

Meeting title:	UHL Public Trust Board	Public Trust Board Paper K			
Date of the meeting:	13 November 2025				
Title:	East Midlands RRDN Quarterly Board Report				
Report presented by:	A Furlong, Medical Director & E Moss, Network Director, East Midlands RRDN				
Report written by:	E Moss, Network Director, East Midlands RRDN and C Sheppard, Corporate Services Manager, East Midlands RRDN				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously	East Midlands RRDN Host Governance Group on 30 October 2025.				

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 RRDN Host Contract. The report does not relate to any significant risks.

Impact assessment

N/A

Acronyms used:

ARDT - Agile Research Delivery Team
 DHSC - Department of Health and Social Care
 NIHR - National Institute for Health and Care Research
 RDN - Research Delivery Network
 RRDN - Regional Research Delivery Network

Purpose of the Report

The purpose of this report is to provide an update on current RRDN priorities and assurance regarding the latest RRDN financial position and risks & issues.

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

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 an update on recent progress and current priorities for the RRDN. This includes work to support the government’s 150 days clinical trial set-up target, information regarding the 2026/27 RDN

funding approach, updates on activities the RRDN is delivering to support Research Engagement and Inclusion, and progress with respect to establishing the RRDN Agile Research Delivery Team.

For assurance purposes, the report also includes information pertaining to the RRDN 2025/26 financial position and an update on key risks and issues. Appended to this report is our latest Finance update report and current risks & issues register.

Main report detail

1. RRDN progress and priorities

i) 150 days set-up target

As announced by the Prime Minister in April 2025, the UK government is committed to reducing the time it takes to set up a clinical trial from over 250 days, down to 150 days, by March 2026. This commitment is one of the headline actions in the recently published Life Sciences Sector Plan and is reinforced in the 10 Year Health Plan for England.

The RDN has an important part to play in helping the health and care system achieve this target. This will involve activities such as assisting delivery organisations to complete their data accurately in a timely manner, ensuring communications are clear and consistent, working with sites to expedite study set-up where possible, and providing dedicated support to specific commercial studies through our industry offer.

The 150 days project is a key priority for the RDN and will require a significant amount of work over a short time period. The East Midlands RRDN leadership recently held a meeting with delivery partners to give an overview of this project and seek feedback across several areas. This included discussing communication approaches, data requirements, barriers & enablers, and exploring successful approaches that can be shared across the region. It is clear that across the region there are common barriers, particularly around delivery and specialist capacity (e.g. imaging, pharmacy) which will remain challenging, alongside aspects where some targeted work may prove beneficial, such as data. A number of data visualisation tools are currently being prepared and will be shared with partners to support this work.

As this work evolves, we will continue to communicate regularly and offer a range of engagement opportunities to support partners with this work. Furthermore, we are making some targeted funding available for organisations that can demonstrate impact on improving set-up times

ii) NIRDN funding approach 2026/27

From April 2026, a new national funding model for the NIHR Research Delivery Network (RDN) will be introduced. This model will replace the current regional funding distribution approaches. The RDN has consulted a range of stakeholders to develop this new model which is a more transparent, fair, and predictable system of funding that supports the NIHR's strategic ambitions. The new model will allocate funding for three main areas:

- Research delivery within NHS Trusts and wider care settings
- Strategic funding
- RRDN workforce

There is also short term funding allocated via the RDN to clinical support services and pharmacy capacity funding.

Under the new model, each NHS Trust will receive a nationally derived annual funding allocation. This is based on past research activity, previous Network funding and elements of performance against key metrics. This includes some aspects of the 150 days set-up metric, outlined in the above item. The provisional allocations were confirmed on 3 November 2025 and are set out in Table 1 below. Some organisations have received an increase in funding, whereas others will receive a reduction. We will work with partner trusts as to managing shifts in funding, and advise on optimum investment of the future. This presents an opportunity for growth for some organisations but will be challenging for some.

Final 2026/27 allocations will be confirmed once the Q3 data cut has been completed and all strategic and wider care settings funding awards have been finalised.

This has been recorded as Issue #05 on the Issue Log with further details set out in section 3 of this report.

