

## UHL/UHN Boards in Common Paper J

<b>Meeting title:</b>	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)					
<b>Date of the meeting:</b>	9 <sup>th</sup> April 2026					
<b>Title:</b>	4.2 (Paper J) Group Research and Innovation Report					
<b>Report presented by:</b>	Prof Nigel Brunskill, Director of Research and Development					
<b>Report written by:</b>	Prof Nigel Brunskill, Director of Research and Development					
<b>Action – this paper is for:</b>	Decision/Approval		Assurance	X	Update	X
<b>Which Group Priorities does this link to</b>	Transform patient care	X	Strengthen our culture	X	Deliver our financial plan	
<b>Where this report has been discussed previously</b>	N/A					

### To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

UHN13: If UHN is unable to attract and retain high calibre staff then this may result in UHN being unable to deliver on our research and Development ambitions, resulting in UHN being unable to increase our research and clinical trial activities by 10% and where support to take an innovative role in healthcare research will not achieve the best possible outcomes for our patients.

UHL Risk 4560 – There is a risk that UHL may fail to achieve the national 150 day clinical trial set up target due to bottlenecks and duplication in set up processes across specialties and support departments leading to loss of income, delays in study initiation and missed national performance metrics.

### Impact assessment

*Finance and Funding:* Section (3) of the report.

### Purpose of the Report

To update the Board on R&I activities across the Group and provide assurance of progress.

### Recommendation

The Board should note the report and be assured of its contents.

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY  
HOSPITALS OF NORTHAMPTONSHIRE NHS GROUP  
BOARD OF DIRECTORS**

**GROUP RESEARCH AND INNOVATION REPORT  
APRIL 2026**

**1.0 INTRODUCTION**

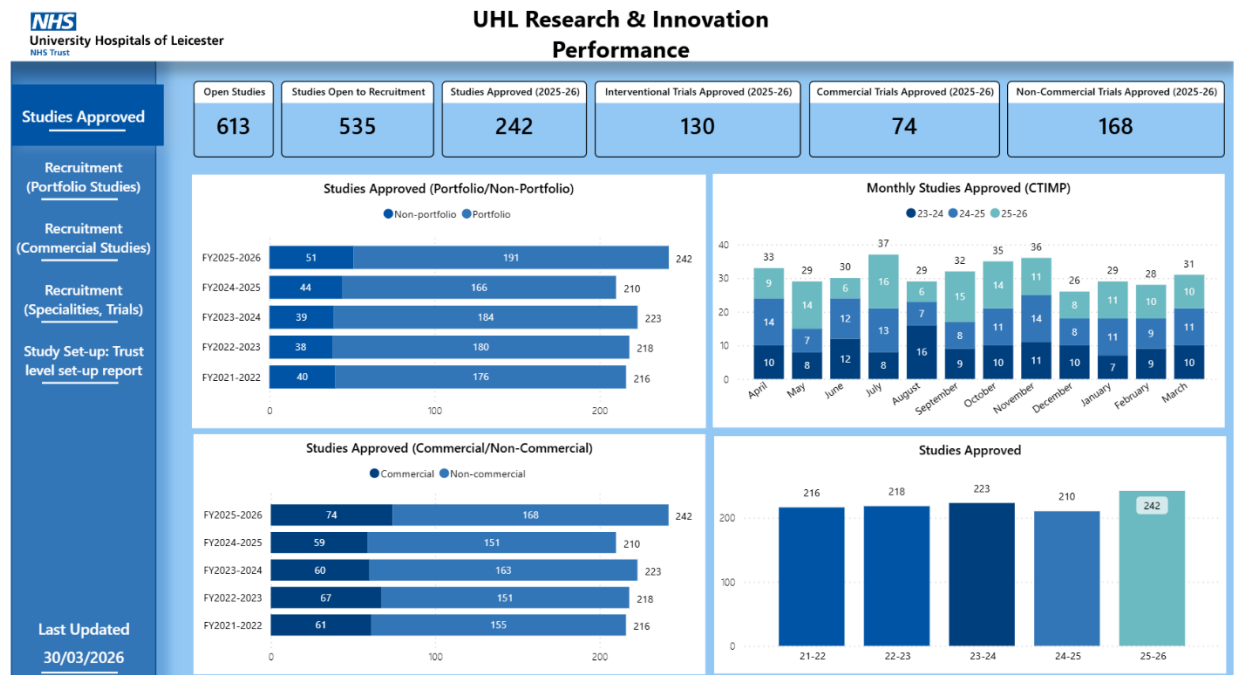
Research and Innovation teams at UHN and UHL work closely together and for 15 months there has been a Group Director of Research and Innovation. This arrangement has brought closer working and more collaborations and increased funding. A Director of R&I has been appointed at UHN supported by a deputy. Being separate legal entities means that performance, delivery and financial metrics for UHL, KGH and NGH are collected and handled separately. However, decisions about collaborative strategy, funding bids and research applications are reached after Group discussion.

