

Public Trust Board Paper N

Meeting title:	Public Trust Board					
Date of the meeting:	October 2026					
Title:	Research and Innovation Quarterly Report					
Report presented by:	Prof Nigel Brunskill, Director of R&I					
Report written by:	Prof Nigel Brunskill, Director of R&I					
Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	Parts of the report have previously been discussed by Exec Teams					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Provides assurance and mitigations for risks associated with national delivery metric targets

Impact assessment

Acronyms used:

Purpose of the Report

To give an overview of Research activities at UHL encompassing performance, delivery, finance, new developments and achievements.

Recommendation

The Board is asked to:

- Be assured

Summary

The last few months have been busy in R&I. Adjustments have been made to operations to achieve challenging new central targets for delivery. Performance remains strong and research conducted at UHL has wide impact and benefits patient care. The BRC application is important and the new R&I report to Trust Board will include an outcome of the first stage application.

University Hospitals of Leicester NHS Trust

RESEARCH AND INNOVATION REPORT October 2026

1.0 INTRODUCTION

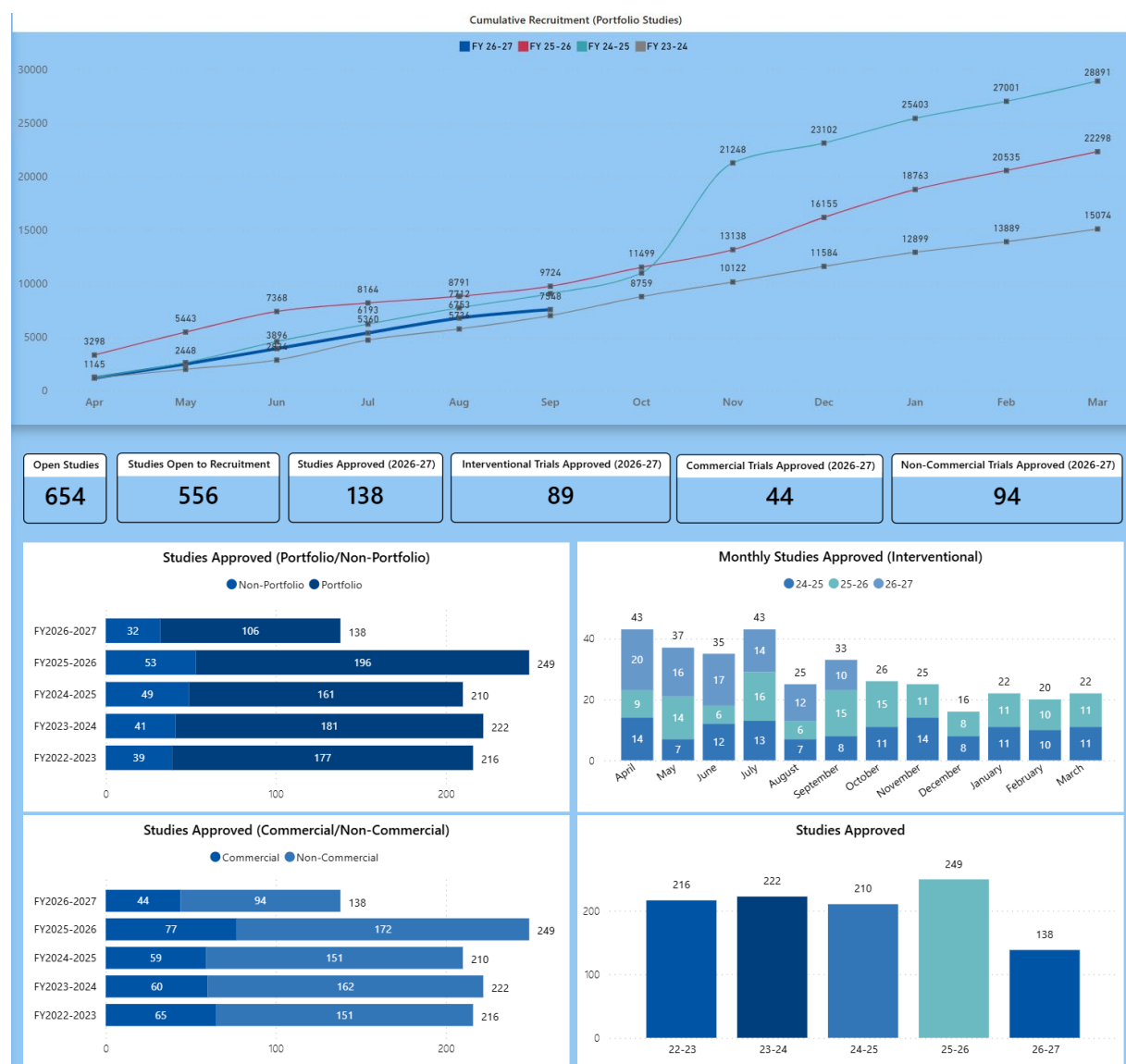
Six months into 2026/27 this report provides an update on delivery and performance at UHL along with research applications and achievements and other news.

