

RESEARCH & DEVELOPMENT STRATEGY 2018-2021	
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Summary of Trust-wide PPS:	In addition to supporting the Trust Strategic Objectives, this document also supports Vision, Mission and Values of UHCW NHS Trust.
Purpose of Trust-wide PPS:	<p>Research and Development are essential to the development of world leading excellence in clinical care. They enable the Trust to develop and continuously improve its services and to attract and maintain highly skilled and motivated staff.</p> <p>As an integral part of the Trust's vision to be a National and International Leader in healthcare, there is a requirement for a clear strategy to develop research within the Trust. By developing and delivering this research strategy, we will also contribute to the delivery of the other Trust strategic priorities.</p>
Audience <i>(Who the CBR is intended for)</i>	All Staff
Trust-wide PPS to be read in conjunction with:	<p>Research Governance Policy</p> <p>Intellectual Property Policy</p>
Relevance:	Operational
Superseded Trust-wide PPSs (if applicable):	Research & Development Strategy V4

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Title of Group/Department/Specialty:	Research & Development

Version	Consulting & Endorsing Stakeholders, Committees/Meetings/Forums etc for this version only	Date
5.0	Trust Board	29 th November 2018
5.0	Medical Education & Research Committee	24 th September 2018
5.0	Joint Research & Development Strategy Committee	4 th September 2018
5.0	Chief Officer's Group	29 th August 2018

Document Summary

RESEARCH & DEVELOPMENT STRATEGY 2018-2021

Purpose of PPS:

This document provides an overview of the context in which we work and seeks to provide a strategy for Research and Development as we look forward.

Description of vision of PPS:

'Excellence through Knowledge': We are committed to establishing our Trust as an internationally recognised centre of excellence through supporting our staff, working in world class facilities and conducting leading edge, multi-professional, collaborative research focused on the needs of our patients.

Who does PPS affect?

Research is a key means to ensuring that all our patients receive the very best care possible. As such, this Strategy applies to all staff and patients.

Key Points of PPS:

The Trust Research and Development Strategy is summarised into 4 inter-related objectives:

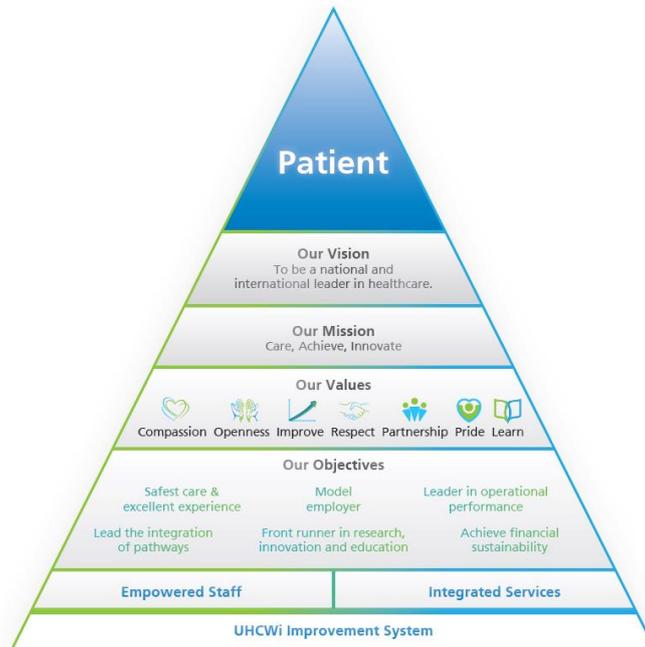
1. Increase high quality research and development activity that impacts positively across the organisation to improve the quality of care.
2. Provide high quality facilities for clinical research and healthcare development, capable of responding to change on demand and evolving the collaborative environment.
3. Provide quality management and support for research and development.
4. Raise the profile of Research and Development via engagement with, and involvement of, our patients, our staff and the public.

The Strategy will be realised via an implementation plan managed by the Research and Development Team

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Trust Organisational Strategy 2018-2021



Research & Development Strategy 2018-2021



1.0 SCOPE

The Trust's vision is to become a national and internal leader in healthcare. Both Research and Development are essential components of world leading excellence in clinical care. They enable the Trust to develop and continuously improve its services and to attract and maintain highly skilled and motivated staff. As such, this Strategy applies to all staff. Research is a key means to ensuring that all our patients receive the very best care possible. We consider research to be central to improvement of patient care.

We aim to deliver excellent, innovative clinical services, underpinned by excellent research and teaching. As such, there is a requirement for a clear strategy to develop research and development within the Trust. By developing and delivering this research strategy, we will also contribute to the delivery of the other Trust strategic priorities.

