University Hospitals of Leicester NHS
NHS Trust

Meeting title:	UHL Public Trust Board **Trust Board Paper K**
Date of the meeting:	12 November 2026
Title:	East Midlands RRDN Quarterly Board Report
Report presented by:	G Xu, 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	X
Where this report has been discussed previously	East Midlands RRDN Host Governance Group on 26 October 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

Acronyms used:
ARDT - Agile Research Delivery Team
FPFV - First participant first visit
NIHR - National Institute for Health and Care Research
RDN - Research Delivery Network
RRDN - Regional Research Delivery Network
RDDI - Research Data, Delivery and Intelligence

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 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 a section on performance with a specific focus on a key research measure within the NHS Oversight Framework (NOF), along with some associated information regarding the UK Clinical Research Delivery (UKCRD) programme. The report also includes an overview of the benefits for organisations that participate in research.

For assurance purposes, the report includes information pertaining to the RRDN 2026/27 Q2 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) Performance

Research Measure within the NHS Oversight Framework (NOF)

As previously reported, a key priority across the research ecosystem, continues to be in support of the government metric to reduce clinical trial set up time to 150 days for all NIHR RDN research studies. The UK government's target is for 95% of clinical trials to be set up and recruit their first participant within 150 days. The Network and delivery organisations are specifically able to influence the latter 90-days following regulatory approval to the first participant recruited.

To improve visibility and drive up performance, research set up time has been formally integrated into the NHS Oversight Framework (NOF) 2026/27. Specifically, a metric has been included to report on trusts achieving the first participant's initial study visit within 90 calendar days of a trial receiving regulatory approval or being selected as a site. This measure falls within Domain 6 – Finance, productivity and innovation.

Table 1 (on the following page) displays the 90-days metric data for East Midlands NHS Trusts for Q1 (April 2026 - June 2026) and Q2 (July 2026 - September 2026).

Table 1. NHS Trust Study Set Up for Q1 & Q2 2026/27 - 90 days (HRA approval/Date Site Selected to first participant first visit (FPFV))

NHS Trust	% of studies achieving FPFV within 90 days in Q1 26/27	% of studies achieving FPFV within 90 days in Q2 26/27
Chesterfield Royal Hospital NHSFT	50.0% (2)	33.3% (3)
Derbyshire Community Health Services NHSFT	N/A (0)	33.3% (3)
Derbyshire Healthcare NHSFT	100% (1)	50.0% (2)
East Midlands Ambulance Service NHST	N/A (0)	N/A (0)
Kettering General Hospital NHSFT	33.3% (6)	33.3% (6)
Leicestershire Partnership NHST	N/A (0)	100.0% (2)
Lincolnshire Community Health Services NHST	N/A (0)	N/A (0)
Lincolnshire Partnership NHSFT	50.0% (4)	100.0% (4)
Northampton General Hospital NHST	66.7% (9)	100.0% (5)
Northamptonshire Healthcare NHSFT	50.0% (4)	N/A (0)
Nottingham University Hospitals NHST	23.5% (17)	21.4% (14)
Nottinghamshire Healthcare NHSFT	25.0% (4)	66.7% (3)
Sherwood Forest Hospitals NHSFT	80.0% (10)	57.1% (7)
United Lincolnshire Teaching Hospitals NHST	71.4% (7)	40.0% (5)
University Hospitals of Derby And Burton NHSFT	66.7% (6)	66.7% (12)
University Hospitals of Leicester NHST	63.6% (22)	59.4% (32)

Note, the total number of studies is displayed in brackets.

This data is reported on a quarterly basis, with the above showing Q1 & 2 data. In general, in each quarter, there is a relatively small sample size for most organisations and not all Trusts have qualifying studies to report in each quarter. This limits the ability to draw too many conclusions or assess performance at this time. However, it may be helpful to understand the context for this new measure. It is understood that at Q1 just 19% of NHS organisations measured were reporting data in line with the metric: 95% of studies or greater, putting them into Tier 1. With the majority of organisations reporting less than 80% of studies achieving set-up times of 90 days or less. This demonstrates how challenging this metric is to achieve.

Most organisations have undertaken, and will continue with, focussed work in this regard, with support from the RRDN. The presence of this metric within the NOF demonstrates this is not a measure for R&I, rather there is a need for organisation-wide efforts across all services and departments to work towards this.

