UHD R&D response to Ministerial letter: supporting clinical research in the NHS (Feb 2026)

Paper for: Corporate Strategic Deployment Review (SDR) – for assurance

R Willington (CD for R&D), Peter Wilson (CMO)

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26/2/26

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1. Executive summary

The Parliamentary Under-Secretary of State for Health Innovation and Safety Dr Zubir Ahmed wrote to NHS Trust CEOs on the 3rd of February 2026, setting out expectations for board-level oversight, adequate resourcing, and adoption of national processes to improve clinical research performance, specifically against the national ambition to set up clinical trials within 150 days.

UHD R&D can provide assurance that the Trust has strong foundations in place (executive sponsorship, established performance reporting, embedded use of national processes) and that we are already able to track internal performance against the new 150-day metric.

Amongst the enablers of research delivery highlighted in this ministerial letter, the principal constraints that UHD R&D experiences relate to capacity in key support services, particularly **radiology and aseptic pharmacy**, which can affect sponsor approvals and/or timely set-up for some studies, and would benefit from being addressed.

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2. Background and context

The minister's letter describes the NHS role in delivering commercial clinical trials, and highlights a national ambition that clinical trials are set up within 150 days by March 2026, with defined expectations placed on NHS provider boards and executives.

The letter groups requirements into three broad areas:

1. Board-level oversight of research delivery and performance against the 150-day set up target,
2. Adequate resourcing for R&D and key contributing departments to set up and deliver commercial clinical trials,
3. Alignment with national processes to avoid duplication and reduce delays (including HRA national reviews, model agreements, NCVR, and updated IR(ME)R interpretation guidance).

This paper sets out UHD's current position and planned actions in response.

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3. Ministerial asks and UHD position

3.1 Board-level oversight of research delivery performance, including 150-day set-up metric

Ministerial expectation: Trust Boards should have oversight of research performance against the 150-day clinical trial set-up target (notably for commercial interventional trials), with clear executive sponsorship and regular review of delivery metrics.

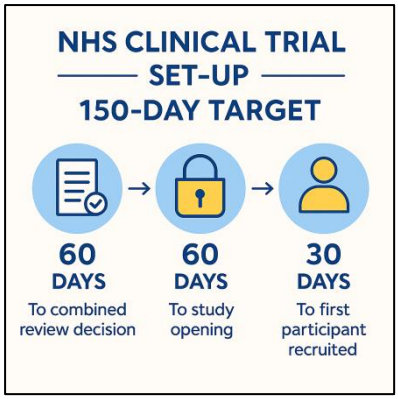
UHD current position:

- **Executive sponsorship:** UHD has a clear executive sponsor for Research & Development: Peter Wilson, Chief Medical Officer.
- **Performance oversight and reporting:** Robert Willington, the CD for UHD R&D presents commercial recruitment performance through Corporate SDR on a quarterly basis, reporting to the Chief Executive and CMO. R&D also presents performance at Care Group level where R&D is organisationally situated.
- **Established set-up tracking:** UHD has tracked set-up performance for several years using an older metric, for which the clock start and stop milestones are date site selected (receipt of Local Information Pack (LIP)) to site confirmed (signature of contract with sponsor). The target for this metric was 40 days or less; UHD has improved performance from 156 days in 2023 to 50 days in 2025, and, most recently, 61 days in the calendar year 2026 to date (please see appendix 2).

Background and detail around the new national 150-day set up metric

The national 150-day target exists in a **study** and **site** version, and breaks down into three distinct components:

1. From sponsor submission to joint MHRA and REC decision – 60 days
2. From joint decision to site open – 60 days
3. From site open to first patient first visit (FPFV) – 30 days



