

UHL/UHN Boards in Common Paper I

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)				
Date of the meeting:	9 April 2026				
Title:	4.1 East Midlands RRDN Quarterly Board Report (Paper I)				
Report presented by:	Gang Xu, Interim Medical Director and Elizabeth Moss, Network Director, East Midlands RRDN				
Report written by:	Elizabeth Moss, Network Director, East Midlands RRDN and Carl Sheppard, Corporate Services Manager, East Midlands RRDN				
Action – this paper is for:	Decision/Approval		Assurance (UHL)	X	Update
Which Group Priorities does this link to	Transform patient care	X	Strengthen our culture		Deliver our financial plan
Where this report has been discussed previously	East Midlands Regional Research Development Network (RRDN) Host Governance Group on 25 March 2026.				

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

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 Boards' input to review the report and provide any comments or feedback and seek the **UHL Board's** assurance regarding the RRDN host contract.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

BOARDS OF DIRECTORS

9 April 2026

Summary

This report provides an update on recent progress and current priorities for the RRDN. This includes work to support the government's 150 day target for research study set-up, information regarding 2026/27 RDN funding and a change to the RRDN Host Organisation Nominated Executive Director. For assurance purposes, the report also includes information pertaining to the RRDN 2025/26 financial position and an update on key risks. 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 metric

A key priority for the RDN continues to be supporting the government's metric to reduce clinical trial set up time to 150 days by March 2026 for all NIHR RDN research studies. Recently this has involved working with NHS Trusts to provide timely, accurate data supported by regular communication and guidance. NHS Trust dashboards for study set-up have been developed by the RDN to help organisations view and monitor performance, improve data quality and identify challenges. Furthermore, the Network has provided additional in-year funding of £220,000 to support projects across five NHS Trusts aimed at improving performance. Early feedback demonstrates that this has started to free up capacity of staff, enable the review of critical processes around feasibility and allow enhanced coordination of set-up activities.

The initial 60 days of the 150 day metric captures the time taken for the Medicines and Healthcare products Regulatory Agency (MHRA) and Research Ethics Committee (REC) to deliver a combined review decision. National reporting shows that this part of the metric is performing well.

The Network is focussed on supporting the following 90 days, which comprises the time from regulatory approval or site selection to first site ready to start at a Trust (60 days) and the time from site ready to start to first participant recruited (30 days).

Current data for all RDN portfolio studies shows all regions are falling significantly short of the expectation to meet this target. However, out of the 12 Regional Research Delivery Network regions, East Midlands is one of the better performing regions in relation to meeting the 90 day target 50% of the time as of 17th March 2026 (up from 43% of the time as of 12th January 2026). We are keen to collect case studies in relation to progress and impact in order to share good practice where things are going well, as we know there is work going on across the region to try to improve this metric and set studies up promptly.

Formal measuring of this metric by DHSC comprises a sub-set of commercial contract studies, with publication due by the start of next financial year (April 2026). When the Prime Minister announced

this initiative, in March 2025, between 30-35% of studies were meeting the 150 days metric; currently performance of this sub-set of studies is around 70-75%, progressing well towards year end. There is likely to be an ongoing expectation that all studies achieve this on an ongoing basis in future years.

ii) RDN Funding for 2026/27

As detailed in our previous report, a new national funding model for the NIHR Research Delivery Network (RDN) is being introduced from April 2026. Under the new model, each NHS Trust will receive a nationally derived annual funding allocation. This funding is provided to support the delivery of NIHR RDN portfolio research. Final allocations were confirmed to NHS Trusts on 27th February 2026.

This investment across NHS Trusts is to support all elements of research delivery, focussing on staff costs for the delivery of NIHR RDN portfolio studies and can include investment in clinical supporting services. To further support some of this investment, the East Midlands RRDN will also be in receipt of Clinical Supporting Services funding to invest across the region. This dedicated funding is to build capacity within clinical services supporting research to better enable study delivery, and where possible with a particular focus on the 150 days study set-up metric. This is intended primarily to fund staff related costs, with a focus on Pharmacy, Imaging and Laboratories, although not exclusively. Across the East Midlands, £392,902 is available to support this activity for 2026/27, guidance has been circulated, requests submitted and allocations agreed for delivery organisations. This dedicated funding stream is positive, however, it is recognised that greater investment in clinical supporting service is needed in the longer term.