2.0 INTRODUCTION

2.1 **Research** is essentially the first step in the development process and provides the evidence on which to base or change practice. Research is integral to our World Class aspirations. Research into new treatments and interventions provides assurance to our patients and stakeholders that they are benefiting from the latest evidence-based practice. Participation in research creates an environment of challenge and reflection, attracts and retains high calibre staff, enables personal development and drives up standards of patient care. Research leads to better outcomes for patients, and patients enrolled into clinical trials report high levels of care and report high levels of satisfaction (reference 13.13).

There is a strong independent association between survival and participation in interventional clinical studies for all patients with colorectal cancer (reference 13.1). Research active Trusts have lower risk-adjusted mortality for acute admissions, even after adjustment for staffing/other structural factors (reference 13.2) and research-active institutions are typically better able to recruit and retain good clinical staff. The recent evidence suggesting that hospitals that support high quality patient-centred research can show better healthcare outcomes for patients has led to a partnership between the National Institute of Health Research (NIHR), the Health Research Authority (HRA) and the Medicines and Healthcare Products Regulatory Agency (MHRA), together with the

Care Quality Commission (CQC), to develop new research indicators for use as part of CQC's monitoring and inspection programme.

Our previous R&D strategy has enabled us to demonstrate significant progress, with increasing numbers of staff and patients being involved in research, supported by expanded facilities, pragmatic research support and increased national and international awareness through publications and awards. Indeed, a recent review of R&D capacity (detailed in section 15: Appendix) has demonstrated the development of independently successful, potentially world class themes, with many other areas of research development and potential. As such, we intend to maintain our vision and objectives, continuing our inclusive policy to support talent, not specific staff groups. We will continue to partner with the best research partners and collaborators, be that industry or academia, seeking to be the organisation of choice for external partners.

Despite our successes, there is always opportunity to do more research, to recruit more patients, to secure further income and esteem and to translate more of what we learn into practice for patient benefit. With a changing national and local environment, it is time to review and revise our strategy to enable us to have continued success over the coming 3 year period. This document provides an overview of the context in which we work and seeks to provide a strategy for development as we look forward.

3.0 STATEMENT OF INTENT

3.1 Vision Statement: *'Excellence through Knowledge': 'We are committed to establishing our Trust as an internationally recognised centre of excellence through supporting our staff, working in world class facilities and conducting leading edge, multi-professional, collaborative research focused on the needs of our patients'*

There remains full NHS commitment to continue supporting the work of the National Institute for Health Research (NIHR) and offering our patients the chance to participate in research. Additionally, there is a strong drive to accelerate the quicker adoption of cost-effective solutions - both medicines and medical technologies. This will involve reducing the costs of conducting Randomised Controlled Trials (RCTs) by streamlining approval processes, harnessing technology and using data to support observational studies.

There will be a need for us to adapt to support quicker, lower cost, RCTs embedded within routine clinical care and to promote more rigorous ways of answering high impact questions in health services redesign.

For our patients with rare conditions, the Early Access to Medicines (which aims to give patients access to promising new drugs that are not yet licensed) will be expanded. In addition, the Trust has identified patients to contribute to the 100,000 Genomes Project which aims to sequence 100,000 whole genomes from NHS patients and their families. Personalised medicine is an emerging practice of medicine that uses an individual's genetic profile to guide decisions made in regard to the prevention, diagnosis and treatment of disease. Knowledge of a patient's genetic profile can help us select the most appropriate treatment. The move towards more personalised medicine will involve targeting individualised new treatments towards specific individuals; we need to exploit existing data to enable us to identify suitable patients.

There are numerous opportunities to exploit the use of health outcomes data. By bringing together hospital, GP, administrative and audit data we can answer numerous health questions to support quality improvement, research and development. Locally, the Trust has formalised partnerships with other local NHS providers. Within this, there are opportunities to develop sub-regional research and development activities to the benefit of our patients.

To be a national and international leader in healthcare, we need to develop and test the healthcare of the future. Our strategy is explicit in that we need to develop our academic leadership to increase the esteem and outputs of existing teams. A reducing academic base is highly likely to decrease our ability to secure external funding. One of our key funding streams is 'Research Capability Funding', which is awarded as a percentage of the NIHR income received in the previous year. Income has been increasing year on year, but 2018-19 saw a 50% fall, due to a lack of successful grant applications and a national reduction in the budget. We remain heavily reliant on a few successful academics, based in Warwick Clinical Trials Unit and our orthopaedic and reproductive health academic teams.