- (1) is a measure of the efficiency of MHRA and REC processes and lies outside of UHD's remit, even in the minority of cases where UHD is the sponsor.
- (2), as defined above and on ukcrd.org, would lie partly outside UHD R&D's power to influence, except where UHD is the sponsor. This is because the clock starts with the MHRA and REC issuing a joint approval decision to a sponsor, and ends when the first delivery site is open. Where UHD is the first delivery site, this 60 day target would partly reflect UHD's set up processes, but would also reflect the time elapsed between the sponsor receiving the joint decision and approaching UHD to act as a site. However, see later in this document for assurance on this point.
- Regarding (3), screening for patients to recruit lies wholly within UHD R&D's remit, but if no patients are available and willing to participate, this component of the target can nonetheless be failed despite best efforts. However, UHD R&D have made substantial improvements in the time from opening to first recruit, such that we would now be meeting this target – see Appendix 5.

These are considered as **study** metrics. Separately, **site** metrics are also to be reported based on the 60-day ((2) above) and 30-day components ((3) above). There has been a lack of clarity about how sites should start the clock for (2). However, in discussions with the RDN, additional detail has become clear which makes UHD R&D's position clearer and simpler:

- This metric is only being assessed against commercial trials at present.
- For commercial trials, the 60 day target (2) above will usually have clock start when a site is selected (milestone for this is by agreement with sponsor, but typically this may be equivalent to when the site receives the local information pack – LIP) and a clock stop of when site is confirmed (equivalent to when the site signs a contract agreement with the sponsor). Note that this is usually likely to be the same as our current reporting.
- The clock is paused at the end of (2) and restarted for (3) when sponsor green light is issued. This will prevent any element of (3) from being outside UHD's control.
- For commercial trials, sites may negotiate when the 'site selected' date is.

UHD position in relation to new 150-day target:

For most of UHD's research activity, **site** metrics are the appropriate data of interest, since we are the sponsor of only a minority of the studies we deliver. For site metrics, the NIHR is maintaining a dashboard of the above metrics on the ODP (open data platform). Other NHS sites have attempted to 'reinvent the wheel' by implementing their own dashboards based on their own local portfolio management systems (LPMS) and have experienced difficulties with their data not matching up with those reported through ODP. We propose to use the national dashboard on ODP for our reporting, checking against our own data periodically to ensure there is no, or minimal, discrepancy. The data flow is as follows: milestone dates are entered by UHD R&D staff onto our own LPMS (Edge); data then flows to the (national) central portfolio management system (CPMS), which then flows to the dashboard on ODP, where it is displayed.

Appendix 3 is two screenshots of our latest ODP data against the 60-day and 30-day components of the 150-day target: our site metrics. The data displayed is for the calendar year 2025. Highlights include:

- UHD R&D opened 75% of its commercial studies within the 60-day target – joint first in region (South West Central RRDN). The other organisation we were tied with opened 4 studies, versus 8 opened by UHD.
- In the previous period – 2024 – UHD met the target for 10% of 10 commercial studies; hence an improvement has taken place.
- UHD R&D recruited first patient within 30 days of opening a commercial trial for 50% of trials, again, joint first in region.
- In the previous period, UHD recruited first patient within 30 days in 37.5% of commercial trials, hence, again, an improvement has taken place.

The ODP dashboard surfaces data for a calendar year. However, we are able to take a one-month slice of data for regular reporting and tracking over a more granular time frame. Appendix 4 illustrates our data on the 60-day target for the last month.

Regarding UHD sponsored studies, UHD will need to report up **study** metrics, including time from receipt of combined decision from MHRA and REC to first site set up. UHD already collects all this data. Whilst it is a part of UHD R&D's strategy to grow the sponsored study portfolio, the number of open sponsored studies is still in single figures and reporting this data would be a manual process. We will ensure this data is collated and reported.

In summary, UHD R&D is already able to report the metrics for 150-day target to board regularly.

3.2 Resourcing to support research delivery

Ministerial expectation: Trusts should ensure R&D and supporting departments are appropriately resourced, including protected PI time, adequate space, and sufficient capacity in radiology, pharmacy, and pathology; and that research income is used for its intended purpose.