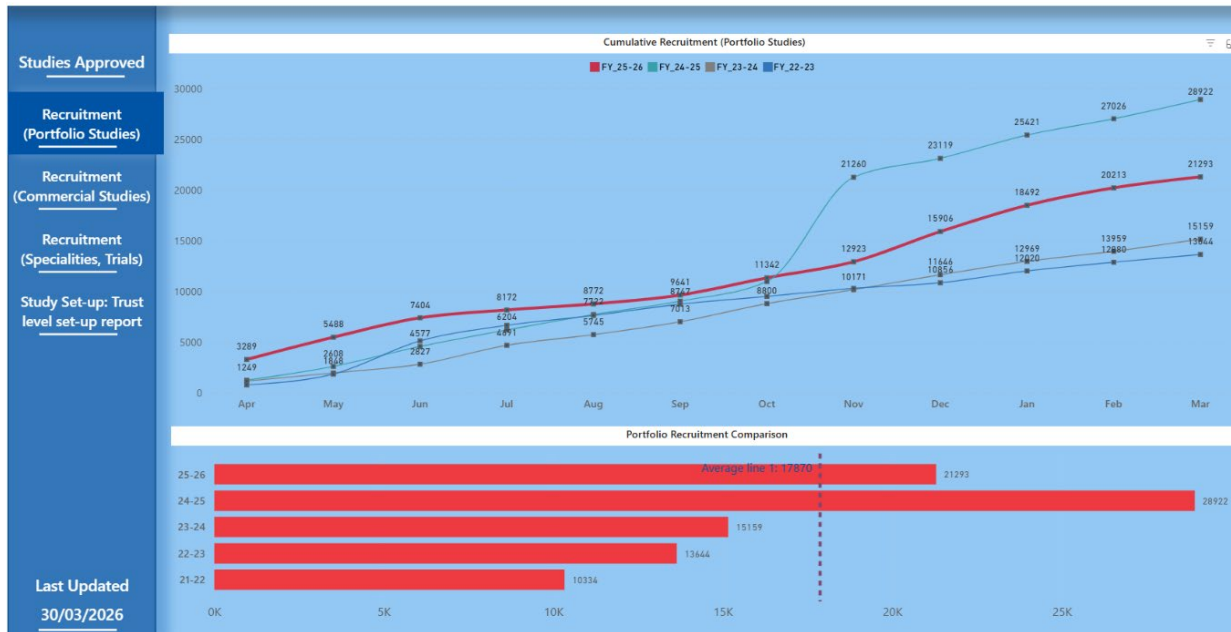
**2.0 RESEARCH PERFORMANCE**

Recruitment into NIHR portfolio studies and opening studies are key performance metrics that remain healthy across the Group. For 2025/26 so far **34,000 participants** have been recruited into clinical studies across the Group.

**2.1 UHL Performance**

The tables and Figures below depict UHL study performance data for 2025/26 and comparative data for the four preceding years. This shows a generally sustained increased in recruitment activity over the years.





## 2.2 UHN Performance

### *Northampton General Hospital:*

Portfolio Recruitment in 2025/26 – 4,761

Current Number of Studies

100 studies open and in follow-up (59 open to recruitment/41 in follow-up)

14 studies in set-up

### *Kettering General Hospital*

Portfolio Recruitment in 2025/26 – 7,946

Current Number of Studies

~120 studies open and in follow-up (61 open to recruitment)

Overall UHN recruitment is healthy and growing.

## 2.3 THE 150 DAY TARGET

Over the last few years UK commercial clinical trial activity has decreased. Industry funders find NHS research to be expensive and processes complex and slow. The UK has therefore become less competitive compared to the US, Asian and other European countries.

