

Public Research, Development & Innovation Sub-Committee

Thu 07 December 2023, 10:00 AM - 01:00 PM

Velindre University NHS Trust Headquarters, 2 Charnwood Court,
Cardiff

Agenda

10:00 AM - 10:20 AM
20 min

1. PRESENTATION

1.1. RD&I Communications & Engagement - Making a Difference

Led by Helen Robertson, RD&I Communications & Engagement Officer

 1.1 RD&I Communications and Engagement - Making a Difference.pdf (10 pages)

10:20 AM - 10:30 AM
10 min

2. STANDARD BUSINESS

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

2.1. Apologies

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

2.2. In Attendance

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

- Helen Robertson, RD&I Communications & Engagement Officer (Item 1.1)
- Christopher Cotterill-Jones, Research Delivery Manager (Item 4.4)
- Amie Garwood-Pask, Deputy Head of Finance Business Partnering (Item 4.4)
- Dr Paul Shaw, Consultant Oncologist (Item 4.4)
- Michelle Harry, Senior Research Manager (Item 4.5)
- Amanda Jackson, Research Nurse and Team Lead (Item 4.5)
- Clare Boobier, Research Nurse and Team Lead (Item 4.5)
- Ruth Allan, Research Nurse and Team Lead (Item 4.5)
- Joanna Doyle, Clinical & Scientific Strategy Lead (Item 4.6)

2.3. Declarations of Interest

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

2.4. Minutes from the Public Research, Development & Innovation Committee held on the 19th September 2023

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

 2.4 Public RDI Minutes 19.09.2023 (Final).pdf (10 pages)

2.5. Review of Action Log

Led by Dr Jacinta Abraham, Executive Medical Director & Research & Development Lead

 2.5 Public RDI Action Log 07.12.2023.pdf (1 pages)

2.6. Matters Arising

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

10:30 AM - 10:40 AM
10 min

3. MAIN AGENDA

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

3.1. Executive Medical Director Briefing

Led by Dr Jacinta Abraham, Executive Medical Director & Research & Development Lead

 3.1 Executive Briefing.pdf (11 pages)

3.2. Research, Development & Innovation Sub-Committee Risk Register Extract

Oral Update by Sarah Townsend, Head of Research & Development

There are no open risks on Datix for escalation to the Research, Development & Innovation Sub-Committee in line with the Trust Board Risk Appetite.

10:40 AM - 12:40 PM
120 min

4. STRATEGY, PERFORMANCE AND DELIVERY

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

4.1. Welsh Blood Service Research, Development & Innovation Strategy Update

Oral Update by Dr Sian James, Research & Development Facilitation Lead, Welsh Blood Service

4.2. Velindre Healthcare Cancer Research Fellowship Scheme

Led by Professor Jane Hopkinson, Velindre Professor of Nursing and Interdisciplinary Cancer Care and Trustee Tenovus Cancer Care

 4.2 VCC Healthcare Research Update.pdf (2 pages)

4.3. Health & Care Research Wales / VUNHST Annual Review Meeting

Oral Update by Sarah Townsend, Head of Research & Development & Professor Robert Jones, Associate Medical Director for Research, Development & Innovation

4.4. Research, Development & Innovation Performance Report

Led by Sarah Townsend, Head of Research & Development and relevant leads as follows :

- **Christopher Cotterill-Jones, Research Delivery Manager**
- **Jennet Holmes, Head of Innovation**
- **Dr Edwin Massey, Medical Director, Welsh Blood Service**
- **Amie Garwood-Pask, Deputy Head of Finance Business Partnering**
- **Dr Paul Shaw, Consultant Oncologist**

 4.4 RDI Cover Performance Report FY2324_Q2.pdf (8 pages)



 4.4 RDI Integrated Performance Report FY2324_Q2.pdf (52 pages)

4.5. Activity Data Benchmarking with other UK Cancer Centres

Led by Michelle Harry, Senior Research Manager and relevant leads as follows :

- **Amanda Jackson, Research Nurse and Team Lead**
- **Clare Boobier, Research Nurse and Team Lead**

- **Ruth Allan, Research Nurse and Team Lead**

-  4.5 Research Nurse Service Benchmarking Cover Report.pdf (11 pages)
-  4.5 RDI Research Nurse Benchmarking 2023.pdf (24 pages)

4.6. Developing the Trust Wide Clinical & Scientific Infrastructure and Strategy

Led by Joanna Doyle, Clinical & Scientific Strategy Lead

-  4.6 Clinical & Scientific Strategy.pdf (10 pages)

12:40 PM - 12:45 PM
5 min

5. CONSENT ITEMS

The consent part of the agenda considers routine Committee business as a single agenda item. Members may ask for items to be moved to the main agenda if a fuller discussion is required.

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

5.1. Consent - For Approval

There are currently no items for approval.


5.2. Consent - For Endorsement

There are currently no items for endorsement.

5.3. Consent - For Noting

5.3.1. Annual Evaluation - Building Capacity in Research through the establishment of a small grants scheme

Led by Sarah Townsend, Head of Research & Development

-  5.3.1 Annual Evaluation - 2021-05 - Small Grants Scheme.pdf (5 pages)

5.3.2. Draft Summary of the Minutes from the Private Research, Development & Innovation Committee held on the 19th September 2023

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

-  5.3.2 Summary of Private RDI Minutes 19.09.2023 (Final).pdf (3 pages)

12:45 PM - 12:50 PM
5 min

6. ANY OTHER BUSINESS

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

Prior Approval Required by the Chair.

12:50 PM - 12:55 PM
5 min

7. HIGHLIGHT REPORT

Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair

Members to identify items to include in the Highlight Report:

- ***For Escalation***
 - ***For Assurance***
 - ***For Advising***
 - ***For Information***
-

12:55 PM - 01:00 PM
5 min

8. DATE AND TIME OF THE NEXT MEETING

The Public Research, Development & Innovation Sub-Committee will next meet on the 6th February 2024 from 10:00-12.00pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.

01:00 PM - 01:00 PM
0 min

9. CLOSE



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

RD&I communications

Making a difference



Canolfan Ganser Felindre
Velindre Cancer Centre



Gwasanaeth Gwaed Cymru
Welsh Blood Service

Helen Robertson
7 December 2023

New role – new challenge

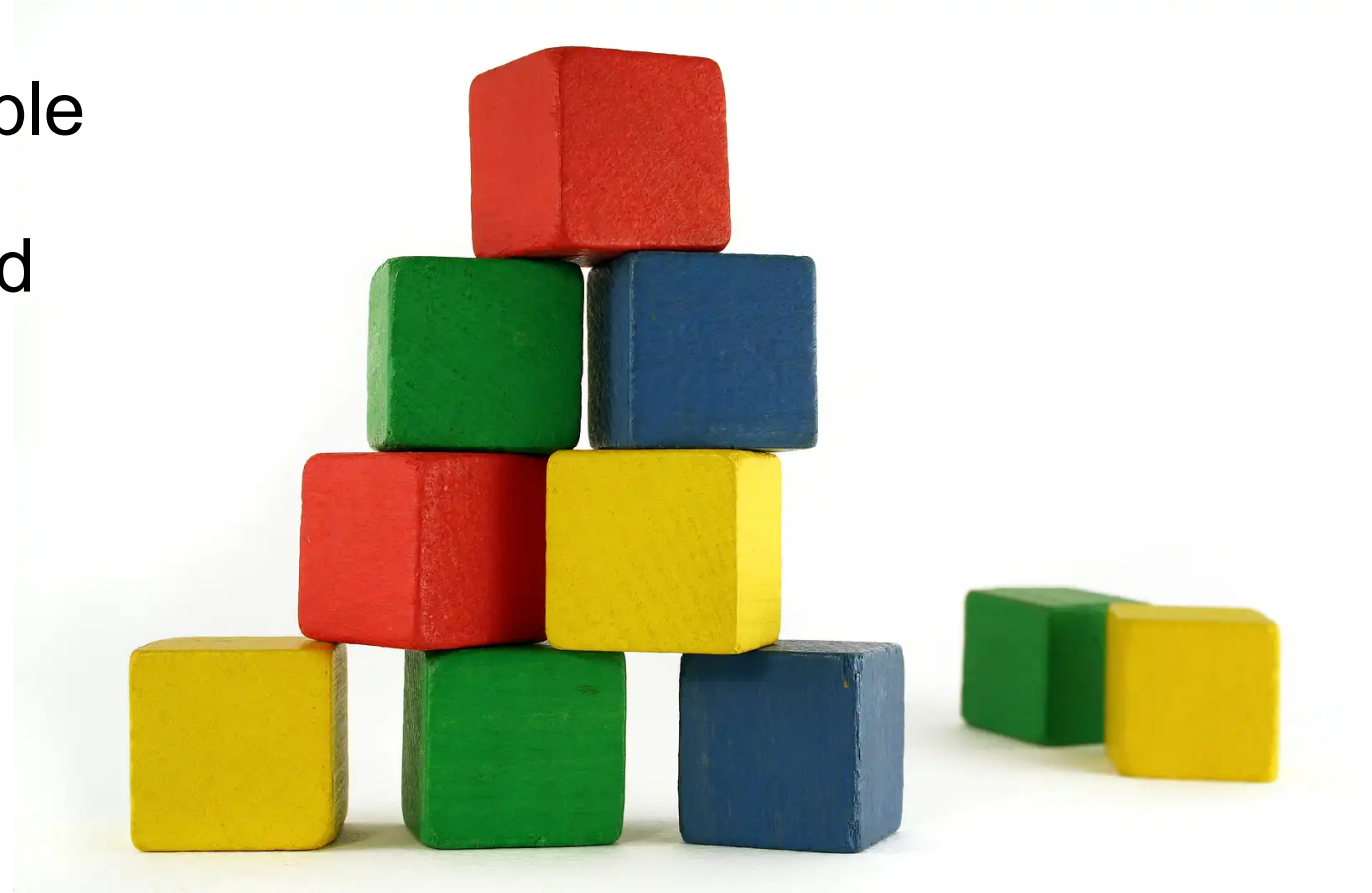
- Trust-wide role
- managed by Corporate Communications, embedded in locations across the Trust
- enthusiastic welcome
- lots to learn
- lots to do
- identifying opportunities