The response to these current challenges should be founded on a cohesive and focused strategy. Developing co-ordination in key areas with an overarching principle of best

practice, good governance and proven management will help create an environment that improves quality of care, reduces risk and fosters further research. Building capacity to undertake research in the right environment by the right people is crucial. This 3 year strategy is focused on a long term strategic view of the benefits of a research and development active organisation which encourages interdisciplinary working between researchers and staff both within and beyond the Trust, across the whole health community, with industry and with our academic partners (primarily Birmingham, Birmingham City, Coventry, Imperial, Oxford and Warwick Universities). To catalyse these developments, the Trust has committed to the development of a Biomedical Research Centre, to be formed through partnerships and to conduct translational research to transform scientific breakthroughs into life-saving treatments for patients and to drive innovation in the prevention, diagnosis and treatment of ill-health.

The successful implementation of this strategy will ensure that research and development is fully embedded in the culture and activities of the Trust.

3.2 Objectives

We have summarised our strategy into 4 inter-related objectives (detailed in section 6):



4.0 DETAILS OF POLICY

Research can be defined as the careful and detailed study of a problem by systematic investigation to establish new facts and reach new conclusions. Research can help solve problems, find new solutions and test theories.

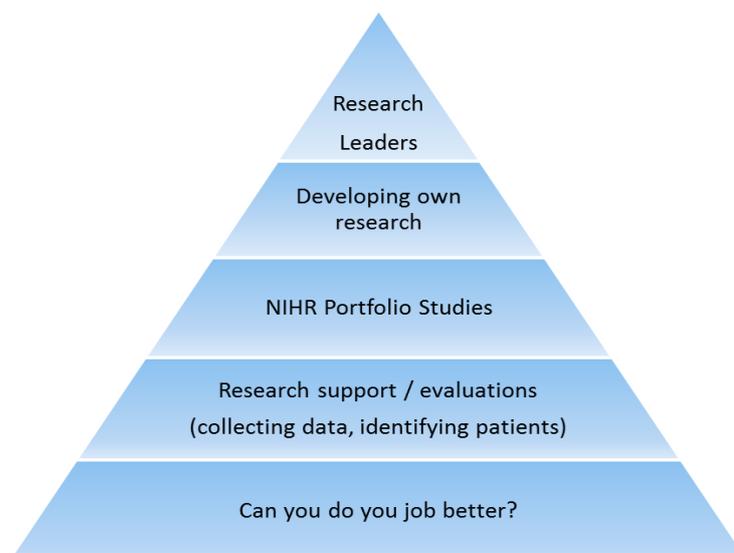
Our previous strategy enabled us to make huge strides, but we need to further develop and our research and development culture to further inspire and support our staff to develop, undertake and implement findings from, research. This strategy requires our organisation to be more confident, aspirational and ambitious in its attitude to research.

4.1 Increase high quality research activity that impacts across the organisation

There are many opportunities that can be realised through a cultural change that embraces both research and development as part of core activity. An organisation that achieves this has improved quality of patient care, attracts the best quality staff and can improve their working lives. The skills set within research and development can contribute to wider Trust initiatives around improved service delivery and increased efficiency. It will encourage interdisciplinary working, urging researchers to develop synergies between research areas, both within and beyond the Trust.

4.1.1 Inclusive approach

Increasing high quality research and development activity across the Trust is key to our success as organisation. Our approach needs to be inclusive. As such, we will offer the opportunity to all staff to get involved in research and development at some level:



Simple steps, such as providing more support for those involved in research and development (see 4.1.3) and utilising the Grand Round to provide opportunities for sharing knowledge, have already started to change our research and development culture. Having Board level support for R&D, coupled with our UHCW improvement programme (UHCWi) will accelerate the rate of cultural change required.

It is recognised that cultural change takes time and currently research is not consistently embraced across our organisation, leading to differences in patient opportunity and experience. To this end, we will create a bespoke research strategy for Rugby St Cross, to explore opportunities for both our staff and our patients at this site.

4.1.2 Building on existing strengths

Whilst inclusivity is our goal, in order to attract research and development funding, we must maintain a focus on our major research themes whilst we support the natural development of activity in new areas. We will link with appropriate partner(s) to ensure there is sufficient strength and depth in our programmes to attract grant income.

Specifically, we will create Centres of Excellence where world-leading, innovative clinical services are underpinned by excellent research and teaching/training to provide leading edge care for our patients and opportunities for our staff. This will involve the identification and development of research leaders, formalising partnerships with academic institutions and securing commitment to fund joint initiatives.

This approach provides us with the flexibility to develop our areas of research and development, in line with the development of our clinical areas of excellence, to meet clinical needs. This means that major themes may be displaced or enhanced by the successful development of new areas.

