

UHL Research and Innovation: Quarterly Trust Board Report February 2018

Executive Summary

Trust Board paper I

Context

UHL is a Trust active in Research and Innovation (R&I). This report describes current R&I performance against metrics, projects under development, new challenges and potential threats.

Questions

1. Is UHL performing well in the delivery of quality research at expected volume?
2. Are large projects planned with appropriate partners and managed appropriately?
3. Are upcoming challenges understood?

Conclusion

1. UHL performs well in delivering high quality research as judged by NIHR and LCRN data, recruitment remains under continuous scrutiny.
2. A larger number of large projects are in development, some being close to start date. There is a wide range of NHS and Academic partner engagement.
3. A number of challenges are recognised and planning is in place to mitigate risks.

Input Sought

Report is presented for information and assurance.

For Reference

Edit as appropriate:

1. The following [objectives](#) were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following [governance](#) initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

3. Related [Patient and Public Involvement](#) actions taken, or to be taken: [Insert here]

4. Results of any [Equality Impact Assessment](#), relating to this matter: n/a

5. Scheduled date for the [next paper](#) on this topic: [TBC]

6. Executive Summaries should not exceed [1page](#). [My paper does comply]

7. Papers should not exceed [7 pages](#). [My paper does comply]

UHL R&I Quarterly Trust Board Report February 2018

1. Introduction

This report describes current R&I performance against metrics, projects under development, new challenges and potential threats.

2. Research Performance

The activity of UHL in initiating and delivering clinical research is performance monitored by both the NIHR Central Commissioning Facility (NIHR CCF) and the East Midlands Clinical Research Network (EM CRN). In turn the UHL R&I Office reports research CMG level activity and performance to each CMG via the R&I Executive Committee.

2.1 NIHR CCF

UHL is also judged by its performance in initiating and delivering clinical trials to time and target. In Q2 2017/18 this figure has been excellent and represents a sustained performance. In terms of initiating research, UHL remains in 11th place in League 1 (of 7) and delivers 76.9% of trials to time and target. In terms of delivering, UHL is in League 2 (15th place) due to a lower than normal number of trials being completed in this time period.

2.2. EM CRN

Recruitment into portfolio clinical trials for 16/17 was approximately 20% lower than the same period in 15/16. Therefore, UHL R&I analysed recruitment and established an action plan to actively manage for 17/18. Consequently, the UHL R&I team have had weekly meetings with EM CRN to actively manage performance and delivery into all portfolio studies. So far there have been 21 fully minuted, joint meetings between the UHL and CRN delivery and data teams to monitor and discuss performance. UHL remains the highest recruiting trust in East Midlands and thus far quarterly recruitment exceeds that in 2016/17:

	16/17	17/18
UHL Recruitment to Aug 2017	2685	2970
UHL Recruitment to Dec 2017	7013	7560

3. 2018/19 Forecast CRN Budget for UHL

An indicative budget envelope for UHL in 2018/2019 has provided by CRN. Accordingly, UHL is forecast to receive **£4,204,409** for 2018/19. This represents a 2.5% increase to UHL in the context of a forecast 3% reduction to CRN EM overall. UHL is the only acute trust with a forecast increase in CRN funding for 2018/19.

4. Ongoing Projects and Recent Awards

4.1 Adult and Children's Research Space

After a refurbishment supported by charitable and research funds and a contribution from the Trust, the Adult and Children's Research Space has officially opened at LRI. A clinical lead for Adult Research Space has been appointed and has taken up the role.

The Research Space Pharma Launch took place in November 2017 and was well attended by pharma.

4.2 100,000 Genomes Project

UHL is recruiting above trajectory to rare diseases and is also doing well in cancer recruitment. The 100,000 Genomes project ends in October 2018. Thereafter, following clinical transformation, genomic medicine will become embedded in routine clinical care. A Task and Finish Group has been established at UHL to guide this process.

4.3 EUROSHOCK EU Grant

A large EU grant, €6.6M, for an international, multicentre cardiology clinical trial has been awarded to Prof Tony Gershlick. The trial will be sponsored by the University of Leicester.

4.4 BRC and CRF

Both these flagship projects are running well. UHL has placed a bid to host the UKCRF Network annual conference in 2019.

