Purpose: To fund a Coordinating Centre and Clinical Director to lead and coordinate the UK-wide Type 1 Diabetes Cell Therapy Clinical Trials Network.
Amount: Up to £2 million
Duration: 3 years
Career Stage: Independent group leader with a track record of clinical and academic expertise in T1D and cell therapies, and an understanding of UK research and delivery infrastructure.
Location: Principal Applicants must be based at an academic Host Institution in the UK.
Process: Single stage process 1) Full application form and finance form – Assessed by presentation and panel interview.
Application Deadline: 27 October 2026 at 5pm.
How to Apply: Applications should be submitted through the online grant portal. All applicants should notify the Type 1 Diabetes Grand Challenge (T1DGC) Research Funding Team (smfgrandchallenge@diabetes.org.uk) of their intent to apply for this competition as soon as possible to discuss eligibility requirements, with all calls having taken place by 16 October 2026. Applicants are permitted to email any questions to the T1DGC Funding team and FAQs will be published on the website on a weekly basis.

Contents

Section 1: Background and strategic context

The UK is well positioned to become a global leader in delivering clinical trials for type 1 diabetes (T1D) cell therapies, supported by a unique combination of scientific excellence, advanced clinical research infrastructure, progressive regulatory reform, and coordinated national investment. In response to this opportunity, the Type 1 Diabetes Grand Challenge (T1DGC) has committed up to £3m to establish the UK-wide Type 1 Diabetes Cell Therapy Clinical Trials Network (UK T1D CT CTN) in partnership with the National Institute for Health and Care Research (NIHR). The network will provide a nationally coordinated and internationally connected platform to accelerate the validation of beta cell therapies and provide a streamlined pathway to test novel approaches as they emerge, including through the T1DGC portfolio. The CTN will support sponsors with coordinated access to a nationally aligned network of T1D clinical leadership and experienced delivery sites - integrated with NIHR support and delivery infrastructure - alongside bespoke feasibility and recruitment intelligence for T1D cell therapy trials. By increasing international visibility of the UK's expertise in T1D beta cell therapy research and recruitment potential, the CTN aims to expand opportunities for people with T1D to participate in cutting-edge trials and move closer to transformative, curative treatments. To inform the scope of this call, the Grand Challenge team undertook significant stakeholder engagement with sponsors, delivery leads, exemplar trial networks and NIHR, and convened an independent Task and Finish Group comprising clinical, academic, delivery and lived experience experts.

Strategic Objectives of the CTN:

- **Create a Nationally Coordinated and Internationally Connected Delivery Network**: Develop a nationally aligned network of expert delivery sites, integrated with NIHR research and delivery infrastructure, and connected with international clinical trial investments.
- **Strengthen National Capability for Complex T1D Cell Therapy Trials**: Build the UK's capability and capacity to deliver complex, advanced T1D cell therapy trials, aligned with the UK Life Science Growth Mission.
- **Position the UK as a Global Leader in Beta cell Therapy Research:** Establish the UK as the partner of choice for global beta cell therapy research by showcasing national expertise, leveraging coordinated engagement with the NIHR Industry Hub, and offering an integrated commercial access pathway with specialist T1D cell therapy support.
- **Provide Access to National Clinical and Scientific Leadership in T1D Therapies:** Facilitate access to a unique collaboration between clinicians, researchers, delivery teams and people with T1D across the UK, and reinforce the UK's position as a leading ecosystem for T1D beta cell therapy research.
- **Expand Access to T1D Trials for Patients Across the UK:** Increase equitable opportunities for people with T1D across the UK to participate in innovative beta cell therapy trials.

Section 2: Overview of the award

Supported by a generous donation from the Steve Morgan Foundation, the T1DGC will initially invest up to **£2 million over 3 years** to establish a central CTN Coordinating Centre (CTN-CC), a network of accredited Delivery Sites, cross-network capability-building activities, and flexible investment to address emerging network needs. The CTN-CC will act as the national coordinating body for CTN-endorsed T1D beta cell studies and lead the set-up of the network's delivery sites. The successful Lead Applicant should be a senior leader in the T1D field and will serve as Clinical Director of the CTN for the duration of the award.

Proposals for this award must focus on plans for the set-up and sustainable delivery of the CTN-CC, with clear evidence of alignment with existing T1D investments, and opportunities to inter-operate with NIHR research and delivery infrastructure. In addition, proposals must highlight the suitability of the lead applicant for the high-profile position as Clinical Director of the CTN, including advocating the CTN vision, their approach to UK and international collaboration, and their clinical experience to date. The CTN-CC will hold full accountability for network performance and coordinated trial delivery, and will report to the funder. Beyond trial delivery, the CTN-CC will establish and lead forward-looking cross-CTN programmes such as those related to UK-wide capability development, network expansion, engagement of lived experience experts, and integration with the T1D clinical community.