4.1.3 'Grow your own' programme

In addition to attracting external researchers, we also need to focus our activities towards identifying and developing our own staff. We were one of the first Trusts to adopt the AUKUH's recommendations for the allocation of programmed activities for research in NHS Trusts and incorporate it within our job planning policy. We need to build on this

commitment to reward and recognise those staff engaging in research and support them to develop their own projects.

It is our belief that all staff have a responsibility to ensure that their practice is informed by the current evidence base. Nursing, midwifery and AHPs are practice based professions and their practice must be informed by research. We must support the AUKUH ambitions for 1% of qualified staff to be in a clinical academic role by 2030. As such, we will continue to enhance our research activity amongst non-medical staff groups: nurses, midwives, allied health professionals and scientists, with the aim of developing research leaders in these professions. This will be supported by specific non-medical researcher training and development programmes.

We will work with our clinical departments and partner organisations to ensure that new appointments have appropriate research expertise for proposed posts. To further develop the research culture to that expected of a leading UK research active Trust, we will work with our academic partners to lever funds for joint appointments. In conjunction with our partners, we will also provide the training and environment required to maximise the research potential of our existing and future workforce.

4.1.4 Wider engagement

There are many opportunities to increase research and development activity at the Trust. Participation in national studies gives opportunities for the early adoption of new treatments and technologies and improved choice of care for patients. There is improved quality of patient care provided through research active teams. Focusing on commercial funded studies provides potential for increased income to reinvest. NIHR funding places a greater emphasis on translational research and there are similar funding opportunities emerging for innovations particularly where these address national priority areas. The West Midlands Academic Health Sciences Network, in which the Trust is a leading partner, provides a vehicle for encouraging, capturing and sharing research.

There is considerable overlap between research and innovation, particularly in the adoption of new ways of working which might be informed by research findings or by new technologies arising from industry. In recognition of the national agenda, we will focus on 2 main areas: 1) acting as a test bed for new products or new service delivery solutions and 2) collaborating with external partners (industry, other NHS Trusts or academic institutions) to develop and/or research new treatments, products and technologies.

Greater engagement between the NHS and the pharmaceutical, biotechnology and medical device industries can improve quality of care through involvement in the development of new products, and access to new sources of income to support the research and development strategy.

Our workforce is critical to delivering this objective. Leading the research culture will be a challenge as new research practices can displace more traditional ways of working. We need to encourage informed and well-managed risk-taking to make positive changes to our organisation.

Whilst our core strength is clinically-led research and development, we acknowledge that healthcare impacts on many other sectors. Indeed, as the largest employer in the area, we cannot ignore our importance to the local economy and we need to support our staff, patients and local community by ensuring that research benefits them. How our staff travel to work, our use of our built environment and surroundings, how patients are discharged and where and how they receive subsequent care are all important aspects of what we do and should be considered part of the research landscape.

Research is a collaborative venture. We want to further widen our research horizons to embrace areas outside of our clinical strengths. Unsurprisingly, over the past 3 years (2014/15 to 2016/17), our collaborations have been mainly with our local Universities, Warwick, and increasingly, Coventry. Within Warwick, around one third (35%) of our collaborations are with departments outside of the Medical School, demonstrating the breadth of our research which now involves areas such as the Business School, Engineering, Computer Science, Chemistry and Life Sciences. Diversifying our portfolio to secure additional investment, outside of historic clinical funding streams, will contribute to economic growth. We will develop other areas of research and development to feed translation and spin-out companies to support employment and the future growth of the UK economy.

4.2 Provide high quality facilities for clinical research and healthcare capable of responding to change in demand and evolving the collaborative environment

The national research and development landscape continues to evolve to ensure that basic science discoveries are translated into improved clinical practice, that scientific research leads to improved clinical care and knowledge is rapidly adopted for the benefit

of patients. As such, the Trust has invested in the development of a number of dedicated research facilities. In 2016 the Trust was granted the prestigious NIHR Clinical Research Facility (CRF) status, with the NIHR awarding £750,000 over a five year period (1 April 2017 to 31 March 2022) to support experimental medicine research. The funding has been provided to meet the necessary recurrent NHS infrastructure costs and NHS Support Costs of funded, world-class, early translational (experimental medicine) research.

The CRF currently comprises 6 Patient Research Interface suites, three specialty units (the Human Metabolism Research Unit, the Biomedical Research Unit in Reproductive Health, and the Clinical Research Treatment Centre) and the Arden Tissue Bank.

The 6 Patient Research Interface (PRI) suites are distributed through the hospital, which provide dedicated research facilities adjacent to, but independent from, the clinical ward areas. Each suite comprises 2 clinical examination rooms, 2 technical/equipment rooms, and 1-2 offices. Three suites also have a patient waiting area. The clinical examination rooms are staffed and equipped to provide an environment for patients and volunteers to participate in clinical research studies in comfort and privacy.

