

To:	Trust Board
From:	Abigail Tierney, Director of Strategy & Innovation
Date:	1st September 2011
CQC regulation:	ALL

Title:	UHL Research & Development Strategy		
Author/Responsible Director: David Rowbotham, Director of Research & Development / Kevin Harris, Medical Director / Abigail Tierney - Director of Strategy			
Purpose of the Report: To present the Research and Development Strategy to the Trust Board for comment and approval.			
The Report is provided to the Board for:			
Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>
Summary / Key Points:			
<p>At the July Research & Development (R&D) Committee the Research & Development Strategy for the Trust was approved. The Strategy has been discussed and developed through a number of R&D Committees, and has included input from the Divisions and the University.</p> <p>This R&D strategy is driven by the Trust's strategic objective to become internationally recognised for our specialist services, supported by R&D. Trusts with a strong research ethos and reputation find it easier to attract and retain clinical talent. With talent comes funding for new research, and the combination of funding and talent leads to improved patient care and clinical outcomes. This will help UHL to consolidate its present business, and successfully enter and compete in new markets.</p> <p>Essential themes of this vision are: (i) the fostering of a culture in which research, development and innovation are embedded in core clinical activity; (ii) the nurturing of an environment in which research findings lead to rapid and sustained improvements in the quality of patient care; and (iii) performance management of UHL's R&D systems and investments.</p> <p>Our primary aim is to be consistently in the top quartile of research active NHS Trusts as defined by standard research metrics such as grant income, volume and quality of research, quality of approvals process and number of prestigious research units.</p> <p>This strategy will be achieved by increasing the number of clinical trials conducted in UHL and increasing the number of staff actively engaged in research. We will then be able to reinvest revenue (grants and commercial) into further innovative research and step changes in provision of services for the benefit of patients.</p> <p><i>Please note that since the Strategy was approved by the R&D Committee, the Trust was successful in the three Biomedical Research Unit Applications which was a key element of the Strategy. This will provide an excellent platform on which to deliver the other commitments we have made.</i></p>			
Recommendations:			
The Trust Board is asked to discuss and endorse the R&D Strategy.			
Previously considered at another corporate UHL Committee?			

Trust Board paper J

Considered by the Executive Team and approved by the R&D Committee.	
Strategic Risk Register: Yes	Performance KPIs year to date: As included in the Strategy.
Resource Implications (eg Financial, HR) As described in the Strategy.	
Assurance Implications The KPIs are reviewed through the R&D Dash Board which is presented to the R&D Committee on a quarterly basis.	
Patient and Public Involvement (PPI) Implications The R&D Committee includes a Patient Advisor who has input into the development of the Strategy. The Divisional Boards also include Patient Advisors and the Divisions have had an input into the Strategy.	
Equality Impact None	
Information exempt from Disclosure None	
Requirement for further review? Progress against the Strategy will be reviewed by the R&D Committee on a quarterly basis, and by the Trust Board Annually as part of the Annual Planning Process.	

University Hospitals of Leicester NHS Trust

**Research & Development
Strategy 2011-2016**

Version for R&D Committee
July, 2011

WHO IS THIS STRATEGY FOR AND WHAT DOES IT DO?

The Research & Development (R&D) Strategy should be read by all staff, stakeholders and partners employed by, or working closely with, the University Hospitals of Leicester (UHL) NHS Trust. This document describes our corporate vision for R&D and how we intend to achieve it.

PURPOSE AND AIMS OF THE STRATEGY

This R&D strategy is driven by the Trust's strategic objective to become internationally recognised for our specialist services, supported by R&D. Trusts with a strong research ethos and reputation find it easier to attract and retain clinical talent. With talent comes funding for new research, and the combination of funding and talent leads to improved patient care and clinical outcomes. This will help UHL to consolidate its present business, and successfully enter and compete in new markets.

Essential themes of this vision are: (i) the fostering of a culture in which research, development and innovation are embedded in core clinical activity; (ii) the nurturing of an environment in which research findings lead to rapid and sustained improvements in the quality of patient care; and (iii) performance management of UHL's R&D systems and investments.