Table 1. RDN Indicative Funding Allocations for East Midlands NHS Trusts 2026/27

Trust	2026/27 RDN funding indicative allocation	Annual % change
Chesterfield Royal Hospital NHS Foundation Trust	£ 575,887	(3.65%)
Derbyshire Community Health Services NHS Foundation Trust	£ 154,205	(7.00%)
Derbyshire Healthcare NHS Foundation Trust	£ 343,997	(6.18%)
East Midlands Ambulance Service NHS Trust	£ 99,921	6.49%
Kettering General Hospital NHS Foundation Trust	£ 823,592	19.83%
Leicestershire Partnership NHS Trust	£ 503,239	(6.72%)
Lincolnshire Community Health Services NHS Trust	£ 87,357	1.69%
Lincolnshire Partnership NHS Foundation Trust	£ 460,114	(6.08%)
Northampton General Hospital NHS Trust	£ 813,433	(4.40%)
Northamptonshire Healthcare NHS Foundation Trust	£ 289,344	(7.00%)
Nottingham University Hospitals NHS Trust	£ 4,761,213	7.69%
Nottinghamshire Healthcare NHS Foundation Trust	£ 706,779	18.46%
Sherwood Forest Hospitals NHS Foundation Trust	£ 920,787	(3.93%)
United Lincolnshire Teaching Hospitals NHS Trust	£ 1,032,648	(7.00%)
University Hospitals of Derby and Burton NHS Foundation Trust	£ 2,324,292	(2.79%)
University Hospitals of Leicester NHS Trust (RRDN Host Organisation)	£ 5,117,068	7.50%

Source: <https://rdn.nihr.ac.uk/documents/indicative-nihr-rdn-funding-model-allocations>

Organisations outside of NHS Trusts will be required to make an application through a Wider Care Settings mechanism, which will be nationally consistent, but locally managed, with further details to be advised shortly. Across all Networks the funding available for research delivery in Wider Care Settings is increasing over time, in line with the Government agenda to shift from Hospital to Community.

iii) Research Engagement and Inclusion

The RDN Research Engagement and Inclusion function is dedicated to improving the inclusion of all people in research. A key focus is to increase the proportion of participants from communities that are currently under-represented or under-served by research. This is achieved through key programmes of work including but not limited to, increasing uptake of our research registries Be Part of Research (BPOR) and Join Dementia Research (JDR), rolling out our Research Ready Community programme in neighbourhoods across the East Midlands that are research naive and involving more members of the public.

The RRDN's will work collaboratively to develop a 'One Public Partner Community' which will see a national database of members of the public that are accessible to researchers more easily than current systems. The impact of this will hopefully be demonstrated through more public involvement at every stage of the research pathway. Our Research Ready Community Programme this year will focus on a community organisation in Wellingborough, Northamptonshire which has already built strong connections with the Black, African and Caribbean communities in this neighbourhood. We will work with this organisation to build trust and awareness of research with a view to enabling this community to access research through the registries mentioned above. The Research Engagement and Inclusion team focus on ensuring that we offer an inclusive and diverse portfolio of studies and will work with delivery organisations, NIHR partners and our wider East Midlands Communities to deliver this.

iv) Agile Research Delivery Team – update

Over recent months, UHL HR colleagues along with the RRDN Leadership Team have led a formal Management of Change (MOC) process to implement the new nationally-defined Agile Research Delivery Team (ARDT) structure. This team includes a range of clinical and other staff who enable and directly support the delivery of NIHR studies across a wide range of health and care specialties and settings. The formal consultation has concluded and the new team structure will come into effect from 1 January 2026.

As part of this, there will be c.20 roles which need to be advertised and appointed to in the coming months to ensure research delivery can be supported across the region. We will need to work closely with the HR team at UHL to enable these appointments to be made.

2. Financial Position

Our latest Host finance report is attached at Appendix 1. This report provides an update on our latest financial position for 2025/26, with a balanced year end position currently forecast, in line with DHSC requirements.

3. Risks & Issues

Risks and issues are formally reviewed through the RRDN Host Governance Group chaired by Andrew Furlong. A risks & issues register is maintained with risks/issues discussed and mitigating actions agreed; this is shared periodically with the NIHR RDN Coordinating Centre (RDN CC).

