will also be expected to develop an RRDN Hosting Implementation Plan and submit it to the NIHR CRN Coordinating Centre (CRNCC) for approval. Work on this is expected to commence in the new

year. The CRNCC is currently delivering a series of service design workshops involving staff from the regional Networks. Feedback from these workshops will be used to define the high level outline of the new RDN services.

Also commencing in October 2024, the NIHR will be establishing 12 Regional Research Leadership Offices (RRLO) to promote and coordinate opportunities across the healthcare professions. These offices will be co-located with the RRDN, and form part of that hosting contract.

ii) Next steps from NIHR Reset: Springboard Programme

To address the post-pandemic challenges across the UK clinical research delivery system and support the delivery of research, the Department of Health and Social Care (DHSC) and colleagues in the devolved administrations, have been working with partners across the UK to identify measures to strengthen the UK's research base and life sciences sector.

The formal NIHR Reset programme has now closed and it was recently announced that the programme has achieved its aim of ensuring that 80% of open studies on the NIHR CRN Portfolio are delivering to time and target. This will be an ongoing goal to continuously work towards across England, and of course to ensure East Midlands led studies are contributing to this objective. To ensure that this remains the case, new Terms and Conditions (T&Cs) for NIHR CRN support have been introduced and shared with relevant stakeholders.

The next stage is the 'Springboard' Transformation Programme, which aims to embed the tools and ways of working from 'Reset' into future NIHR CRN/RDN services. This will focus on improving performance management & monitoring of research studies, as well as the process for study start-up and initiation. The outcome of this programme will be to ensure a more effective and consistent service for researchers & sponsors across the whole study pathway.

iii) Under-served Communities Funding

Over the last two financial years, CRN East Midlands (alongside all the LCRNs in England) has been required to set aside a minimum of 2% of annual funding to focus on expanding clinical and applied research to under-served regions and communities with major health needs. In the East Midlands £1.2M has been made available to invest in this important area.

Following two application-led funding calls, 50 bids have been funded across Partner organisations in a range of settings. An interim report has been produced describing the management of the funding stream and analysis of the impact to date. This report is attached at Appendix 2 for the information of the Board. Furthermore, we will be creating a collection of case studies showcasing several under-served projects that have been funded. These case studies will be shared widely and can be included as part of one of our future reports if this would be of interest to the Board.

2. Financial Position

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

As the next financial year is approaching, further advice has recently been provided from the CRN Coordinating Centre as to financial planning for the year ahead. The LCRN budget will cover the first six month period to 30 September 2024, with the new RRDN contract and associated budget to cover from 1 October 2024 - 31 March 2025. With this in mind, we are aware there will be different reporting

requirements during the coming year, however, where possible, the Network is keen to manage 2024/25 as a full 12 month period both centrally and for our partners.

As recently discussed with the Partnership Board, the intention will be to retain a level of stability, whilst also allowing for growth, rebalancing for some and funding to reflect future research delivery needs. The approach to this will consider partner activity, although will not be a pure Activity Based Funding (ABF) model; local partner/CRN intelligence will also be important. There is no intention to reduce any individual partner budget by more than 10% and this will be balanced against the need to allow growth to be available across all sectors/settings.

Further planning work is currently in place, alongside individual partner conversations, with the intention to have outline budgets and guidance available in December, to facilitate the preparation of Annual Financial Plans for the first 6 months of 2024/25, in Q4 of 2023/24.

3. Performance (CRN High Level Objectives)

Within the Performance and Operating Framework for the CRN, there are a range of performance expectations across all areas of work, including the High Level Objectives (HLOs). The HLOs are nationally set objectives for the Clinical Research Network relating to research delivery. The HLOs have been updated for 2023/24 and are set out in the table below. With the exception of the PRES local ambition, all HLOs are measured at CRN-wide (national) level, however, the Network is keen to show our regional contribution to these national metrics.