Aims

- Trust objectives
- Cancer Research Ambitions strategy
- raising awareness
- telling our stories
- website
- intranet

Progress so far.....

- telling our stories to our people
- telling our stories to the world



Telling our stories to our people

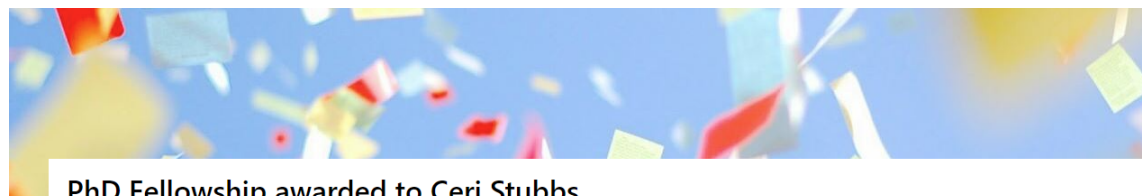


A life changing six years of study brings success for Welsh Blood Service RD&I's Dr Felicity May.



Congratulations to Fran Lewis who has been awarded the Research Capacity Building Collaboration Wales (RCBC Wales) First into Research fellowship.

Fran is the first therapeutic radiographer from Velindre Cancer Centre to have been awarded this highly competitive opportunity.

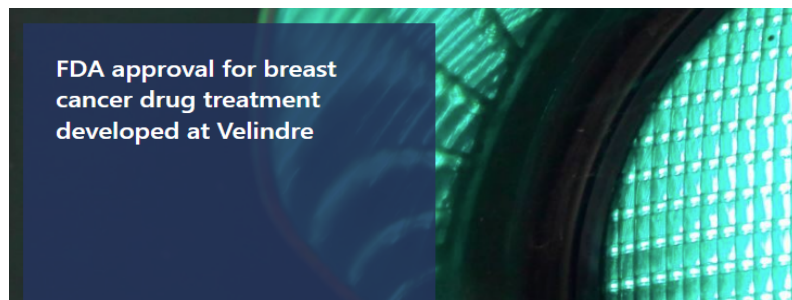


 Helen Robertson (Velindre - R&D)
RD&I Communications & Engagement Officer

It's official! Advanced Nurse Practitioner Ceri Stubbs has been awarded the Velindre Doctoral Studentship in Cancer Care.



Two of our intrepid senior research nurses headed off to the Green Man Festival in the beautiful Bannau Brycheiniog last Sunday.



The Component Development & Research Laboratory (CDRL) is partnering with the Ministry of Defence to investigate a cutting-edge new development in blood components for military use.

Telling our stories to the world

Velindre proud to be part of successful clinical trial



7 November 2023

The results of INTERLACE trial mark the biggest cervical cancer drug advance in 20 years.

The success of the INTERLACE clinical trial has recently been **reported**, bringing the promise of improvement in outcomes for women diagnosed with cervical cancer.

Treial i drin tiwmor yr ymennydd yn torri tir newydd

31 Awst 2023

Mae treial clinigol blaenllaw yn y DU i drin y math mwyaf difrifol o diwmor yr ymennydd wedi agor yng Nghanolfan Ganser Felindre.

Mae treial ARISTOCRAT, sy'n cael ei ariannu gan The Brain Tumour Charity, ar ei ail gam a bydd yn para am dair blynedd. Bydd yn ymchwilio i'r cyfuniad o nabiximols a chemotherapi ac a fydd yn helpu i ymestyn bywyd pobl sydd wedi cael diagnosis o glioblastoma sydd wedi dychwelyd.



Joint Velindre and Cardiff University head and neck cancer trial passes incredible 1000 patient recruitment milestone!

6 September 2023

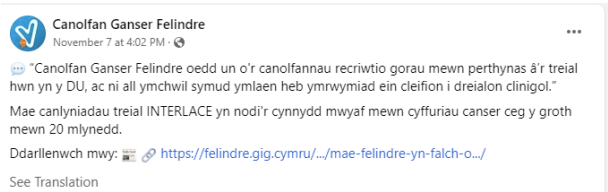
PATHOS, a Velindre University NHS Trust and Cardiff University co-sponsored clinical trial, is a Phase III, international trial aiming to develop a kinder treatment for patients with head and neck cancer.

It is looking at the role of less intensive treatment after minimally invasive surgery for people whose cancers have tested positive for Human Papilloma Virus (HPV). The 1000th patient was recruited in the last week of August 2023 at the Liverpool Head and Neck Centre.

Professor Mererid Evans, Consultant Oncologist, Cardiff University and Velindre University NHS Trust said:

"I am honoured to lead PATHOS, along with Professor Terry Jones from Liverpool University. Recruiting the 1000th patient to PATHOS is beyond all our expectations and is a tribute to all the hard work done by research teams at sites across the UK, as well as in France, Germany, Australia and the USA.

"We believe that by the time PATHOS completes recruitment next year, it will be the





Our year in RD&I

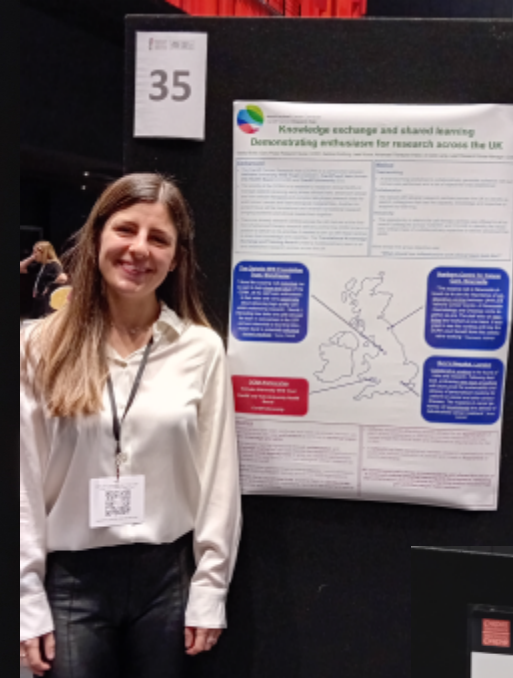
Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

- 1 top recruiter in the world investigating the efficacy of drug IOI02-IOI03
- 1 first site to open in the UK and top UK recruiter for TROPION 03 trial
- 1 top recruiter in the UK for CAPitello - 291 study
- 3 partners in the Cardiff Cancer Research Hub
- 4 VUNHST strategic priorities for RD&I
- 5 successful funding applications for Velindre Healthcare research projects
- 6 Innovation partners in the Welsh Blood Service Drone Project
- 10 year Overarching Cancer Research and Development Ambitions strategy
- 15 Welsh Blood Service open research projects at 31 March 2023
- 18 years STAMPEDE open, largest trial completed in advanced prostate cancer
- 27 patients had desensitisation treatment in study on kidney transplants
- 35 studies opened in VUNHST over the 2022-23 year
- 36 publications involving WBS staff - articles and abstracts
- 68 clinicians filmed as talking heads for VCC's RITA chatbot
- 35 people at all-Wales event to improve palliative radiotherapy pathways
- 118 WTEs funded by Velindre Fundraising Charity, 49.9 WTEs new roles
- 155 publications involving VCC staff - articles and abstracts
- 220 patients recruited to studies open at VUNHST in 2022 - 23

All this and more in our
RD&I annual report 2022 - 23

QR code

Ymchwil Cymru
Research Wales



Our year in RD&I

collaborative
big
caring
ambitious
driven
curious
passionate

Ymchwil Research
Arloesi Innovation

www.BedRaceGame.com

13

6

Ymchwil Research

Arloesi Innovation

Act Plan Do



Progress so far.....

