



RESEARCH, DEVELOPMENT & INNOVATION STRATEGY	
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Summary of Trust-wide CBR:	In addition to supporting the Trust Corporate Plan, this document also supports the aims of the overall Trust strategy as described by its Vision, Mission and Values.
Purpose of Trust-wide CBR:	<p>Research and Innovation 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>The Trust’s mission, Care–Achieve–Innovate, is explicit in that we will deliver the best care for our patients, achieve excellence in education and teaching and innovate through leadership, research and learning. As such, there is a requirement for a clear strategy to develop research and innovation within the Trust. By developing and delivering this research and innovation strategy, we will also contribute to the delivery of the other Trust strategic priorities.</p>
Trust-wide CBR to be read in conjunction with:	Research Governance Policy Intellectual Property Policy
Relevance:	Operational
Superseded Trust-wide CBRs (if applicable):	Research, Development & Innovation Strategy V3

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4.0	Research Strategy Committee	18 September 2015
4.0	Research Governance and Human Tissue Committee	29 September 2015
4.0	Trust Board	17 December 2015

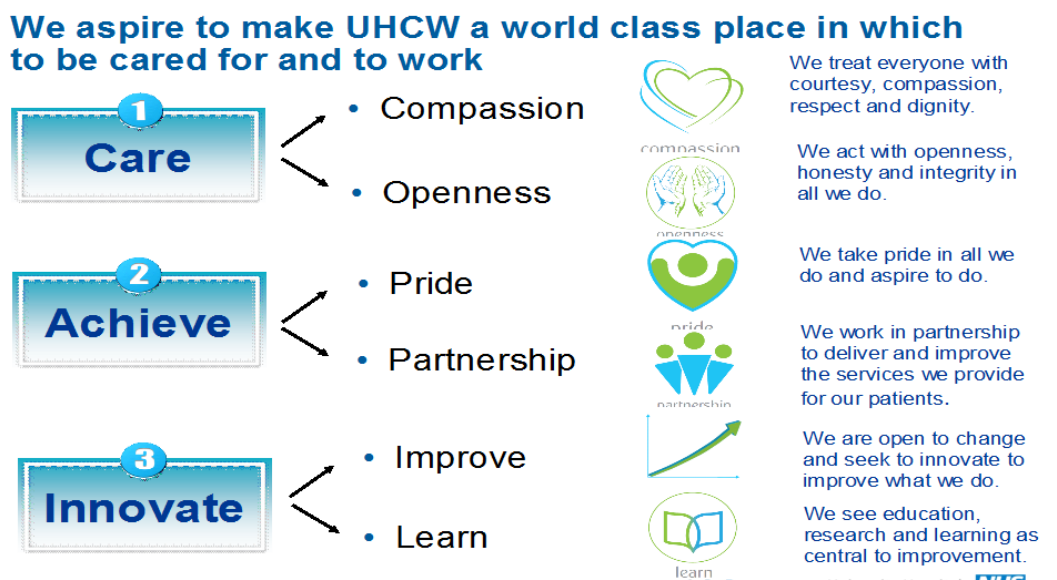
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1.0 SCOPE

The Trust is committed to becoming a national and internal leader in healthcare. Both Research and Innovation 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. As such, this Strategy applies to all staff.

The Trust's mission, Care–Achieve–Innovate, is explicit in that we will deliver the best care for our patients, achieve excellence in education and teaching and innovate through research and learning. We consider research to be central to improvement.



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 innovation within the Trust. By developing and delivering this research and innovation 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. Participation in research creates an environment of challenge and reflection, attracts and keeps high calibre staff, enables personal development and drives up standards of patient care. Research active Trusts have lower patient mortality (reference 12.7).

2.2 Innovation includes the activities required to create new ideas, processes, services, technologies or products which, when implemented, lead to positive change. Whilst invention requires the creation of new ideas, processes or products, innovation moves one step further and requires the implementation of an invention. Although many people consider that all innovation has to be novel, we regard innovation as anything new – or different – that changes things in a positive way and so benefit our patients or staff.