UK Clinical Research Delivery (UKCRD) programme

The 150 day metric is one of a number of research related measures, monitored and published by the Department of Health and Social Care, forming part of the UK Clinical Research Delivery (UKCRD) programme. These metrics monitor the speed, predictability, and volume of clinical research across the UK using data from the National Institute for Health and Care Research (NIHR) and the Medicines and Healthcare products Regulatory Agency (MHRA). The RRDN, along with other partners, work to support organisations in their contribution to these metrics.

The official statistics for the UK Clinical Research Delivery key performance indicators data to September 2026 were published on 21 October. This data showed that 100% of commercial pharmaceutical studies starting set-up in 2025/26 Q4 met the 150-day target, meaning the government has successfully met its Life Sciences Sector Plan commitment to reduce commercial interventional clinical trial set-up times to fewer than 150 days by March 2026.

This is an enormous and well-deserved achievement, and one in which the DHSC wishes to convey a collective well done and huge thanks to everyone who has played a part in this - including RRDNs and R&I teams.

There remains, however, considerable work to do, as the 150 day ambition is for all trials, including non-commercial research. We are aware that other countries are starting to respond to this delivery improvement seen in the UK. There is an increasingly competitive global environment and along with maintaining a focus on swift set-up, we anticipate there will be a shift to focus on all aspects of study performance, ensuring studies are also maximising participant recruitment.

ii) Organisational benefits of research

During the RRDN item at the Trust Board meeting in September, the wider benefits of research participation were discussed, including that organisations who actively undertook research were shown to deliver better care. In light of that discussion, this section of the report summarises some of the key benefits of participating in research.

It is long established that the health and care workforce, organisations and patients all benefit from participating in research. The benefits span a range of areas including patient outcomes, staff development & retention, and financial investment. The NIHR has an important role in driving these benefits by funding clinical studies, building NHS research infrastructure, and translating scientific discoveries into everyday patient care.

Embedding research into healthcare systems delivers direct benefits to patients. Evidence demonstrates that research-active hospitals achieve lower mortality rates for acute admissions[1], and patients treated at these institutions report greater confidence in staff as well as a clearer understanding of their conditions and medication[2]. Furthermore, research participants gain earlier access to innovative treatments while receiving closer clinical monitoring and personalised care. In turn, the NHS benefits from evidence regarding treatment effectiveness and cost-efficiency.

Including research as part of healthcare delivers several benefits to health and social care professionals. It increases job satisfaction, productivity and attracts new talent throughout the health and care system[3]. NHS employers can improve recruitment and retention when staff are enabled to be involved in research[4]. Opportunities to work in research offer clinical staff career progression, skills development and academic engagement, which can reduce burnout and staff turnover.

Additionally, commercial clinical trials deliver major economic, health, and operational benefits to the UK[5]. Income generated from commercial research in the NHS is re-invested for building research capacity & capability. This may include expanding and upskilling staff, improving research facilities and support services and strengthening governance. This enables organisations to deliver more research with greater efficiency, which will ultimately benefit patients. Commercial sponsors also provide investigational medicines and trial-related care free of charge, saving NHS trusts significant money on standard-of-care treatments.

Together, these benefits demonstrate that embedding research into regular clinical practice significantly strengthens healthcare organisations and outcomes for patients. We seek to ensure the Board is aware of the many benefits of being a research active organisation, and to ensure this can be highlighted to our partner organisations across the region to encourage further and sustained research engagement and participation.

2. Financial position

Our latest Host finance report is attached at Appendix 1. This report provides a summary of our 2026/27 financial position as at Q2 and highlights any significant variances and relevant information in relation to the financial management of the RRDN.

The report overall presents a forecast balanced budget at year end. To highlight, following a recent competitive application process, the East Midlands RRDN was successful in securing additional in-year funding of over £550k for regional delivery partners.

3. Risks & Issues

Risks and issues are formally reviewed through the East Midlands RRDN Host Governance Group chaired by Dr 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 – (Closed) - There is a requirement to grow the Agile Research Delivery Team (ARDT) in line with a nationally defined structure and set funding allocation. This involves recruiting c.20 vacant posts across the team by the end of 2026/27. A lack of capacity in this team 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. Over past months, progress has been made in recruiting into new posts, including a greater number of external appointments. The East Midlands is at a similar stage to other RRDNs and this risk has now been closed on the register.