4.5 Leicester's Research Live Conference

This event is targeted at all researchers active at one of Leicester's hospital sites including University staff. It will be held at Stamford Hall and is sold out (>250 registrants). The day will include talks, panels, Q&A sessions, workshops, exhibitions and the importance of great public and patient involvement.

5. Projects in Development

5.1 Senior NIHR Appointments

UHL and UoL have jointly supported 3 applications from senior academics to become either NIHR Senior Research Fellows or NIHR Professors in the recent application round.

6. UHL/UoL Joint Strategy

A 5-year joint UHL/UoL strategy is a supporting objective to the UHL Quality Commitment. This has been developed and approved by the UHL Executive Strategy Board, the UoL College of Life Sciences Leadership Team and discussed at the UHL Trust Board Thinking Day in Dec 2017. A copy of the strategy is appended to this report.

7. Research Communications

In early 2017 UHL appointed a new Research Communications Manager. Since then we have:

- Provided comms lead for Leicester BRC and CRF
- Started a Leicester's Research Twitter account with >300 followers
- Had >220,500 impressions – the number of times Twitter users looked at our posts
- 35 press releases between June and December 2017
- Positive coverage on ITV Central, BBC EM Today, The Guardian, Daily Mail, Daily Telegraph as well as specialist research journals
- Started a media monitoring service

8. Innovation/Enterprise Activities

We are working with Leicester Precision Medicine Institute and the Healthcare Innovation Hub Medipex to commercialise the Stent Project and NeedleGuide – a device for safe placement of needles and cannulae.

Leicester is featuring heavily in the EDGE National Conference with presentations from Leicester's Hospitals, Leicester CTU, and LCRN East Midlands. EDGE is our local electronic research portfolio management system. We are seen as an exemplar of how to maximise the use of EDGE for digitally managing research platforms.

9. New/Existing Challenges

9.1. Delivery of 100,000 Genome Project.

Genomics team working with relevant clinical specialities to facilitate recruitment. The major upcoming challenge is mainstreaming genomic medicine into clinical practice.

9.2. Hope Unit at Glenfield

Efforts continue to identify suitable space for Hope Unit at Glenfield Hospital

September 2017

University Hospitals of Leicester and University of Leicester
Joint Strategy
2017-2022

1. THE FIVE-YEAR JOINT STRATEGIC VISION

We will use the existing relationship between UHL and UoL as a platform to drive a closer, more robust and sustainable strategic partnership between the two organisations.

In 5 years, we will exhibit a truly integrated Academic Health Science Partnership. UHL will substantially increase its baseline academic activity to be national- or world-leading in the delivery of the majority of its clinical services, and will be recognised as providing excellence in education and training in all areas.

We will develop a 'bench to ward' ethos whereby research activities become visible to all staff and patients. Innovative workforce developments will support the introduction of new academic and research champions, both medical and allied health professional, and their embedding in all clinical areas.

Academic activity will be celebrated and promoted to all staff and patients. Quality of education and training will continue to improve. Clinical trial activity will increase, and patients will have an expectation of enrolment into clinical trials and/or involvement in teaching and assessment of learners wherever possible.

Within 5 years,

- i. UoL will have developed research excellence in new areas to support future bids for large-scale infrastructure- and research funding. This will be facilitated by enhanced access to NHS clinical samples and data, and key new targeted senior clinical academic appointments.
- ii. UoL/UHL will have developed a more integrated approach to healthcare education. and improved retention of our students as junior doctors and consultants/GPs within our local health economy. We will ensure that our learners and trained staff have the opportunity to meet the highest educational attainment through the development of a Leicester Healthcare Education Academy.

2. INTRODUCTION

University Hospitals of Leicester NHS Trust (UHL) is one of the largest acute Trusts in the UK, and the University of Leicester (UoL) is a leading research intensive university with a well-established Medical School. Together, we comprise one of the largest clinical research and teaching partnerships, with access to a large and ethnically diverse patient population.