This research, development and innovation strategy has been written to build on strengths and new opportunities for research, innovation and academic collaboration. This strategy outlines how research and innovation can be grown and optimised across the Trust at a time of considerable organisational and financial uncertainty across the NHS. The strategy has been written in the context of a number of recent documents (Section 12) which highlight the importance of research, innovation and implementation of evidence-based and best practice healthcare in a resource restricted NHS.

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 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 innovation - both medicines and medical technologies. This will involve cutting 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.

The recent NHS 5 Year Forward View (2014), commits the NHS to 'accelerating useful health innovation and improving the NHS' ability to do research and use innovation. It proposes a move towards 'Combinatorial Innovation', whereby whole system innovations are tested, rather than single innovations one at a time, such work being delivered via Academic Health Science Networks and Centres.

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 will identify 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 targetting individualised new treatments towards specific individuals; we need to exploit existing data to enable us to identify suitable patients (reference 12.8).

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 innovation.

Locally, the Trust has formalised partnerships with other local NHS providers. Within this, there are opportunities to develop sub-regional research and innovation 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. Despite having agreement to fund one academic chair package (professor, associate professor, non-clinical researchers and administration support) per year, we have been unable to achieve this (no fulltime professor posts since 2011). The 2014 Warwick Medical School restructure has not strengthened our research base and we await their next phase of redevelopment and reinvestment.

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 National Institute for Health Research (NIHR) income received in the previous year. Income is currently increasing year on year and can be predicted based on the number of grants awarded to date. Whilst NIHR projects led by UHCW NHS Trust staff are increasing research, we remain heavily reliant on a few successful academics, based in Warwick Clinical Trials Unit and our orthopaedic academic team.

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 and innovation. Building capacity to undertake research in the right environment by the right people is crucial. This five year strategy is focused on a long term strategic view of the benefits of a research and innovative 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, the University of Warwick, Coventry University and Birmingham City University. The successful implementation of this strategy will ensure that research and innovation is fully embedded in the culture and activities of the Trust.

3.2 Strategic Objectives

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

- 1** Increase high quality research and innovation activity that impacts across the organisation
- 2** Provide high quality facilities for clinical research and healthcare innovations capable of responding to change on demand and evolving the collaborative environment
- 3** Provide quality management and support for research and innovation
- 4** Raise the profile of our Research and Innovations, locally, nationally and internationally

4.0 DEFINITIONS

4.1 Research can be defined as the search for knowledge, or as any systematic investigation, with an open mind, to establish novel facts, solve new or existing problems, prove new ideas, or develop new theories.

4.2 Innovation is the creation or implementation and diffusion of new products, processes, services or technologies which are better or more effective than those currently used.

Other definitions as used in the document are as follows:

AHSN Academic Health Sciences Network
AUKUH Association of United Kingdom University Hospitals
CRF Clinical Research Facilities
HMRU Human Metabolism Research Unit
NIHR National Institute for Health Research
NOCRI NIHR Office for Clinical Research Infrastructure
PPI Patient Public Involvement
PRI Patient Research Interface suite
R,D &I Research, Development and Innovation
UKCRC United Kingdom Clinical Research Collaboration

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 & Innovation provides strategic direction and is responsible for delivering this strategy. Operationally, the Head of Research, Development and Innovation holds day to day responsibility for Trust Research and Development activities. Research, Development and Innovation reports to the Training, Education and Research Committee and thence to the Trust Board. Innovation activity also reports to the Together Towards World Class Board via the World Class Services Board.

6.0 DETAILS OF THE POLICY

Our previous strategy enabled us to make huge strides, but we need to further develop the Research, Development and Innovation culture. This strategy requires that our organisation is even more confident, aspirational and ambitious in its attitude to research and innovation.