Our primary aim is be consistently in the top quartile of research active NHS Trusts as defined by standard research metrics such as grant income, volume and quality of research, quality of approvals process and number of prestigious research units.

This strategy will be achieved by increasing the number of clinical trials conducted in UHL and increasing the number of staff actively engaged in research. We will then be able to reinvest revenue (grants and commercial) into further innovative research and step changes in provision of services for the benefit of patients.

These symbols have been applied within this document.

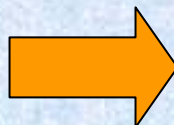
By using these symbols, we will navigate you through our R&D Strategy and draw your attention to key points of information and interest.



We hope you will find this useful and interesting information



This has been a positive result for the Trust



This is something we are moving forward with

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1. UHL Vision, Values and Strategy

University Hospitals of Leicester (UHL) NHS Trust was formed in 2000 and is one of the largest and busiest teaching hospitals in England, employing around 10,000 staff. The Trust provides services for a diverse population of nearly one million people across Leicester, Leicestershire and Rutland, and specialist services for approximately three million people from neighbouring counties and the rest of the country.

In November 2010, the Trust Board agreed a new strategic vision for UHL, which built on the previous strategy, and identified the critical steps to enable UHL's transformation 'from Good to Great'.

At the heart of UHL's strategy is the Trust's core purpose to provide 'Caring at its Best'. We have built a strategy around the four markets that UHL serves and identified a strategic objective for each market which reflects the business challenges we face:

- the centre of a local acute and emergency network;
- the regional hospital of choice for planned care;
- nationally recognised for its teaching, clinical and support services;
- internationally recognised for its specialist services supported by R&D.

A successful R&D portfolio will support the delivery of specialised services. It will also provide the sustainable competitive advantage required to build our brand across all the services we deliver. To achieve this, R&D will become core business for UHL. This is a fundamental shift from its current position as a niche activity, dependent on the talents of a small number of staff and a limited number of partnerships. By taking R&D beyond the traditional clinical areas, the implementation of this R&D strategy will make an important contribution to delivering our intention to build an innovation culture (a key theme in our Integrated Business Plan).

In the Autumn of 2009, we engaged and consulted with staff and patients to identify a set of values that we will live whilst delivering our strategy. Staying true to these values will be even more critical as we enter one of the most turbulent and challenging periods the NHS and UHL have ever faced.

UHL Values



These values are just as critical to developing an international class R&D portfolio as they are to providing front line clinical care. The R&D Department and research community will exemplify UHL values as we develop a vibrant, innovative and well governed research culture. This culture will go beyond traditional boundaries and be embedded within our Clinical Divisions, Corporate Directorates, research staff, academic partners, clinicians, support staff and patients. We will also maximise our partnership working to promote quality patient care and world class research.

2. Current Position

In recent years, there have been fundamental changes in the structure and funding of research in the NHS. This section sets out the challenges and priorities arising from this evolution within the context of UHL's current Research and Development position.



The National Institute for Health Research (NIHR) was established in 2006 to provide and manage a framework for substantial and co-ordinated investment in NHS research capacity. The creation of NIHR research partnerships, networks, grant schemes and infrastructure support for high quality clinical research was at the heart of this initiative.

The NIHR established Biomedical Research Centres (BRC) and Units (BRU) as vehicles for experimental and translational medicine i.e. transferring novel, NHS-relevant treatments from the laboratory to early and safe patient use. Also, the NIHR established Collaborations for Leadership in Applied Health Research and Care (CLAHRC) in order to address another important practical issue i.e. how to identify new effective treatments and then implement them into everyday practice.

UHL has been successful in responding to these new opportunities. In partnership with the University of Leicester, UHL was awarded funding for the establishment of the Leicester Cardiovascular BRU and is the host, and major research partner, of the Leicestershire, Northamptonshire & Rutland CLAHRC. We are the host organisation for the Leicestershire, Northamptonshire & Rutland Comprehensive Local Research Network and topic specific networks in cancer, stroke and diabetes. We have a number of research groups with a recognised national or international reputation for quality research including cardiovascular disease, respiratory disease, diabetes, cancer, infectious diseases, renal disease and rehabilitation.