Currently, patient-based basic science research is mainly carried out within Warwick Medical School's Clinical Sciences Research Laboratories, situated on the University Hospital site.

The Human Metabolism Research Unit (HMRU) is one of only two such clinical research resources in the UK and the most advanced of its type in Europe. This is a custom built facility designed to measure and analyse all facets of how we create and use energy. HMRU is located on the ground floor of University Hospital adjacent to, and affiliated with, the Warwickshire Institute for the Study of Diabetes, Endocrinology and Metabolism (WISDEM) Centre. The HMRU uses the full complementary laboratory facilities available onsite at the Warwick Medical School Clinical Sciences Research Laboratories, including contemporary cell and molecular biological techniques, and 'omics' platforms (including genomics, proteomics and gene microarrays).

HMRU provides a unique opportunity to explore the determinants of human obesity and its metabolic sequelae and enables the study of metabolic profiles associated with other

endocrine conditions. At the heart of the HMRU are two state-of-the-art whole body calorimeter rooms, which generate detailed 24-hour energy profiles for an individual. The HMRU also contains a range of equipment for measuring anthropomorphic characteristics (e.g. height, weight, percentage body fat, etc.) including a Bod Pod for air displacement plethysmography and cardio-pulmonary exercise testing facilities. This will be used to further enhance our reputation, grant income, productivity and esteem in Metabolic Medicine.

The Biomedical Research Unit in Reproductive Health (BRU) was built upon the NIHR Biomedical Research Unit model and is fast becoming a leading centre in translational reproductive health research in the UK. The unit integrates the clinical strengths of the Department of Obstetrics and Gynaecology at UHCW with the scientific expertise of the Division of Biomedical Sciences in Warwick Medical School and other partners in University of Warwick. The BRU provides the infrastructure that enables systematic and longitudinal acquisition of clinical data and samples, starting before conception, until birth and beyond. This unique resource underpins clinical studies and laboratory investigations, all of which focussed on the prediction and prevention of pregnancy complications and improved patient care.

The Clinical Research Treatment Centre is located in a purpose-built unit on the 3rd floor of University Hospital. The unit is fully equipped for earlier phase clinical trials and includes Clinical Trials Treatment Area with 5 chemotherapy chairs and 1 bed.

The Arden Tissue Bank provides human tissue for research, support for NIHR Portfolio, commercial and academic research projects and ensures human cells and tissues for research are stored in compliance with the Human Tissue Act. The tissue bank provides researchers with access to a diverse range of quality human tissue, whilst complying with national legislation and ethics, and offers a range of routine histology services, as well as tissue microarrays, immunocytochemistry, and high resolution digital imaging of tissue sections. This Tissue Bank currently holds over 300,000 samples and hosts 2 national tissue collections. During 2014, the storage facility expanded into new premises (and a sample processing centre was developed to accommodate this growth).

88% of our research requires support from within pathology, pharmacy, tissue bank and/or radiology. These teams work to support numerous research projects throughout UHCW by ensuring the safe delivery of projects by reviewing and implementing

protocols, dispensing novel treatments and providing the imaging, analysis and reporting that are an integral part of research. To develop the additional research capacity and support our ambitions to carry out more, earlier phase, trials, we will need to further invest in these teams.

Additionally, in order to expand the portfolio of experimental medicine studies conducted at the Trust, and maintain NIHR CRF status, it will be necessary to further develop the facilities available, including the provision of dedicated overnight beds, essential when conducting early phase studies. It is also vital that a translational pipeline is established for CRF research themes to ensure a continuous portfolio of experimental medicine studies.

A key part of our success is the ability to provide 'one stop' service to our staff, we need to further develop this model, providing space to accommodate the team, our researchers and collaborators and provide an interface for academia and industry.

4.3 Provide quality management and support for research, through a Research and Development team that complies with regulatory requirements, national frameworks and emerging best practice

We need to further develop our quality research culture, where excellence is promoted and where participants' dignity, rights, safety and well-being are protected. As part of this, we have identified knowledge gaps, designed and delivered in-house training programmes on governance related matters, to ensure that our researchers or those helping with research, are aware of the standards they are expected to maintain. In addition, a robust monitoring and inspection process for Trust sponsored studies is in place to ensure that individuals involved in research have the necessary skills to successfully complete their research and adhere to the standards and principles set out in the UK Policy Framework for Health and Social Care Research.

To deliver our objectives, we need to provide the maximum level of support to our staff. The Research and Development team has developed to provide more support and practical assistance to our staff. Other initiatives to support our staff have included providing on-site statistics support, training sessions, trial management support for Trust sponsored research projects and project / grant development. Whilst significant success

has been had in securing more grant income, more work could be done to support our staff, particularly early career researchers.