Currently, our research and innovation areas can be divided into those led by medical staff and those led by other staff groups (nurse, midwives, allied health professionals, scientists etc.):

Medically-initiated	Initiated by other staff groups
Healthcare Technologies	Healthcare Technologies
Reproductive Health	Women's Health
Orthopaedics & Musculoskeletal	Older people, Dignity & Dementia
Metabolic & Cardiovascular health	Cancer & Oncology
Transplantation	Children & Young People
Gastroenterology	Infection Control
Respiratory Medicine	Workforce Innovation
Innovation focus areas: orthopaedics, the frail patient, maternity care	

These themes are designed to be multidisciplinary, span a range of methodologies and encompass the range of research from basic science through to translational and applied clinical research and innovation. Our major themes are complemented by additional areas of clinical research activity within the Trust. In addition to our main themes, we have many areas of high quality clinical work which do not have a major research focus but have the potential to develop and we will develop infrastructure to support them (see 6.1).

We aim to further develop and support our research and innovation culture – by inspiring and supporting our staff to undertake applied collaborative research, implement research evidence and innovate solutions addressing key healthcare priorities.

Our objectives are as follows:

6.1 Increase high quality research and innovation activity that impacts across the organisation

There are many opportunities that can be realised through a cultural change that embraces both research and innovation 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 innovation 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.

6.1.1 Inclusive approach

Increasing high quality research and innovation 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 / or innovation at some level:



Simple steps, such as providing more support for those involved in research or innovation (see 6.3) and revising the format of the Grand Round to provide opportunities for sharing knowledge have already started to change our research and innovation culture. Additionally, having Board level support for R,D&I, coupled with our 'Together Towards World Class' programme will accelerate the rate of cultural change required.

6.1.2 **Building on existing strengths**

Whilst inclusivity is our goal, in order to attract research or innovation 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 that sufficient strength and depth are present 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 to our patients and opportunities to our staff. We will embark on a process to systematically identify those areas that have the potential to be the research themes of the future and support them to develop. This will involve identification and development of research and innovation 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 innovation in line with the development of our clinical areas of excellence or to meet clinical needs. This means that major themes may be displaced or enhanced by the successful development of new areas.

6.1.3 **'Grow your own' programme**

As attracting high calibre research leaders has proven to be difficult thus far, we 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 Trust 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.

We will 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 programmes. The appointment of a Lead Scientist for the Trust will provide our scientists with additional leadership.

In 2015, Coventry University became one of only 10 UK universities, and the only one in the West Midlands, to receive funding for the Masters in Clinical Research studentships

from Health Education England and the National Institute for Healthcare Research. The studentships are available for non-medical healthcare professionals who work in the NHS and who are interested to improve their clinical research skills and develop research expertise in their area of clinical practice. Two Trust staff secured places on the course in 2015, we will work with Coventry to provide our staff with the skills to enable them to have the best chance of securing future places.

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.

6.1.4 Wider engagement

There are many opportunities to increase research and innovation 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 and 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. Further development of West Midlands Academic Health Sciences Network, in which the Trust is a leading partner, should provide a vehicle for encouraging, capturing and sharing innovation.

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) developing ideas for new products or new service delivery solutions that are suggested by NHS staff and 2) adopting research findings and new products or services developed by external partners (industry, other NHS Trusts or academic institutions). We need to promote and support innovation across the Trust. By encouraging greater engagement between the NHS and the pharmaceutical, biotechnology and medical device industries, we can improve quality of care through involvement in the development of new products, and the development of new sources of income to support the research and innovation strategy.

The workforce is critical to delivering this objective. Leading the Innovation culture will be a challenge as new innovative 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 innovation, 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 and innovation 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.

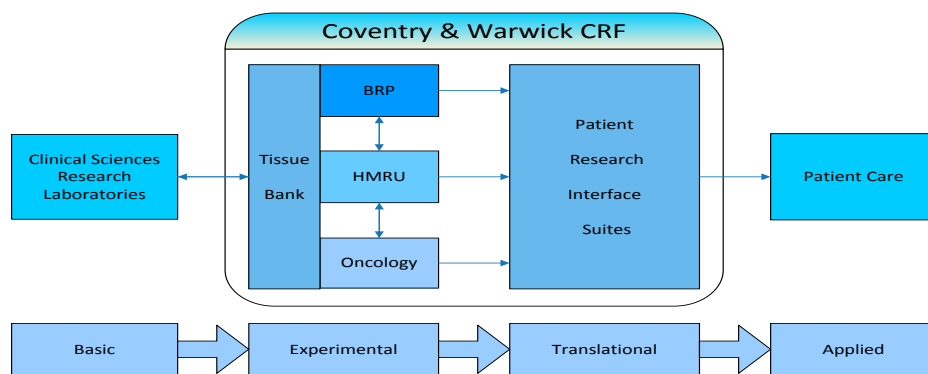
We want to widen our research horizons to embrace areas outside of our clinical strengths. We have opportunities to compete nationally and internationally by engaging with traditionally non clinical industries, engineers and scientists to explore many other areas such as our built environment, transport, use of clean technologies, our use of resources and our impact on the environment. We have already collaborated with mechanical engineers to better understand the 'soundscape' (the impact of environmental noise) of ward and coronary care areas, systems engineers to use data to model service delivery within our stroke pathway and chemists to reformulate bone cement used during surgery. 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 innovation to feed translation and spin-out companies to support employment and the future growth of the UK economy.