Challenges

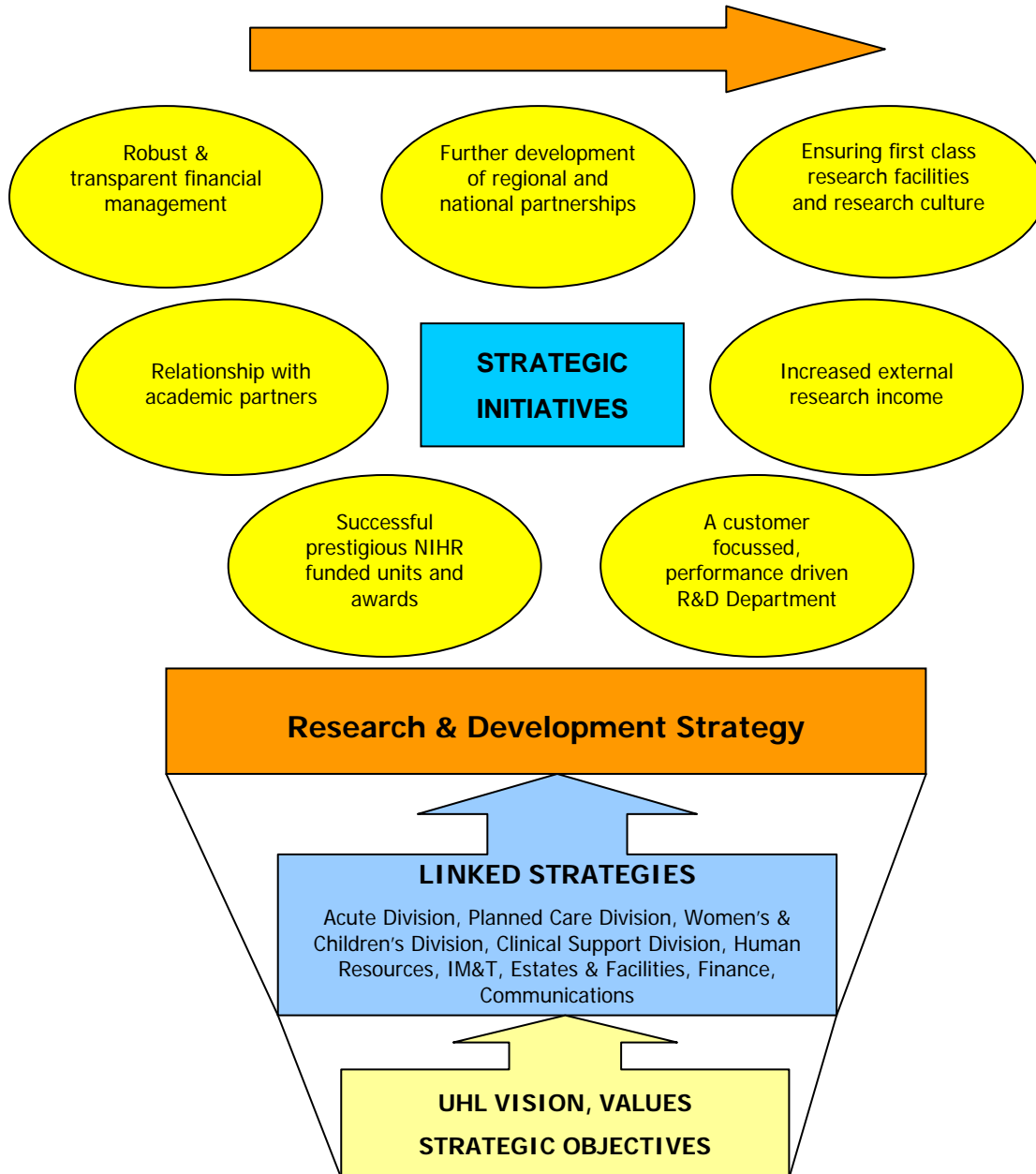
We face many challenges which must be addressed if we are to achieve our ambitions.