Risks and issues are recorded on the RRDN register (Appendix 2) as follows:

- **Risk: R07** - There is a risk of delays/inability to recruit to RDN funded research delivery posts across all partners due to recruitment freezes/restrictions, thus impacting research delivery. Following extensive investigation with delivery organisations, who have been able to prioritise roles to date, this is not deemed a sufficient risk at this time and has been closed on the register.
- **Risk: R08** - There is a risk that patient identifiable information, or commercially sensitive information, may be uploaded to the NIHR system by a UHL employed East Midlands RRDN member of staff. This relates to a national app the staff member has been developing, where users from across the UK can upload data. Ownership of the app was transferred to a shared, national account on 24 October 2025, therefore this is no longer a risk and has been closed on the register.
- **Risk: R09 (NEW)** - There is a requirement to grow the Agile Research Delivery Team (ARDT) in line with a nationally defined structure and set funding allocation. This will involve recruiting c.20 vacant posts across the team by the end of 2026/27. The team is currently under capacity, which could result in an inability to deliver this service effectively across the region and meet Host contractual requirements until the full team is established. Notably, this could impact our ability to expand research into wider care settings and other key government priorities. A recruitment strategy has been developed to support this and vacancies will be shared across the regional wider health and care workforce. We will ensure the ARDT capacity we have is deployed in line with national priorities, recognising that some placements may be reduced/curtailed to achieve this. Currently the probability is scored as possible and the impact is scored as moderate giving a medium risk rating overall.
- **Risk: R10 (NEW)** - Host HR processes could result in delays appointing to vacant RRDN posts, specifically for the Agile Research Delivery Team (see risk R09 above). This could reduce the ability of the RDN to support all organisations across the region and increase pressure on existing staff, leading to further reduced capacity due to burn out. This concern has been escalated to the RRDN Host Executive Lead and Chief Executive and agreement has been provided by Host HR Leadership regarding the need for swift HR processes. We will continue to work with HR links and Recruitment Services to expedite pending vacancies through the exception process and monitor this process closely, as the process in place does still include some delays. Currently the probability is scored as possible and the impact is scored as moderate giving a medium risk rating overall.
- **Issue: I04** - The national project to review the configuration of the Agile workforce is causing uncertainty/instability for the RRDN Agile Research Delivery Team. The Management of Change consultation has completed and the new team structure will come into effect in January 2026. Therefore, this is no longer an issue and has been closed on the register.
- **Issue: I05 (NEW)** - The new national RDN funding model has resulted in some increases and critically some reduction in 2026/27 funding allocations for some regional NHS Trusts. This could lead to a reduced capacity to deliver research and contribute to national research initiatives. We will be working closely with organisations to support planning and management of their budgets. This will include advising on where to make investment to maximise impact and value for money, based on current and pipeline studies, supported by our Senior Team Links. We will also be offering drop-in sessions for further discussion, promoting opportunities to apply for additional funding (e.g. strategic, wider care where applicable), and any identifying areas where the Agile Research Delivery team may be able to support. Finally, we will share further detail on the funding model, to support organisations to maximise future income via improved performance. Currently this issue is rated as medium priority and moderate severity.

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

- Elizabeth Moss, Network Director, elizabeth.moss@nih.ac.uk or
- Carl Sheppard, Corporate Services Manager, carl.sheppard@nih.ac.uk

Supporting documentation

- Appendix 1 - Finance update report
- Appendix 2 - Risks & issues register

RRDN EM Finance Update – 25/26 Forecast Outturn

REPORT TO: UHL Host Governance Group

DATE: 13 October 2025

FROM: Matthew Williams (Finance Manager, East Midlands RRDN), Mahendra Wadhwa (Head of Financial Management - R&I & Host Finance Lead)

1. Purpose

This report provides an update on the 25/26 in year position and an explanation of any significant variances to the annual plan with relevant information in relation to the financial management of RRDN.

2. YTD Position

The table below notes the YTD expenditure for M1-6 of £13.5m. The variance to YTD budget of £14.5m is £1.0m. This is predominantly driven by underspends on pay, driven by vacancies that have not yet been reallocated and delays to the commencement of Strategic Funding (forecasted to increase in M7-12).

3. Forecast Outturn Position

The table below summarises the forecast outturn position as at quarter two (September 2025). The summary provides a breakdown of the expenditure plans against the funding allocation categories. These align with reporting requirements to the NIHR Co-ordinating Centre. At the end of quarter 2, EM RRDN is forecasting a balanced position.