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

The national research, development and innovation landscape continues to evolve to ensure that basic science discoveries are translated into improved clinical practice, 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 Clinical Research Facilities (CRF). The CRF currently comprises 6 Patient Research

Interface suites, three specialty units (the Human Metabolic Research Unit, the Biomedical Research Unit in Reproductive Health, and the Cancer Clinical Trials Treatment Centre) and the Arden Tissue Bank. In 2010, our Clinical Research Facilities were accredited by NOCRI as an UKCRC Experimental Medicine Facility.

The 6 Patient Research Interface (PRI) suites are distributed through the hospital, which provide dedicated research facilities adjacent to, but independent from, the 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 carried out within Warwick Medical School's Clinical Sciences Research Laboratories, situated on the University Hospital site.

The Human Metabolic Research Unit 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. 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, proteomic and gene microarray).

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. It will also link with the Tissue Bank which has been developed to support the provision of clinical samples for our researchers.

In 2012, we established the Biomedical Research Unit in Reproductive Health (BRU), built upon the NIHR Biomedical Research Unit model. Our goal is to establish the 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 Reproductive Health 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. This year, we received our first NIHR funding to support a multicentre miscarriage trial led by the BRU.

The Cancer Clinical Trials Treatment Centre is located in a purpose-built unit on the 3rd floor of University Hospital Coventry. The unit was newly refurbished in 2010 and is fully equipped for earlier phase clinical trials. It has its own Clinical Trials Treatment Area (with 5 chemotherapy chairs and 1 bed); a patient reception/waiting area, consultation room, and bathroom; a clean clinical room, kitchen and sluice room; new offices with the capacity to house 28 members of the research team (including doctors, nurses, pharmacy, pathology, radiotherapy and clerical staff), a seminar room, and store rooms.

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 (old linnac accelerator space in the FM building) and a sample processing centre was developed to accommodate this growth.

Additional pharmacy space for clinical trials is included in the 2015/16 main entrance reconfiguration. Currently, a cold room for drug storage is not included within this scheme. We are currently evaluating the benefit and feasibility of developing this space. Whilst these facilities are impressive, we need to ensure that their use is exploited to the benefit of patient-centred research. We will also seek to develop complementary facilities, such as early phase trial capacity that will maximise return for the Trust.

The expansion of the activities taken on by the R,D&I team has led to an accommodation shortage. 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 a 'hub' to accommodate the team, our researchers and innovators and provide an interface for academia and industry. We would anticipate a need to accommodate AHSN, academics and R,D&I staff within the Centre

6.3 Provide quality management and support for research and innovation, through a Research, Development and Innovation 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 Research Governance Framework.

Now more than ever before, innovation has a vital role to play if we are to continue to improve outcomes for patients and deliver value for money. The identification and protection of intellectual property by Trust staff has the potential to generate external income for the Trust. With the evolving Innovation agenda, we need to ensure that sufficient resource is available to deliver quality management and support for research and innovation to achieve our goal of raising standards, protecting participants and assuring quality.

To deliver our objectives, we need to provide the maximum level of support to our staff. In 2012, we reconfigured the Research, Development and Innovation team to provide more support and practical assistance to our staff. Other initiatives to support our staff have included providing on-site statistics support, innovation drop in 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.