We are both productive research organisations whose staff, often with joint appointments, obtain substantial external research funding and publish widely. Translational research in Leicester has led to significant therapeutic breakthroughs in diverse areas such as cancer, cardiovascular disease, diabetes, emergency care, kidney disease and respiratory medicine. UoL and UHL recognise that being high-quality training organisations is essential to maintaining the quality and safety of patient care, the motivation, enthusiasm and competence of staff and in attracting and retaining new and high-quality staff to our institutions.

This strategy outlines how we continue to build a strategic relationship over the next 5 years. It recognises the existing partnership strengths but outlines new structures required to enable a nimble response to new opportunities, to support and grow excellence in education and research, whilst remaining able to quickly respond to challenges that must be addressed to facilitate success.

3. BACKGROUND

Since the founding of the Leicester Medical School in the mid-1970s there has been a close working relationship between the University of Leicester (UoL) and the acute NHS hospitals in Leicester. Over the last 2 years the working relationship between UHL and UoL has become stronger and more strategically focused, supported by regular Joint Strategic Partnership Committee meetings between the senior leaders of both institutions. These meetings have already led to significant new developments encompassing research and education in support of key clinical service areas across UHL. However, the two institutions have never had a joint strategy.

The aim of joint working between UHL and the UoL College of Life Sciences (CLS) must be to improve the health and well-being of the people of Leicester, Leicestershire and Rutland and beyond, based on the concept that “When the NHS and universities come together they can achieve great things” (Lord Howe). Focused partnership working between hospitals and academic institutions creates a critical mass of expertise to exploit the high-volume patient flows in specialist areas and thus world-class clinical and research performance will result. There is much evidence to support the observation that highly research active Trusts have a more cohesive workforce and deliver better outcomes for patients.

The 2017 annual strategy for UHL mandated a joint 5 year research strategy with UoL to help deliver the UHL mission of ‘Delivering Caring at its Best’. Furthermore a recent external review of CLS made the specific recommendation that CLS and UHL should further develop their relationship through strategic alliances.

Recent data from the UK Foundation Programme demonstrated that only 24% of Leicester medical students chose to remain locally for their Foundation training which has major implications for local healthcare services. In addition, disappointing performance of the Leicester Medical School in the National Student Survey over the last 5 years poses a risk to the reputation of the Medical School and to UHL as a Teaching Hospital. Both UoL and UHL recognise that providing excellent education and training is important in maintaining the quality and safety of patient care, maintaining the motivation and enthusiasm of staff and in

attracting new students and retaining high-quality staff in both organisations. Many of the challenges faced in undergraduate education are reflected in postgraduate education as all healthcare learners work together in the same NHS environment and a more integrated approach may support improvements in medical and other healthcare education. The recent external review of the CMBSP also suggested that consideration could be given to developing an integrated approach across medical undergraduate and postgraduate education. This or a similar approach as postgraduate education has been adopted in some UK (Kings and Cambridge Health partners) and other international centres. A recent UHL Trust Board away day acknowledged the importance of UHL and UoL working closely together to improve the learning culture and environment for undergraduate and postgraduate learners.

The challenge is to combine the institutions' individual strengths in a way which simultaneously harnesses world-class basic and translational research, education and training and multi-professional clinical expertise to address 21st-century healthcare challenges. This requires a focused approach to ensure that academic excellence and leadership are embedded in all areas of UHL clinical service to inform and support service developments, transformation projects and quality improvement programmes. Such collaborative working supports the delivery of a tripartite mission - patient care, research and education. Each aspect will strengthen the other to create capability and build capacity towards delivering the purpose.

The management structure of UoL CLS has recently been reorganised into a matrix where academic staff are members of a research department and affiliated to a teaching school. In comparison, the management structure of UHL is arranged into seven Clinical Management Groups. Many UoL clinical academic staff with honorary UHL contracts work across both structures to fulfil their academic and clinical obligations. Any joint strategy between UHL and UoL must by necessity be accommodated within these existing organisational structures.