UHD current position: well-supported elements of 3.2

- **PI / CI time in job planning:** as a university hospital, UHD has adopted a clear approach in the current job planning cycle:
    - Where research time is externally funded (e.g., grant-funded CI time; commercial income apportioned to specialty research funds), job planned time can be provided where clinician and Clinical Director agree.
    - Where research does not bring external funding, PI time (no more than 1PA in rare cases; most commonly 0.25PA) can be ring-fenced from base SPA time where there is evidence of measurable research activity. UHD R&D can provide activity evidence to CDs/Care Group MDs on request.
- **Pathology:** Dedicated embedded support (1 staff member) and R&D receives an excellent service; not currently a limiting factor.
- **Research income:** Research income is being reinvested into R&D posts appropriately. The greatest risk has been that presented by income being below staff costs. UHD has a board-sighted financial recovery plan and R&D has improved its financial trajectory with hopes of a balanced position this FY. More detail as is follows:
    - Almost all RDN income is spent on R&D staff, with a small remainder (<3%) being spent on non-staff R&D costs.
    - Commercial income is apportioned to reimburse costs where they were incurred. For example, radiology costs due to undertaking study imaging are reimbursed to radiology. Concordantly, income invoiced in relation to R&D staff time delivering commercial trials is spent on R&D staff costs.
- **Space:** as part of the transformation project, UHD has identified a substantial unified space to become the main hub for the research team – currently intended to be a floor of the Avon building. (N.B. not to be confused with the research hub of the CRDC, located on the ground floor, West Wing of the RBH site.) This demonstrates a commitment to clinical research by UHD. There are a number of research related clinical spaces which will be maintained outside this footprint.

Constraints for awareness

- **Pharmacy capacity (particularly aseptics**), in common with many trusts across the NHS, aseptic capacity is under pressure, and remains a constraint on opening and delivering some commercial trials. Centralisation of aseptic provision to one site and non-aseptic research pharmacy to the other has reduced operational flexibility. Staffing bandwidth within aseptic pharmacy is limiting ability to open and recruit to commercial trials in malignant haematology and oncology. The trials experiencing this limitation are of high value to patients, and are amongst the most beneficial for the R&D department's financial sustainability.
- **Radiology capacity** can be a bottleneck for capacity and capability (C&C) confirmation and study set-up. There is no separate dedicated research radiology resource. This is most commonly a challenge where MRI is required for the study protocol.

Proposed action

- Trust to please note the risk to R&D financial recovery posed by current aseptic capacity at UHD.

- R&D and pharmacy to explore options for increasing research aseptic capacity at UHD in a sustainable manner.
- R&D to explore with radiology the option of a capital bid for additional MRI machine. There is a national capital bid for R&D which has recently opened, and R&D has begun discussions with radiology on this subject.

3.3 Alignment with national processes (to avoid duplication and reduce delays)

Ministerial expectation: R&D teams should work in line with national policy/guidance to avoid duplication and reduce set-up time, including full use of HRA national reviews, model agreements, NCVR, and updated IR(ME)R research interpretation guidance.

UHD current position

- **HRA national reviews:** UHD utilises and accepts national review outputs for **pharmacy, radiation, and information governance**, avoiding duplicative local processes.
- **Model agreements:** UHD already uses the standard/model agreements for commercial studies.
- **NCVR:** UHD R&D is already following the National Contract Value Review (NCVR) process for commercial contract research.
- **IR(ME)R research interpretation guidance:** no major local changes are required; the updated guidance is primarily an enabler that removes unnecessary extra processes, e.g. it provides guidance that where locally calculated imaging radiation doses vary with, including exceeding, those in the trial protocol, sites are advised and authorised to use the local protocols. (Unless local review reveals that the total radiation dose required for the study is so high compared to what the protocol states as a guide, that there is suspicion that doses have been missed from the calculation in the protocol – this is predicted to be a rare event and should result in complaint to the REC for re-evaluation.) R&D have confirmed with radiology that current IR(ME)R guidance is being used in relation to research. Regular meeting with radiology to determine capacity for studies both mitigate some issues with radiology capacity and may help identify any errors rapidly.