The 150-day target is a UK government initiative aimed at reducing the setup time for commercial clinical trials to under 150 days by March 2026 to boost life sciences investment. The timeline includes a 60-day target for regulatory/ethics approvals, 60 days to open for recruitment, and 30 days to recruit the first participant.

For NHS Trusts the challenge is to set up studies within 60 days of site selection and to recruit the first patient within the next 30 days. The government target is that 90% of trials should reach this target.

These targets will be very closely monitored with associated KPIs that impact on future funding.

Currently performance for commercial studies in Trusts in England is:

*% studies set up within 90 days* 54%

*% studies first patient visit in 30 days* 49%

The research governance teams at UHL and UHN are evaluating simultaneous set up of studies and radical changes to other internal set up processes in the organisations to meet these targets.

### 3.0 RESEARCH FINANCE AND FUNDING

#### 3.1 NIHR Research Delivery Network Funding Model Allocations

This is the key annual funding stream that supports Trusts' research infrastructure. RDN annual funding allocations are nationally calculated and based on:

- 50% based on previous years funding for stability
- 30% based on volume of non-commercial NIHR portfolio trial activity comprising complexity and number of open and recruiting studies
- 20% of the NIHR RDN funding model allocation is based on achievements against a suite of key performance indicators aligned with national priorities

For 2026/27 the Group funding allocations are indicated below.

Northampton General Hospital NHS Trust	£ 824,049
University Hospitals of Leicester NHS Trust	£ 5,122,068
Kettering General Hospital NHS Foundation Trust	£ 815,234

For the Group, this increased total allocation of £6,761,351 for 2026/27 is the 5<sup>th</sup> highest in England.

#### 3.2 Other Successful UHN Funding Bids

Circa £500k extra funding has come into UHN for 2026 following competitive bidding.

##### *Northamptonshire Diabetes and Obesity Research (NDOR) Centre*

- An award of £315,000 has been received after competitive application by Dr Dimitris Papamargaritis from the UHN Hospitals Charity to establish a centre for Diabetes and Obesity research at KGH.

##### *RDN Strategic Funding*

- NGH has received £98,000 strategic funding to support a commercial research delivery team based at NGH.
- Dr Papamargaritis has received £55,000 for a Grade 7 Research Co-ordinator.

### 4.0 RESEARCH REFLECTIONS AT UHN AND UHL

In mid-2025, the Research Reflections programme offered all research staff at UHL and UHN the opportunity to share ideas, comments and suggestions around what

works well in their Departments, what might be improved, and what their visions of shared working across sites might incorporate.

At both NGH and KGH, two in-person workshops were provided. Each workshop ran for approximately three hours, and staff were encouraged to 'drop-in' and 'drop-out' as their commitments permitted. At UHL, three workshops were hosted, with one taking place at each hospital site.

The workshops consisted of a small number of collaborative and communicative activities and required no prior preparation from staff members. The central premise of these workshops was to offer teams the opportunity to respond to four key questions:

- What works well within your Department?
- What could be improved within your Department?
- What are your hopes for shared approaches to working across UHL and UHN in the future?
- What are your concerns around shared approaches to working across UHL and UHN in the future?

#### **4.1 UHN Findings**

##### *Key Positives:*

- i. The relationships between colleagues within teams are an important positive factor for staff at UHN.
- ii. Staff at UHN particularly find that their engagement with patients offers them fulfilment and satisfaction within the workplace.
- iii. Staff value the opportunities for continual professional growth and learning that working within R&I at UHN provides.

##### *Key Areas of Improvement:*

- i. Staff feel concerned about the culture within R&I at UHN, especially in relation to fairness, parity and shared drive to improve across the board.
- ii. The workload across R&I at UHN is a key concern for staff.
- iii. UHN staff feel that there is lack of clear and transparent communication, particularly in relation to consistent leadership.

##### *Shared Working Hopes:*

- i. Staff at UHN report that the opportunity for shared best practice and collaboration across sites would be valuable.
- ii. Staff at UHN feel that there is potential for improving patient access to treatments and trials through shared working.

##### *Shared Working Concerns:*

- i. A key concern shared by staff at UHN relates to workplace autonomy, with worries around how shared working might impact the locality of the services provided.
- ii. Staff at UHN feel that the logistics of shared approaches to working might be an issue, particularly in relation to job security, as well as potential requests to work across all sites.