2.0 RESEARCH PERFORMANCE

Recruitment into NIHR portfolio studies and opening studies are key performance metrics that remain healthy. UHL is one of the highest recruiting Trusts in England.

2.1 UHL Performance

The tables and Figures below depict UHL study performance data for 2026/27 and comparative data for preceding years. This shows a generally sustained increased in recruitment activity over the years.



2.3 The 150-Day Target

Before clinical studies can be opened to recruitment in the UK, they must pass a number of governance and approval processes, and for the purposes of the 150-day target these have been broken down into three main steps:

- 60 days: time taken for the Medicines and Healthcare Products Regulatory Agency and Health Research Authority/Research Ethics Committee to deliver a combined review decision.
- **60 days: time from combined review decision to study opening.**
- **30 days: time from study opening to first participant recruited**

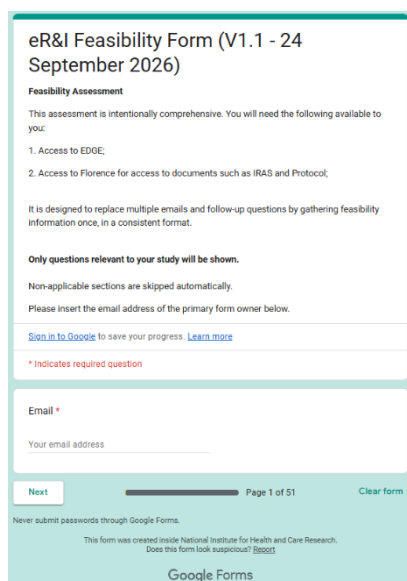
The time taken for MHRA/HRA approvals (the first 60 days) is outside the control of NHS Trusts. The subsequent 60- and 30-day periods (in bold) are driven in part by internal Trust processes and are therefore potentially modifiable.

NHS Trusts have been set a 95% target to recruit the first patient into studies within the 90 days. For first time, strict financial penalties will be applied to organisations applying for NIHR funding if the 95% target is not met.

When assessing financial penalties against the BRC application we believe the cut off period will be either commence 01/10/2026 or 01/01/2027, most likely the latter depending on volume of trial activity.

The first-stage BRC re-application has just been submitted to NIHR (see below). BRC application guidance stated:

*'Proposed BRC Host NHS Trusts who are not meeting performance metrics for the set-up and delivery of clinical trials will receive **an automatic 5-10% cut to their requested funding**. In addition, site level performance will be reviewed through embedded contract metrics for successful BRC Host Trusts. Those who are not meeting the target, by the end of year 2 of the contract, will receive **further decreases of 5-10% year-on-year** until the target is met.'*



The 95% metric will be applied at the time of full BRC application in March 2027 based on host trust performance over the previous 3 months (if ≥ 15 studies) or 6 months depending on volume of studies (< 15 studies).