4. CURRENT POSITION

4.1 Research

In the last 10 years, by providing a managed a framework for substantial and co-ordinated investment in NHS research capacity, the National Institute for Health Research (NIHR) has transformed the NHS research landscape. Researchers in Leicester have been particularly successful in attracting major funding from NIHR for the following:

- NIHR Leicester Biomedical Research Centre (BRC)
- NIHR Leicester Clinical Research Facility (CRF)
- NIHR Clinical Research Network East Midlands (CRN)
- Experimental Cancer Medicine Centre (ECMC)
- NIHR Research Design Service East Midlands (RDS)
- Leicester Clinical Trials Unit (CTU)
- Collaboration for Leadership in Applied Health Research and Care (CLAHRC)

Furthermore, in Leicester there are several NIHR Senior Investigators and NIHR Fellows of varying seniority. There is also an active medical clinical academic training programme in Leicester supported by Health Education England (HEE) East Midlands Deanery, and the Head of School for Clinical Academic Training is based in Leicester.

Many of the senior academics associated with NIHR funded research infrastructure in Leicester are UoL employees with honorary UHL contracts. In the last 2 years >100 new honorary academic appointments have been offered by UoL to UHL Consultant medical staff. In addition the CMBSA has made new appointments of an Associate Dean for Clinical Affairs and a Lead for Clinical Research to strengthen links with UHL.

Research Capability Funding (RCF) is allocated to research-active NHS organisations in proportion to the total amount of other NIHR income received by that organisation, and on the number of NIHR Senior Investigators associated with the organisation. RCF is thus an indicator of relative performance between research active NHS organisations. In 2017 UHL received RCF allocation of £1,173,039. In comparison Nottingham University Hospitals NHS Trust received a 2017 RCF allocation of £1,480,246, and Cambridge University Hospitals NHS Trust £4,000,000 (capped).

Research income into UoL CMBSB has grown sharply in the last 12 months. In addition to NIHR, UoL academics are also well funded by other 'blue chip' grant awarding bodies including:

- Medical Research Council
- The Wellcome Trust
- British Heart Foundation
- Cancer Research UK
- Diabetes UK
- Kidney Research UK
- British Lung Foundation

Several large philanthropic donations have been made to CMBSB researchers in the last year. UHL research income is growing annually:

	2013/14	2014/15	2015/16	2016/17
Total	£18.8M	£19.3M	£19.8M	£20.8M
Commercial	£1.4M	£1.6M	£2.1M	£2.0M

Total and commercial research income at UHL by year

UHL is the highest recruiting trust into NIHR portfolio studies in the East Midlands, and in 2015/16 was the 6th highest recruiting trust in England. Many of the NIHR portfolio studies in Leicester have a Principal Investigator who is a UoL employed Clinical Academic.

Year	Studies	Recruitment	Rank recruitment
2010/11	208	8609	9
2011/12	246	8838	11
2012/13	283	7982	12
2013/14	330	10018	12
2014/15	319	12564	6
2015/16	316	13479	6
2016/17	333	10650	11

NIHR portfolio recruitment at UHL by year

UHL recruits into NIHR portfolio studies in nearly every clinical speciality, and clinical trial recruitment takes place at each of UHL's three acute sites. There are some areas of particular research strength where there is strong synergy and mutual dependence between UHL and UoL. These areas are:

- Acute care
- Cancer
- Cardiovascular disease
- Diabetes and Lifestyle
- Imaging
- Primary care research
- Respiratory medicine
- Renal Medicine

These areas of research strength (with the exception of renal medicine and primary care) are themes within the Leicester BRC or speciality clusters within the Leicester CRF. Leicester has newly developing strength in precision medicine which forms a cross-cutting theme in the Leicester BRC.

Consequently, in some speciality areas in UHL clinical research is well embedded in the clinical service with prominent leaders providing a strong academic ethos. In other areas academic activity, both research and education, is less visible and staff are less aware and engaged.

The Leicester Precision Medicine Institute (LPMI) unites the research expertise and facilities of UoL and UHL with industry to provide new discoveries and medical innovations that impact on the healthcare of our ethnically diverse population. Ethnic health is a key USP for Leicester. UHL and UoL have a Joint Research Office with shared Standard Operating Procedures but with staff in separate locations.