Objective		Measure	National ambition	East Midlands data (data cut: 14/11/23)
Study Delivery (SD)	Support sponsors to deliver their NIHR CRN Portfolio studies to recruitment target	Percentage of <u>open</u> to recruitment commercial contract studies which are predicted to achieve their recruitment target	80%	81%
		Percentage of <u>open</u> to recruitment non-commercial studies which are predicted to achieve their recruitment target	80%	67%
Participant Experience (PE)	Demonstrate to participants in NIHR CRN supported research that their contribution is valued through collecting their feedback and using this to inform improvement in research delivery	Number of NIHR CRN Portfolio study participants responding to the Participant Research Experience Survey (PRES)	1,344 (local) 14,000 (national)	1,502
Expanding our work with the life sciences industry to improve health and economic prosperity (ELS)	Sustain or grow commercial contract research	Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total MHRA CT approvals for PHASE II-IV studies	75%	Not locally applicable

With respect to the data in the above table, we can provide the following supporting commentary:

- For the Study Delivery (SD) measures, this objective relates to studies which are locally led. CRN East Midlands is meeting the ambition for commercial studies, however, we are still below the ambition for non-commercial studies, which was uplifted this year from 60% (for 22/23) to 80% (for 23/24). There are a number of actions being undertaken across the region to work with study teams and Sponsors to meet the 80% ambition level.
- For the Participant Experience (PE) objective, CRN East Midlands has now surpassed our year-end ambition, which is an excellent achievement. We have set ourselves an internal stretch target and are working well towards this.

With respect to broader areas of performance, CRN East Midlands is continuing to perform strongly. As of 14 November 2023, we can report the following:

- CRN East Midlands has recruited 58,218 participants into NIHR CRN Portfolio studies and we are still the top recruiting LCRN out of the 15 regional Networks.
- CRN East Midlands Primary care continues to make a significant contribution and is still the top recruiting 'organisation' in England with recruitment of 27,395 participants.
- CRN East Midlands has recruited 5,289 participants into commercial studies and we are now in third position (previously fourth at the time of our September report) out of the 15 regional Networks. This is our best regional performance ever for the CRN East Midlands.

4. Risks & Issues

Risks and issues are formally reviewed through the CRN Executive Group chaired by Andrew Furlong. A risks & issues register (Appendix 3) is maintained with risks discussed and mitigating actions agreed; this is shared periodically with the NIHR CRN Coordinating Centre. Risks and issues are recorded on the register as follows:

- Risk #065 - Uncertainty around the future arrangements of the Network (as it transitions to the RRDN) could negatively impact planning and performance of the CRN. This risk has been moved to a live issue (see Issue #11 below).
- Issue #09 - It is becoming increasingly difficult to recruit to CRN posts. This is caused by a range of factors, which are described on the issues register. This is resulting in management time being spent on having to re-advertise posts, unpicking issues and not being able to deliver promptly on services and broader aspects of research study delivery. There has been some progress with respect to actions, however, this remains challenging as this is a system wide issue. This issue continues to be rated as medium priority with moderate severity.
- Issue #10 - There are ongoing delays to payment of all CRN invoices from suppliers and partners, breaching the contractual obligation. This could negatively impact the reputation of the CRN & UHL and affect some elements of study and business delivery. We are continuing working with the Host Finance Lead and have scheduled regular meetings with the UHL Accounts Payable team. Further remedial actions are set out on the issues register. Some progress has been made, however, this issue remains a concern. We have a plan for regular review of the weekly trust finance reports and adapting our own reporting to capture data that the trust systems do not report on. This issue is rated as high priority with moderate severity.

- Issue #11 (previously risk #065) - Uncertainty around detail of RRDN services and team structures in the future Network (as it transitions from the LCRN to the RRDN) negatively impacting staff morale and productivity, potentially impacting contract delivery. Although over recent weeks, the announcement of UHL as the RRDN Host organisation and appointment of the future Network Director have provided some assurance, the lack of future detail of the RRDN is creating some uncertainty. The Transition Lead and new Network Director will work closely with the Host to support the transition requirements and we will continue to communicate regularly with our teams and partners to support them during this period. This issue is rated as medium priority with moderate severity.