- The quality and volume of our research must be internationally competitive to enable us to sustain and grow R&D. Although UHL has a significant number of excellent research groups, these are relatively small and the volume of output is often not competitive.
- We have a current over-reliance on a small number of academic and industry partners, which in the long term could constitute a risk and limit the potential scope for furthering the national and international reputation of the Trust. We need to establish more academic partners, support our existing groups, and develop promising embryonic groups in order to remedy this. We must extend these partnerships significantly if we are to gain credibility and build the UHL R&D brand.
- We need to clearly identify those services we want to develop and grow and ensure the R&D Strategy is aligned to this portfolio. Work is ongoing to achieve this, and once the market strategy is agreed, the R&D Strategy will be updated to reflect key areas of future development.
- In order to viably compete on an international scale, UHL has been working on the concept of an Academic Health Sciences Cluster with NHS and University partners in the East Midlands. The extent of the commitment to this concept from some of our partners is still not clear. We need to establish and clarify this during 2011 and consider other formal partnerships if the East Midlands Cluster is not established.

- In order to drive research activity, deliver high quality care and build recognition, we need to retain and attract world-class research teams.
- In order to succeed in an increasingly competitive health care market, UHL needs unique selling propositions. R&D has the potential to be one of these; other providers often do not have the opportunities and breadth to deliver a significant R&D portfolio (e.g. district general hospitals, and private providers).
- Challenging timelines and quality standards for R&D are being set by national and commercial bodies – we must meet these standards.
- We need to establish a local infrastructure that is consistent with UHL being the site of choice for clinical trials.
- Although we achieve significant success in attracting external funding for research, our position in league tables of similar trusts is often disappointing – we need to improve our peer-reviewed external funding and league ranking.
- UHL relies heavily on income from the NIHR budget, which is only guaranteed for the next 2 years. Therefore, we need to consider the potential implications of the economic climate on this funding and alternative sources e.g. commercial income.
- A true R&D culture is not yet embedded in all clinical and managerial areas within our Clinical Divisions and Corporate Directorates – this must be achieved.
- We will not achieve our aims without an efficient and transparent financial system for R&D which provides the basis for business planning, performance management, incentivisation and re-investment of surpluses in R&D. This need to be developed further.
- We must ensure that our R&D culture is translated into improved standards of care, patient satisfaction and clinical outcome.

R&D Strategic Priorities

The challenge laid down in UHL's strategy is that R&D must be of a sufficient quality to support internationally recognised specialist services. The present changing environment and increasing pressures on resources makes this a difficult task. To help achieve this objective, the R&D strategy identifies seven priority strategic initiatives:



Linked to the challenges and priorities we have identified above, we will measure our success by benchmarking our outcomes against specific metrics, including:

- Double our market share of non-commercial R&D income between 2011 and 2016.
- Increasing income from commercial studies by 300% over the next 5 years.¹
- An increase of 5% per year of staff listed on the R&D Database as active and trained in research over the next 5 years.
- Achievement of the national target of a 20% per year increase in patient recruitment to clinical trials hosted at UHL.
- Increasing the number of University and Trust consultants taking a leadership role in delivering clinical trials by 50% in the next 5 years.
- Embedding of a research and innovation culture within UHL as measured by yearly staff surveys and other tailored metrics to be developed in collaboration with the LNR CLAHRC.

¹ Please note we are working with finance on developing a reliable baseline on which to measure the improvement.

3. FURTHER DEVELOPMENT OF REGIONAL, NATIONAL AND INTERNATIONAL PARTNERSHIPS

Successful and innovative partnerships are one of the key principles underpinning UHL's strategy. We recognise that, in the world of R&D, we cannot address the challenges and achieve our aspirations by working alone. Building strategic partnerships with academic, commercial and other NHS partners will therefore be a cornerstone of our strategy.

Regional

UHL is an existing partner in many established regional partnerships such as the LNR CLAHRC, East Midlands Health Innovation & Education Cluster (EMHIEC) and East Midlands Collaboration (EMColl) for healthcare management research, as well as the ongoing work seeking to establish an Academic Health Sciences Cluster for the region and a Sports and Exercise Medicine Centre.