Relationship between the CTN-CC and Clinical Director

The CTN-CC is the funded organisational function responsible for coordination, governance, sponsor support, network management and capability-building. The Clinical Director is the senior individual appointed through the award to lead the CTN-CC and provide the scientific and clinical leadership required to establish the CTN. Applicants must therefore demonstrate both the quality of the proposed CTN-CC operating model and the suitability of the Lead Applicant for the Clinical Director role.

***Note** - The CTN-CC award is an infrastructure award to establish and lead the CTN-CC, not a trial delivery award. Individuals or centres primarily interested in delivering CTN beta cell therapy trials may be better suited to the anticipated future call for CTN Delivery Sites, expected in Summer 2027 under the guidance of the newly appointed Clinical Director. CTN-CC applicants will remain eligible for any future delivery-focused competitions.

Section 3: CTN Coordinating Centre: required functions

Applicants should propose a CTN-CC model that will deliver the functions below over the three-year award period:

Funding management and allocation

1) **Management of central CTN funding across partner organisations:** Plans for the allocation of CTN funding (using the £2m funding envelope) to develop and maintain:
    - CTN-CC functionality, including sponsor-facing support and coordination activities.
    - Core funding for CTN delivery architecture, including an initial group of accredited Lead Delivery Sites.
    - Flexible CTN Prime Fund, managed by the CTN-CC to provide targeted, site-specific investment to address delivery bottlenecks, accelerate readiness and respond to emerging needs.

- Cross-CTN programmes, such as capability building, workforce development, engagement activities and other network-wide initiatives.

Sponsor-facing support offer

2) **Offer a bespoke service to support sponsors at every stage of the clinical trial process:** CTN-CC proposals should describe the sponsor-facing CTN-CC offer, which *may* include:
   - Bespoke feasibility assessments.
   - Site identification.
   - Trial recruitment support and promotion.
   - Access to UK T1D registry data.
   - Facilitated access to groups of lived experience experts and T1D/cell therapy experts for early protocol input.
   - Delivery coordination and escalation across the UK clinical trials infrastructure.

Delivery-site commissioning and accreditation

3) **Commission a network of CTN delivery sites:** As per Section 6 of this guidance document, the T&F Group recommends a CTN delivery model based around a small number of CTN Lead Delivery Sites, granted 'CTN accreditation' status by the CTN-CC as a UK guarantee of established capability and capacity for T1D cell therapy trials delivery. Each CTN delivery site should work with a wider group of referral/partner sites, for decentralised trial activities such as recruitment, community outreach, and follow-up closer to home. Overall, the coordinating function of the CTN-CC should add value to the delivery landscape without being duplicative or increasing complexity for sponsors engaging with UK trial sites.

The CTN-CC proposal should describe:

- Accreditation criteria for CTN Lead Delivery Sites to participate in or lead CTN-endorsed trials, with the expectation that this will inform the early minimum viable capability of the CTN's trial delivery function.
- Number and role of initial CTN Lead Delivery Sites.
- Role of partner/referral sites.
- Expansion pathway.
- Proposed allocation of CTN funding.

Network management and performance monitoring

4) **Manage a network of CTN delivery sites:** Following sponsor engagement, the CTN-CC will coordinate study set-up and delivery across UK sites, in partnership with NIHR infrastructure. It will monitor delivery-site performance and implement performance management interventions where required to maintain CTN-wide quality standards set by the Clinical Director.
   The CTN-CC proposal should set out how the CTN-CC and Clinical Director will coordinate multi-site trial set-up and delivery across the network. Applicants should include plans for:
   - Central support for study set-up in line with national targets, working with RDN Diabetes, Metabolic and Endocrine Theme Leads, UKCRF and CRDC network leads, and the NIHR Industry Hub.

- Regular coordination between site PIs to share best practice, identify risks and address emerging delivery challenges.
- Development and implementation of SOPs to support consistent standards across the network.
- A performance monitoring framework covering recruitment, set-up timelines, delivery quality and other agreed KPIs, with regular reporting to the T1DGC and use of continuous improvement approaches.
- A transparent accreditation roadmap for partner and referral sites seeking progression towards CTN accreditation.