- website – RD&I pages given a face lift
- intranet – RD&I section being constructed from scratch
- Velindre at the comms table
- network building – internal and external

ARISTOCRAT



Press Release – under embargo until Thursday 31st August 2023



August 2023

Cardiff now open for ground-breaking trial using cannabinoid-based drug to treat brain tumours

The phase II UK clinical trial of the cannabinoid-based drug, nabiximols (also known as Sativex®), has opened and recruited its first patient in Wales.



NEWS
Home | Israel-Gaza war | Cost of Living | War in Ukraine | Climate | UK | World | Business | Politics | Culture
Wales | Wales Politics | Wales Business | North West | North East | Mid | South West | South East | Cymru | Local news

Cannabis used by brain tumour patients, says Cardiff doctor

31 October



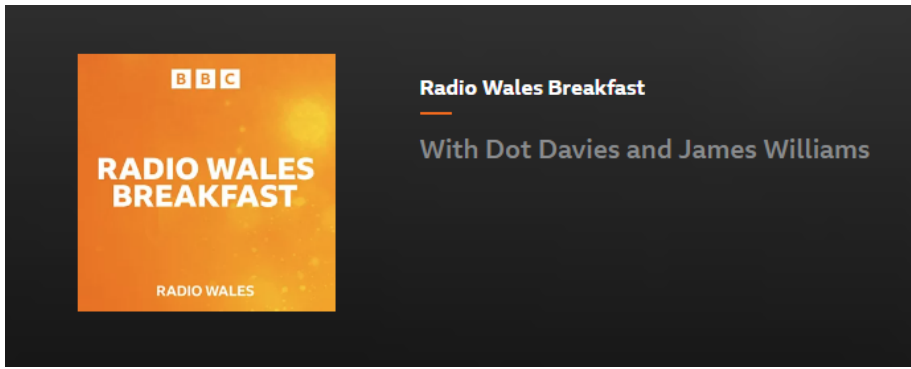
Julian Edwards would have loved more options being available to his wife Samantha



Velindre Cancer Centre

10K likes • 12K followers

Message Following Search



Looking ahead

- forward plan
- momentum
- support for Welsh Blood Service
- Innovation

Minutes

Public Research, Development & Innovation Sub-Committee

Velindre University NHS Trust

Date 19/09/2023
Time 10:00-12:00pm
Location Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff
Chair Professor Andrew Westwell, Independent Member

PRESENT		
Professor Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	AW
Vicky Morris	Independent Member	VM
ATTENDEES		
Dr Jacinta Abraham	Executive Medical Director and RD&I Lead	JA
Libby Batt	Head of Velindre Cancer R&D Strategy	LB
Matthew Bunce	Executive Director of Finance	MB
Professor Jane Hopkinson	Velindre Cancer Service Professor of Nursing and Interdisciplinary Cancer Care	JH
Christopher Cotterill Jones	Research Delivery Manager	CCJ
Sian James	RD&I Facilitation Lead, Welsh Blood Service	SJ
Dr Robert Jones	Associate Medical Director for RD&I	RJ
Dr Edwin Massey	Medical Director, Welsh Blood Service	EM
Emma Stephens	Head of Corporate Governance	ES
SECRETARIAT		
Sandra Cusack	Business Support Officer	SMC

1.0	PRESENTATIONS	
1.1	<p>Cardiff Cancer Research Hub (CCRH) - ATMP Trials Progress <i>Led by Claire Lang, CCRH Senior Research Nurse Manager</i></p> <p>Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee welcomed and introduced Claire Lang, Cardiff Cancer Research Hub Senior Research Nurse Manager. The Committee received in advance of the meeting, the presentation slides on the Cardiff Cancer Research Hub – ATMP Trials Progress. This was a progress update on what the CCRH was about, what service they provide and where they are at to present day with regards to the setup and running of the Hub.</p> <p>The presentation was well received from the RD&I Sub-Committee and conveyed their sincere thanks to Claire for the update.</p>	
2.0	STANDARD BUSINESS	
2.1	<p>Apologies Received:</p> <ul style="list-style-type: none"> • Dr Eve Evans, Clinical Director, Velindre Cancer Service • Professor Donna Mead OBE, Trust Chair • Chloe George, Head of Component Development, WBS • Jenet Holmes, Head of Innovation • Sarah Townsend, Head of Research & Development • Nicola Williams, Executive Director of Nursing, AHP's & Health Scientists 	
2.2	<p>Additional Attendees:</p> <ul style="list-style-type: none"> • Claire Lang, CCRH Senior Research Nurse Manager (Item 1.1) • Christopher Cotterill-Jones, Research Delivery Manager (Deputising for Items 3.2; 4.1; 5.3.1) • Kate Cleary, Velindre Futures Cancer R&D Strategy Project Manager (Observer) • Debbie Harvey, Life Sciences Hub Cardiff (Observer) 	
2.3	<p>Declarations of Interest <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i></p> <p>No declarations of interest were raised.</p>	
2.4	<p>Draft Minutes from the Meeting of the Public Research, Development & Innovation Committee held on the 20th July 2023 <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i></p> <p>The Research, Development & Innovation Sub-Committee APPROVED the Minutes of the Public Meeting held on the 20th July 2023 as an accurate reflection of proceedings.</p>	
2.5	<p>Review of Action Log <i>Led by Dr Jacinta Abraham, Executive Medical Director and RD&I Lead</i></p>	

	<p>The Research, Development & Innovation Sub-Committee reviewed all actions identified as COMPLETED since the previous meeting and APPROVED to CLOSE. The remaining OPEN actions were reviewed and updated.</p> <p>The RD&I Sub-Committee APPROVED the Action Log.</p>	
3.0	MAIN AGENDA	
3.1	<p>Executive Medical Director Briefing <i>Led by Dr Jacinta Abraham, Executive Medical Director and RD&I Lead</i></p> <p>The Committee received the Executive Summary Briefing which reported high-level activities relating to Research, Development and Innovation during Quarter 1, Financial Year 2023/24 along with noteworthy items from the RD&I environment since the last meeting of the Sub-Committee.</p> <p>Key highlights included :</p> <ul style="list-style-type: none"> National Cancer Research Institute The National Cancer Research Institute (NCRI) has announced that they will be winding down. NCRI was established to formalise connections between organisations funding research into cancer, to identify where cancer research was most needed. However, the cancer research landscape has since matured with the original NCRI purposes achieved or becoming business as usual by Partners. NCRI consulted widely with stakeholders last year to produce a strategy fit for the future. This identified a compelling set of priorities yet raised significant questions around the sustainability of NCRI's operating and funding model. The NCRI have not been able to resolve these in such a way that would deliver long-term viability for the NCRI. Therefore, the Board reluctantly decided that the risk of operational failure was too great for the NCRI to continue. The Board is now working on the required steps to wind down the charity, identifying and securing our assets; financial, data, and intellectual property. As part of this exercise the NCRI will be consulting with Partners and other stakeholders, as to who might take forward some of NCRI's activities. Welsh Government / Health and Care Research Wales – NHS Research Framework At the Health and Care Research Wales Board meeting in May 2023, a paper presented an account of the history and context of the NHS Research Delivery landscape in Wales, an analysis of the performance and state of play. This included an update on a range of UK-wide initiatives and sets out how Health and Care Research Wales and NHS organisations intend to move forward to drive improvements in NHS research delivery. 	

Cusack-Saunders
 00:53:59
 11/11/2023

- **Research Fellowships**

RCBC First into Research Fellowships

Fran Lewis, Radiotherapy Planning Radiographer, is the first therapeutic radiographer from the Trust to have been awarded a highly competitive Research Capacity Building Collaboration Wales (RCBC Wales) First into Research Fellowship. This project would determine if the Trust could take the Toyota working culture and implement it into Velindre Cancer Centre's (VCC) Radiotherapy department.

Velindre Healthcare Cancer Research Fellowships

Ceri Stubbs, Clinical Project Lead for Clinical Oncology, was awarded a Velindre Healthcare Cancer Research Fellowship in the first ever Velindre Healthcare Research Fellowship Scheme call for applications. Ceri was awarded a Fellowship for her project "Exploring the help seeking behaviours of Cancer patients who become unwell whilst undergoing Systemic Anti-Cancer Treatment (SACT) and require admission to a regional cancer centre." The awarded fellowship will support Ceri in preparing a PhD application to the School of Healthcare Sciences, Cardiff University and refining the proposal.

- **Welsh Blood Service – COVID19 Sero-Surveillance**

Wales's blood donor sero-surveillance for COVID19 came to an end, with 85,167 samples from 51,159 individuals being made available for testing, along with anonymised demographic information from the donors supplied by Welsh Blood Service (WBS) and Public Health Wales. The hard-working teams responsible for delivering this work included, WBS's Automated Testing, Business Intelligence, Transport, and Research Facilitation along with colleagues from Public Health Wales.

Welsh Government used this information to plan for prevention and control COVID19 in Wales. The collaborative project is an excellent example of the strength and diversity of skills within the healthcare scientist sector of NHS Wales, combining expertise of many disciplines including epidemiology, biochemistry, virology, serology, and blood transfusion sciences. The project was an NHS Awards finalist in 2022, recognising the different skill sets and facilities, working together to add value to Wales's COVID19 response. The project also achieved publication in a high impact journal, Eurosurveillance.