- Risk: R13 (Open) – There is a risk there will not be a contract in place for the RRDN Local Portfolio Management System (LPMS) from 1 April 2027. This is the system which is used to record research activity data at all organisations across the region. The current contract was recently extended for one year but will expire on 31 March 2027. The NHS Business Services Authority (BSA) will be procuring future system provision, referred to as the Research Data, Delivery and Intelligence (RDDI) system, however, this process has recently been paused while a structured review is undertaken. RRDNs were instructed to explore an extension of the current LPMS to allow for a potential phased implementation of the new RDDI system. However, the current supplier advised they do not wish to proceed with an extension until the outcome of the RDDI procurement is announced. If this is not resolved, NHS Trusts may be unable to access the system and record research delivery data. This could impact research delivery operations within NHS Trusts as well as national reporting which directly links to funding (including related to RDN funding model & 150 days metric). This situation is consistent across 11 of the 12 RRDNs. The RDN Coordinating Centre is currently negotiating with the LPMS supplier directly on behalf of all regional networks. Whilst some assurance has been given around this process, there remains a concern until the contract extension is executed. The probability is currently scored as unlikely and the impact is scored as major giving a medium risk rating overall.

- There are currently no live issues 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
- Carl Sheppard, Corporate Services Manager, carl.sheppard@nihr.ac.uk

Supporting documentation

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

References

1. Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, Thompson MM, et al. (2015) Research Activity and the Association with Mortality. PLoS ONE 10(2): e0118253.

2. Jonker L, Fisher SJ, Dagnan D. Patients admitted to more research-active hospitals have more confidence in staff and are better informed about their condition and medication: Results from a retrospective cross-sectional study. J Eval Clin Pract. 2020 Feb;26(1):203-208. doi: 10.1111/jep.13118. Epub 2019 Feb 19. PMID: 30784152.

3. Marjanovic, S., Ball, S., Harshfield, A., Dimova, S., Prideaux, R., Carpenter, A., Punch, D., & Simmons, R. K. (2019). Involving NHS staff in research. The Healthcare Improvement Studies Institute.

4. Rees M R, Bracewell M. On behalf of Medical Academic Staff Committee of the British Medical Association, Academic factors in medical recruitment: evidence to support improvements in medical recruitment and retention by improving the academic content in medical posts, Postgraduate Medical Journal, Volume 95, Issue 1124, June 2019, Pages 323–327.

5. Frontier Economics (2024). 'The value of industry clinical trials to the UK', commissioned by the Association of the British Pharmaceutical Industry (ABPI).

Appendix 1

Paper E: RRDN FINANCE UPDATE: 26/27 Update as at Q2

Report Purpose: To provide a summary of 26/27 financial position as at Q2, highlighting any significant variances and any relevant information in relation to the financial management of the RRDN.

1. **Year to Date Update as at Q2 (April to September 2026)**

- As part of a national review of Agile spend, allocations adjusted to remove £284k of Agile Funding into Delivery Funding. As part of the national review, EM RRDN has been granted further additional delivery income of £287K , giving an overall increase in Delivery of £570k. Funding movements summary shown below:

Table 1: Summary 26/27 Allocation adjustment as at Q2

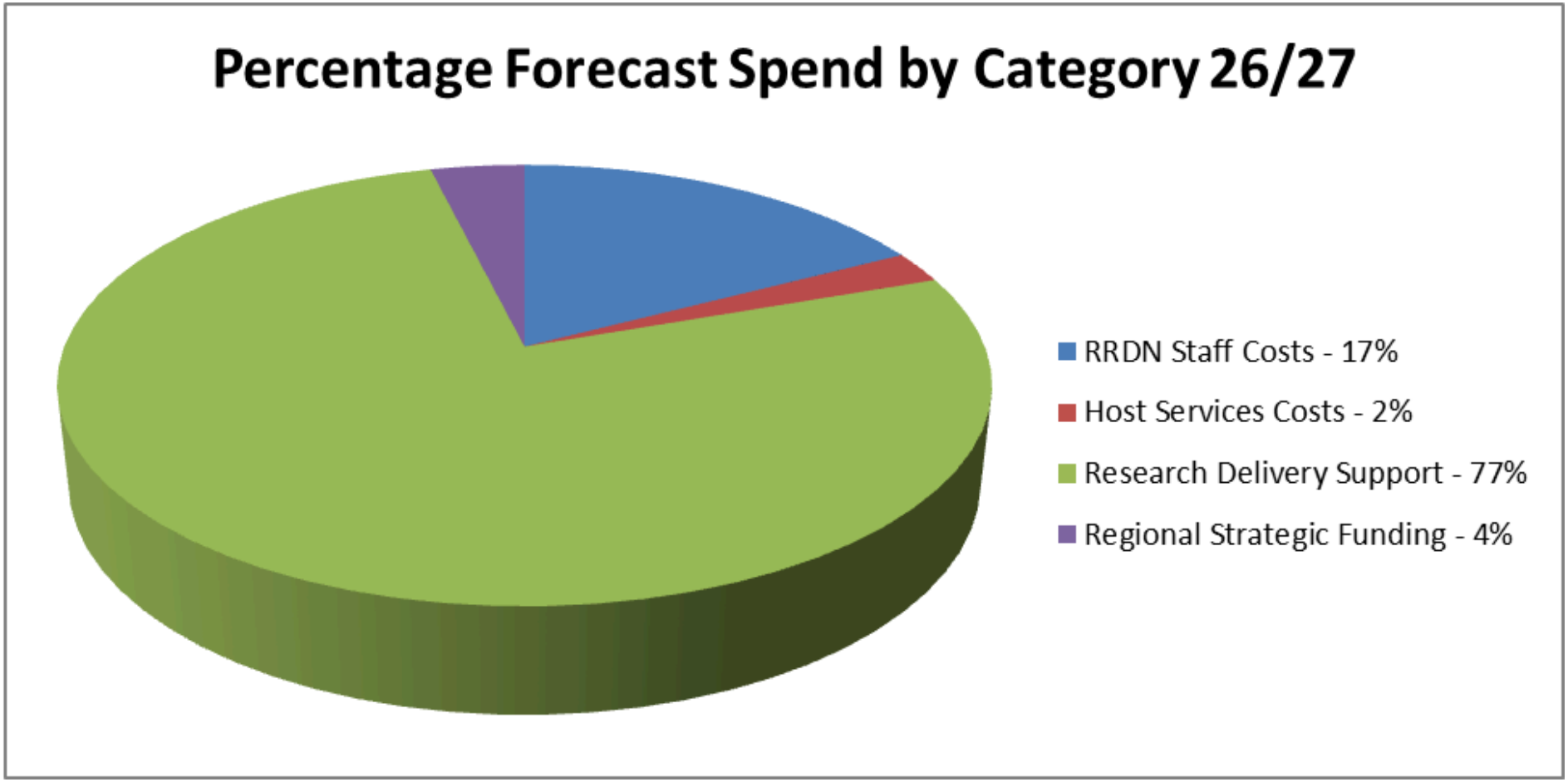
East Midlands RRDN 2026/27 Funding Summary	£000's		
	Opening Allocation	M07 Adjustment	Revised Allocation
RRDN Team (Fixed and Flexible)	3,514	0	3,514
Agile costs	2,356	-284	2,072
Total RRDN Staff	**5,870**	**-284**	**5,586**
Host Services	509	0	509
LPMS	188	0	188
Total Host Services Costs	**697**	**0**	**697**
Delivery funding - NHS Trusts	19,025	400	19,425
Delivery funding - Wider care settings	2,351	170	2,521
Clinical Support Services	393	0	393
Pharmacy Capacity Funding	276	0	276
Total Research Delivery Support to Sites	**22,045**	**570**	**22,615**
Regional Strategic Funding	**1,267**	0	**1,267**
Total Funding	**29,879**	**287**	**30,165**

- RRDN Management Team and Agile Delivery Team vacant posts driving forecast underspend.
- Forecasted Agile underspend expected to return to RRDN Co-ordinating Centre.
- Where possible, any other underspends are planned to be used to support delivery organisations.
- The position will be reviewed monthly to ensure a balanced position is delivered – monitoring arrangements are in place to support this.