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4. Recommendations for Corporate SDR

Corporate SDR is asked to:

1. **Note** the Ministerial expectations and UHD's current compliance position.
2. **Continue to** maintain Board-level oversight of R&D performance via corporate SDR and executive sponsorship, including requiring 150-day metrics via corporate SDR pack.
3. **Note the principal constraints UHD R&D experiences in relation to trial set up and delivery (**radiology capacity and aseptic pharmacy bandwidth) and endorse exploration of options to mitigate by R&D, pharmacy, and radiology.

5. Key risks

- **Risk:** Radiology and aseptic pharmacy capacity constraints could limit ability to open studies at pace and/or constrain growth in commercial research.
  Mitigation: R&D to explore options with pharmacy and radiology to directly address these limitations, with support as needed.

Appendix 1: Minister Ahmed letter to NHS Trust CEOs – Supporting Clinical Research in the NHS (Feb 2026)

Department of Health & Social Care

From Dr Zubir Ahmed
Parliamentary Under-Secretary of State for Health Innovation and Safety

39 Victoria Street
London
SW1H 0EU

3 February 2026

Dear NHS Chief Executives,

Supporting Clinical Research in the NHS

This Government is committed to maintaining the UK's global competitiveness in attracting international research studies; benefitting patients, the NHS and the UK's life sciences sector. The 10 Year Health Plan for England and the ambition of the Life Sciences Sector Plan set out our vision for the future. This includes accelerating the pace and scale of research in the NHS.

Research is a vital part of care delivered in the NHS. We know that research active hospitals deliver better care, have lower mortality rates, and provide a better experience for patients. Prioritising the delivery of research - including improved speed and access - will help improve population outcomes while also supporting workforce retention. Commercial research also brings important revenue into the NHS, supports continued building of research capacity and capability, and contributes to the government's growth agenda within our communities.

Ensuring NHS providers leverage these benefits requires organisational oversight. In line with the Medium Term Planning Framework and the joint communications sent in November 2025, I am now writing to you directly to request that you and your executive teams continue to give appropriate focus to research performance. This includes action in the following areas:

- **Board level oversight of research delivery** - NHS trusts must ensure that performance of research against the government's 150-day clinical trial set-up target, particularly for commercial interventional trials, is a standing priority at Board level, with clear executive sponsorship and regular oversight. NHS England has worked with NHS providers and Integrated Care Boards (ICBs) to develop a Research Activity Framework to support NHS provider boards in understanding their local research activity; this will be published in March 2026.
- **Resource to support research delivery** – I expect trusts to ensure that Research and Development (R&D) teams and other departments involved in research are appropriately resourced to set up and deliver commercial clinical trials. This includes: Principal Investigators having time to carry out their roles, adequate space readily available and staff time within departments such as

radiology, pharmacy and pathology. Where gaps are identified, Trusts are expected to take corrective action to address them, noting previous guidance that research income from outside NHS HM Treasury allocations should be used for its intended purpose, including investment in research and development posts.

- **Alignment with national processes -** R&D teams must continue to work in line with national policy and central guidance, ensuring unnecessary duplication of processes is avoided to reduce time taken to set up studies and release capacity to support other research related activity. These processes include:
    - Full utilisation of Health Research Authority (HRA) national pharmacy, radiation, and information governance (IG) reviews, as well as central model agreements and guidance.
    - Adherence to the National Contract Value Review (NCVR) principles and process for all commercial contract research
    - Alignment to new guidance for interpretation of the current Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) in NHS research involved ionising radiation. This guidance covering England, Wales and Northern Ireland has been published on UKCRD.org.