With the increasing volume of research, we need to ensure that the Research and Development team is adequately resourced to deliver this strategy.

4.4 4. Raise the profile of Research and Development via engagement with, and involvement of, our patients, our staff and the public.

Raising the profile of research and development results in positive publicity for the Trust and generates a higher profile of UHCW as a research-active Trust amongst patients and the public, existing and potential collaborators, and funding bodies. Our previous strategy, to raise research awareness amongst Trust staff and the public using social media, has been a success, with regular Tweets from @UHCW_RandD reaching an ever-increasing audience, including patients, members of the public, Trust staff and other research organisations.

The profile of research and development continues to be raised with confidence and ambition. We organise and host an interactive Research Open Day annually which aims to raise research awareness amongst patients, the public and UHCW staff. The R&D Team have been finalists in a number of regional and national awards (e.g. the Clinical Research Network West Midlands, PharmaTimes and the Health Service Journal awards) and we endeavour to continue this success over the next 3 years. Communication through the intranet has improved in recent years with the introduction of TrustNav, which allows R&D staff to ensure up-to-date information about Research and Development is available for Trust staff. Being awarded NIHR CRF status has also raised the Trust profile amongst existing and potential collaborators in experimental medicine studies.

In 2017 we recruited our first Patient Research Ambassador (PRA) Trust volunteer. The PRAs role is to promote research to patients, the public and healthcare staff health research from a patient point of view. We have recruited further PRAs and are keen to recruit more to support promoting research at UHCW.

Involving patients and the public in the research process can enable us to improve the quality and relevance of research at UHCW and assist in its implementation and dissemination. The Going the Extra Mile report (reference 13.2), details the strategy for increasing public involvement in research over the next 10 years. The vision of the strategy is that all people using health and social care, and increasing numbers of the public, are to be aware of and choosing to contribute to research by 2025. There is also a continued demand from funding bodies, including the NIHR, for evidence of patient and public involvement (PPI) as part of grant funding applications.

To ensure PPI in research is implemented and delivered in line with the National Standards for Public Involvement in Research and in conjunction with the Trust Patient Experience and Engagement Delivery Plan, a Patient and Public Involvement in Research Steering Group (PPIRSG) was established in June 2018. Through this Steering Group we aim to increase opportunities for patients and members of the public to participate in PPI in research at UHCW.

The UHCW Involvement Hub offers opportunities to engage with patients and showcase our research. We also work with PPI leaders and groups; locally, regionally and nationally, to share ideas and best practice, participate in collaborative PPI initiatives and promote PPI opportunities and successes at UHCW. We hope to continue to develop these links in the future and continue to promote research PPI initiatives at UHCW.

5.0 DUTIES / RESPONSIBILITIES

The Chief Medical Officer is responsible for overseeing all research activities being undertaken within the Trust. The Director of Research & Development provides strategic direction and is responsible for delivering this strategy. Operationally, the Head of Research and Development holds day to day responsibility for Trust Research and Development activities. Research & Development reports to the Education and Research Committee, the Strategic Workforce Committee and thence to the Trust Board. For Governance and Human Tissue, they also report to the Research Governance and Human Tissue Committee and the Patient Safety and Effectiveness Committee.

6.0 DISSEMINATION AND IMPLEMENTATION

The development of this document involved a Trust-wide consultation on UHCW NHS Trust Research & Development over the past 3 years between October and November 2017, with the final 3 year review and recommendations presented to the Research & Development Strategy Committee in December 2017.

6.1. This Strategy will be placed on the Research & Development team's shared drive, and on the eLibrary.

6.2. This Strategy will be shared at whole team Research & Development team meetings. The implementation plan will be regularly reviewed at 1:1 meetings.

7.0 TRAINING

7.1 The requirements for training for researchers are detailed in the Research and Development Standard Operating Procedure 24 'Training Requirements and Records for Staff involved in Clinical Research Trials', available on the Trust Intranet (Departments/Department Listings/Research & Development/Information).

7.2 Staff can access Research training via ESR. Further training and events are provided and advertised via usual Trust communication methods.