- **Welsh Blood Service partnering with Ministry of Defence**

The Welsh Blood Service's Component Development and Research Laboratory is partnering with the Ministry of Defence to investigate a cutting-edge new development in blood components for military use. The Defence Medicine Department is focused on improving the shelf life and functionality of blood so it can be provided to patients closer to the casualty during battle.

Ms Sack-Sa
 01/06/2023
 11:53:59

	The Research, Development & Innovation Sub-Committee DISCUSSED and NOTED the contents of the Executive Medical Director Briefing.	
3.2	<p>Trust Research, Development and Innovation Sub-Committee Risk Register Extract</p> <p><i>Led by Christopher Cotterill-Jones, Research Delivery Manager</i></p> <p>The Committee received an oral update which reported no open risks recorded on Datix for escalation to July's 2023 Research, Development & Innovation Sub-Committee, in line with the Trust Board Risk Appetite.</p> <p>VM raised a query regarding the way in which we demonstrate the reporting of any RD&I related risks to our Trust strategic objectives. The trust assurance framework needs to link in with our strategic objectives about delivering research and development and the risks against that.</p> <p>The Research, Development & Innovation Sub-Committee NOTED the Risk Register Extract for RD&I.</p>	
4.0	STRATEGY, PERFORMANCE & DELIVERY	
4.1	<p>Trust Research, Development and Innovation Integrated Performance Report 2023-24</p> <p><i>Led by Professor Robert Jones, Associate Medical Director of Research & Development</i></p> <p>The Committee received an overview on the Trust Research, Development & Innovation Performance Report 2023-23 with support from the relevant leads. The report summarised and provided an update on activities of the Trust's Research, Development and Innovation service during Quarter 1, Financial Year 2023/24.</p> <p>The following key highlights were reported by the respective leads as follows:</p> <ul style="list-style-type: none"> • Velindre Cancer R&D Ambitions <p><i>Led by Libby Batt, Velindre Futures Cancer R&D Strategy Lead</i></p> <p>Since the successful bid to Velindre Charitable Funds in January 2023, which brought in 49.9WTE new posts (this includes co-funded posts) over three years, the team have been working with research leaders and managers to bring in the new members of staff into RD&I. Some of the new posts include key roles within the Cardiff Cancer Research Hub, a new RD&I Communications and Engagement Officer and Clinical Research Fellows. Work is also underway on developing leadership sessions within R&D, new posts in Palliative and Supportive Care research and Health Care Research (led by multi-professional groups).</p> <p>As the different posts are filled and research work commences, the team will continue to engage with colleagues to feedback on progress of the</p>	

objectives set out in the bid. This will form the basis of regular reports to Charitable Funds, along with the associated financial spend including the identification and mitigation of any risks. Highlight reports will continue to be provided to the RD&I Sub Committee.

The RD&I Senior Core Team have especially been convened and will have oversight and management of the Integrated Bid. The main principle is to achieve the objectives described in the Integrated Bid in the most efficient and advantageous way, remaining mindful that charitable funding is a scarce and precious resource for which accountability must be maintained. The team will also aim to demonstrate that we are delivering on our objectives over the next 3 years via regular reporting, to secure confidence with Velindre Charitable Funds for subsequent bids.

Cardiff Cancer Research Hub (CCRH) Strategic Investment Case

Following securing funding from Velindre Charitable Funds, Moorhouse, an external management consultancy firm, were appointed to develop a Strategic Investment Case for the Hub. Since their appointment at the end of April, they have actively engaged with colleagues throughout Velindre University NHS Trust (VUNHST), Cardiff & Vale University Health Board (CVUHB), and Cardiff University to inform this key piece of work. As well as setting up one-to-one meetings with a wide variety of clinical and academic colleagues, they have also facilitated face-to-face workshops (one in May 2023, one in June 2023 and one in July 2023) where there has been great engagement and real enthusiasm shown for this key project.

The Strategic Investment Case will define a partnership as well as an investment model which will map out a clear programme plan, including milestones, dependencies, and joint areas of responsibility. Moorhouse are socialising this in various meetings in July and are due to present the final Strategic Investment Case to the CVUHB, VUNHST and Cardiff University Partnership Board in October after finalising this piece of work over the summer 2023.

Cardiff & Vale Strategic Outline Case

The team have been working closely with Cardiff & Vale UHB colleagues on the Strategic Outline Case (SOC) which identifies the required infrastructure for the Hub.

Plans are to co-locate the Hub with essential specialised cancer services: the Blood and Marrow Transplantation Services (BMT) and the Complex Specialist Oncology Services (CSO). CVUHB are leading the SOC and the team in Velindre have been working collaboratively with colleagues in CVUHB and Haematology to state the vital role that the Hub plays in delivering cutting-edge treatment to patients in Wales. Once the SOC has gone through the internal governance processes in CVUHB, it will then be submitted to Welsh Government in late July 2023.

Ms Sack-Sa
01/08/2023
13:59

Cell Therapy Site Visits

As reported previously, a cohort of nurses and pharmacists from VCC and CVUHB visited UK Cell Therapy centres earlier this year. As well as developing excellent links with these UK Centres, the knowledge gained from these visits has been used to inform the proposed integrated operational workforce model of the Hub. A further outcome of these visits has been that the information gathered (patient management pathways, trial activity and workforce model) has been vital in shaping the Strategic Investment Case as well as the Strategic Outline Case to provide a strong evidence base to the forecast planning. Next steps will be to implement a plan of disseminating the knowledge learnt from these visits and to continue to nurture the networks with the centres.

Further development on the Cardiff Cancer Research Hub in this period includes:

- A small team with representatives from across the three organisations met with the design agency to shape the concept of the Hub's branding and sought consultation from the 3 respective partner organisations.
- Continuation with the approval process of Heads of Terms and submission to relevant Trust /Health Boards of each of the tripartite partners.
- The CCRH trial portfolio has two trials open to recruitment and another four trials in set up.
- A training matrix is being developed which includes Translational research training.

• Performance Indicators

Led by Christopher Cotterill Jones, Research Delivery Manager

During Financial Year 2022/23, there was marked improvement in the Trust hosted number of studies that had been RAG rated "Green" for the Health and Care Research Wales (HCRW) key indicators. However, during quarter 1 of FY2023/24 those figures for Velindre University NHS Trust have changed as follows:

- OPEN studies – Percentage of studies recruiting to time and to target Velindre University NHS Trust for open studies being down 2% for non-commercial studies and down 10% for commercial studies.
- CLOSED studies – Percentage of studies recruiting to target at Velindre University NHS Trust for closed studies being up 40% for non-commercial studies; down 38% for commercial studies.

• Innovation

Led by Christopher Cotterill Jones, Research Delivery Manager

Jeanette Holmes, Head of Innovation joined us part way through Quarter 1 of the financial year and is currently working on our innovation processes

	<p>and how the implementation of the innovation strategy for Wales will be maintained through the Trust. There are a number of projects listed within the report and perhaps one of most interest is the fact that we now have small videos on the the Rita chat bot, introducing the Trust to patients arriving at the Cancer Centre, so they actually get familiar with staff and layouts of the organisation.</p> <ul style="list-style-type: none"> • Welsh Blood Service <i>Led by Dr Edwin Massey, Medical Director</i> <p>A brief update on the Welsh Blood Service research work on the previous quarter, congratulating people involved in the Wales blood donor sero-surveillance Covid19 project. Dr Massey highlighted the WBS RD&I dashboard and project portfolio supported by Sian James.</p> <ul style="list-style-type: none"> • Financial Report <p>Unfortunately, due to a change in the financial infrastructure and staffing supporting the RD&I Division, a financial report was not provided. Matt Bunce assured the Committee that this will be reported at the next RD&I Sub-Committee.</p> <p>The committee commended the huge amount of work that goes into producing this quarterly report and requested if we could provide a sort of mini executive summary at the beginning of the report with what's going well and what / or where we perhaps need to do better. A narrative to be inserted at the beginning which will allow the committee to understand the contents of the report, without having to go through the report in detail of each section, but they were also careful to consider we are not under-playing each section either, so it will be a careful balance of reporting.</p> <p>ACTION: Provide a summary narrative or dashboard at the begining of the report for ease to the Sub-Committee.</p> <p>The Research, Development & Innovation Sub-Committee Sub-Committee DISCUSSED and NOTED the RD&I Integrated Performance Report 2023-24.</p>	CCJ
4.2	<p>Welsh Blood Service Research, Development & Innovation Strategy Project Update <i>Led by Dr Sian James, R&D Facilitation Lead, Welsh Blood Service</i></p> <p>The Committee received an oral update on the progress of the WBS RD&I Strategy. The project has been delayed and is now likely that they will not be in a position to have a document to be put forward until 2024 because they have been asked to extend the engagement with WBS staff and external staff, and due to capacity. In the meantime, the existing RD&I strategy in Welsh Blood Service remains valid and ongoing.</p>	