The recently published Life Sciences Industrial Strategy calls for new, more effective networks for early phase clinical trials in multiple therapeutic areas, the embrace of digital health, the conduct of more clinical trials in real world environments with novel methodologies, and increased investment in pharma and med tech. In addition, the Health Advanced Research Programme (HARP) will be an investment stream to permit risk taking to: create a platform for early diagnostics for major diseases before symptoms develop;

extend the genomics programme; understand and promote healthy ageing; and develop and extend digital pathology and radiology in the healthcare setting. University hospitals are central to the delivery of this mission, and UHL will need to be engaged and responsive to fully exploit the opportunities that arise.

4.2 Education and Training

UHL is a large acute hospital, training medical students and offering training at all levels in most medical specialities. There are approximately 700 doctors in training at Foundation, Core and Higher Specialty training levels and approximately 140 locally employed junior doctors. The Trust supports the clinical training of GPs and Academic trainees on NIHR training programmes. Over 50 UHL/UoL Consultants hold externally funded postgraduate educational leadership roles and approximately 70 undergraduate leadership roles. Many have undertaken postgraduate medical education qualifications and are member/Fellows of the Academy of Medical Educators or the Higher Education Academy. Numerous trainees undertake Educational Fellowships and study for a postgraduate education qualification and several have held prestigious Keogh and Department of Health positions.

UHL offers a range of income generating courses for internal and external postgraduate trainees and Consultants. This offers the opportunity to attract further external resources, stimulate partnerships with other institutions and industry to generate income.

5. AREAS FOR DEVELOPMENT

Despite the many successes of the clinical research carried out jointly between UoL and UHL there remain areas that need continued focus and/or improvement and that can be broadly separated into themes:

5.1 Structures

- CMBSP external review recommended closer integration and a deeper strategic alliance between UHL and UoL but these structures are not yet in place
- Recruitment and retention of staff could be enhanced
- Operational and strategic management of NIHR infrastructure could be better integrated
- Need to build research critical mass in clinical areas of UHL where this has atrophied
- Career structures in research are not well defined for allied health professions
- Research is not completely embedded in all areas of UHL
- Staff and patients are not aware of the benefits of teaching and research at UHL

5.2 Existing Strengths and Developing New Ones

- Need to grow new BRC theme(s) for reapplication in 4 years
- Need to ensure success of CRF
- The Hope Facility is at capacity and limits ability to take on new studies
- Adult clinical research at LRI would benefit from more focus

5.3 Research Approvals and Delivery

- Research governance and approvals processes are seen as extremely onerous by researchers
- The Joint Research Office could be more closely integrated
- Recruitment into portfolio studies at UHL may be falling
- Need closer integrated working with CRN

5.4 Sharing Data and Clinical Samples

- Need to develop ways of sharing data and broadening access for researchers to clinical sample

5.5 Increasing Research Income

- Need to be proactive about NIHR Senior Investigator awards and Professorships
- Need more proactive role for LPMI with greater visibility in UHL
- Need to increase commercial clinical trial activity

5.6 Increase income from education and training activities

- Need to be proactive about developing high quality courses and increasing uptake of external delegates
- Explore developing a range of “Visiting Professionals courses”
- Explore opportunities for credentialing of professional training
- Explore opportunities for educational innovation within East Midlands

6. FUTURE PLANS

6.1 New Enabling Structures for Education and Research

6.1.1 Academic Health Partners model for LLR

In April 2017, the UHL Executive Strategy Board approved plans for the development of an Academic Health Sciences Centre (AHSC)/Academic Health Partners model for LLR. An AHSC is a partnership between one or more universities and one or more healthcare providers focusing on research, clinical services, education and training. They are found around the world but began to be established in the UK in 2007 following a review led by Lord Darzi. AHSCs are intended to ensure that medical research breakthroughs lead to direct clinical benefits for patients.

We will initially develop a limited AHSC model – LLR Academic Health Partners (LLR AHP). UHL and UoL will assume a more formal AHSC model with an integrated governance structure to deliver excellence in research, training and education that others could join later when established. The existing UHL/UoL Joint Strategy Committee will become the UoL/UHL AHP Board, and will scope out options and develop a roadmap to expand membership to other key partners in LLR by incorporating the best practice and experience of other similar UK AHSCs.