8.0 MONITORING COMPLIANCE

Progress will be monitored via a set of Key Performance Indicators reflecting national requirements, best practice and local Research and Development targets. These will be reviewed annually and fed into Trust scorecards as follows:

8.1 Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method (i.e. regular audits/reviews)	Individual/ department responsible for the monitoring	Frequency of the monitoring activity (i.e. Monthly/ Annually)	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that actions are completed
Key Performance Indicators	Scorecard Report On KPIs	R&D	Monthly	Trust Board	Trust Board
Delivery of strategic objectives	Board Reports On KPIs	R&D	Quarterly	Trust Board	Trust Board

Delivery of R&D implementation plan	Report Against plan	R&D Director	Bi-Annually	Education & Research Committee	Trust Board
Overview, update and future direction of all aspects of R&D	Summary report / presentation	R&D Director	Annual	Trust Board	R&D

9.0 STAFF COMPLIANCE STATEMENT

All staff must comply with this Trust-wide Policy, Procedure or Strategy and failure to do so may be considered a disciplinary matter leading to action being taken under the Trust's Disciplinary Procedure. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the Trust's Disciplinary Procedure is available from eLibrary.

10.0 EQUALITY & DIVERSITY STATEMENT

Throughout its activities, the Trust will seek to treat all people equally and fairly. This includes those seeking and using the services, employees and potential employees. No-one will receive less favourable treatment on the grounds of sex/gender (including Trans People), disability, marital status, race/colour/ethnicity/nationality, sexual orientation, age, social status, their trade union activities, religion/beliefs or caring responsibilities nor will they be disadvantaged by conditions or requirements which cannot be shown to be justifiable. All staff, whether part time, full-time, temporary, job share or volunteer; service users and partners will be treated fairly and with dignity and respect.

11.0 ETHICAL CONSIDERATIONS

The Trust recognises its obligations to maintain high ethical standards across the organisation and seeks to achieve this by raising awareness of potential or actual ethical issues through the PPS consultation and approval process. Authors of PPSs are therefore encouraged to liaise with the Trust's Clinical Ethics Forum to seek input where necessary.

12.0 DEFINITIONS

AHSN	Academic Health Sciences Network
AUKUH	Association of United Kingdom University Hospitals
BRC	Biomedical Research Centre
CRF	Clinical Research Facility
H-Index	The h-index is a citation index that attempts to measure both the productivity and impact of published work
HMRU	Human Metabolism Research Unit
INCA	Interdisciplinary Non-Medic Clinical Academic support programme
NIHR	National Institute for Health Research
PPI	Patient and Public Involvement
PRA	Patient Research Ambassador
PRI	Patient Research Interface suite (research offices and clinical space)
R&D	Research and Development
RCTs	Randomised Controlled Trials

13.0 REFERENCES AND BIBLIOGRAPHY

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13.4 Going the Extra Mile: Improving the nation's health and wellbeing through public involvement in research. 2015. <https://www.nihr.ac.uk/patients-and-public/documents/Going-the-Extra-Mile.pdf>

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13.11 National Standards for Public Involvement. 2018. https://www.nihr.ac.uk/news-and-events/documents/Public_Involvement_Standards_March%202018_WEB.pdf

13.12 Patient Research Ambassador Initiative. June 2018.

<https://www.nihr.ac.uk/patients-and-public/how-to-join-in/patient-research-ambassadors/>

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14.0 UHCW ASSOCIATED RECORDS

14.1 Research Governance Policy

14.2 UHCW Organisational Strategy 2018-21

14.3 Trust Corporate Plan.

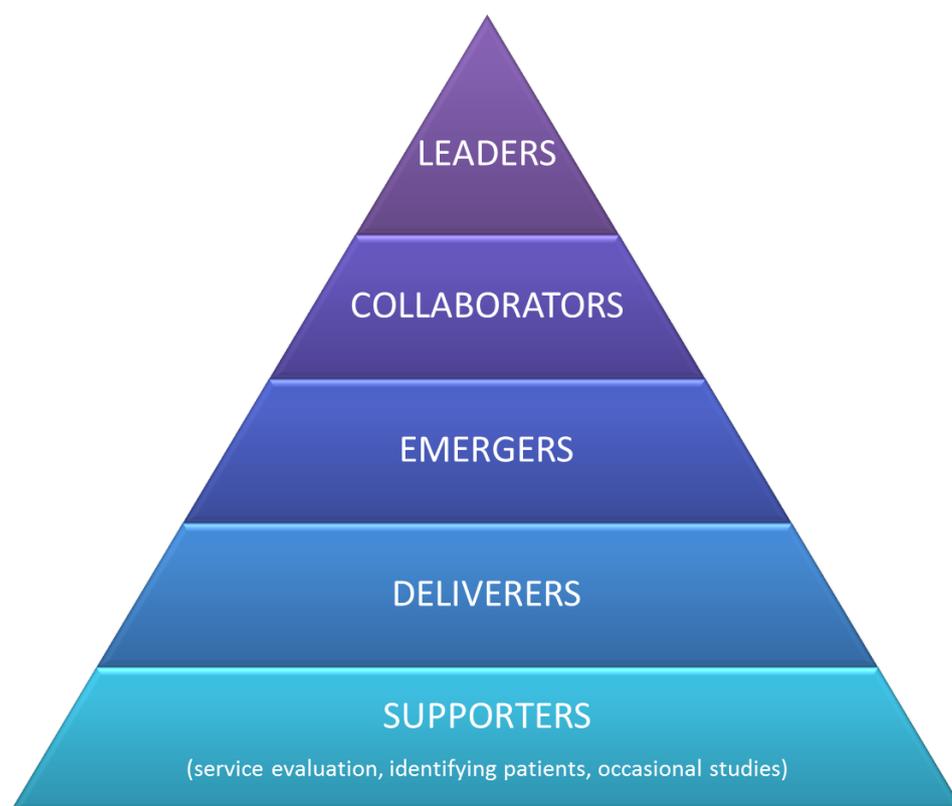
14.4 UHCW We Care Patient Experience and Engagement Delivery Plan 2018-2021