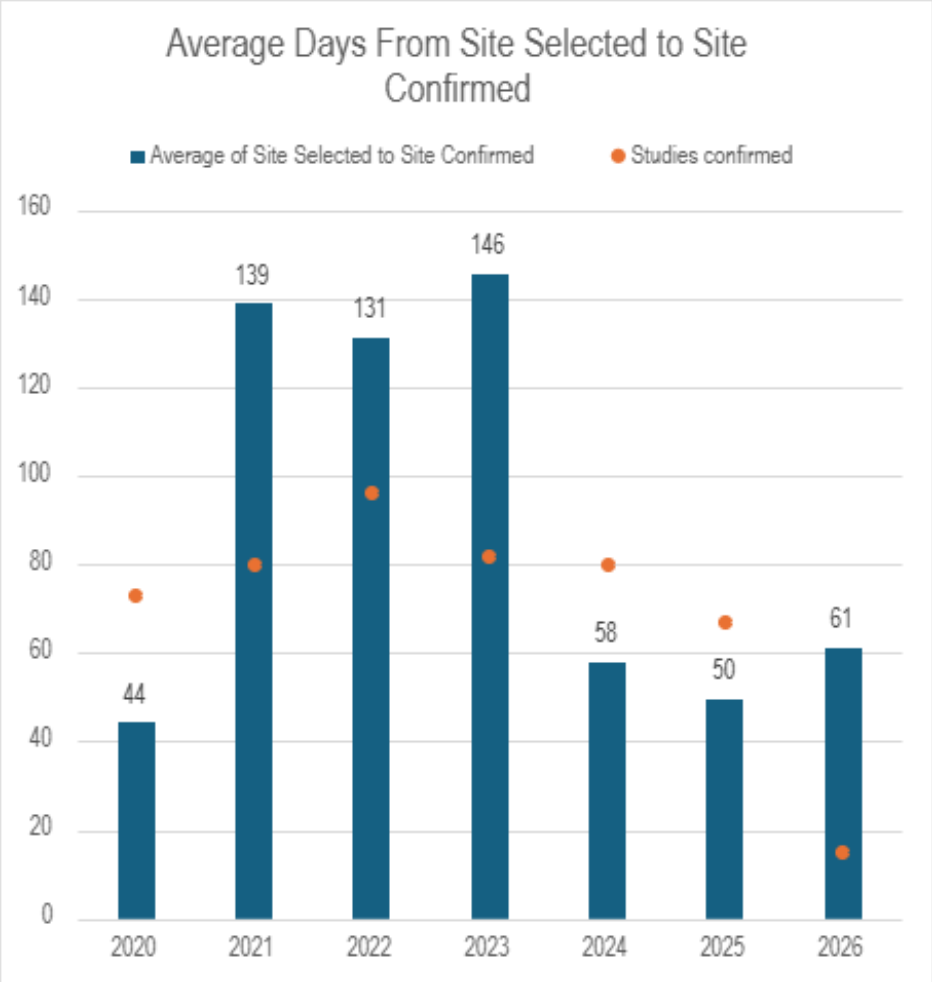
I would like to thank you and your teams for the work you have done support the delivery of the Prime Minister's ambition that all clinical trials are set up within 150 days by March 2026. While the data demonstrates clear progress, there remains more to do to fully realise this shared ambition. I appreciate your ongoing leadership in taking this work forward.

Yours sincerely,

DR ZUBIR AHMED MP

Parliamentary Under-Secretary of State
for Health Innovation and Safety

Appendix 2: UHD clinical trial set up times historic trend data – N.B. this is performance against an older set up time target.



Appendix 3: Current UHD R&D performance against new set up targets, taken from ODP dashboard (national data). Note that although 150 days is not mentioned in this data, the metrics are the components of the 150-day target against which UHD R&D will be measured. Note also that it is only commercial trials' performance against which trusts will be measured for the time being. The presence of a non-commercial column in this national dashboard may indicate a future direction of travel.