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	The Research, Development & Innovation Sub-Committee NOTED the WBS RD&I Strategy Project Update.	
4.3	<p>Velindre Healthcare Cancer Research Fellowship Scheme <i>Led by Professor Jane Hopkinson, Velindre Professor of Nursing and Interdisciplinary Cancer Care and Trustee Tenovus Cancer Care</i></p> <p>The Committee received a presentation on the Velindre Healthcare Cancer Research Fellowship Scheme. Velindre University NHS Trust's Cancer Research and Innovation Strategic Leadership Group launched the first ever Velindre Healthcare Cancer Research Fellowships Scheme. This is an investment by the Velindre Charity to enable Velindre Cancer Service to strengthen leadership in quality cancer care.</p> <p>The fellowships were open to cancer allied health professionals, nurses, pharmacists and radiographers, staff groups historically underserved by education and opportunity to drive evidence-based service improvement and innovation.</p> <p>Applicants could apply for entry at one of three levels :</p> <ul style="list-style-type: none"> • Velindre Healthcare First into Research Award • Velindre Healthcare PhD Studentship Award • Velindre Healthcare Post Doctoral Award (These awards will be advertised November 2023) <p>AW asked in relation to the advertising of these posts, if we could cast the net wider to attract more individuals to apply, not just available to VCC. JH commented that they would need to look at the Service Level Agreement and feedback.</p> <p>The Research, Development & Innovation Sub-Committee DISCUSSED and NOTED the Update.</p>	
5.0	<p>CONSENT AGENDA The consent part of the agenda considers routine Committee business as a single agenda item. Members may ask for items to be moved to the main agenda if a fuller discussion is required.</p>	
5.1	CONSENT - FOR APPROVAL	
	No Items for Approval.	
5.2	CONSENT - FOR ENDORSEMENT	
	No Items for Endorsement.	
5.3	CONSENT - FOR NOTING	
5.3.1	<p>WHC 2023/026 - NHS R&D Framework <i>Led by Christopher Cotterill-Jones, Research Delivery Manager</i></p>	

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	<p>The Sub-Committee received this high-level Welsh Health Circular WHC/2023/026 titled “NHS Framework for Research and Development – Research matters – What excellence looks like in NHS Wales”.</p> <p>The Trust has been asked to provide an assessment of our current position and relevant activities undertaken this year against the 10 pillars within the NHS R&D Framework and outline future plans to support its implementation (a maximum of one page per area). Health and Care Research Wales have asked for the completed template to be returned by 18/09/2023 in readiness for the H&CRW / VUNHST Annual Review Meeting to be held in December.</p> <p>The RD&I Sub-Committee NOTED the Welsh Health Circular.</p>	
6.0	HIGHLIGHT REPORT TO THE TRUST QUALITY SAFETY & PERFORMANCE COMMITTEE	
	<p>Members to identify items to include in the Highlight Report to the Trust Board:</p> <ul style="list-style-type: none"> • For Escalation • For Advising • For Assurance For Information <p>The RD&I Sub-Committee APPROVED the above items to be included in the Highlight Report to the Quality Safety & Performance Committee.</p> <p>ACTION: ST to support the development of a draft Highlight Report for approval by the Research, Development & Innovation Sub-Committee Chair.</p>	ST
7.0	ANY OTHER BUSINESS	
	<p>Libby Batt, Cancer R&D Strategy Lead – Retirement from the Organisation</p> <p>Profession Westwell informed the RD&I Sub-Committee of Libby Batt’s impending retirement. The Chair congratulated and thanked Libby for all her hard work and support working on the Velindre Cancer R&D Strategy.</p>	
8.0	DATE AND TIME OF THE NEXT MEETING:	
	The PUBLIC Research, Development & Innovation Sub-Committee will next meet in person on the 7th December 2023 from 10:00-12.00pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.	
9.0	CLOSE	

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20/09/2023
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PUBLIC RESEARCH, DEVELOPMENT & INNOVATION SUB-COMMITTEE ACTION LOG					
Minute Number	Action	Owner	Progress to Date	Target Date	Status (Open/Closed)
Actions agreed at the Committee on the 20th July 2023					
1.1	WBS : A collaborative meeting to be arranged around activities through the Welsh Blood Service and Velindre Cancer Services, exploring cancer research opportunities, bringing blood and cancer together. Explore integration and new opportunities within WBS / VCC / CU / CCRH with Haematology colleagues as part of the strategy work.	JA / EM / AP / RJ	07/12/2023 A collaborative meeting held on 25/10/2023 to discuss activities through WBS and VCS, exploring cancer research opportunities, bringing blood and cancer together. Further meetings arranged in the New Year.	20/09/2023	CLOSED
Actions agreed at the Committee on the 15th November 2022					
4.1	Activity Data Benchmarking with other UK Cancer Centres : R&D to undertake a more detailed scoping exercise with each organisation to determine resources, staff, equipment and present findings at a future meeting.	ST	07/12/2023 This is included in the December Committee papers, agenda item 4.5. 04/07/2023 Benchmarking work has commenced in line with the research ambitions and the Cardiff Cancer Research Hub. This data will be presented at December's RD&I Sub-Committee.	07/12/2023	CLOSED
4.2.1	RDI Performance Report - Radiotherapy Research : Work is underway to identify and implement mitigation strategies to improve the Radiotherapy service's capacity in terms of research studies and the wider service, a report to be made available at the next RDI Sub-Committee Meeting.	ST	07/12/2023 This is included in the December Committee papers, agenda item 4.4. 04/07/2023 Radiotherapy Trials Research Group has been established to identify issues and implement potential solutions. A Radiotherapy Research Portfolio Group has also been established to oversee the radiotherapy portfolio. Outcomes from the Radiotherapy Trials Research Group will be presented and be received at December's RD&I Sub-Committee.	07/12/2023	CLOSED

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

Executive Briefing to RD&I Sub-Committee

DATE OF MEETING	07 December 2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	DISCUSSION
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sarah Townsend, Head of R&D Christopher Cotterill-Jones, Research Delivery Manager
PRESENTED BY	Jacinta Abraham, Executive Medical Director
APPROVED BY	Jacinta Abraham, Executive Medical Director
EXECUTIVE SUMMARY	<p>This is the Executive Medical Director's briefing to the RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation activities taking place in Quarter 2 of Financial Year 2023/24, along with noteworthy items from the RD&I environment since the last meeting of the Sub-Committee.</p> <p>This briefing includes summarised updates on the following items:</p>

	<ul style="list-style-type: none"> • Welsh Government / Health and Care Research Wales Annual Performance Review with Velindre University NHS Trust. • Velindre Healthcare Cancer Research Fellowships • US Food and Drug Administration approves Capivasertib with Fulvestrant for breast cancer. • Velindre University NHS Trust Medical Engagement Meeting. • MediWales Innovation Awards 2023 – BedRace®.
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RECOMMENDATION / ACTIONS	The RD&I Sub-Committee are requested to note for DISCUSSION this Executive Medical Director's briefing summarising Research, Development & Innovation activity of Q2, FY2023/24 and noteworthy items occurring since the Sub-Committee's last meeting.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub-Committee.	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub-Committee.	

7 LEVELS OF ASSURANCE	
NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub-Committee.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance

APPENDICES	
None	

1. SITUATION

This is the Executive Medical Director's briefing to the RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation activities taking place in Quarter 2 of Financial Year 2023/24.

Additionally, this briefing includes any important or noteworthy information from the Research, Development, and Innovation environment since the previous RD&I Sub-Committee.

2. BACKGROUND

2.1 Welsh Government / Health and Care Research Wales Annual Review meeting with Velindre University NHS Trust.

Velindre University NHS Trust's (VUNHST) Annual Review meeting with Welsh Government (WG) and Health and Care Research Wales (HCRW) will take place on 05 December 2023.

At this meeting, the Trust will be assessed against the ten pillars of the NHS Framework for Research and Development – Research matters: What excellence looks like in NHS Wales introduced in July 2023. This shall be the first year the Trust is to be assessed in this way.

Those attending to represent the Trust are:

- Jacinta Abraham – Executive Medical Director and Board Lead for RD&I
- Andrew Westwell – Independent Board Champion for RD&I
- Rob Jones – Associate Medical Director for RD&I
- Sarah Townsend – Head of R&D and Trust Sponsorship Representative
- Nicola Williams – Executive Director of Nursing, AHPs and Health Science
- Matthew Bunce – Executive Director of Finance
- Edwin Massey – Medical Director, Welsh Blood Service

The Trust was asked to complete a self-assessment against the NHS Framework for Research and Development, this was returned to Welsh Government in September 2023.

The outcomes of this Annual Review meeting will be reported through the RD&I Governance structures.

2.2 Velindre Healthcare Cancer Research Fellowships.

This item is also presented in the RD&I Integrated Performance Report for FY2023/24 Quarter 2.