National and International

We have several national and international research partnerships. For example, UHL has been accepted as a founding partner and lead pilot for a Respiratory Therapeutic Capability Cluster funded by UK Government and Industry. This will support and develop the world-leading capability of the UK in translational research by extending academic, NHS and industry collaboration to ensure that our role as a global leader in healthcare is maintained. UHL is a major partner and hosts the NIHR Leicester Cardiovascular BRU and LNR CLAHRC, as well as 4 NIHR research networks.

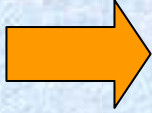
Despite these and other examples, UHL has not yet fully exploited the potential benefit of expanding its academic partnerships. We must address this deficit if we are to successfully elevate R&D and attract and retain world-class researchers. One example of how we plan to do this is our investment in an oncology clinical trials unit. This has the potential to position the Trust as a centre of choice for early stage cancer trials in Europe and hence opportunities for extending our partnerships internationally. Similarly, our bid for designation as a Respiratory BRU and Nutrition, Diet and Lifestyle BRU will complement the international reputation of UHL.



UHL's hosting of the NIHR Research Networks, our national research establishments (e.g. Cardiovascular Biomedical Research Unit, Experimental Cancer Medicines Centre), European Collaborations (e.g. respiratory and cardiovascular partnerships) and novel collaborations with industry (e.g. the pilot Respiratory Therapeutic Capability Cluster) has resulted in a closer working relationship between UHL, Universities, Department of Health and commerce. It is anticipated that this will lead to future funding opportunities and early access to new treatments for our patients. Similarly, by developing further our BRU(s), UHL's specialist services will be better supported by research programmes that can compete on an international scale.

In order to further develop these critical relationships, UHL will:

- enhance and drive collaborations of the BRU and CLAHRC;
- build on existing relationship with NIHR Research Networks;
- further develop high level agreement and project planning for the proposed East Midlands Academic Health Sciences Cluster;
- be at the forefront of the expansion of the Therapeutic Capability Cluster programme and other national collaborative partnerships;
- seek opportunities to broaden UHL's international partnerships;
- deliver our clinical trials facilities programme.



4. SUCCESSFUL & PRESTIGIOUS NIHR FUNDED UNITS AND AWARDS

Key benefits of NIHR funding and awards are:



- enhanced academic reputation of UHL and its partners;
- increased research income;
- retention and attraction of quality staff;
- improved patient outcomes and experience.

BRU

UHL made a successful joint bid along with the University of Leicester to establish the Cardiovascular BRU, funded by the NIHR. Established in the heart of Glenfield Hospital, the unit was formally opened by the Secretary of State for Health and the NHS Director of Research in 2010.

CLAHRC

UHL is the host for LNR Collaboration in Leadership in Applied Health Research and Care (CLAHRC) in partnership with the University of Leicester. Many of the lead researchers are UHL staff.

NIHR Research Awards

UHL currently has 3 NIHR Programme Grants (1 in Child Health, 2 in Diabetes) and a number of other NIHR awards including 5 NIHR Senior Investigators.

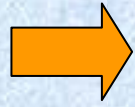
NIHR Research Networks

UHL is unique in that it hosts four of the national NIHR Research Networks i.e. cancer, diabetes, stroke and LNR comprehensive.

How do we compare?

Despite the above success, we have less NIHR centres and awards when benchmarked against several other university teaching trusts which are comparable in terms of size and services. For example, Nottingham University Hospitals managed to secure £2,141,637 in the 2010/11 Flexibility Sustainability Funding (FSF) allocations. This compares with UHL's award of £845,035. As FSF allocations are based on the number of NIHR centres and awards, this is a good indicator of UHL's comparable performance, and the gap we need to close.

This Strategy will support and enable our staff to increase the number of research grants obtained through:



- robust performance management at BRU and CLAHRC Board level with monitoring of R&D outcomes;
- effective embedding of NIHR projects within daily work of the Trust;
- encouragement and support for staff to prepare applications for more national initiatives e.g. BRUs, programme grants;
- effective peer review of all major research grant applications before admission;
- seek further academic partnerships that can deliver more NIHR and other prestigious funding.