Governance, advisory input and external connectivity

5) **Establish and integrate wider advisory input to guide scientific and operational decision-making:** The CTN-CC should seek support from the T1D community, including leaders of existing T1D/ATMP consortia, clinicians and academics. Building on the recommended governance framework in Section 4, the CTN-CC proposal is expected to include plans for relevant advisory/steering groups.
6) **Provide a single point of access for UK T1D expertise:** The CTN-CC should convene a 'forum' of experts through which sponsors can access UK expertise in a coordinated manner, including for early advice on protocol development, UK regulatory pathways, and emerging delivery challenges.
7) **Drive the strategic development of the UK T1D beta cell therapy ecosystem:** The CTN should evolve in response to advances in beta cell therapies, trial delivery protocols, and the national and international T1D landscape. The CTN-CC proposal must include a forward-looking strategy for network growth, international collaboration and continuous improvement of the UK's offer to sponsors. The UK CTN should act as a strong national node within a broader international ecosystem, supporting harmonisation of approaches to eligibility, endpoints, monitoring, safety reporting, long-term follow-up and patient engagement to support academic innovation alongside commercial investment.

Cross-CTN programmes and lived experience involvement

8) **Lead cross-CTN programmes beyond clinical trial delivery**: In addition to the delivery of clinical trials, the CTN-CC is responsible for delivering network-wide programmes that strengthen UK capability and collaboration across CTN delivery and partner sites. Examples include: workforce development; activities to improve equitable trial access; clinical community engagement; initiatives that build long-term national capability.
9) **Meaningfully engage Lived Experience Experts across the design, governance, and delivery of the CTN.** In practice, this could include involving people with T1D on aspects of study protocol feedback (e.g. patient outcome measures) or providing a support network for participants of CTN trials. The CTN-CC proposal must include prospective governance plans to engage Lived Experience Experts across CTN governance and delivery, a budget for involvement costs, and efforts to increase the equity of access of trials for T1D communities over time.

Integration with existing infrastructure and NIHR delivery architecture

10) **Establish procedures for cohesion and connectivity across existing investments** including:
    a. NIHR research and delivery infrastructure, including CRFs, CRDCs, and the NIHR RDN.

b. NIHR Industry Hub, to support a coordinated and nationally consistent offer for commercial sponsors of T1D cell therapy trials.
c. Existing registries and platforms, such as ADDRESS-2 and Be Part of Research.
d. Relevant T1D, immunotherapy and advanced therapy consortia.

The CTN should provide an 'expert enabling layer' that complements the national operating model being established through the NIHR Industry Hub, while coordinating messaging on UK capability and delivery routes specifically for T1D cell therapy trials. The CTN-CC proposal should clearly describe how the network will align with existing programmes from initial sponsor engagement through recruitment, study delivery, performance monitoring and study closure.

Once appointed, the CTN Clinical Director is expected to work with national infrastructure leads to identify and engage centres with relevant expertise in T1D and cell therapy trials, building a coordinated delivery model that draws on established strengths across the UK. CTN-CC proposals should outline plans to develop productive working relationships with relevant infrastructure partners and support coordinated study delivery across the network.

Site-level performance

As part of the national commitment to accelerate the set-up of clinical trials, all participating sites are expected to complete study set-up activities within 90 days (i.e. recruit their first participant for a study within 90-days of a study receiving regulatory approval, or the site being selected to take part, whichever occurs later). The NIHR will support CTN delivery sites with meeting this target. Applicants should describe how the CTN-CC will support sites to achieve national performance expectations and work with NIHR partners to identify and address barriers to delivery. Recognition will be given to the CTN's role in growing both the volume of studies and participant recruitment, particularly in commercially sponsored research. Further information about the NIHR Industry Hub is found in the Commercial Trials Delivery Plan and Performance Framework 2026-28.

Section 4: Clinical Director: role and person requirements

Purpose of the Clinical Director role

The CTN-CC will be led by an ambitious and forward-thinking Clinical Director, who will provide independent scientific and clinical leadership, ensure consistent national delivery excellence across all CTN sites, and drive the long-term development of the network. The Clinical Director will work closely with the T1DGC team, ensuring alignment with funder expectations and the evolving T1D landscape, while maintaining accountability to patients, sponsors, and stakeholders.

In addition to the written application, the Clinical Director will be invited to a presentation and interview to ascertain their suitability for the following responsibilities of this position:

- Provide clinical and scientific leadership across the CTN, acting as the trusted authority for strategic decision-making in complex T1D cell therapy trials and supporting integration across relevant disciplines, including diabetology, immunotherapy and advanced therapies.