A second call for applications to the Velindre Healthcare Cancer Research Fellowship in September 2023 saw three Velindre “Introduction to Research” awards. The three successful staff members were:

- **Deborah Lewis**, Clinical Trials Research Nurse, will study post treatment trial emotional support needs.
- **Barbara Wilson**, SACT Team Lead, will compare different approaches for the training and education of nurses for safe SACT delivery.
- **Francis Brown**, SACT Clinical Education, will investigate the potential for education to improve the team management of acute adverse reactions to chemotherapy agents administered at the Velindre Cancer Centre.

Applications received were considered by an award panel, chaired by Nicola Williams – Executive Director of Nursing, Allied Health Professionals & Health Science.

The Velindre Fellows are supported by the Velindre Healthcare Cancer Research Support Team from Cardiff University, comprising - Dr Nick Courtier, Senior Lecturer in Oncology and Radiotherapy; Dr Nicola Gale, Senior Lecturer in Physiotherapy; Dr Sarah Fry, Senior Lecturer in Nursing (Adult); Prof Jane Hopkinson, Professor of Interdisciplinary Cancer Care, and an administrator.

The Velindre Healthcare Cancer Research Fellowship is an investment by the Velindre Charity to enable Velindre Cancer Service to strengthen leadership in quality cancer care. The fellowships will be awarded to nurses and therapists (i.e., cancer allied health professionals, pharmacists, and radiographers), staff groups historically underserved by education and opportunity to drive evidence-based service improvement and innovation.

2.3 US Food & Drug Administration approves Capivasertib with Fulvestrant for breast cancer.

On 16 November 2023, the US Food & Drug Administration approved capivasertib with fulvestrant for adult patients with the most common type of advanced breast cancer. The decision means people with oestrogen receptor (ER) positive, human epidermal growth factor receptor 2 (HER-2) negative breast cancer, with specific genetic alterations (PIK3CA, AKT1 or PTEN gene mutations), that has progressed after standard treatments, will be able to access the new drug in the USA.

Capivasertib (now taking the Trade name, Truqap) is a first-in-class drug that works in a new way, by blocking the activity of the cancer-driving protein molecule AKT. The US approval raises hope that Capivasertib could next be approved for use in Europe and the UK.

The approval for Capivasertib has been granted based on study data generated from the international Phase III CAPItello-291 trial, that was hosted by the Trust, and the Phase II FAKTION trial, sponsored by the Trust. Both trials showed significant improvements the time it took for cancer progression in patients. Communications to Prof Rob Jones, Associate Medical Director for RD&I from Prof Paul Workman, Harrap Professor of Pharmacology and Therapeutics at The Institute of Cancer Research expressed thanks to the Trust's involvement with Prof Workman saying "So pleased for the team, the science and the patients. You guys played a crucial role. A proud moment for us all. Especially great for the patients."

Capivasertib, an oral treatment, is also being evaluated in Phase III trials for the treatment of multiple subtypes of breast cancer and other tumour types (prostate cancer) and a Phase II trial for haematological cancers, either as monotherapy or in combination with established treatments.

2.4 Velindre University NHS Trust – Medical Engagement Meeting.

The Trust held a Medical Engagement meeting on 08 November 2023, inviting attendee to discuss "Leadership, Research and Clinical & Scientific Strategy: How do we prepare for the next 5-years at VUNHST?".

With introductions and opening remarks from Dr Jacinta Abraham, Executive Medical Director and Board Lead for RD&I, and Prof Donna Mead OBE, Trust Chair, the event included updates and discussions on the following topics:

- Medical Leadership: How do we prepare for the next 5-years?
- Reflections from previous events: What's most important for you?
- Research: What can we look forward to in the next 5-years?
- Shaping our 5-year Clinical & Scientific Strategy.

Sir Frank Atherton, Chief Medical Officer for Wales and Dr Paul Evans, Medical Director of the Faculty of Medical Leadership and Management shared their experiences and views as part of the Medical Leadership debate. This was followed by sessions on Reflections led by Dr Mick Button, Research led by Professors Rob Jones and Mererid Evans and Clinical & Scientific Strategy led by Joanna Doyle.

With closing remarks from the Trust's Chief Executive Officer (CEO), Steve Ham the event produced valuable and interesting debate and discussion having been well attended by medical staff and RD&I staff.

2.5 MediWales Innovation Awards 2023 Nomination – BedRace®

BedRace®, an educational board game that encourages staff to discuss and explore palliative and end of life care, has been nominated for an award at the MediWales Innovation Awards 2023.

The game, invented by Dr Clea Atkinson – Trust Palliative Care Consultant, is an engaging way for healthcare professionals and students to learn important concepts and promote collaborative learning and teamwork. It facilitates active learning, conceptualisation of knowledge and promotes collaborative learning and teamwork.

The executed commercialisation agreement between the Trust and a board game manufacturer, was developed and finalised by Sarah Townsend, Head of R&D and Senior Research Contracts Manager, Rachel Granger, working with Dr Atkinson.

The MediWales Innovation Awards celebrate amazing achievements of the Life Science Sector in Wales with Welsh NHS organisations or companies working in collaboration with a Welsh NHS organisation being eligible to apply for the Health Award category.

2.6 The impact of European Blood Alliance Funding.

This item is also presented in the RD&I Integrated Performance Report for FY2023/24 Quarter 2.

In November 2022 our Component, Development & Research Laboratory was awarded funding by the European Blood Alliance to investigate a new method to manufacture platelet concentrates for transfusion. The European Blood Alliance is an organisation that aims to be a voice for non-profit blood establishments across Europe. Collaborating with the European Blood Alliance enables our researchers to exchange knowledge from centres Europe-wide to improve the availability, quality, and safety of blood products.

Our team are working with specialist biomedical scientists in Processing, Verification, and Issues, allowing specialist biomedical scientists from different departments to collaborate. Support from Business Intelligence has also been crucial to facilitate the research.

Platelets are an essential blood component that are frequently needed for transfusion. To be transfused, platelets must be separated from whole blood and manufactured into platelet concentrates.

A common method to manufacture platelet concentrates is by using buffy coats, a portion of the blood that is high in white blood cells. Currently, four buffy coats are used to manufacture platelet concentrates. The grant was awarded to support an investigation into the feasibility of manufacturing platelet concentrates from just three buffy coats.

The demand for platelet concentrates is on the rise. Platelet concentrates have a relatively short shelf life of seven days so maintaining adequate platelet stocks can be challenging. This is a difficulty faced by transfusion centres across Europe.

Successfully manufacturing platelet concentrates from three buffy coats would boost stocks and optimise the supply chain. The European Blood Alliance has recognised the potential impact this project could have on donors, patients, and transfusion centres Europe-wide. The Welsh Blood Service is eager to continue making a meaningful difference in the world of transfusion medicine and look forward to sharing the results of this exciting development.

3. ASSESSMENT

This briefing to the RD&I Sub-Committee summarises and provides an update of the activities of the Trust's Research, Development and Innovation service for Quarter (Q) 2 of the Financial Year (FY) 2023/24 and other noteworthy items that the Executive Medical Director wishes to highlight to the RD&I Sub-Committee.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The RD&I Sub-Committee is asked to note for **DISCUSSION** the summarised information of the Research, Development, and Innovation service's activity and other noteworthy items reported in this Executive Medical Director's briefing to the RD&I Sub-Committee.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals: <ul style="list-style-type: none"> • Outstanding for quality, safety, and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development, and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	10 - Governance
Select all relevant domains below	



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Prifysgol Felindre
Velindre University
NHS Trust

QUALITY AND SAFETY IMPLICATIONS / IMPACT	Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>
	a) The Executive Medical Director's briefing summarises key Research, Development, and Innovation activities and other noteworthy research related items, demonstrating the Trust being a research supportive organisation. b) The Executive Medical Director's briefing demonstrates the Trust's commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs. c) The briefing also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required
	NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub-Committee.



TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	If more than one Well-being Goal applies, please list below:
	If more than one wellbeing goal applies, please list below: Click or tap here to enter text
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	There is a potential financial impact in not demonstrating the Trust's commitment to the strategic goal "A beacon for research, development, and innovation in our stated areas of priority" as it could jeopardise the funding received from Health and Care Research Wales along with other non-commercial/commercial sources. No direct financial implications from this paper.
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhswales365.sharepoint.com/sites/VEL_intranet/SitePages/E.aspx	Yes - please outline what, if any, actions were taken as a result
	The Equality Impact of Trust RD&I Integrated Performance Report for FY2023/24 Quarter 2 has been considered and there are no matters of concern to raise.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
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WHAT IS THE RISK?	<i>[Please insert detail here in 3 succinct points].</i>
WHAT IS THE CURRENT RISK SCORE	Insert Datix current risk score
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
	<i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
All risks must be evidenced and consistent with those recorded in Datix.	

Velindre Healthcare Cancer Research

HIGHLIGHTS:

Velindre Healthcare Cancer Research Fellowship Scheme is up and running.

Three Velindre Introduction to Research (VIR) awards made to Barbara Wilson, Francis Brown, and Deborah Lewis, start date 1st Nov 2023

Ceri Stubbs has been awarded a Velindre PhD Studentship, start date Jan 2024

The Velindre Healthcare Cancer Research Support Team is now available to offer research supervision and support. Team members are, Nichola Gale, Sarah Fry, Nicholas Courtier, Jane Hopkinson, and Zahida Azhar

The inaugural meeting of the Velindre Healthcare Cancer Research Community was held at 08:00 on 30th November with 15 people in attendance.