5. A CUSTOMER-FOCUSSED, PERFORMANCE DRIVEN R&D DEPARTMENT

UHL provides a framework for research which complies with Good Clinical Practice (GCP) for clinical trials and statutory requirements. This ensures patient safety without restricting the freedom of individual researchers to develop ideas that can ultimately improve patient care.



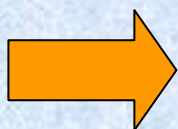
An R&D Department with a sharp customer focus and performance culture is an essential requirement if our overall vision and strategy is to be achieved. This is because robust systems for research management, governance and safety are a pre-requisite for attracting commercial collaborators working in the highly regulated and competitive arena of clinical trials. They also facilitate increased NIHR and other external funding. Challenging national timelines and standards for research governance are soon to be introduced and we must achieve these.



Improved UHL R&D procedures have led to a 20% increase in patient recruitment into NIHR-adopted studies for each of the last two years. What's more, this has led to increased research funding, staff and patient engagement, and reputation.

In order to ensure that UHL's R&D department remains customer focussed and performance driven, we will:

- ensure easy availability of research governance training and updates to all research active staff, supplemented by the development of in-house e-learning and assessment;
- maintain close working relationships with regulatory authorities, clinical and corporate Divisions, and researchers leading to satisfactory assessments at statutory inspections;
- further refine our monitoring and audit programmes, including quarterly reporting to the R&D Committee and amending our governance systems according to findings;
- work to promote full engagement with R&D as a core function with Divisions e.g. support Divisions in establishing their R&D Boards and strategy, identification and support of Divisional CLAHRC liaison leads;
- ensure efficient working of the joint UHL / University research office with seamless working between the partners leading to a vibrant, customer-focussed, "can do" R&D service monitored by regular user surveys;
- further develop the R&D office performance matrix with targets that make UHL the best performing Trust in the UK;
- after safety and patient experience, focus on, and constantly revise, an approvals system that increases our ability to recruit patients to clinical studies according to the target set by the funders.



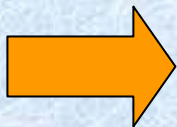
6. RELATIONSHIPS WITH ACADEMIC PARTNERS

A close and productive working relationship with the University of Leicester (UoL), our main academic partner, is essential for our R&D strategy. In addition, we need to seek further productive academic partnerships to improve the quality and quantity of our research output.

With this in mind, UHL has capitalised on existing relationships with key partners in the following ways:

- A joint UHL/UoL R&D Office has already led to benefits for both organisations, researchers and funders. For example, an obligatory peer-review system has been jointly introduced for major grants applications, time for joint R&D approvals have been reduced, a standardised monitoring and auditing programme has been agreed, and a new financial process maximises income for both institutions.
- The management structure of both institutions includes several joint strategic and executive committees to ensure true and productive partnership working.
- Partnerships with other universities in the East Midlands (Loughborough, Nottingham) have led to several productive research grant applications and projects.

Our R&D Strategy will further progress these relationships in the following ways:



- continue to improve effective working and strategy development with our main academic partner (UoL) by utilising and developing further joint governance structures;
- further development of the new joint UHL/UoL R&D Office;
- further develop intellectual property agreements for joint research;
- strategic investment in joint research appointments;
- jointly promote a first-class clinical research environment to attract and retain high calibre researchers and clinicians;
- continue to develop and establish new productive academic partnerships regionally, nationally and internationally;
- ensure a satisfactory return on our investment with academic partners by effective performance management.

7. INCREASED EXTERNAL RESEARCH INCOME

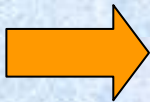
Commercial Clinical Trials

The importance of the pharmaceutical industry to the UK economy and NHS is well documented. The economic downturn, the UK's relatively poor performance in delivering clinical trials and global consolidation of the pharmaceutical industry has led to a serious decline in the engagement of pharmaceutical companies with the UK. The Treasury, Department of Health and NIHR are leading in providing a national research environment that is aimed at reversing this decline. UHL considers engagement with this agenda as a core element to our R&D strategy.