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

- Elizabeth Moss, Chief Operating Officer, elizabeth.moss@nihr.ac.uk or
- Professor Azhar Farooqi OBE, Clinical Director, azhar.farooqi@nhs.net or
- Professor David Rowbotham, Deputy Clinical Director, david.rowbotham@nihr.ac.uk or
- Carl Sheppard, Host Project Manager, carl.sheppard@nihr.ac.uk

Supporting documentation

- Appendix 1 – Finance Update Report
- Appendix 2 – Under-served Funding Interim Report
- Appendix 3 – Risks & Issues Register

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: CRN EM EXECUTIVE GROUP

DATE: 23rd November 2023

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

SUBJECT: CRN EM FINANCE UPDATE: PERIOD 6 23/24 Forecast Outturn Summary

1. Purpose

This report provides an update on the 23/24 year forecast outturn position as at period 6, September 2023, an explanation of any significant variances to the annual plan and an update on any issues for information.

2. Forecast Variance at Period 6

The table below summarises the annual plan to forecast outturn position at period 6 (September 2023). Appendix A provides a more detailed summary by cost centre and actual to date income and expenditure. The variance will be explained further within the report.

Table 1 Annual Plan Compared to Outturn Forecast As At Q2

	2023/24 Annual Plan	Forecast (Income)/ Expenditure	Variance (Surplus)/Deficit
	£000's	£000's	£000's
Income	(£24,849)	(£24,893)	(£44)
Expenditure	£24,850	£24,531	(£319)
To be allocated :			£0
Underserved Communities, Clinical Supporting Services and Strategic activities	£0	£363	£363
TOTAL	£0.00	£0.00	£0.00

Main points to note:

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

As previously reported the level of additional funding notified on 5th April not originally included in the AFP has increased the level of contingency. This will be invested in further supporting under-served communities, clinical supporting services, and other strategic activities.

Linked to this, there are a number of vacant posts. Funding plans are in place noting where this relates to appointing new posts this will take some time due to recruitment process lead times. However, plans to spend this funding in full, by year end are in place.

CRN team have reported, it has become increasingly challenging to appoint to research roles, whilst for some posts there have been a had a good number of applications, the quality of candidates has not always been of a sufficient standard to fill these posts. The pool of research staff, both in delivery and supporting roles, from which many different NIHR and other teams are seeking to appoint is quite limited.

The additional challenge now being faced a lack of clarity around some of the CRN central services, post September 2024. At present, it is not prudent to advertise SSS or some other central posts when it is not clear as to what these services will look like, or what type of workforce will be needed in future. This will begin to put a strain on the existing workforce, as the workload remains, but the workforce potentially shrinks. Without clarity as to the future of the RRDN and its associated services this is becoming a significant concern

3. Other Updates

3.1 Accounts Payable - invoice Payment Process

The issue of late processing of invoices and general delays was reported at the last Executive. Host finance agreed to convene a review meeting with CRN to review the position and put in place periodic performance review meetings with a view to providing a more stable service going forward.

As AP Team update and revise their operating arrangements, there will be a period of transition, including staff changes to be taken into consideration. The auto forwarding facility from CRN AP inbox is operational, this will ensure supplier invoices flow into AP main inbox to avoid delays previously experienced.

Performance monitoring meetings will continue to be scheduled on a monthly basis for the time being until issues are resolved. So currently, this remains a work in progress.

3.2 Staff & Capacity Issues

The CRN finance team have continued to have staffing issues this year and generally increasing workload as well as period of long term sickness having an impact. With RRDN transition requirements, there is likely to be additional workloads which now need to be planned for.