Table 2: Summary Forecast Outturn position against annual funding allocation as at Q2

	£000's				
Funding Category Description	**Revised Allocation 26/27**	**Year to Date at M06**	**Forecast Outturn at M06**	**Forecast to Allocation Variance**	**Explanatory Notes**
RRDN Team (Fixed and Flexible)	3,514	1,537	3,225	-289	Vacant posts in management team.
Agile Research Delivery Team	2,072	868	2,006	-66	Vacancies. Further slippage of recruitment plans driving variance to revised allocation.
			66	66	Agile forecast underspend return to Co-ordinating Centre
Total RRDN Staff	**5,586**	**2,405**	**5,297**	**-289**	**Forecast Underspend**
Host Services	509	210	509	0	Forecast assumes some costs (e.g. Paget House) will remain the same as 25/26. Reviewed monthly.
LPMS	188	94	188	0	
Total Host Services Costs	**697**	**304**	**697**	**0**	
Delivery funding	21,946	10,815	22,342	396	£396k net forecast underspend in RRDN Staff/Strategic Funding is planned to be used to support Delivery funding. Reviewed monthly.
Clinical Support Services	393	196	393	0	
Pharmacy Capacity Funding	276	138	276	0	Pass through funding from DHSC
Total Research Delivery Support	**22,615**	**11,149**	**23,011**	**396**	**Forecast Overspend**
				0	
Regional Strategic Funding	**1,267**	**692**	**1,160**	**-107**	**Forecast Underspend**
Total Funding	**30,165**	**14,550**	**30,165**	**0**	

Table 3: Forecasted percentage spend by Category, 2026/27 as at Q2



2. Recommendation

- Host Governance Group note the balanced outturn position forecasted at Q2 for 2026/27.

Appendix 2

NIHR East Midlands Regional Research Delivery Network - Risk Register

Last updated: 21.10.2026

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 (PxI)**	**Proximity**	**Response Actions**	**Action owner(s)**	**Action status**	**Probability**	**Impact**	**Value (PxI)**	**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.	**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. Furthermore, several of the posts have been filled by internal ARDT staff, which is creating additional vacancies in the team and increasing the workload of team members. **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.	4	3	12	Ongoing	Developed a recruitment strategy to ensure the vacancies are shared across the regional wider health and care workforce, linking with recruitment teams where appropriate.	HRD (SWCS)	5	3	3	9	Closed 24.9.26	Static
										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 (SWCS)	4					
										Ensure the ARDT capacity we have is deployed in line with national priorities, some placements may be reduced/curtailed to achieve this	HRD (SWCS)	4					
										ADRT is working across regional clusters, building agility & flexibility across the team	HRD (SWCS)	4					
										Continue to work with HR to ensure that ARDT posts are not adversely impacted by trust internal processes	HRD (SWCS)	4					
R13	Information	07.07.26	Operations Director	There is a risk there will not be a contract in place for the RRDN Local Portfolio Management System (LPMS) from 1 April 2027	**Cause:** Contract for the current LPMS expires on 31 March 2027. NHS Business Services Authority (BSA) will be procuring future system provision (RDDI), however, this process has recently been paused while a structured review is undertaken. At present it is unclear whether this will address system needs from 1 April 2027. RRDNs were instructed to explore a contract extension to allow for a potential phased implementation of RDDI. However, the University of Southampton, as our current supplier, advised they do not wish to proceed with this until the outcome of the RDDI procurement is announced. Depending on the outcome of the procurement exercise this may leave limited time to enact an extension. **Effect:** Potentially NHS Trusts and other organisations will be unable to access the system and record research delivery data. This could impact research delivery operations within NHS Trusts as well as national reporting which directly links to funding (including related to RDN funding model, 150 days, etc). Additionally it may be that a contract extension is enacted, but a significantly higher price is charged, there are no viable alternatives in the market for a short term extension.	3	4	12	31.03.27	Continue to engage with EDGE/University of Southampton in readiness of a potential contract extension	OD	4	2	4	8	Open	Static
										Continue to liaise with the RDDI programme/NHS BSA regarding procurement and implementation timelines of RDDI	SDD	4					
										Engage with UHL Pre-Procurement Approval process to ensure that this is progressed sufficiently in advance of September 2026.	OD	4					
										Seek advice and guidance from NIHR RDN Co-ordnating Centre, and highlight this as a regional risk, through RDN Board	ND	4					
										RDN Co-ordinating Centre is negotiating directly with the LPMS supplier on behalf of all regional networks	RDNCC	4					

SCORING:

	IMPACT				
PROBABILITY	**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: 21.10.2026

Issue ID	Issue Type	Date Raised	Owner	Description	Severity	Priority	Actions	Action Owners	Action status	Issue status
				There are currently no live issues on the register						

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