A key benefit to UHL of successful engagement with the pharmaceutical industry is the prestige of taking part in, or leading, cutting edge clinical trials. This also increases income that can be invested in further research and allows early access to new drugs and treatments for the local population.

We will triple our income from commercial trials performed at UHL over the 5 years of this strategy by:



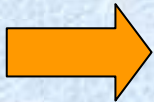
- providing a first-class, rapid approval and governance system, with efficient and reliable support services (e.g. pharmacy, imaging, pathology, finance) monitored by a challenging performance matrix;
- introducing a robust and transparent financial framework for managing external income;
- developing excellent UHL-specific relationships with the pharmaceutical industry, exploring partnership arrangements if appropriate;
- consolidating existing good relationships with the NIHR networks as they take on an increasingly important role in the delivery of commercial trials in the NHS;
- implementing appropriate governance and finance arrangements with UoL for academic-led trials at UHL.

Non-commercial Research Funding

UHL has had variable success at attracting non-commercial R&D funding, relying on a relatively small number of key applicants. The present financial crisis and low economic growth have increased pressure on research funding. However, the NIHR budget is largely retained and provides an essential source of funding for clinical research. UHL and its academic partners must increase their success at obtaining research grants from the NIHR and other funders in the face of increasing competition.

We will triple our external research income from non-commercial sources over the 5 years of this strategy by:

- further development of the peer-review system to improve the quality of funding applications;
- ensuring proactive support for potential applicants from UHL staff e.g. R&D, pharmacy, imaging, laboratories, finance, strategy;
- performance management of UHL investment in research time for its employees and NHS-funded honorary posts;
- focus and encourage attention of researchers on NIHR research funding streams;
- seek new academic partnerships that will help to deliver this objective.

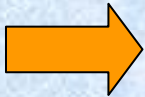


8. ROBUST AND TRANSPARENT FINANCIAL MANAGEMENT

Efficient and transparent financial management of research funding and costs underpins the Trusts commitment to becoming a premier NHS research Trust. It enables meaningful business planning, facilitates a rapid approval process, ensures adequate financial return, incentivises researchers and enables further investment in our research infrastructure.

In order to progress our financial management to the benefit of the Trust, we will:

- utilise the national commercial trials costing template;
- develop an in-house, non-commercial costing template;
- standardise research finance reporting to Divisions/CBUs;
- progress agreements for financial management of joint commercial trial activity with academic partners, including the UHL/UoL R&D office;
- develop a joint financial review process aligned to the peer review process for joint grant applications to maximise income to both organisations;
- invest financial surpluses into developing the R&D business;
- enable intelligent planning for future R&D within UHL if NIHR funding becomes threatened.

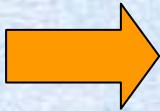


9. ENSURING FIRST CLASS RESEARCH FACILITIES AND RESEARCH CULTURE

The scarcity of first-class clinical trial facilities and space within UHL is recognised as a rate limiting factor in our ability to achieve our R&D vision. Provision of appropriate facilities will have a positive effect on increasing external research funding, improve patient experience and aid in recruiting and retaining high calibre research staff. Furthermore, we need to ensure that a culture of R&D is embedded into the everyday activities of the Divisions and CBUs.

We will improve our R&D facilities and infrastructure, and embed a culture of R&D within the Divisions and CBUs by:

- completing the Cardiovascular BRU infrastructure;
- further developing and promoting of the Leicester Clinical Trials Unit;
- establishing the Diabetes Centre of Excellence at the LGH;
- establishing the Oncology Trials Facility (Hope Centre) at LRI;
- establishing the Respiratory Clinical Trials Facility at the Glenfield Hospital;
- aligning the research accommodation plan with the UHL-wide estates strategy;
- joint UHL/UoL planning of future research capital investment on the Glenfield Hospital site;
- ensuring we have the information technology capability and infrastructure to support world class research;
- supporting the development and delivery of divisional research strategies;
- monitoring the numbers of UHL staff actively engaged in R&D;
- further developing R&D communications with staff and patients.



10. SUMMARY OF WHAT WE WILL DO AND WHEN

This section identifies our initial priorities and will be reviewed and updated on a regular basis.