4. Recommendations

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

Appendix 1

**Summary by cost centre – Annual Plan to Forecast Variance Summary as at Period 6
(September 2023)**

	2023/24 Annual Plan	April to September 2023 YTD Actual	Forecast	Forecast to Plan Variance (Surplus)/ Deficit
	£'000	£'000	£'000	£'000
Income				
NIHR Allocation	24,849	12,508	24,893	(44)
Expenditure				
NETWORK WIDER TEAM	708	271	571	(137)
HOST SERVICES	388	189	394	7
MANAGEMENT TEAM	857	420	824	(34)
SSS Team	612	303	638	26
DIRECT DELIVERY TEAM CENTRAL	530	214	455	(75)
CLINICAL & SG LEADS	204	102	211	7
NON PAY NON STAFF	230	111	421	192
NON NHS SSC	90	47	100	10
DDT TRANSFORMATION	712	337	684	(28)
TRANSFORMATION NON DDT	197	62	119	(78)
PUBLIC HEALTH	77	30	36	(42)
ADDITIONAL FUNDING	32	38	243	211
UNDERSERVED COMMUNITIES	461	125	535	73
RSI	1,332	775	1,312	(20)
ETC	0	89	89	89
PARTNER ORGANISATION INFRASTRUCTURE	18,419	8,740	17,899	(519)
Expenditure Accrual		652		0
TOTAL EXPENDITURE	24,850	12,504	24,531	(319)
VARIANCE (TO BE ALLOCATED)	0	4	363	363

Clinical Research Network East Midlands Under-served Funding Interim Report - 14 November 2023

Background

Since April 2022, the Department for Health and Social Care, the National Institute for Health and Care Research (NIHR) has instructed all Local Clinical Research Networks (LCRNs) in England to set aside a minimum of 2% of their funding to focus on expanding clinical and applied research to under-served regions and communities with major health needs. For the Clinical Research Network East Midlands, this equates to just over £920k over the last two financial years (2022/23 and 2023/24). However, as supporting research in under-served communities is a priority for the CRN East Midlands, more funds were allocated totalling c.£1.2 million. In the region, we have 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.

CRN East Midlands Approach

To facilitate the distribution of this funding stream, we conducted two application led funding calls to support organisations to access this funding. The funding calls were open to all partners and stakeholders in the East Midlands, involved in the delivery of current and future NIHR CRN portfolio research. This included Integrated Care Systems/Boards, Local Authorities, General Practices, Care Homes, Hospices, NHS Trusts, Academic organisations and other providers of health and social care services, in which research is undertaken.

Prior to submitting a bid, applicants were required to engage with a member of the CRN management team to discuss their ideas and potential bids, as well as to gain their support and become the bid 'sponsor'. Applications received were reviewed by members of the CRN leadership team. For certain bids, further information was requested from the applicant or expert input was sought from outside the team. Bids were scored by a minimum of five members of the Leadership team using agreed criteria which included aspects such as evidence of serving an under-served community, genuine collaboration, practicality of investment and impact on activity/growth. We also considered the overall geographical spread of the investment and the need to balance investment across a range of under-served communities and specialties.

Over the past 18 months, both funding calls generated significant interest, resulting in a total of 95 submissions. Out of these, 50 bids were successfully accepted for funding. For those

bids that did not secure funding, the CRN sought to provide valuable, constructive feedback. In many cases, these unsuccessful bids led to productive conversations and new connections.

Figures 1 and 2 illustrate the breakdown of successful bids by county and setting.

Figure 1

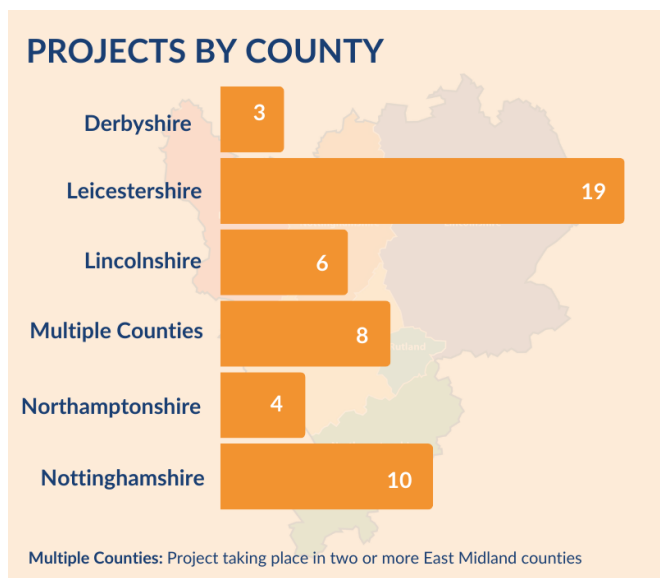
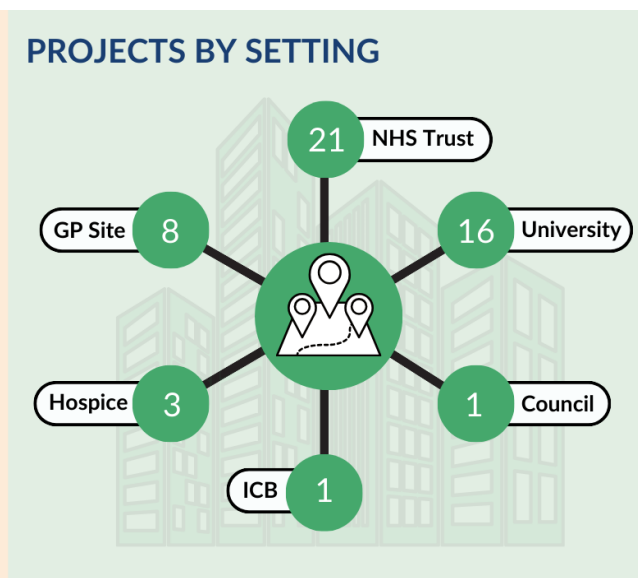