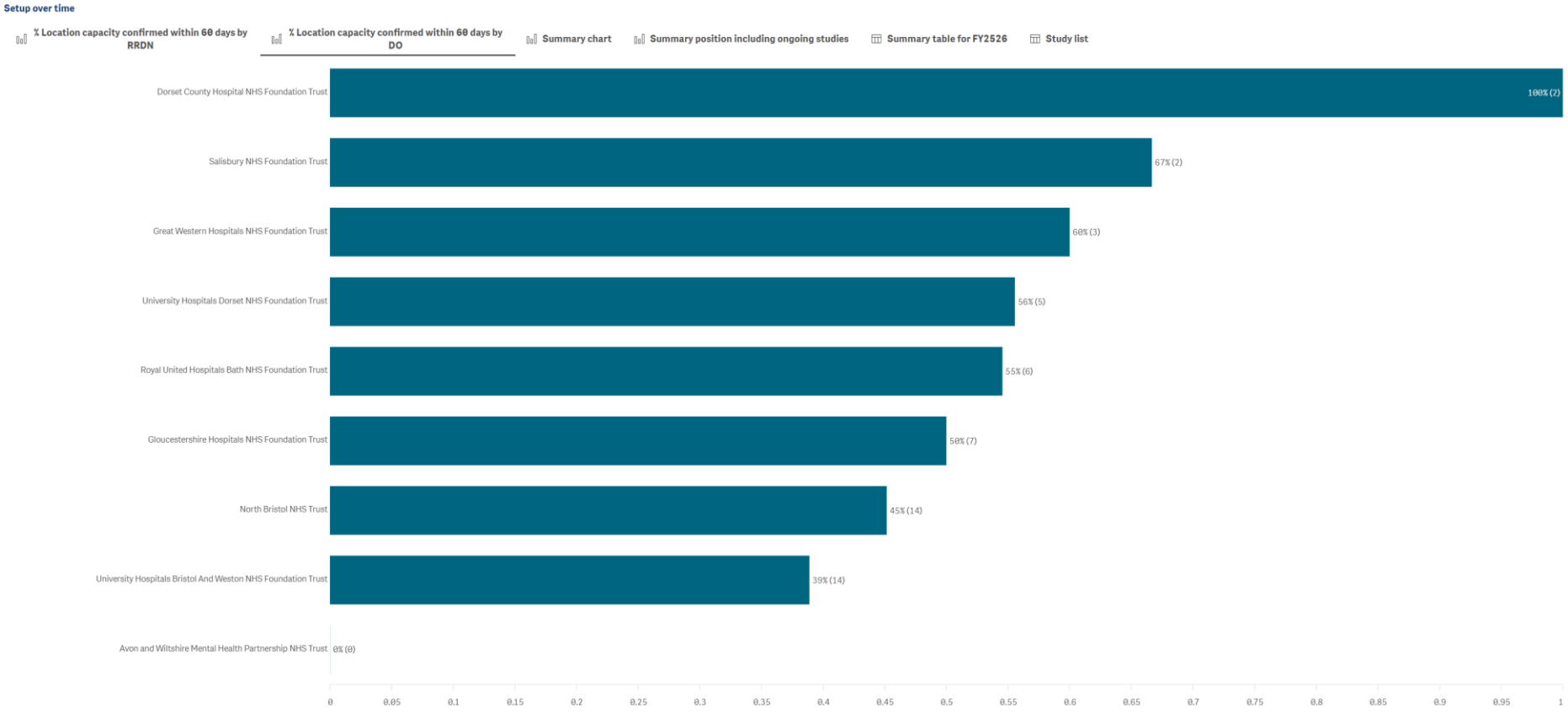
Performance Adjustments: proportion of studies opened within 60 days of HRA Approval or site selection | **Study list: Most recent period assessed** | **Study list: Previous period assessed**