- streamline study feasibility set up and governance processes
- establish service level agreements with clinical support services essential
- active triage of studies in the set up period against 60 and 30-day targets
- closing studies in breach

Currently UHL is achieving 62% against the 95 % target. The comparative performance of other BRC hosting organisations is shown in the Figure below.



Figure: Performance of BRC Hosting Trusts Against 90 Day Target

3.0 PROGRESS OF EXTERNALLY FUNDED RESEARCH INFRASTRUCTURE

3.1 The NIHR Leicester Biomedical Research Centre

The current NIHR Leicester BRC is funded until April 2028. A new BRC competition recently opened for BRC funding from April 2028 onwards. A Stage 1 application for this was submitted on 15/09/2028.

This requests £48M for a 5-year programme of research under the scientific Themes:

- Cancer
- Cardiac and Vascular Health
- Environment and Health
- Multiple Long-Term Conditions and Inequalities
- Obesity, Exercise and Nutrition
- Respiratory and Infection

Shortlisted applicants will be invited to submit second stage applications in December 2026 with a closing date in March 2026.

3.2 NIHR Leicester Clinical Research Facility

The NIHR Leicester CRF is funded to provide infrastructure support for early phase, experimental medicine studies at UHL and is an active member of the UK CRF Network and has a high profile nationally. For 2025/26 the Leicester CRF reported delivery of 209 studies encompassing over 12,000 study visits.

The Leicester CRF is required to provide a detailed annual report to NIHR that details activity and performance against agreed objectives. The feedback on the 2025/26 report has

recently been received from NIHR (See Appendix). The NIHR Leicester CRF has been RAG rated 'green' and commended in many areas.

4.0 NEW INFRASTRUCTURE DEVELOPMENTS

4.1 Fragile X Syndrome National Holistic Care Hub

Following a presentation to UHL Trust Board in early 2026 the hub will launch in clinical genetics in October 2026. Fragile X Syndrome causes inherited learning disability, autism and ADHD. The hub will provide an integrated clinical and research service for affected children and their families

The hub will be a lever to attract further research into Fragile X at the Children's Research Space and a site visit is planned with a new commercial partner in October 2026

4.2 UHL Research Delivery Group (RDG)

The RDG has evolved from the former Research Space in the lower ground floor of Balmoral building at LRI, creating a broader identity that reflects its role in delivering research across the organisation rather than from a single location. Operating through a hub-and-spoke model, the RDG embeds research delivery staff within clinical services, supporting research activity across inpatient, outpatient, community and dedicated research settings.



Research Delivery Group Launch Event

Brochure

Thursday, September 24th, 2026
The Venue, De Montfort University

Working alongside established research infrastructure, including Leicester's NIHR Clinical Research Facility and Commercial Research Delivery Centre, the RDG supports a diverse portfolio of commercial and non-commercial research. The team provides a fully integrated end-to-end service, from expressions of interest and feasibility assessments through to recruitment, delivery and close-down.

The RDG currently supports research activity across almost 20 specialties including; Dermatology, Rheumatology, Neurology, Infectious Diseases, Gastroenterology, Colorectal Surgery, Upper Gastrointestinal Surgery, Urology, Hepatology, HPB, Breast Surgery, Endocrinology and Metabolic Medicine, Head and Neck, Laboratory Services, Ageing, ENT and Imaging.

As the Trust's research portfolio continues to evolve, the RDG aims to expand its remit in response to emerging opportunities and service needs.

4.3 MRC East Midlands Regional Account for Clinical Researchers

The East Midlands Regional Accelerator for Clinical and Academic Researchers (EM-RACR) is a Medical Research Council (MRC) funded initiative designed to strengthen and expand clinical academic careers across the East Midlands. Working in partnership with universities, NHS organisations and healthcare providers across the region, EM-RACR aims to increase the number of health professionals pursuing clinical academic careers and create sustainable pathways that support their development. Launches October 2026.