Strategic Initiative	Action	Date	Ownership
Further development of regional partnerships	Obtain a clear and written agreement with partners in the East Midlands on their commitment to the concept of the Health Sciences Cluster (AHSC)	December 2011	Chief Executive
	Development of East Midland Sports Science and Exercise Medicine Centre	2011/13	Prof Morgan & Divisional Director, Acute Division
	Develop a clear and deliverable joint project plan for the East Midlands AHSC	2011/12	Director of R&D & Prof David Wynford-Thomas, Non-Executive Director and Dean of the UofL Medical School
	Further NIHR units and other similar applications in response to bids	2011/14	R&D Director & Dean of UofL Medical School
	Maintain excellent relationships with NIHR research networks	2011/14	R&D Director & Divisional Research Leads

Success in prestigious NIHR funded units and awards	Submission of reports to the UHL R&D Committee by the BRU and CLAHRC. Directors to sit on the R&D Committee	2011/13	BRU & CLAHRC Directors
	Respond to recommendations of external advisory panel who reported on the CLAHRC in 2010	Dec 2011	CLAHRC Director & R&D Director
	Prepare bids for CLAHRC award extensions	2011/12	BRU & CLAHRC Directors
	Prepare for application for Respiratory Disease BRU & Nutrition, Diet and Lifestyle BRU	May 2011	Leading academics & R&D Director
Performance driven R&D Department	Set ambitious timelines consistent with national and commercial standards that make UHL one of the best performing Trusts in the UK	2011/13	Ass Director R&D
	Align R&D Strategy to Clinical Strategy and, in particular, the identified services for growth and investment	April 2011	Director of R&D; Director of Strategy; Divisional Directors
	Redesign website	2011/12	Ass Director R&D
	Integration of research financial management into R&D process	2011/12	Ass Director of F&P
	Develop, perform and respond to user satisfaction surveys	2011/13	Ass Director R&D; Director of Comms

Working relationship with academic partners	Promotion of the Joint UHL/UoL R&D Office	2011/13	Ass Director R&D
	Further develop collaborations with Loughborough & Nottingham University	2011/13	Chief Executive & R&D Director
	Promote and develop collaborations with other Universities	2011/13	Director of R&D & Dean of UofL Medical School
	Embed research financial management for joint research projects	2011/13	Ass Director of F&P
Increase in external research income	Increase the number of commercial clinical trials to a target set by UHL R&D committee	2011/13	Director R&D
	Performance manage UHL investment in R&D sessions for staff	2011/13	Director R&D; Medical Director; Divisional Directors
	Maintain and improve peer-review process	2011/13	Director R&D & Dean of UofL Medical School
Improvement of financial management of research funding	National commercial costing template embedded	2011	Ass Director R&D/ Ass Director F&P

	Introduction of in-house non-commercial costing template	2011	Ass Director R&D
	Standardised research finance reporting to Divisions/CBUs	2011	Ass Director of F&P
	Costing and reporting fully integrated into Divisions/CBUs	2011/12	Ass Director F&P
	Development of efficient re-charge process with UoL	2011/12	Ass Director F&P
Ensuring first class research facilities and research culture	Integration of research requirements into UHL estates planning	April 2012	Director of Strategy
	Launch of the of the Diabetes Centre of Excellence	April 2012	Academic leads
	Establishment of the Oncology Trials Unit	April 2012	Oncology CBU lead, academic leads, R&D Director
	Establishment of Respiratory Clinical Trials Facility	July 2012	Prof Respiratory Medicine, CBU lead, R&D Director
	Inventory of research facilities (with the Divisions)	2011end q4	Ass Director R&D
	Assist with the implementation of the medium/long term research facility plans for the Glenfield site	2011/13	Ass Director R&D

Assist Divisions in establishing their R&D Board and local strategy	April 2012	Ass Director R&D
Appoint CLAHRC lead for each Division	April 2012 2011	Divisional Directors
Develop staff questionnaire and other measures to monitor changes in culture with respect to R&D	2011/12	CLAHRC Director, Divisional CLAHRC leads, Ass Director R&D