## 4.2 UHL Findings

### *Key Positives:*

- i. Staff at UHL enjoy working collaboratively, and value both their professional and social relationships with their colleagues and wider teams.
- ii. Staff at UHL report feeling trusted and challenged in their positions, with a particular emphasis on an appreciation for the new and novel in their day-to-day roles.
- iii. Staff value the long-term role they often play in the health journeys of patients and their relatives.

### *Key Areas of Improvement:*

- i. Staff feel concerned about systems at UHL, particularly in relation to requiring more efficient and helpful IT processes.
- ii. A lack of space and equipment is a key concern for staff at UHL.
- iii. UHL staff report feeling that approaches across R&I can be disjointed, with a need for better communication and a more streamlined way of managing tasks across teams.

### *Shared Working Hopes:*

- i. Staff at UHL feel that shared approaches to working might help to improve recruitment to studies, with a wider range of participants able to get involved.
- ii. Staff at UHL feel that shared approaches to working might result in more efficient services, with a central space for accessing information.

### *Shared Working Concerns:*

- i. A key concern shared by staff at UHL relates to shared approaches to working resulting in issues with funding and potential job losses.
- ii. Staff at UHL feel that shared approaches to working could result in delays to projects, due to the nature of working across such large and disparate sites.

## 5.0 RESEARCH INFRASTRUCTURE DEVELOPMENTS

### **5.1 NIHR Leicestershire and Northamptonshire Commercial Research Delivery Centre (CRDC)**

Hosted by UHL the CRDC was launched in 2025 and has UHN as a formal partner. This has resulted in new funding into UHN to fund research administration at KGH and consultant PA time at NGH to support CRDC liaison lead. It has been instrumental in the award of extra RDN funding to support a research nurse team at NGH (see above). UHN will link with a Northants primary care research network to develop new trial delivery models.

### **5.2 NIHR Leicester Clinical Research Facility**

Hosted by UHL, the CRF also has UHN as a formal partner. Funding for 2PAs of consultant time has been provided to support early phase cancer research at NGH.

### **5.3 NIHR Applied Research Centre East Midlands**

After an award of £9M the NIHR ARC East Midlands began a new, five-year funding tenure on 1<sup>st</sup> April 2026 (<https://arc-em.nihr.ac.uk/news/new-funding-underway-arc-east-midlands>), enabling it to expand its work and deliver lasting benefits across the region focusing on the following themes:

- Multiple Long-Term Conditions
- Building Resilience in Later Life
- Ethnicity and Health Inequalities
- Data4Health
- Translation and Implementation Research

## **6.0 NEW SUPPORT FOR INNOVATION**

Support for innovation in the NHS has been patchy and unstructured. To combat this problem Leicestershire and Northamptonshire Academic Health Partners has established a Healthcare Innovation Hub.

(<https://www.uhleicester.nhs.uk/research/health-innovation-hub/about-us/>) to bring the joint expertise of the partners, including Health Innovation East Midlands, to provide a single point of entry that will support colleagues to develop innovative ideas from concept to wider adoption, tech transfer and commercialisation, and to attract wider investment for innovation across Leicestershire and Northamptonshire. Both UHL and UHN are members of LNAHP and will thus participate in the hub.

## **7.0 CONSULTANT PAs FOR RESEARCH AT UHL**

In Dec 2025 after an open competition and an independent panel assessment of applications, the UHL R&I Department agreed to fund 13.25 PAs for consultants to support job planned time for research activity. For two years in the first instance dependent on a review after 12 months, 20 consultants received PA support.

## **8.0 RESEARCH NEWS**

### **NIHR20 Research Delivery Leaders Prizes**

Three colleagues (the maximum possible) from UHL were supported to apply for these awards.

### **Channel 4 News features Leicester BRC cardiovascular research**

Last weekend, Channel 4 News broadcast an item on the vital research being carried out into Spontaneous Coronary Artery Dissection (SCAD) in Leicester.

**The COLOPREVENT Study** led from KGH has received an extra £500k funding to support ongoing trial activities.

**New Honorary Consultant in Respiratory Medicine at KGH.** Employed by University of Leicester, Dr Tom Ward was awarded a prestigious NIHR Fellowship and has chosen KGH as his clinical base.