5.0 RESEARCH AND INNOVATION FINANCES

The financial outturn forecast position as at month 5 is a surplus of £663k, but this is lower than the budget surplus of £883k. The forecast position is reviewed monthly to take into account the activity-led nature of commercial research in particular, which can mean some volatility from period to period.

Further work to review forecasts will continue alongside supporting researchers secure grant funding and commercial studies to help improve the forecast outturn position. The table below provides a summary of the latest position:

R&I Financial position budget to actual variance for the first five months of the year (April to August inclusive)

	26/27 Budget	Forecast Outturn at Period 5	Forecast Outturn Variance To Budget	Year to Date Actual Budget	Year to Date Actual	Actual to Date Variance To Budget
UHL R&I	£m	£m	£m	£m	£m	£m
Income	(36.202)	(36.661)	0.459	(15.294)	(15.703)	0.408
Non Pay	11.590	13.237	(1.647)	5.070	6.122	(1.051)
Pay	23.729	22.762	0.968	9.855	9.316	0.539
TOTAL	(0.883)	(0.663)	(0.220)	(0.369)	(0.265)	(0.104)
	Surplus	Surplus	Adverse	Surplus	Surplus	Adverse

NB: This excludes RDN hosted services income & expenditure

6.0 SELECTED CLINICAL TRIAL RESULTS

The following results of some trials conducted at UHL have been published over the last couple of years:

- MiST (Mesothelioma Stratified Therapy) Trial was designed to look at several new and different treatments at the same time in mesothelioma. Some treatments were for anyone with advanced mesothelioma. Some were for people with specific gene or protein changes. The trial team concluded that the treatments in this trial didn't cause too many side effects. And that they might be useful for mesothelioma that has come back after other treatment. The results of the different treatment combinations used in MiST are promising.
- A Study of the Effect and Safety of Sparsentan in the Treatment of Patients with IgA Nephropathy (PROTECT). Once-daily treatment with sparsentan produced meaningful reduction in proteinuria compared with irbesartan in adults with IgA nephropathy. This treatment is now licensed and used in clinical practice.
- Study of Efficacy and Safety of LNP023 in Primary IgA Nephropathy Patients (APPLAUSE-IgAN). The study treatment Iptacopan therapy led to a significantly slower decline in kidney function than placebo.
- Cagrilintide–Semaglutide in Adults with Overweight or Obesity and Type 2 Diabetes. The REDEFINE 2 study evaluated the efficacy and safety of a combination of cagrilintide and semaglutide compared to a placebo in adults with overweight or obesity who also have type 2 diabetes. The treatment resulted in a significantly lower body weight than placebo in adults with obesity and type 2 diabetes.
- REACH-OUT: Caring for the Healthcare Workforce Post-COVID-19, a research programme launched in 2022 through a partnership between the NHS Race and Health Observatory and [UK-REACH](#) and conducted in collaboration with the University of Leicester and University College London. Researchers examined how common long COVID is among healthcare workers, its most frequently reported symptoms and impact on people's physical, mental and occupational health. They found that around one in four UK healthcare workers reported long COVID in a nationwide study.
- DREAMM 7 Study: Belantamab Mafodotin, Bortezomib, and Dexamethasone for Multiple Myeloma. The study therapy conferred a significant benefit with respect to

progression-free survival among patients who had relapsed or refractory multiple myeloma after at least one line of therapy.

- Percutaneous Revascularization for Ischemic Left Ventricular Dysfunction: REVIVED Study. Among patients with severe ischemic left ventricular systolic dysfunction who received optimal medical therapy, revascularization by PCI did not result in a lower incidence of death from any cause or hospitalization for heart failure.