- Provide expert input to sponsors and the CTN portfolio, including trial design, feasibility assessments, scientific review and protocol development, ensuring studies are patient-centred, deliverable and operationally feasible within the national CTN infrastructure.
- Define and articulate the CTN vision, acting as the primary clinical and scientific ambassador for the network and representing the UK T1D ecosystem nationally and internationally.
- Design and oversee the CTN delivery model, including delivery standards, accreditation criteria, performance expectations and a strategy for phased network expansion.
- Lead sponsor and industry engagement, working with the NIHR Industry Hub and other partners to attract T1D beta cell therapy trials to the UK and communicate a clear national offer to sponsors.
- Develop a sustainability strategy for the CTN-CC and delivery architecture, including plans for future funding, partnership development and long-term national capability building.
- Maintain accountability for CTN-wide delivery standards, ensuring scientific integrity, clinical relevance, delivery performance and meaningful involvement of people living with T1D throughout CTN activities.

Section 5: Funding available and eligible costs

Up to **£2 million** is available over an initial **3 year term**. The activity should run from **1 April 2027 to 31 March 2030** in the first instance. For administrative purposes the CTN-CC funding will need to be issued to one Host Institution and either sub-contracted or separately contracted to other partners involved in the project as required*.

For clarification on any aspect of the funding guidance below, including queries on eligible costs, please contact the T1DGC Research Funding team (smfgrandchallenge@diabetes.org.uk).

The £2 million award should be sufficient to cover:

- The core CTN-CC staffing and coordination activities (e.g. project management).
- Cross-CTN activities, such as a capacity building programme, set up and convening of advisory committees, engagement of lived experience experts, and activities to boost clinical and public awareness of beta cell therapies.
- Delivery architecture of the CTN (e.g. Lead Delivery Sites and partner/referral sites, as outlined in Section 3). Each delivery site should receive core funding to support site-level delivery of CTN trials (e.g. a dedicated CTN trial manager or core trial workforce) – the CTN-CC proposal must include plans and justification for funding required as core resource for each accredited CTN site. In addition, the CTN-CC is encouraged to hold back a central pot of funding for flexible pump-priming beyond initial set-up (CTN Prime Fund). This could be administered on a case-by-case basis depending on the individual needs of each delivery site, with an aim of rapidly addressing specific 'bottlenecks' in the delivery landscape. *As CTN Lead Delivery Sites have not yet been selected, the proposal should provide a best estimate for this figure based on current planning assumptions, with the expectation this will be reviewed and refined as the delivery architecture is established.*

***Note** – The total award value is up to £2 million. To reduce administrative burden on the CTN-CC host organisation, the T1DGC may retain responsibility for managing and directly distributing a proportion of the funding for specific operational activities (e.g. funding delivery sites). This arrangement will not change the overall scope or leadership responsibilities of the award. The CTN-CC and Clinical Director will retain responsibility for the strategic and scientific leadership of the full CTN, including defining funding priorities,

setting selection criteria and making recommendations on the allocation of resources across the network. Applicants should therefore develop proposals and budgets against the full £2 million funding envelope, regardless of whether T1DGC directly administers selected elements of the funding.

The CTN-CC award is an infrastructure award and is not intended to support research activities. The majority of funding should be allocated to **direct** costs incurred by the organisations in delivering the activities described. Financial leverage is essential to the T1DGC initiative as we can do more together. The T1DGC encourages applicants to discuss this opportunity with their Host Institutions and explore how we can work in partnership, such as covering indirect costs and making contributions to the direct costs of the CTN.

Applicants should use the application form to demonstrate how the proposed CTN will deliver value for money and how support for the long-term sustainability of its activities and services will be secured. The financial plan should provide a clear breakdown of all costs associated with delivering the proposed work plan. As this is a single-stage application process, applicants should ensure that sufficient detail is provided at the point of submission to enable assessment of the proposed budget. The funder may request further itemisation or clarification of costs during the review process if required. For more information about disallowed costs, please visit **General Guidelines for Research Grant Applicants.**

Eligible costs:

- Staff salaries for the core CTN-CC function. For example: project manager, administrative staff, governance or data lead. Applicants are encouraged to include named staff on proposals, and all positions should be clearly justified and with clear %FTE.
- Travel and meeting costs – Eligible where required for CTN delivery, including to facilitate collaboration, sponsor engagement, promote the CTN, and visit the CTN delivery network.
- Costs for convening advisory groups, including attendance of lived experience experts.
- Core funding for CTN Lead Delivery Sites, for example workforce or capital/equipment.
  - Where equipment is required, this must be clearly justified as vital for CTN delivery, or to improve infrastructure capacity or capability. While there is no upper limit on this amount, host institutions are encouraged to contribute towards the cost of requested equipment.
- PPIE (patient and public involvement and engagement) – Involvement of people with T1D is an integral part of CTN design and delivery, and must be costed proportionately.
- Cross-CTN programmes (e.g. mentoring/capability building, collaborative projects).
- Flexible 'CTN Prime Fund'.
- Other direct costs e.g. assembly of governance (advisory committee or steering group), sponsor-facing activities, training programmes or workforce development initiatives, registry access costs where required for CTN functions, development of SOPs and accreditation frameworks.

Ineligible costs:

- Indirect costs, as specified by the Research Councils and Diabetes UK's General guidelines for research grant applicants. Diabetes UK does not fund indirect costs for HEIs, such as institutional overheads and estate costs, cost recovery models, general facilities or maintenance.
- Open access and publication costs.

- Equipment within the host institution, beyond the scope of this award. Routine equipment already expected within the host institution and duplicative equipment are not eligible unless strongly justified.
- Studentships.
- The T1DGC will not pay salaries on a cost recovery basis or for those already in receipt of a salary equivalent to 1FTE and is, therefore, unwilling to meet the salary costs of staff currently fully funded by the Higher Education Funding Council, NHS or equivalent. This usually applies to all Lead Applicants and Collaborators. Where staff salaries are dependent on grant funding, we would require a letter from the Host Institute confirming they will not be in receipt of more than 1FTE for the duration of the award, if successful. Costs for National Insurance contributions and any superannuation should be added to salary costs at the point of application. These costs will not be considered after an award has been made. Known salary increments may be included on the application form but national pay awards may not.
- Biomedical, health and care research (including but not limited to the generation and collection of new data). Should a CTN-led research activity be considered a valuable part of the work plan, this should be fully justified within the application and at interview.
- Trial-specific or patient care costs.
- Research activities e.g. surveys/focus groups conducted as part of a research project rather than network development.

Section 6: Eligibility

The call is open to senior academic or clinical group leaders with expertise in Type 1 Diabetes, particularly beta cell therapies or immunotherapies. Lead Applicants must hold a higher degree, be based at a UK academic Host Institution, and be in receipt of salary for the duration of the Award. Applications should normally be led by a single senior researcher. However, collaborative bids involving more than one institution are eligible and should be discussed with the T1DGC funding team before submission. Applications involving commercial organisations are encouraged where they add value to the programme and meet the requirements of the Commercial Collaborations Policy; applications should clearly define any financial or in-kind support and discuss proposed industry involvement with the T1DGC Research Funding Team on a case-by-case basis.

The Lead Applicant is expected to allocate up to 0.2 FTE to the Clinical Director role, with support from their employer for the duration of the award confirmed through a letter of support. All relevant approvals should be in place by the anticipated start date of 1 March 2027.

Section 7: Application process

This is an open competition, available to senior applicants based at any eligible UK higher education institution (HEI). All applicants must contact the T1DGC Research Funding team (smfgrandchallenge@diabetes.org.uk) as soon as possible following call launch to provide a notification of intent to apply for the call, prior to submission. Any questions received by email will be uploaded on a weekly basis to the FAQ page, to ensure all applicants have equal access to relevant information for this call.

- Application guidance published: 1 September 2026.
- Prospective applicants email DUK to state their intention to apply, and to discuss eligibility, by 13 October 2026.
- Full application deadline: **27 October 2026 at 5pm** via the online Grants Management System.

- Independent CTN Panel – Presentation and interview with applicants: **18 December 2026.**
- Mobilisation period: The independent CTN panel is responsible for providing a *recommendation* of funding for a single application. It is anticipated that the successful award-holder will undergo a short 'mobilisation period' with support from the funder, in which they refine the proposal in response to panel feedback, seek additional feedback from the T&F Group, and formalise governance arrangements and reporting structures.
- Funding commences: 1 April 2027, subject to contract.

This will be a single stage process, with one full application and budget form. Should the Panel recommend conditional funding, the successful applicant may be expected to make changes to the proposal or seek the expertise of external advisors such as the T&F Group, prior to contracting.

To Apply

Please review the funding specification in full, and email the **T1DGC Research Funding Team** as early as possible to confirm your intent to submit an application.

To formally submit an application, complete the relevant application form and finance form on the online Grants Management System.

The submission deadline for applications is 5pm on 27 October 2026.