6.1.2 Enhanced education and training.

To develop a more integrated strategy for undergraduate and postgraduate medical education in Leicester by encompassing within LLR AHP a 'Leicestershire Healthcare Education Academy' to maximise the potential for educational scholarship and training, innovation and research. The aims are to:

- Support a positive change in learning culture by working with education leaders in UoL, UHL, Honorary title holders, Academic champions and other healthcare partners
- Increase educational opportunities for medical and healthcare students, postgraduate trainees and clinical educators to engage in education qualifications, education quality improvement and research projects
- To support Healthcare Education Scholarship, Research and Innovation
- Explore accreditation for existing high-quality local education programmes and

develop a portfolio of opportunities for PGC, Diploma, Masters programmes for healthcare learners

- Develop model to include other providers in future – such as LPT, CCGs, De Montfort University

6.1.3 A research-aware workforce with an established structure for career development

Whilst much progress has been made in making honorary academic appointments for clinical medical staff, the same is not true for other allied health professions (AHPs). UHL will appoint a Head Nurse for Research and working with the UoL School of Allied Health Professions will establish appropriate criteria against which to award honorary academic appointments to nurses, midwives and other AHPs. We will work to increase the profile and expand the membership of our existing SPHERE (Supporting Professionals in Healthcare: Encouraging Research Excellence) Group.

6.1.4 Building academic critical mass in key clinical speciality areas.

Several large UHL clinical services lack academic leadership. New Professorial appointments will be made in the following key specialities:

- Child health/paediatrics
- Obstetrics
- General Medicine

6.1.5 Supporting and Developing NIHR Funded Infrastructure

To derive maximum value from NIHR funded infrastructure we will strengthen the recently established NIHR Integrated Operations Group to become the NIHR Infrastructure Executive, comprised of NIHR Infrastructure Managers and chaired by R&I Director, who will be accountable and responsible for co-ordinating and delivering a programme of work over the next 4 years which will align management activities and better utilise resources, NIHR infrastructure Directors will delegate decision making responsibility and accountability to the NIHR Infrastructure Executive and its membership to fulfil the following functions:

- Quarterly and Annual Reporting Metrics

- To ensure that NIHR funded infrastructure at UHL is used to maximum effect and efficiency
- To ensure timely and co-ordinated responses to new calls and renewals of NIHR funded infrastructure in Leicester and regionally
- To review key information and performance indicators relevant to NIHR funded infrastructure at UHL
- Integration and Optimisation of Research Management Systems: EDGE, CRF Manager, CRF Intensity Tool
- Workforce Development
- PPIE strategy, co-ordinating, funding, hosting and delivery of events, workshops and focus groups
- Training Strategy
- Communication, identity management and social / digital media

To advise the UHL R&I Executive on specific issues impacting on delivery of NIHR activity at UHL

6.1.6 Changing the organisational mindset

Extensive evidence indicates that research active university teaching hospitals deliver better outcomes for patients. Currently this is not well understood by staff or patients and their families. We will use communications to create and embed a level of understanding amongst staff and stakeholders that students and junior staff are an integral part of our healthcare teams. Patients should expect to be offered the opportunity to participate in research or teaching as a sign of excellence in the organisation.

6.2 Supporting Existing Strengths and Developing New Ones

6.2.1 Existing strengths and BRC themes

It is essential to ensure that existing strong research areas (cancer, cardiovascular disease, diabetes and lifestyle, imaging, primary care, renal medicine, respiratory medicine) are protected and developed to ensure that UHL/UoL are competitive for future research funding. We will achieve this by:

- Targeted re-investment of RCF

- Targeted recruitment into academic posts
- Sustained emphasis on the ethnicity USP for Leicester

6.2.2 New BRC Themes

The current BRC Themes in Leicester are existing areas of research strength. Other areas of translational research need to be developed to achieve the strength needed to competitive for BRC Theme status in the next round of BRC applications. By coordinated planning of academic appointments into clinical service developments and academic developments the following areas will be specifically supported to develop the necessary academic critical mass:

- UHL Cancer Services and UoL Cancer Centre
- Imaging – Leicester Institute of Imaging