Figure 2



Impact

Throughout the lifespan of the projects, we receive informal feedback and progress updates via the relevant CRN link. The CRN link is a member of the CRN senior management team, who will act as a dedicated single point of contact for the applicant. They will offer guidance and support throughout the project, as well as ensuring that the project remains on track within the agreed timescale and budget.

Upon the completion of a project and once all funding has been fully utilised, a survey is sent to the project lead. This survey serves as a crucial tool for assessing the results of the funding, with a particular focus on whether the project achieved its planned objectives. We are also keen to share learnings and outcomes across the region.

The CRN has successfully expanded the range of partners and types of projects it supports. These projects encompass various settings (see Figure 2) and under-served communities as illustrated in Figure 3. Appendix 1 provides a list of organisations in receipt of under-served funding.

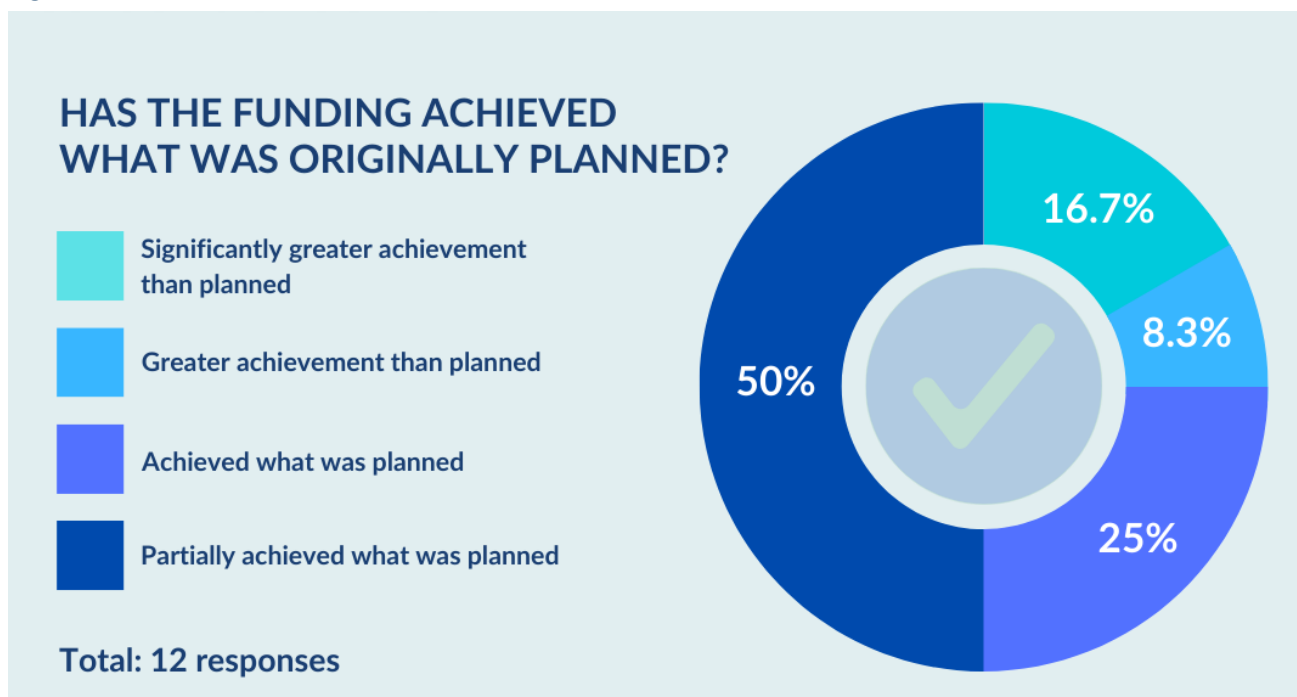
Figure 3



As we approach the 18 month mark since the launch of this funding 16 projects have been successfully completed. We have received 12 completed surveys to date.

As illustrated in Figure 4, 50% of respondents to the survey stated that the funding had helped them achieve their intended objectives. According to the survey results, individuals who only partially realised their initial plans cited various factors as contributing reasons; these factors included staffing constraints, recruitment challenges, and unanticipated issues uncovered during a specific project phase.

Figure 4



Overall, the impact thus far has been favourable. The funding has been well received and has generated a range of positive effects which will have a positive impact on the under-served communities, such as enhancing the visibility and inclusivity of research as well as cultivating interest and understanding of under-served communities and their health needs.

The feedback we have received so far has highlighted that the impact of this investment extends far beyond the initial intentions. These projects have sparked collaborations nationwide, garnered ongoing commitment for additional funding from various sources, and led to the publication of papers and methodologies that will facilitate future learning.

We have created a [dashboard](#) which displays comprehensive feedback received to date, along with a list of ongoing projects. This dashboard offers a concise overview of each individual project.

Next Steps