Relative to other Trusts of its size, the Trust has very modest infrastructure to support research. Little emphasis has been placed on the management and administration of research studies because historically research tended to be seen merely as the creative pursuits of individual clinicians. With the increasing volume of research and the implementation of a dynamic innovation workstream, we need to ensure that the Research, Development and Innovation team is adequately resourced to deliver this strategy.

6.4 Raise the profile of Research and Innovation (staff, patients and the public)

Awareness of the scale and types of research activity across the organisation is patchy and we need to ensure engagement at all levels. There are also opportunities for increasing patient and public involvement to enable the Trust to engage more fully with the PPI agenda. Involving patients can enable us to improve the quality and relevance of research and innovation and assist in their dissemination and implementation. It is a requirement that patients should be aware of research that is of particular relevance to them (NHS Constitution 2010) and there is a demand from funding bodies, including the NIHR, for evidence of patient public involvement (PPI) and public engagement activities as part of grant funding applications.

More generally, raising the profile of research and innovation results in positive publicity for the Trust in the local and national media and generates a higher profile of UHCW as a research active trust among existing and potential collaborators, and funding bodies. We intend to further develop the research culture by raising awareness among Trust staff not currently involved in research or innovation. In order to achieve this, we need to further develop our social media usage and interactions.

Our previous strategy, to be more confident and ambitious, has delivered. The R,D&I team have been Finalist or Winners in national awards (Health Service Journal, PharmaTimes) annually since 2011. Working with Communications, we will develop a joint 'Pride' agenda, using our success in national awards to inspire and support other teams

We will further develop a strategy to improve communication about the quality and impact of our research and innovations, with activities to include an annual Research and Innovation day, patient and public open days, improved intranet and web presence and other communication and marketing initiatives.

7.0 DISSEMINATION AND IMPLEMENTATION

7.1 This strategy will be supported by an implementation plan, detailing key metrics, deliverables and timelines. Progress will be monitored by the Research Strategy Committee.

7.2 This strategy is included on the Trust e-Library.

8.0 TRAINING

8.1 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).

8.2 Further training and events will be provided and advertised via usual Trust communication methods.

9.0 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

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

9.1 Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual/ department responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Key Performance Indicators	Scorecard report On KPIs	R, D&I	Monthly	Trust Board	Trust Board
Delivery of Corporate objectives	Board Reports On KPIs	R, D&I	Quarterly	Trust Board	Trust Board
Delivery of Innovation objectives	Report against plan	Trust Innovation Lead	Quarterly	World Class Services Board	Together Towards World Class Board
Delivery of R,D&I implementation plan	Report against plan	Research & Development Director	Bi-annually	Education, Training And Research Committee	Trust Board
Delivery of implementation plan	Report against plan	Research & Development Director	Bi-annually	World Class Services Board	Together Towards World Class Board
Overview, update and future direction of all aspects of research & innovation	Summary report and presentation	Research & Development Director	Annual	Trust Board	R, D&I

10.0 STAFF COMPLIANCE STATEMENT

All staff must comply with this Trust-wide Corporate Business Record 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.

11.0 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.

12.0 REFERENCES AND BIBLIOGRAPHY

- 12.1 Best Research for Best Health: A new national health research strategy 2006
- 12.2 NHS Constitution 2010
- 12.3 DH Operating Framework 09/10 for the NHS in England (December 2008)
- 12.4 Strategy for UK Life Sciences, DH 2011
- 12.5 Innovation for Health and Wealth, DH 2011 and 2013
- 12.6 NHS 5 Year Forward View, 2014
- 12.7 'Research Activity and the Association with Mortality'. PLOS ONE. 2015.
Baris A Ozdemir et al.
- 12.8 European Science Foundation Forward Look: Personalised Medicine for the

European Citizen. Towards more precise medicine for the diagnosis, treatment and prevention of disease. November 2012. www.esf.org

13.0 UHCW ASSOCIATED RECORDS

13.1 Research Governance Policy

13.2 UHCW Organisational Strategy 2009-2015, Strategic Priority 2 (Developing Excellence in Research, Innovation and Education)

13.3 Trust Corporate Plan.