7.0 INDIVIDUAL AWARDS AND ACHIEVEMENTS

- Dr Harriet Walter, Associate Professor of Medical Oncology and Honorary Consultant Medical Oncologist has been named one of 20 NIHR20 Research Delivery Leaders
- Dr Hannah Young, Associate Professor of Lifestyle and Rehabilitation and Honorary Specialist Physiotherapist has been named among 20 NIHR20 Rising Research Leaders.

These prizes, which mark the 20th anniversary of the National Institute for Health and Care Research (NIHR), celebrate talented leaders and rising researchers who are making an exceptional contribution to health and care research across the UK, improving outcomes for patients, tackling inequalities and driving economic growth across the country.

- Respiratory researcher Dr Hnin Wint Aung has been awarded a prestigious Asthma + Lung UK Respiratory Junior Fellowship and will receive a grant to investigate how defects in airway cilia contribute to chronic obstructive pulmonary disease.

8.0 SUMMARY

The last few months have been busy in R&I. Adjustments have been made to operations to achieve challenging new central targets for delivery. Performance remains strong and research conducted at UHL has wide impact and benefits patient care. The BRC application is important and the new R&I report to Trust Board will include an outcome of the first stage application.

Nigel Brunskill Sept 2026

Professor Nigel Brunskill
By Email

NIHR Coordinating Centre
Grange House
15 Church Street
Twickenham
TW1 3NL

www.nihr.ac.uk

10 September 2026

Dear Professor Brunskill,

NIHR Leicester Clinical Research Facility: Annual Report Feedback 2025/26

The NIHR would like to thank you and your team at NIHR Leicester Clinical Research Facility (CRF) for your efforts and contributions in delivering the work programme and completing the annual report.

Governance arrangements across your specialty clusters remain stable and effective, supported by regular Oversight Board meetings, embedded Patient Public Involvement and Engagement (PPIE) representation, and Microsoft Power BI performance dashboards. It would be helpful to include details on the frequency of Oversight Board meetings to provide additional assurance regarding the oversight and monitoring arrangements in place. We were pleased to read about your achievements during the period that include securing Research Delivery Network (RDN) East Midlands funding to study vaccine hesitancy, advancing major oncology/mesothelioma platform trials (SELECT-Meso), and being the lead-site for a large Hairy Cell Leukaemia trial. We note that while host organisation vacancy control processes have eased, operational risks persist regarding private PET-CT scanning provider deprioritisation of research scans. It would be useful to know how emerging procurement and tendering agreements could resolve these challenges.

Your CRF demonstrated notable engagement with the UKCRF Network, with the Training Lead progressing cytokine release syndrome and immune effector cell-associated neurotoxicity syndrome management competencies, and pharmacy teams developing the Chemocare Build Complexity Tool to meet 60-day cancer trial targets. Complex trial delivery was expertly managed through collaborative CAR-T engager trial pathways and cross-CRF recruitment/infusion coordination with Nottingham CRF for renal artery gene therapy (Purespring PS-002). The workforce section highlighted a commendable educational ecosystem. The local Research Experience Pathway, dedicated student nurse/midwife research teaching, and co-delivering the "Breathe, Speak Out" public initiative are particularly notable.

Your report demonstrated strong examples of working with industry, highlighted by proactive outreach such as the site visit to Sanofi. We support the CRF in building and maintaining industry relationships, seeking only to enhance the utilisation of the broader NIHR infrastructure to enable leaner, faster study delivery and patient recruitment. We acknowledge the ongoing issues with the National Contract Value Review (NCVR) process and want to assure you that work is currently underway to address them. We encourage you to maintain your support for non-commercial research, especially where it aligns with and advances the UK's SME strategy. Finally, we endorse your sharing and adoption of digital tools across the Network to help optimise overall research delivery.