Section 8: Assessment criteria

Applications will be assessed by an independent group of experts in T1D and cell therapy delivery, UK research and delivery infrastructure, and clinical trial network set-up. Written applications will be reviewed in full by the Panel before a presentation and interview by the Lead Applicant. The interview will consider both the quality of the CTN-CC proposal and the suitability of the Lead Applicant for the Clinical Director role. The Panel will focus on:

- CTN vision and strategic fit, including alignment with CTN strategic objectives, NIHR infrastructure, and an understanding of the UK and international T1D landscape.
- Quality of the CTN-CC proposal, including proposed operating model, governance arrangements, and sponsor support offer.
- Mobilisation and deliverability, including the feasibility of timelines and resource requirements to rapidly establish and operationalise the CTN-CC and delivery infrastructure.
- Clinical Director leadership and credibility, including collaboration record, influence across the UK T1D community, and leadership experience.
- Network development and capability building, including plans for delivery architecture, national capability growth, and expansion strategy.
- Industry engagement and external partnerships, including a sponsor engagement strategy, integration with NIHR Industry Hub, and plans to promote the UK's offer for T1D beta cell therapies.
- Sustainability and long-term impact, including high-level plans for future funding, and long-term capability legacy.
- Lived experience involvement and equitable access, including plans to meaningfully involve people living with and affected by T1D across CTN governance, support participant-centred trial delivery, and improve equitable access to T1D beta cell therapy trials across the UK.

- Value for money, including how the proposal leverages existing capabilities and creates sustainable long-term value. The proposed costs should be reasonable, justified, and proportionate to the expected benefits expected from the CTN-CC.

All applicants will be provided with feedback from the CTN Panel.

Applications will also be reviewed by lived experience experts: people living with and affected by T1D who are on the T1D Expert by Experience Advisory Panel. The group does not comment on the scientific quality of the research but ensures that the research is relevant and important to people living with diabetes. CTN-CC proposals must clearly outline approaches to increase opportunities for people with T1D within the UK to take part in innovative trials, and accelerate the translation of potentially curative therapies. We encourage applicants to consider if there are innovative or novel opportunities presented by the CTN to involve people living with and affected by T1D, from application design through to CTN set-up.

Section 9: Contracting, mobilisation and monitoring

Following the funding decision, a short mobilisation period will be used to refine the CTN operating model, agree implementation priorities and establish governance arrangements between the CTN-CC and T1DGC. The funding recommendation is likely to be conditional on satisfactory responses to feedback from the independent CTN Panel and the funder, and some refinement of the proposed approach may therefore be required before contracting and release of funds. During this period, the award-holder will also be encouraged to engage with the CTN Task and Finish Group and begin establishing the advisory structures needed to support the network.

A contract will be put in place between the T1DGC and the HEI host of the CTN-CC and Clinical Director. The contract will detail the expected KPIs and deliverables for the CTN-CC.

The CTN-CC will submit an annual report to Diabetes UK on behalf of the T1DGC, which details progress against agreed objectives. As the CTN-CC will coordinate access to NIHR infrastructure via centres with T1D expertise, it is expected that the CTN-CC will work with NIHR leadership to deliver a coordination function which meets the needs of the research, delivery and patient community, as well as industry sponsors.

Financial returns will be submitted on an annual basis to provide actual expenditure over the reporting period and estimates of expenditure for future reporting periods.

Guidelines and Terms and Conditions

General Guidelines for Research Grant Applicants
Guidance on Patient and Public Involvement in Research
Commercial Collaborations Policy
Steve Morgan Foundation Type 1 Diabetes Grand Challenge Grant Conditions

Section 10: Enquiries and further information

For any questions about this competition, please contact the Type 1 Diabetes Grand Challenge Funding Team: **SMFGrandChallenge@diabetes.org.uk**

Appendix A: Recommended CTN model

To inform the design and commissioning of the CTN, the T1DGC convened an independent Task and Finish Group comprising clinical, academic, delivery and patient representatives. The group provided time-limited strategic advice on the CTN's scope, delivery model and integration within the wider research system.

The recommended CTN model consists of a central CTN-CC led by a respected Clinical Director, with clinical trials delivered through a decentralised network of experienced sites. In addition to overseeing trial delivery, the Clinical Director will be responsible for establishing programmes that operate across the network to strengthen the UK's capacity and capability for beta cell therapy research in type 1 diabetes.