In addition, two trusts in the East Midlands will continue to receive Pharmacy Capacity funding for the third year (2024/25 to 2026/27), which has been allocated by DHSC. The purpose of this funding is to address immediate staffing needs within NHS Trust pharmacy departments and therefore support pharmacy services for commercial and non-commercial clinical trials.

As part of the RRDN funding allocation, there are also opportunities to support growth across the region in the form of Strategic Investment and Wider Care Settings funding. Applications for these funding calls closed on 13th January 2026 and the following table sets out the number of applications received and total value of funding that was confirmed on 27th February.

Type of funding	Number of applications received	Number of applications funded	Total value of funding applications received	Funding available	Funding allocated
Strategic Investment	83	36	£7,795M	£1.281M 3% of this will be set aside to fund national strategic projects	£1.183M regional £14,252 national
Wider Care Settings	241	233	£3,795M	£2.187M	£2.301M

To note that funding can be moved across Strategic Investment and Wider Care Settings. As in previous years the total commitment is intentionally higher than the allocation due to allocations being maximum amounts and that not all awarded funding will be fully utilised. This does not pose a risk to the trust.

iii) East Midlands RRDN Host Organisation Nominated Executive Director

Following the retirement of Andrew Furlong in February 2026, Gang Xu, Interim Medical Director, took on the role of the Host Organisation Nominated Executive Director for the RRDN. We would like to extend our huge thanks to Andrew for the excellent leadership and support he has provided to the RDN and the previous Clinical Research Network over the last 10 years. Andrew's support and direction has been invaluable in helping to raise the profile of the Network at UHL, its role as a regional support mechanism for all organisations and providing helpful insights as to NHS business which have allowed the leadership team to manage risks and issues effectively. We wish Andrew every success for the future.

We are also looking forward to working with Gang Xu to further the business of the Network.

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 Gang Xu. 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: R09** - 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 support commercial & urgent public health studies along with expanding research into wider care settings and other key government priorities. To mitigate this risk, the ARDT is working across regional clusters, building agility & flexibility across the team. Currently the probability is scored as possible and the impact is scored as moderate giving a medium risk rating overall.
- **Risk: R10** - 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 are continuing to work with HR links and Recruitment Services to expedite pending vacancies through the exception process and will monitor this process closely, as the process in place does still include some delays. One further issue we have recently encountered, which is again creating delay, is a lack of clarity with respect

to visa status for applicants, although we are receiving HR support from the Host in this regard. Currently the probability is scored as possible and the impact is scored as moderate giving a medium risk rating overall.

- **Risk: R12 (NEW)**- There is only one Band 8a post in the nationally consistent structure for the Agile Research Delivery Team (ARDT) which could impact on our ability to deliver this service effectively. This area of work is significant in the East Midlands, we strongly feel additional capacity is needed in the region. This is largely out of our control as the RRDN organisational structure is set nationally, however, we have highlighted this concern to the RDN Co-ordinating Centre and are keen to propose some options to alleviate this. The current postholder will be leaving at the end of April 2026, however, we have successfully recruited and will be offering the role as a job share between two individuals. Each will work 0.6 WTE (Whole Time Equivalent) which reflects a slight increase in overall capacity compared to the previous postholder. The probability is scored as possible and the impact is scored as moderate giving a medium risk rating overall.
- **Issue: I05 (CLOSED)** - 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 have worked closely with organisations to support planning and management of their budgets, and this will be an ongoing conversation in the context of managing the overall RRDN budget in the next financial year. Therefore, this is no longer a concern and has been closed on the register.

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

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

Supporting documentation

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

PAPER E: RRDN EM Finance Update – 25/26 Forecast Outturn**REPORT TO: UHL Host Governance Group****DATE: 25th March 2026****FROM: Parita Yadav, RRDN Finance Business Partner, Mahendra Wadhwana, Head of Finance****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. It reflects the expenditure against allocation.

1. Allocation

The below table notes the RRDN Funding Allocation at M11. The Funding Allocation has increased from the month 09 position to include Pharmacy Pump Prime, NCVR and Primary Care Research Champions Scheme.