At present, the closure of this funding stream is scheduled to coincide with the conclusion of the CRN contract on 30 September 2024. At that time we will complete a comprehensive evaluation of the impact of the funding in its entirety. To support this report we will continue to request questionnaires from projects as they complete and will regularly update the dashboard accordingly. This dashboard will remain active and accessible at any time for your convenience, allowing you to review the status of each project as needed.

All funded projects have been fed into the [national under-served funding AppSheet](#) and this will continue to be populated as required. The majority of LCRNs put out a funding call to the research community with the aim of funding under-served projects, and this App was created as a tool to capture all the projects and to facilitate the exchange of learning and knowledge across the regions. The App is available to internal NIHR staff, with the capability to search for projects that may have interconnected themes using keywords.

We are dedicated to promoting shared learning and outcomes throughout the region and maintaining the focus on expanding clinical and applied research to under-served communities with significant healthcare needs in the East Midlands. To facilitate this, we will be creating a collection of case studies showcasing several under-served funded projects that have been funded. These will be disseminated both locally and nationally.

Katie Percival, Research Operation Manager
Rachel Webb, Project Manager

Appendix 1 - Organisations in receipt of under-served funding

Asquith Surgery (Spirit Healthcare), Leicester
Beaumont Leys Health Centre (Spirit Healthcare), Leicester
Bridgeway Practice, Nottingham
Derbyshire County Council
Derbyshire Healthcare NHS Foundation Trust
Willows Medical Centre and Willowbrook Collective, Leicester
Kettering General Hospital NHS Foundation Trust
Leicester, Leicestershire and Rutland ICB
Leicestershire Partnership NHS Trust
Lincolnshire County Council
Lincolnshire Community Health Services NHS Trust
Lincolnshire Partnership NHS Foundation Trust
Northamptonshire Healthcare NHS Foundation Trust
Nottingham Centre for Transgender Health
Nottingham City GP Alliance (NCGPA)
Nottingham University Hospitals NHS Trust
Nottinghamshire Healthcare NHS Foundation Trust
Rainbows Hospice for Children and Young People
The Central Surgery (Oadby), Leicester
The Oaks Medical Centre, Nottingham
University Hospitals of Derby & Burton NHS Foundation Trust
University Hospitals of Leicester NHS Trust
University of Leicester
University of Lincoln
University of Nottingham
West Northamptonshire Council