CHALLENGE:

On-going pressures on clinical services across healthcare disciplines within the Velindre Cancer Centre

NEXT STEPS:

To establish a 6-weekly schedule of Velindre Healthcare Cancer Research Community meetings.

CROSS CUTTING RESEARCH OPPORTUNITIES:

The Velindre Healthcare Cancer Research Community will be an open forum for all Velindre Cancer Centre staff



Velindre Healthcare Cancer Research



RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

Research, Development, and Innovation Integrated Performance Report for Financial Year 2023/24, Quarter 2

DATE OF MEETING	07 December 2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Choose an item
REPORT PURPOSE	DISCUSSION
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager
PRESENTED BY	Jacinta Abraham, Executive Medical Director
APPROVED BY	Jacinta Abraham, Executive Medical Director
EXECUTIVE SUMMARY	<p>Trust Research, Development, & Innovation (RD&I) prepare an integrated performance report at the end of each financial year's quarter.</p> <p>This report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service during the financial year.</p>



RECOMMENDATION / ACTIONS	RD&I Sub-Committee are requested to note for DISCUSSION the RD&I Integrated Performance Report for Financial Year 2023/24, Quarter 2.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
RD&I Operational Management Group	21/11/2023
EMB	04/12/2023
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
The RD&I Integrated Performance Report for Financial Year 2023/23 Quarter 2 was discussed at the RD&I Operational Management Group's meeting on 21 November 2023, with some corrections identified. The requested corrections were made prior to onward submission through the RD&I governance arrangements.	

7 LEVELS OF ASSURANCE	
NOT APPLICABLE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance

APPENDICES	
1	Research, Development, and Innovation (RD&I): Integrated Performance Report

1. SITUATION

At the meeting of 19 September 2023, the RD&I Sub-Committee received the RD&I Integrated Performance Report - FY2023/24, Quarter 1.

The RD&I Sub-Committee receives the Trust's RD&I Integrated Performance Report quarterly throughout the financial year.

2. BACKGROUND

The governance arrangements are that the Trust RD&I Integrated Performance Report is received or considered at the following groups and committees:

- Research, Development, and Innovation Operational Management Group.
- Executive Management Board.
- Research, Development, and Innovation Sub-Committee.

3. ASSESSMENT

The Trust RD&I Integrated Performance Report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service for Quarter (Q) 2 of the Financial Year (FY) 2023/24.

The report provides an update of activities against the Trust's Research, Development, and Innovation service's strategic priorities:

- Strategic Priority 1: The Trust will drive forward the implementation of its Cancer Research & Development ambitions.
- Strategic Priority 2: The Trust will maximise the Research & Development ambitions of the Welsh Blood Service.
- Strategic Priority 3: The Trust will implement the Velindre Innovation Plan.
- Strategic Priority 4: The Trust will maximise collaborative opportunities locally, nationally & internationally.

Additionally, the activity of cross-cutting themes and corporate work areas supporting Research, Development and Innovation are reported.

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Executive Management Board are requested to note for **DISCUSSION** the Trust's RD&I Integrated Performance Report for Financial Year 2023/24, Quarter 2.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals: <ul style="list-style-type: none"> Outstanding for quality, safety, and experience <input type="checkbox"/> An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> A beacon for research, development, and innovation in our stated areas of priority <input checked="" type="checkbox"/> An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS	10 - Governance
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>
	a) The Integrated Performance Report describes the Research, Development, and Innovation activities demonstrating the Trust being a research supportive organisation. b) The Integrated Performance Report demonstrates the Trust's commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs.



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Prifysgol Felindre
Velindre University
NHS Trust

	c) The report also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	If more than one Well-being Goal applies, please list below:
	If more than one wellbeing goal applies, please list below:
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	<p>There is a potential financial impact in not demonstrating the Trust's commitment to the strategic goal "A beacon for research, development, and innovation in our stated areas of priority" as it could jeopardise the funding received from Health and Care Research Wales along with other non-commercial/commercial sources.</p> <p>No direct financial implications from this paper.</p>
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhswales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx	Yes - please outline what, if any, actions were taken as a result
	The Equality Impact of Trust RD&I Integrated Performance Report for FY2023/24 Quarter 2 has been considered and there are no matters of concern to raise.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
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WHAT IS THE RISK?	NOT APPLICABLE
WHAT IS THE CURRENT RISK SCORE	Insert Datix current risk score
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
	<i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
All risks must be evidenced and consistent with those recorded in Datix.	

APPENDIX 1.

Trust Research, Development, & Innovation (RD&I) Integrated Performance Report for FY2023/24, Quarter 2.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Welsh Blood Service
Gwasanaeth Gwaed Cymru



Canolfan Ganser Felindre
Velindre Cancer Centre

Velindre University NHS Trust
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2023/24

Q2

July 2023 to
September 2023

Research, Development & Innovation

Integrated Performance Report

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Abbreviations.

AHP	Allied Health Professional
AI	Artificial Intelligence
ARF	Advancing Radiotherapy Fund
ATMP	Advanced Therapy Medicinal Product
BEST	Biomedical Excellence for Safer Transfusion
BYS	ByYourSide
CCRH	Cardiff Cancer Research Hub
CI	Chief Investigator
CRUK	Cancer Research UK
CU	Cardiff University
DNA	Deoxyribonucleic acid
DPIA	Data Protection Impact Assessment
ECMC	Experimental Cancer Medicine Centre
EMRTS	Emergency Medical Retrieval and Transfer Service
FiR	First into Research
FY	Financial Year
HCRW	Health and Care Research Wales
HPV	Human papillomavirus
IMTP	Integrated Medium-Term Plan
KPI	Key Performance Indicators
LIP	Local Information Pack
mHSPC	Metastatic Hormone-Sensitive Prostate Cancer
MRI	Magnet Resonance Imaging
NHS	National Health Service
PCIP	Planned Care Innovation Programme
PET	Positron Emission Tomography
PhD	Doctor of Philosophy
PI	Principal Investigator
Q	Quarter
R&D	Research & Development
RAG	Red, Amber, Green
RCBC	Research Capacity Building Collaboration
RD&I	Research, Development & Innovation
RIC	Research, Innovation and Coordination
RICH	Regional Innovation Coordination Hubs
RT-TPG	Radiotherapy Trials Portfolio Group
SAC	Snowdonia Aerospace
SACT	Systemic Anti-Cancer Treatment
SBRI	Small Business Research Initiative
SCC	Student Selected Components
SIC	Strategic Investment Case
SOC	Strategic Outline Case
SST	Site Specific Teams
SU2C	Stand Up To Cancer
UK	United Kingdom

VCC	Velindre Cancer Centre
VUNHST	Velindre University NHS Trust
WBS	Welsh Blood Service
WCRC	Wales Cancer Research Centre

INTRODUCTION

The Trust Research, Development, and Innovation (RD&I) Integrated Performance Report summarises and provides an update of activities of the Trust’s RD&I service for each quarter of the financial year.

The report reflects the RD&I strategic priorities published in the Velindre University NHS Trust’s Integrated Medium-Term Plan (IMTP). These priorities support the Trust’s strategic goal to be “A beacon for research, development and innovation” are as follows:

STRATEGIC PRIORTIES	
PRIORTIY 1	The Trust will drive forward the implementation of its Cancer Research and Development Ambitions 2022-2031.
PRIORITY 2	The Trust will maximise the Research and Development ambitions of the Welsh Blood Service.
PRIORITY 3	The Trust will implement the Velindre Innovation Plan.
PRIORITY 4	The Trust will maximise collaborative opportunities locally, nationally, and internationally.

The report provides an update of activities against the Trust RD&I service’s strategic priorities, alongside the supporting work of cross-cutting themes and corporate functions that support research, development, and innovation.

The reports for quarters one through three summarise the work in that quarter, culminating in an annual report at the end of the financial year.

STRATEGIC PRIORITY 1

The Trust will drive forward the implementation of its Cancer Research and Development Ambitions.





1 Velindre Cancer Research & Development Strategic Ambitions

1.1 Embed research & innovation within the organisation culture and structure.

From the Overarching Cancer Research and Development Ambitions Strategy 2021-2031, **we said we would:** 'Embed research and innovation within the organisational culture & structure'.

And **we have:**

Organised an Away Day for the R&D Senior Core team.






	From this Away Day, one of the main aims was how to establish a culture of research.
	Following this there have been key meetings with SST leads to discuss the expectation of research.
	We have met with the Head of Patient Engagement to develop plans on promoting R&D to patients.
	We are working closely with the new RD&I Communications & Engagement Officer to raise the profile of research.

1.2 Advance new treatments, interventions, and care.

From the Overarching Cancer Research and Development Ambitions Strategy 2021-31, **we said we would:** 'Advance new treatments, interventions and care'.