	ACTUAL to DATE (YTD) to SEPT 2025 £'000s	FUNDING ALLOCATION £'000s	FORECAST OUTTURN AT SEPTEMBER 2025 £'000s	VARIANCE Under/(Over) £'000s	COMMENTS
Fixed RRDN Team	1,375.80	2,861.50	2,860.70	1	Forecast broadly in line with budget. Variances due to vacancies across Management Team, post "Management of Change". £168k forecasted underspend against allocation moved to Fixed Prospective Allocations at M06, in line with virement limits.
Total Agile costs	968.5	2,549.10	2,549.10	0	RRDN's have been instructed by DHSC to rebalance any underspends in this category to cover exceptional payments for all RRDN's. At M06, EM RRDN is forecasting a £578k underspend against allocation, which will be adjusted to match actual expenditure.
RRDN Staff SUB TOTAL	2,344.30	5,410.60	5,409.80	1	
Host Services	143.3	494.1	494.1	0	Overall costs are being finalised. Costs relating to Paget House are awaiting finalisation, so are estimated.
LPMS	94	188	188	0	Fixed cost matched to allocation, as detailed in LPMS contract.
Host Services Costs SUB TOTAL	237.3	682.1	682.1	0	
Fixed Prospective Allocations	10,246.50	20,972.90	20,932.30	41	Any forecasted underspend will be used to support Delivery Organisations. Plans currently being reviewed/finalised.
Clinical Support Services	190.8	392.9	397.9	(5)	EM RRDN may only spend within original allocation. Quarterly reporting will transfer any balancing figure to Fixed Prospective Allocations.
Pharmacy Capacity Funding	138.2	276.3	276.3	0	DHSC pass-through funding. Reported from an impact perspective.
Support for delivery to NHS sites	0	0	79.4	(79)	Estimate at M06 of amount required to support research delivery at NHS sites.
Research Delivery Support to Sites SUB TOTAL	10,575.50	21,642.10	21,685.90	(44)	
Strategic Development	344.4	1,200.20	1,157.40	43	Current estimate of overall strategic commitment across 3 areas of strategic development.
Other SUB TOTAL	344.4	1,200.20	1,157.40	43	
Total	13,501.50	28,935.10	28,935.10	0	

*Note: RRDN are allowed to vire up to 1% of the overall allocation (up to £290k) between funding categories without authorisation from the NIHR Coordinating Centre.

The RRDN moved £287k at month 3 (post the host governance group report for July) and a further 168k at month 6, from Fixed RRDN Team to Fixed Prospective Allocations. This has enabled the budget that was previously ringfenced for the RRDN Management Team to be allocated to partner organisations for research delivery.

4. Recommendations

The Host Governance Group is asked to note the forecast outturn position.