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 (Pxl)	Proximity	Response Actions	Action owner(s)	Action status	Probability	Impact	Value (Pxl)	Risk status (open or closed date)	Trend (since last reviewed)
R065	Performance	Apr-23	COO	Uncertainty around the future arrangements of the Network (as it transitions from the LCRN to the RRDN) could negatively impact planning and performance	<p>Cause: Current Host contract has been extended by six months to 30 September 2024 prior to formation of new Regional Research Delivery Network on 1 October 2024.</p> <p>Effect: Lack of clarity around future six-month budget makes planning challenging, potential instability/anxiety amongst staff, performance goals could be negatively affected as we can only plan on a short-term basis.</p>	3	3	9	April 2024	Communicate regular updates to staff in relation to future Hosting arrangements and RRDN Any concerns from staff to be escalated to leadership team, and discussed directly with staff Transition Lead started in July to support the transition from the current LCRN to the new RRDN arrangements. The lead will work with POs to support this process. Work with Host to support transition to the RRDN Network Director to work with Host to support transition and future arrangements	COO Leadership team COO/ Transition Lead COO/HPM RRDN ND	4 4 4 4 1	2	3	6	Closed - moved to issues register (# 111) 23.11.23	Static

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: 04.12.2023

Issue ID	Issue Type	Date Raised	Owner	Description	Severity	Priority	Actions	Action Owners	Action status	Issue status
I09	Services	Jul-23	COO	<p>It is becoming increasingly difficult to recruit to CRN funded and other research posts. This is caused by a range of factors, primarily:</p> <ul style="list-style-type: none"> • shortage of nurses and wider NHS workforce • difficulties in attracting staff to work in the NHS • some unnecessary delays with HR at UHL <p>The impact of this is that management time is being spent on having to re-advertise posts, unpick issues and not being able to deliver promptly on services and broader aspects of research study delivery, where posts are vacant for a longer period of time.</p>	Moderate	Medium	Provide feedback nationally to identify and explore common issues affecting recruitment	WFDL	4	Open
							Work with HR to improve appointments process	COO	1	
							Identify opportunities to engage with career fairs	WFDL/ STLs	4	
							Use LinkedIn to advertise roles more widely	Comms Lead	4	
							Ongoing work to explore different ways of promoting DDT roles, and research delivery roles within POs	WFDL/ STLs	4	
							Issues/delays to be escalated internally to COO to raise with HR	COO	4	
I10	Services	Sept-23	HFL	<p>There are ongoing delays to payment of all CRN invoices from suppliers and partners, breaching the contractual obligation, to negatively impact reputation of CRN & UHL and affect some elements of study and business delivery.</p>	Moderate	High	Monthly collation of data points for invoice payments	HFL	2	Open
							To report this to CRN Executive Group on a quarterly basis	HFL	4	
							To update the Host Finance Lead on a monthly basis	DCOO	4	
							Ensure appropriate escalation of delays due to management of AP inbox	HFL	4	
							Identification of senior member of the Accounts Payable team to escalate and when possible have regular update meetings	HFL	4	
							Management of relationships with suppliers and partners by senior CRN staff	DCOO	4	
I11 (previously risk #65)	Services	Nov-23	COO	<p>Uncertainty around detail of RRDN services and team structures in the future Network (as it transitions from the LCRN to the RRDN) negatively impacting staff morale and productivity, potentially impacting contract delivery.</p>	Moderate	Medium	Communicate regular updates to staff in relation to future Hosting arrangements and RRDN	COO	4	Open
							Any concerns from staff to be escalated to leadership team, and discussed directly with staff	Leadership team	4	
							Transition Lead started in July to support the transition from the current LCRN to the new RRDN arrangements. The lead will work with POs to support this process.	COO/ Transition Lead	4	
							Work with Host to support transition to the RRDN	COO/HPM	4	
							Network Director to work with Host to support transition and future arrangements	RRDN ND	1	
							LCRN to input into ongoing RDN service design work	Senior Team	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