Trust Code	Trust Name	Most recent period - % Non-commercial studies opened within 60 days of HRA Approval	Most recent period - number of non-commercial studies assessed	Most recent period - % Commercial contract studies opened within 60 days of HRA Approval	Most recent period - number of commercial studies assessed	Previous period - % Non-commercial studies opened within 60 days of HRA Approval	Previous period - number of non-commercial studies assessed	Previous period - % Commercial contract studies opened within 60 days of HRA Approval	Previous period - number of commercial studies assessed
Totals		-	**314**	-	**121**	-	**285**	-	**96**
RBD	Dorset County Hospital NHS Foundation Trust	75.0%	8	75.0%	4	50.0%	4	14.3%	7
R0D	University Hospitals Dorset NHS Foundation Trust	51.4%	35	75.0%	8	34.8%	46	10.0%	10
RN3	Great Western Hospitals NHS Foundation Trust	40.0%	20	40.0%	5	21.1%	19	16.7%	6
RTE	Gloucestershire Hospitals NHS Foundation Trust	22.2%	27	30.0%	10	4.5%	22	15.4%	13
RA7	University Hospitals Bristol And Weston NHS Foundation Trust	26.8%	71	17.5%	40	21.5%	65	45.2%	31
RVJ	North Bristol NHS Trust	19.7%	66	12.8%	39	13.8%	58	9.5%	21
RD1	Royal United Hospitals Bath NHS Foundation Trust	22.0%	41	8.3%	12	7.4%	27	33.3%	6
RDY	Dorset Healthcare University NHS Foundation Trust	100.0%	11	0.0%	0	100.0%	6	0.0%	0
RVN	Avon and Wiltshire Mental Health Partnership NHS Trust	71.4%	7	0.0%	0	62.5%	8	0.0%	0
RTQ	Gloucestershire Health and Care NHS Foundation Trust	40.0%	5	0.0%	0	50.0%	6	0.0%	0
RNZ	Salisbury NHS Foundation Trust	34.8%	23	0.0%	3	16.7%	24	0.0%	2

Performance Adjustments: proportion of studies that re-cruited their first participant within 30 days of site readiness | **Study list: Most recent period assessed** | **Study list: Previous period assessed**

Trust Code	Trust Name	Most recent period - % Non-commercial studies with first participant within 30 days of site readiness	Most recent period - number of non-commercial studies assessed	Most recent period - % Commercial contract studies with first participant within 30 days of site readiness	Most recent period - number of commercial studies assessed	Previous period - % Non-commercial studies with first participant within 30 days of site readiness	Previous period - number of non-commercial studies assessed	Previous period - % Commercial contract studies with first participant within 30 days of site readiness	Previous period - number of commercial studies assessed
Totals		-	**222**	-	**55**	-	**218**	-	**58**
R0D	University Hospitals Dorset NHS Foundation Trust	60.7%	28	50.0%	4	53.8%	39	37.5%	8
RTE	Gloucestershire Hospitals NHS Foundation Trust	31.3%	16	50.0%	4	38.1%	21	16.7%	6
RD1	Royal United Hospitals Bath NHS Foundation Trust	27.3%	33	50.0%	4	45.0%	20	14.3%	7
RVJ	North Bristol NHS Trust	61.9%	42	47.4%	19	55.0%	40	53.8%	13
RN3	Great Western Hospitals NHS Foundation Trust	22.2%	9	33.3%	3	29.4%	17	0.0%	2
RBD	Dorset County Hospital NHS Foundation Trust	71.4%	7	25.0%	4	75.0%	4	20.0%	5
RA7	University Hospitals Bristol And Weston NHS Foundation Trust	35.8%	53	25.0%	16	52.5%	40	40.0%	15
RDY	Dorset Healthcare University NHS Foundation Trust	88.9%	9	0.0%	0	80.0%	5	0.0%	0
RNZ	Salisbury NHS Foundation Trust	26.3%	19	0.0%	1	52.4%	21	100.0%	2
RVN	Avon and Wiltshire Mental Health Partnership NHS Trust	20.0%	5	0.0%	0	33.3%	6	0.0%	0
RTQ	Gloucestershire Health and Care NHS Foundation Trust	0.0%	1	0.0%	0	20.0%	5	0.0%	0

Appendix 4: UHD R&D February 2026 performance on 60-day target, to illustrate capability to generate more granular data.



Appendix 5: Average Days From Site Confirmed to First Recruit