Host organisation: University Hospitals of Leicester NHS Trust

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)
R07	Performance	06.05.25	Network Director	There is a risk of delays/ inability to recruit to RDN funded research delivery posts across Delivery Organisations due to recruitment freezes/restrictions	<p>Cause: Restrictions on recruitment activity and wider financial pressures on NHS Trusts & other organisations across the system.</p> <p>Effect: Risk of potential underspend of RRDN budget, negative impact on research delivery performance, specifically delay RRDN strategic investment and ability to achieve our strategic goals.</p>	2	3	6	July 2025	Identify any potential issues when liaising with DOs	STLs	4	2	3	6	Closed 23.9.25	Decreased
										Use of RRDN Vacancy Restriction Letters for supporting Delivery organisations where required	STLs	4					
R08	Information	09.07.25	Strategic Development Director	There is a risk that Patient Identifiable Information (PII), or commercially sensitive information, may be uploaded to the NIHR Drive of a UHL employed EM RRDN member of staff	<p>Cause: The East Midlands team developed a digital solution (Site Identification app) to support the identification of research sites. This solution was intended to be a pilot but the scope has significantly extended to now provide UK and NIHR wide coverage, generating a significant number of users. Users are able to upload a profile of their site through the app. When such files are uploaded, they are stored on the NIHR Drive of the individual member of staff within the East Midlands Team who created the app.</p> <p>Effect: Given the high volume of users there is a risk that a user uploads a document containing PII or commercially sensitive data in error, which would then be linked to the account of a member of the East Midlands team. DHSC is the data controller and data owner for all data that is used/processed/collected/shared etc for the purposes of RDN business as agreed in the contract. As such, this risk around data ownership would sit with DHSC. However, given the involvement of a UHL employed member of staff there is a risk that UHL support may be required should this risk materialise.</p>	3	2	6	July 2025	A change has been implemented to stop studies submitted after July 1st from uploading attachments. Functionality to upload attachments will continue to be available for a small number of studies until July 17th. After this date all studies will complete standard data fields, rather than upload attachments. This will significantly reduce, although not remove, the risk of PII or commercially sensitive data being added by users in error.	SDD	5	1	1	2	Closed 24.10.25	Decreased
										A key issue is that the app is linked to the account of an individual. Work has started to transfer ownership of the app to a national, shared account. Transfer is scheduled to complete on October 24th	SDD	4					
										The staff member involved is trained in Data Protection & Information Governance and is aware of the appropriate actions to take if any sensitive data is uploaded	SDD	5					
R09	Services	09.10.25	Operations Director	There is a requirement to grow the Agile Research Delivery Team (ARDT) in line with a nationally defined structure and set funding allocation. The team is currently under capacity, which could result in an inability to deliver this service effectively and meet Host contractual requirements.	<p>Cause: East Midlands RRDN is required to implement the new nationally defined ARDT structure in compliance with a set funding allocation. This will involve recruiting c.20 vacant posts across the team by the end of 2026/27.</p> <p>Effect: Period of reduced capacity could impact on our ability to fully deliver the ARDT service, particularly with respect to expanding research into wider care settings (strategic priority). This could potentially have an impact on the new national 150 day target to set up trials any any other gov priorities. Additionally, there is a minor risk that the ARDT funding allocation is not fully utilised, although this is somewhat mitigated.</p>	4	3	12	Ongoing	Develop a recruitment strategy to ensure the vacancies are shared across the regional wider health and care workforce, linking with recruitment teams where appropriate.	HRD (OOHS)	4	3	3	9	Open	New
										Manage recruitment in 3 phases, according to the needs of the service, to ensure the recruitment, onboarding and induction processes can be managed effectively	HRD (OOHS)	4					
										Ensure the ARDT capacity we have is deployed in line with national priorities, some placements may be reduced/curtailed to achieve this	HRD (OOHS)	1					
R10	Services	30.10.25	Operations Director	Host HR processes could result in delays appointing to vacant RRDN posts specifically for ARDT (see risk R09 above)	<p>Cause: Host recruitment control processes have been tightened, e.g. reduced frequency to monthly for Vacancy Control panels, due to financial & workforce requirements across the NHS</p> <p>Effect: Delays in appointing to RRDN vacancies (notably c. 20 posts for ARDT) could reduce the ability of the RDN to support all organisations across the region and increase pressure on existing staff, leading to again further reduced capacity due to burn out. Potential non-compliance with Host Contract.</p>	4	3	12	Ongoing	Escalate to RRDN Host Executive Lead and Chief Executive	ND	5	3	3	9	Open	New
										Seek agreement from Host HR Leadership regarding the need for swift HR process	ND	5					
										Work with HR links and Recruitment Services to expedite pending vacancies through the exception process	HRD (OOHS)	4					
										Developed RRDN specific Case of Need form in line with HR recommendations for exemption of RDN posts, requirement to update this to aid swift approval	CSM	4					
										Monitor this process closely	HRD (OOHS)	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

East Midlands RRDN - Issues Register

Date last reviewed: 05.11.2025

Issue ID	Issue Type	Date Raised	Owner	Description	Severity	Priority	Actions	Action Owners	Action status	Issue status
I04	Services	18.12.24	Operations Director	The national project to review the configuration of the Agile workforce is causing uncertainty/instability for the RRDN Agile Research Delivery team. This is having a negative effect on staff morale, is impacting staff retention and inability to reappoint in the short term, affecting capacity. This could also lead to reduced performance with respect to research delivery.	Moderate	Medium	Communicate regular updates to staff in relation to progress and provide opportunities for staff to raise any questions/concerns	OD	4	Closed 23.9.25
							Any concerns from staff to be escalated to leadership team, and discussed directly with staff	OD	4	
							Sessions with Agile team on 25/2/25 & 17/4/25 & 8/7/25 to provide updates on progress	OD/SDD	5	
							Agile research delivery implementation plan submitted by Host on 2/6/25.	AD S&P (Host)	5	
							Pre-consultation meeting with Staff Side on 24/7/25	HRD (OOHS)	4	
							Work on Management of Change process. Plan to start consultation on 4/8/25 with aim to progress this process asap.	HRD (OOHS)	4	
I05	Financial	03.11.25	Network Director	The new national RDN funding model has resulted in some increases and critically some reduction in 2026/27 funding allocations for some regional NHS Trusts. This could lead to a reduced capacity to deliver research and contribute to national research initiatives	Moderate	Medium	Work closely with NHS Trusts via their Senior Team Links (STLs) to manage budgets and prioritise investment of RDN funding	STLs	4	New
							Deliver drop-in sessions for discussion and feedback	OD	4	
							Promote other funding opportunities such as strategic funding and wider care funding (where applicable)	OD	1	
							Identify any areas where ARDT could potentially provide support	STLs	1	
							Share further detail on the funding model, to support organisations to maximise future income via improved performance	STLs/OD	1	

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