Applications should build on and operationalise this recommended model. **However, alternative models will be considered competitive where applicants can demonstrate a compelling case that they will deliver equivalent or greater benefits against the programme's strategic objectives.**

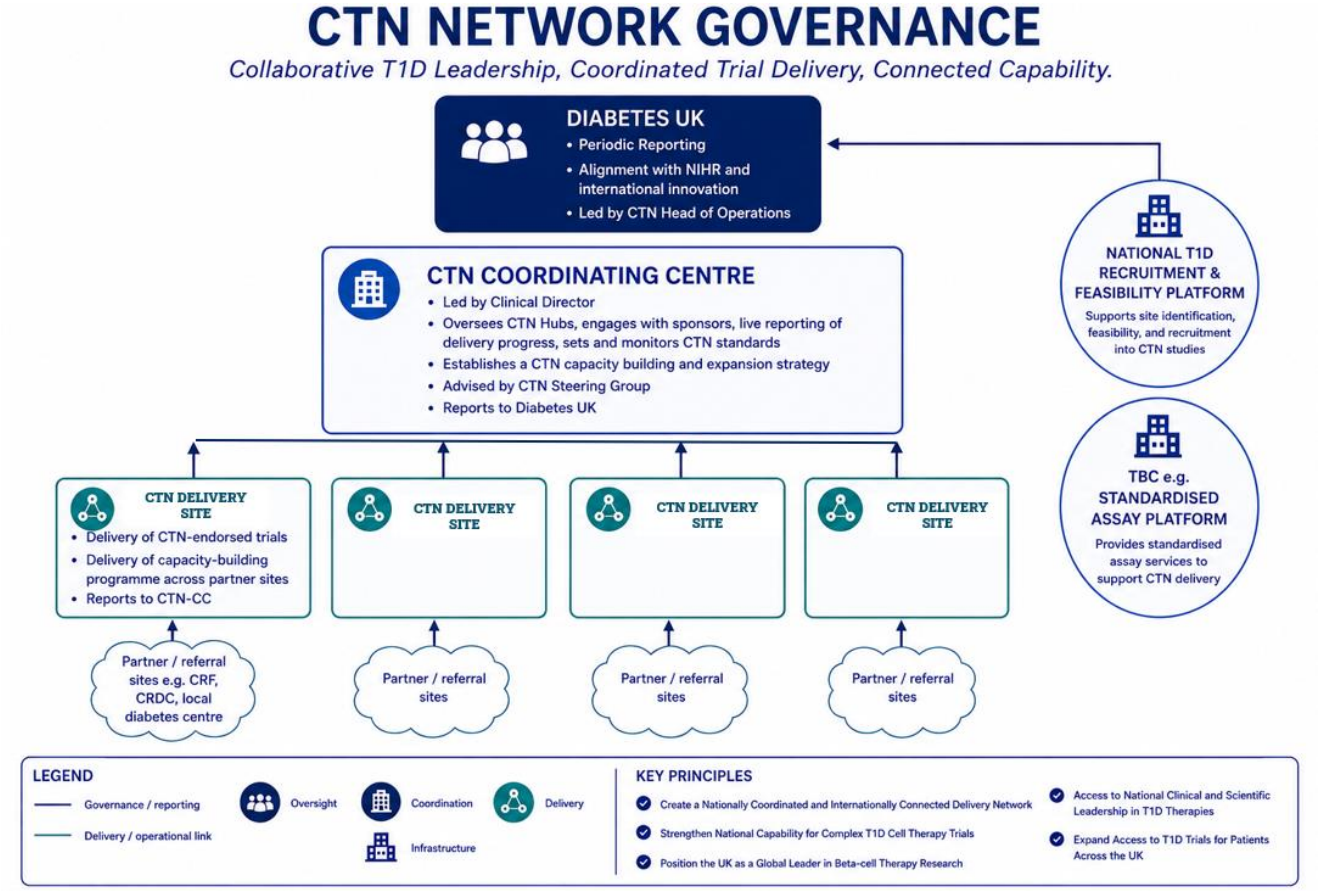

Fig.1: Proposed high-level reporting workflow for the CTN. **Note – This schematic is recommended core governance and does not include additional advisory groups (e.g. a dedicated route of engagement for people with lived experience; Steering Group), which the Clinical Director is expected to develop as part of the CTN-CC proposal.*

Defining features of the CTN model:

- **Specialist clinical leadership for beta cell therapies:** An open call in Autumn 2027 will appoint the Clinical Director and CTN Coordinating Centre (CTN-CC) host under a single award. The Director will define accreditation standards and initial delivery capabilities for the CTN, and develop a workplan prioritising collaboration, involvement of patients and the public, and alignment with international beta cell therapy advancements.
- **Accredited centres of excellence for specialist delivery:** 3–5 experienced sites will be awarded accreditation as CTN Lead Delivery Sites, providing a visible guarantee of expertise and capacity for delivering complex T1D cell therapy trials. A further group of partner/referral sites, which may not yet have the resources, equipment or capability to deliver early-phase T1D trials, will support wider functions such as patient identification, pre-screening, referral and follow-up. With appropriate support and flexible funding, the CTN-CC may award accreditation to subsequent phases of Lead Delivery Sites as they progress to meet the CTN criteria for delivery of T1D beta cell therapy trials.
- **Flexible Capability Building:** Central CTN funding will support: 1) core funding across Lead Delivery Sites (e.g. a trial coordinator or specialist staff) and CTN coordination costs; 2) a flexible CTN Prime Fund to address delivery bottlenecks, accelerate site readiness, and respond to the evolving requirements of early phase T1D beta cell therapy studies and system needs. This will boost sponsor confidence in the forward-looking nature of the CTN, and the ability to respond to new requirements as they arise.
- **Coordinated access through specialist referral pathways**: The CTN will be capability-led rather than geography-led. National access will be enabled through structured referral pathways to delivery sites. Over time, partner sites will be supported to progress towards accreditation, supporting scalable and sustainable network expansion.
- **A future-focused lens for beta cell therapies:** The CTN-CC is responsible for establishing network-wide programmes to support UK-wide development, such as training pathways to boost UK capability for future scaling, innovative trial designs, and efforts to expand the T1D population eligible for beta cell therapies.

Roles and responsibilities (high level)

- Diabetes UK: Funder and sponsor on behalf of the T1DGC, retaining strategic ownership and final approval of major funding decisions (e.g. CTN-CC delivery site selection); delegating model refinement and delivery standards to the Clinical Director; managing CTN-relevant awards; ensuring alignment with NIHR infrastructure, including the NIHR Industry Hub; monitoring CTN-level milestones and KPIs.
- CTN Coordinating Centre (CTN-CC): Led by the Clinical Director. Provides national coordination across the CTN, including sponsor engagement, oversight and performance monitoring of Lead Delivery Sites, coordination of key stakeholder and advisory groups, and reporting to the T1DGC.
- Clinical Director (based in CTN-CC): Provides clinical and scientific leadership for the CTN; defines delivery standards and accreditation criteria; oversees portfolio development and feasibility; and leads the CTN-CC (with host support expected at 0.1-0.2 FTE).
- CTN Lead Delivery Sites: Deliver CTN-endorsed T1D cell therapy trials requiring specialist infrastructure; act as the primary operational interface with sponsors and the CTN-CC; coordinate partner sites; and lead local workforce development.

- Partner/referral sites: Support patient identification and pre-screening, referral into Lead Delivery Sites, and protocol-defined follow-up or shared care closer to home. In the initial term, partner sites would not deliver cell therapy interventions but would build capability over time towards potential accreditation.
- Task and Finish Group: Provides time-limited advisory input to inform early CTN design; expected to transition into an advisory steering group chaired by the Clinical Director.

Expected outcomes by the end of Year 3

- A fully operational CTN Coordinating Centre is established, led by the Clinical Director, with clear governance, staffing, accountability and reporting arrangements.
- A national delivery architecture is in place, including transparent accreditation criteria, an initial group of CTN Lead Delivery Sites, defined partner/referral site roles and a roadmap for future network expansion.
- Coordinated referral and delivery pathways are established to support equitable UK-wide access to CTN-endorsed T1D beta cell therapy trials.
- A clear sponsor engagement offer is operational, providing a single point of access to UK T1D beta cell therapy expertise, feasibility support, site identification, recruitment intelligence and delivery coordination.
- The CTN is integrated with relevant NIHR infrastructure, with agreed processes for study set-up, sponsor-facing activity, performance monitoring and escalation across participating sites.
- A KPI framework and routine reporting process are in place to monitor delivery milestones, recruitment, site performance, sponsor engagement, equity of access, lived experience involvement and progress against strategic objectives.
- Cross-CTN programmes are established to strengthen UK capability, including workforce development, training, standardised approaches, clinical community engagement and targeted use of flexible funding.
- People living with and affected by T1D are meaningfully involved in CTN governance, trial design input, participant support and activities to improve equity and acceptability of trial access.
- A sustainability and growth strategy is agreed, strengthening the UK's long-term national offer for T1D beta cell therapy trials and its visibility to academic and commercial sponsors.