15.0 APPENDICES

15.1 Summary of Research & Development 3 Year Review and Recommendations.

15.1 APPENDIX: SUMMARY OF 2017 RESEARCH & DEVELOPMENT 3 YEAR REVIEW AND RECOMMENDATIONS

Analysis has been undertaken to determine our most research active areas over the past 3 years (2014/15, 2015/16 and 2016/17). Metrics used to guide and gauge this activity included research inputs (grant applications submitted, success rates and their value), activity (patient participation in research and commercial activity) and outputs (publications, H index). Following this exercise, we can broadly categorise our research activity as follows:



- ✓ **LEADERS (Independently successful, potentially world class themes):** Those areas who are relatively self-sufficient, having active portfolios, significant success in securing high levels of external grant income and in publishing and where the Chief Investigator is affiliated with UHCW NHS Trust. These areas have had significant Trust investment in terms of Clinical Academic posts, research staff (research midwives / physios, admin etc.) and NIHR Research Capability Funding. These areas are characterised by having a defined strategy, senior Clinical Academic Leadership and providing multi-disciplinary support for staff at all levels of their clinical academic career, e.g. Reproductive Health and Musculoskeletal / Orthopaedics.
- ✓ **COLLABORATORS:** Those areas with active portfolios and some success in securing external grant income, typically where the Chief Investigator is affiliated with

another organisation, or where the specialty collaborates widely with other clinical areas. They have some Clinical Academic Leadership or Honorary associations with academic institutions, e.g. Oncology, Metabolism and Radiology. The development of the M40 Alliance with Birmingham and Oxford Universities (Arthritis Therapy Acceleration Programme) places Rheumatology within this group.

- ✓ **EMERGERS (Potential themes):** Those clinical areas with increasing number of grants submitted and increasing grant success. These areas are characterised by significant infrastructure (i.e. UHCW Institute of Precision Diagnostics and Translational Medicine, Human Metabolism Research Unit, Interdisciplinary Non-medical Clinical Academic - INCA - development programme) or are placed where national service, academic or commercial collaboration opportunities exist (e.g. NIHR Clinical Research Facility, European Neuro-Endocrine Tumour Network, NIHR Research priority areas), e.g. Pathology, Transplantation, Surgery, Gastroenterology, Metabolism and NMAHP-led research.
- ✓ **DELIVERERS (Research delivery areas):** Those areas delivering high levels of patient recruitment to NIHR portfolio trials and / or with very active commercial portfolios, e.g. Ophthalmology, Cardiovascular, Gastroenterology, Diabetes and Urology.

These active areas are supported by the 'Supporters', those who may be testing the research waters by taking part in the occasional research project, carrying out service evaluation or who identify and refer patients into trials. Following this review, it has been agreed that:

- We should build on and support our identified strengths. To enable this, specialty areas should have a research strategy which is critically reviewed updated at least once every 3 years. Pump-prime funding should be made available, with a system to review and support those areas with most potential.
- We should position ourselves and our research to maximise the potential from NIHR and national drivers such as omics, dementia, digital, mental health and acute medicine. The 2017 Life Science Strategy (reference 13.5) is aligned to our ambitions of increasing the number of clinical trials, improving the UK's clinical trial capabilities, supporting further translational work and attracting world-class scientists. It also aims to increase collaboration to support evaluation of innovative diagnostics and devices and we have a developing track record in this area.
- We seek to develop our research base by, for example, ensuring that all new appointments have a research (or education) element in their job descriptions and appointees are supported and monitored on progress, continuing with existing programmes (such as INCA) but also setting up a more formal mentoring / development system for young/new researchers.

These recommendations are reflected in our strategy and will be actioned via our implementation plan.