6.2.3 Clinical Research Facility Capacity

UHL has CRFs on each of its 3 acute sites. Much, but not all, of this infrastructure is associated with BRC Themes. Cancer clinical trials are carried out in the Hope Facility at LRI, but this is currently working at capacity. Ensuring that CRF capacity is optimally utilised is essential to maximise delivery of recruitment into portfolio and other studies, but equally infrastructure may limit delivery if inadequate. Performance of the Leicester NIHR CRF will be assessed after 2 years before the final 3 years of funding is released. Therefore we will:

- Scope the development of a new cancer CRF in the RKCSB on the LRI site
- Use the award of the NIHR Leicester CRF award as a catalyst to introduce new clinical trial-related IT platforms Trust-wide to harmonise process and improve efficiency
- Establish a new management structure for the Adult Research Space at LRI to maximise use of this resource and act as a focal point for clinical research at LRI
- Work with CRN to bridge-fund the highest quality clinical fellows competitive for external fellowships, to build a pipeline of the clinical trialists of the future

6.3 Research Approvals and Delivery – being Responsive and Flexible

6.3.1 A Customer Focused Performance Driven Joint Research Office

A JRO 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 in place and we must achieve these. We will:

- Develop a single Joint Research Office website
- Co-localise Joint Research Office staff in a single office
- Maintain close working relationships with regulatory authorities, academic departments, clinical management groups and researchers leading to satisfactory assessments at statutory inspections
- Ensure efficient working of the Joint Research Office with seamless working between the partners leading to a vibrant, customer-focused, 'can do' R&I service monitored by regular user surveys

6.3.2 Working with CRN

We will meet on a regular basis with the CRN team to monitor recruitment into UHL and UoL sponsored and hosted studies. We will work with CRN to ensure infrastructure funding requests are targeted to best advantage.

6.4 Facilitating Access to Data and Clinical Samples

6.4.1 Generic Approval for Clinical Samples to be used in Research

We will seek generic approval from Health Research Authority to use any anonymised excess clinical samples or isolates from UHL clinical diagnostic laboratories in academic research studies at UHL and UoL.

6.4.2 Leicester Biomedical Informatics Network for Education, Research and Industry - BINERI

A wide range of biomedical informatics, healthcare data management, and information technology expertise operate together in Leicester under the strategic grouping – BINERI. BINERI will support the development of a local data ecosystem to support research. This

network works in a unified way on topics such as bioinformatics training, data science, expertise sharing, data discovery and sharing, biobanking, big data analysis, ethics, governance, patient engagement, information technology, etc. By integrating various complementary disciplines, combining resources, sharing PhD students and staff, and applying jointly for local, national and international funding, BENERI will accelerate high impact informatics initiatives across its research and NHS Trust stakeholders.

Other developments will include the use of Clinical Practice Research Datalink to support digital recruitment into clinical trials.

6.5 Increased External Research and Education Income

6.5.1 Commercial income and industrial strategy

- LPMI will lead the development of an industrial strategy for LLR AHP
- we will use refreshed a communications strategy to cement relationships with the pharmaceutical industry developing partnerships where possible
- providing an excellent approval and governance system, with efficient and reliable support services (e.g. pharmacy, imaging, pathology, finance)
- ensuring a robust and transparent financial framework for managing external income
- implementing appropriate governance and finance arrangements with UoL for academic-led trials at UHL

6.5.2 Non-Commercial income

We will increase our research income from non-commercial sources by ensuring:

- proactive support for potential applicants from UHL and UOL from JRO
- appropriate job planning for clinical academic and other consultants with research roles to ensure adequate time for research activities
- focus and encourage attention of researchers on NIHR and other research funding streams
- we will establish grant writing teams to support large bids for external funding
- We will increase income from education and training
- Develop the portfolio of income generating courses

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- Explore opportunities for “Visiting Professional programmes “

7. TIMELINES

Many of the initiatives described are already under way or in an advanced stages of planning. The following will be completed in the first 12 months of this strategy:

- Establishment of the necessary governance arrangements to support LLR AHP and the Leicestershire Healthcare Academy
- Appointment of a Head Nurse for Research at UHL
- New Chair appointments in Child Health, Obstetrics and General Medicine
- Strengthening the NIHR Integrated Operations Group
- Development of a joint industrial strategy

These items will support the delivery of the other elements of the strategy over the ensuing 4 years. Once approved a more detailed delivery plan with allocation of responsibility will be developed.