Funding Stream	ACTUAL TO DATE (YTD) to FEBRUARY 2026 £'000s	FUNDING ALLOCATION £,000s	FORECAST OUTTURN AT FEBRUARY 2026 £'000s	VARIANCE Under/(Overspend) £,000s	Comments
Fixed RRDN Team	2,552	2,831	2,826	5	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	1,759	1,915	1,901	14	RRDN's have been instructed by DHSC to rebalance any underspends in this category to cover exceptional payments for all RRDN's. £374K moved to Fixed Prospective Allocations at M08. At M09, EM RRDN is forecasting a £70k underspend against allocation, which will be adjusted to match actual expenditure.
RRDN staff SUB TOTAL	4,311	4,746	4,727	19	
Host Services	310	494	494	0	Overall costs are being finalised. Costs relating to Paget House are awaiting finalisation, so are estimated.
LPMS	188	188	188	0	Fixed cost matched to allocation, as detailed in LPMS contract.
Host Services Costs SUB TOTAL	498	682	682	0	
Fixed Prospective Allocations	19,377	21,399	21,306	93	Any forecasted underspend will be used to support Delivery Organisations. Plans currently being reviewed/finalised.
Clinical Support Services	366	393	406	-13	EM RRDN may only spend within original allocation. Quarterly reporting will transfer any balancing figure to Fixed Prospective Allocations.
Pharmacy Capacity Funding	253	276	276	0	DHSC pass-through funding. Reported from an impact perspective.
Pharmacy Pump Prime	207	207	207	0	
NCVR	7	14	14	0	
PC Research Champion Scheme	28	28	28	0	
Support for delivery to NHS sites	0	0	89	-89	Estimate at M11 of amount required to support research delivery at NHS sites.
Research Delivery Support to Sites SUB TOTAL	20,238	22,316	22,326	-10	
Strategic Development	824	1,101	1,110	-9	Current estimate of overall strategic commitment across 3 areas of strategic development.
Other SUB TOTAL	1	1,101	1,110	-9	
Total	25,047	28,845	28,845	0	

2. YTD Position

The table above notes the YTD expenditure to M11 of £25m which is broadly in line with the forecast.

Forecast Outturn Position

The table above summarises the forecast outturn position as at Month 11 (*February 2026*). 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 month 11, EM RRDN is forecasting a balanced position.

*Note: RRDN has some restrictions on the ability to move between funding categories.

The RRDN has previously moved funds 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 instead to partner organisations for research delivery.

3. 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)
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 supporting commercial & urgent public health studies and expanding research into wider care settings (strategic priorities). This could potentially have an impact on the new national 150 day metric to set up trials any any other government 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	<p>Develop a recruitment strategy to ensure the vacancies are shared across the regional wider health and care workforce, linking with recruitment teams where appropriate.</p> <p>Manage recruitment in 3 phases, according to the needs of the service, to ensure the recruitment, onboarding and induction processes can be managed effectively</p> <p>Ensure the ARDT capacity we have is deployed in line with national priorities, some placements may be reduced/curtailed to achieve this</p> <p>ADRT is working across regional clusters, building agility & flexibility across the team</p>	HRD (SWCS)	4	3	3	9	Open	Static
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. This coupled with a lack of clarity in relation to visa status for these roles is adding notable delays.</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	<p>Work with HR links and Recruitment Services to expedite pending vacancies through the exception process</p> <p>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</p> <p>Monitor this process closely</p> <p>Seek urgent clarity and support from HR in relation to visa status</p> <p>Flagged visa issue nationally to the ARDT Workforce Delivery Group who will undertake scoping work</p>	HRD (SWCS)	4	3	3	9	Open	Static
R12	Services	09.01.26	Operations Director	There is only one Band 8a post in the Agile Research Delivery Team (ARDT) which could impact on the ability to deliver this service effectively	<p>Cause: Only one Band 8a post in ARDT in the nationally set RRDN Organogram. For the size of the team, current and future (expected) volume of work and growth, this is not sustainable and more capacity needed. In addition, the current postholder will be leaving at the end of April 2026 which amplifies the risk.</p> <p>Effect: This could impact on the ability to deliver this service effectively especial wrt delivering strategic priorities. This could also increase the pressure on the Head of Research Delivery & Support for Wider Care Settings and other team members.</p>	4	3	12	Ongoing	<p>Highlight risk nationally via RDN Operational Status Report</p> <p>Approach NIHR RDN Coordinating Centre to consider both temporary and longer term capacity support</p> <p>Reappointed to post as a job share (2 individuals working 0.6 WTE)</p>	OD	4	3	3	9	Open	Reduced

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 updated: 25.03.2026

Issue ID	Issue Type	Date Raised	Owner	Description	Severity	Priority	Actions	Action Owners	Action status	Issue status
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	Closed 19.3.26
							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	4	
							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	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