In relation to Research Inclusion, it is positive to see progress across a number of areas such as the positive feedback following co-produced training, the sustained community partnerships since previous reporting and the work being done since previous feedback to build and engage with underserved communities. Your CRF has demonstrated a strong commitment to inclusive community engagement, proactively working with communities in new and innovative settings, including food festivals and religious centres. The women's jewellery-making session was a particularly effective initiative, creating a safe and relaxed environment in which participants felt comfortable engaging openly with PPIE activities. Engagement with the Black African and Caribbean community has increased significantly over the past year, and the team should be congratulated on both their efforts and the impact achieved. This commitment to meaningful engagement was further demonstrated through the delivery of an impactful science event at an accessible sports stadium, which positioned the community as research partners, increased awareness of respiratory research, and generated interest in future PPIE involvement.

We were pleased to see the objectives either on track or complete. The overall RAG rating for the CRF is **Green** (*On track. No risks to delivery identified, minimal feedback*). However, we would draw your attention to the feedback and subsequent request for actions summarised in **Annex 1**. We look forward to receiving your timely response to the requested immediate actions via email by 1pm 5 October 2026

Once again thank you for all your endeavours and please do get in touch if you have any questions.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K Makarona', written over a light blue circular stamp.

Dr Kelly Makarona

Interim Director of Infrastructure, NIHR Coordinating Centre

Annex 1: Detailed Feedback on your Annual Report

RAG rating	Feedback and Actions	Deadline
Overview of Activities	<u>Immediate Actions Objective Tracking Spreadsheet (attached):</u> The immediate actions have been highlighted yellow in the respective NIHR feedback columns in the relevant tabs. <u>Recommendations:</u> - When completing the objective tracker, please ensure the “New Objective requested?” is filled with “no” if no new objective is being requested. - Continue using bold font to clearly distinguish responses to previous reporting recommendations, as this significantly improves readability and makes it easier to identify actions taken and progress made since the last report.	All immediate actions should be completed and sent to the CRF Research Manager, Gabija Urbonaviciute (gabija.urbonaviciute@nihr.ac.uk) and NIHR (infrastructure-reporting@nihr.ac.uk) by 1pm 5 October 2026.
Management & Governance	<u>Immediate Actions:</u> - Provide an update on how emerging procurement and tendering arrangements are expected to mitigate the ongoing risk of private PET-CT providers deprioritising research scans and improve the sustainability of research imaging capacity. <u>Recommendations:</u> - In future reports, please clarify the frequency of the board meetings.	
Occupancy & Intensity	No immediate actions or recommendations.	
Contribution to Excellence in Clinical Trial Delivery	No immediate actions or recommendations.	
Patient and Public Involvement, Engagement and Participation	No immediate actions. <u>Recommendations:</u> - Please provide information about engagement with hard to reach communities who are disabled or living with long term health conditions. - Please provide more information about the diversity of the community	

	venues attended and the involvement of family carers.	
Skills and Workforce Development	No immediate actions or recommendations.	
Research Inclusion	There are no immediate actions in the objective tracker. <u>Recommendations:</u> • Future reporting should provide an update against future activities, including community engagement and conferences, as well as confirmation or clarity around previous reporting statements that have not been provided in detail such as additional reviews and website development.	
Links with Commercial Organisations	No immediate actions or recommendations.	
Impact Stories	Overall, these are strong examples of impact stories that clearly demonstrate workforce, patient, and system-level benefits. They provide tangible evidence of how collaboration, partnership working, and PPIE have improved trial delivery and participant experience, while also showing potential for longer-term changes to workforce capabilities, research practice, and service delivery.	

Progress Descriptors

Green = On track. No risks to delivery identified, minimal feedback.

Amber = Satisfactory. Minor issues, no risk to delivery; areas to consider highlighted in feedback.

Red = Unsatisfactory. Issues identified that require action from the Director, or input from NIHR.

Black = Unsatisfactory. At least one major issue identified that requires escalation to DHSC.