And **we have:**



Achieved key milestones for the Cardiff Cancer Research Hub (CCRH).

	The Strategic Outline Case (SOC), which sets out the location of the Hub, has been submitted to Welsh Government. Feedback is due to be received over the next few months.
	The Strategic Investment Case (SIC) has been finalised following extensive engagement with the community. Next steps will be presenting to the Tripartite Partnership Board in October.
	Branding for the Hub has now been signed off by the Tripartite Partnership Board and will play a key role in creating a shared identity for the Hub.
	Upskilling the workforce – ATMP & Translational Research Training Package went live with 9 training videos on CU learning platform.
	Trial portfolio overview: Open – 1 Set up – 4 Potential – 4

1.3 Build capacity, capability, and a critical-mass within the research workforce.

From the Overarching Cancer Research and Development Ambitions Strategy 2021-31, **we said we would:** ‘Build capacity, capability and a critical-mass within the research workforce’.
And **we have:**

Welcomed new members to the R&D team following Velindre Charitable funding from the R&D Integrated Bid

	Key roles for the CCRH have started in this quarter. This includes a Research Facilitator, 2 Research Nurses as well as a Clinical Research Fellow - RT Genomics and Immunology.
	RD&I Communications & Engagement Officer who will raise awareness of research and trials we’re involved in and celebrate success of our teams.

2 Nursing and Interdisciplinary Care research.

2.1 Advanced Nurse Practitioner awarded Velindre Doctoral Studentship in Cancer Care.


Advanced Nurse Practitioner, Ceri Stubbs, has been awarded the Velindre Doctoral Studentship in Cancer Care. Ceri applied to the Velindre Healthcare Cancer Research Fellowship Scheme in July 2023, and was awarded the fellowship by the Velindre Cancer Charity following her application’s consideration by the award panel chaired by Nicola Williams, Executive Director of Nursing, Allied Health Professionals (AHPs) and Health Science.

Ceri’s research project is titled “Exploring the help seeking behaviours of Cancer patients who become unwell whilst undergoing Systemic Anti-Cancer Treatment (SACT) requiring admission to a regional cancer centre”.

Patients attending routine clinic or treatment appointments and are quite unwell; those who have been suffering symptoms for some time at home but not called the treatment helpline or reached out in any way for support, often results in them coming in on treatment day not well enough for treatment or sometimes so sick that they have to be transferred to an acute hospital.

All of this, got Ceri thinking – is there anything that we can do differently or modify any interventions for these patients to help reduce the incidence of this happening?

Ceri Stubbs
Advanced Nurse Practitioner and
Clinical Project Lead for Acute Oncology



“It’s a myth that only certain types of people can do research – look at me. I have never seen myself as an academic, but I guess it takes all sorts and that is how it should be, isn’t it?

I am nervous and excited in equal measure to start the PhD but so thankful for this amazing opportunity. And I am so fortunate to have a really supportive manager and team – when I talked to them about applying for the fellowship, they said go for it!

The only one doubting it was me.”

The Velindre Healthcare Research Fellowship – Doctoral Studentship in Cancer Care is aimed at staff seeking to train in a research methodology and methods for delivery of a research project that contributes to knowledge of cancer care.

It includes fees for a part-time PhD course of study with the School of Healthcare Sciences, Cardiff University and funding for two days a week ringfenced time to conduct the research and write up a thesis for examination.

2.2 Velindre Healthcare Cancer Research.

Highlights

The Velindre Healthcare Cancer Research Fellowship Scheme is up and running.

Ceri Stubbs, Acute Oncology Lead Advanced Nurse Practitioner, has been awarded a Velindre Healthcare Cancer Research Fellowship to study for a PhD, (see 2.1 above). She will investigate delays in help seeking by patients with side effects of systemic anti-cancer treatment.

Three staff members have been successful in their applications for a Velindre “Introduction to Research” award:

- **Deborah Lewis**, Clinical Trials Research Nurse, will study post treatment trial emotional support needs.
- **Barbara Wilson**, SACT Team Lead, will compare different approaches for the training and education of nurses for safe SACT delivery.
- **Francis Brown**, SACT Clinical Education, will investigate the potential for education to improve the team management of acute adverse reactions to chemotherapy agents administered at the Velindre Cancer Centre.



Congratulations to our four Velindre Healthcare Cancer Research Fellows 2023.

The Velindre Fellows are supported by the Velindre Healthcare Cancer Research Support Team from Cardiff University, comprising - Dr Nick Courtier, Senior Lecturer in Oncology and Radiotherapy; Dr Nicola Gale, Senior Lecturer in Physiotherapy; Dr Sarah Fry, Senior Lecturer in Nursing (Adult); Prof Jane Hopkinson, Professor of Interdisciplinary Cancer Care, and an administrator.

Challenge

The cultural shift needed for research projects to become part of the Velindre Cancer Centre method for resolving everyday problems in the delivery of safe high quality cancer treatments and care.

Next Steps

To establish a **Velindre Healthcare Cancer Research Community** with representatives across Velindre Cancer Centre departments. The community will meet monthly and be a forum for seeking peer support, exploring research ideas and finding research collaborators.

2.3 Velindre Healthcare Cancer Research Fellowships: next call.

The Velindre Healthcare Cancer Research Fellowship Scheme is an investment by the Velindre Cancer Charity to enable Velindre Cancer Centre to strengthen nurse and health professions leadership in safe and high-quality cancer care. The fellowships are open to nurses, allied health professions, pharmacists, and radiographers – staff groups historically underserved by education and opportunity to drive research-based service improvement and innovation.

The next call for applications will be in January 2024. It will offer an opportunity for a staff member to conduct post-doctoral research relevant to their clinical practice in two days per week over a two-year period.

2.4 Velindre Healthcare Cancer Research – Key Indicators.

	KPI	TARGET PER ANNUM	Q1	Q2	Q3	Q4	TOTAL 2023/24
Research leadership							
	Velindre led Healthcare Cancer Research Projects (in progress / completed)	Baseline +3	6 in progress 2 completed	8 in progress 3 completed			
	Velindre collaboration on externally led Healthcare Cancer Research (in progress / completed)	Baseline +3	3 in progress 2 completed	3 in progress 3 completed			
	Nurse, allied health professional, pharmacist, radiographer Chief Investigators (CI)	Baseline +3	3	3			
	Trials nurse Principal Investigators (PI)	Baseline +1	0	0			
	Other healthcare cancer research Principal Investigators	Baseline +2	1	1			
Study recruitment at Velindre Cancer Centre							
	Patient recruitment	150	0	0			
	Family carer recruitment	150	0	0			
	Velindre staff recruitment		10	15			
Funding							
	Applications for external grant funding	2	0	2			
	Applications for internal research project funding	5	1	6			
Capacity building							
	Education event/workshop	4	5	0			

	KPI	TARGET PER ANNUM	Q1	Q2	Q3	Q4	TOTAL 2023/24
	Small grant projects in progress	3	3	3			
	Velindre Introduction to Research awards	3	In set up	3			
	Velindre Healthcare PhD Studentship awards	1	In set up	1			
	Velindre Healthcare Post doc awards	1	In set up	Call planned January 2024			
	Velindre healthcare research maturity score		Tool in development	Tool in development			
Research dissemination							
	Publications	1 per CI	4	6			
	Presentations	1 per CI/PI	7	11			

Table 1. Velindre Healthcare Cancer Research cumulative performance against Key Performance Indicators (KPIs)

3 Velindre Cancer Service Research.

3.1 Research first for therapeutic radiography.

Fran Lewis, Radiotherapy Planning Radiographer, is the first Trust therapeutic radiographer to have been awarded a highly competitive Research Capacity Building Collaboration (RCBC) Wales, First into Research fellowship. She will be conducting a study on *“Exploratory qualitative mapping of the Kaizen culture implemented in Toyota onto a radiotherapy setting”*.



“It is a culture where people feel valued with change driven from the ground up using the Kaizen method. I was impressed by the way everyone knew what they were doing – they were busy but calm and very organised.”

Fran Lewis,
Radiotherapy Planning Radiographer

Fran’s fellowship project is to see if the Trust could take the Toyota culture and implement it in Velindre Cancer Centre Radiotherapy Department. Fran is going examine the differences and similarities in the two cultures, Toyota and NHS, to see if Toyota’s Kaizen way of working could benefit the department. This will include focus groups, with staff at all levels across both organisations answering questions and sharing their ideas.

Fran’s motivation has always been to do the very best for our patients, providing excellent care in an environment where staff feel valued. She hopes that the project might make a difference.

The fellowship means Fran can dedicate a day a week to the project.

“I am thrilled that Fran has been awarded this opportunity. Therapeutic radiographers are often under-represented as a professional group, particularly within the field of research. However, they are ideally placed to conceive, develop, and lead research that is clinically relevant to the profession, enhances service provision and improves outcomes for patients treated with radiotherapy. Well done, Fran!”

Cath Matthams,
Superintendent Radiographer – R&D

RCBC Wales is funded by the Welsh Government through Health and Care Research Wales with the purpose to increase research capacity to nurses, midwives, pharmacists, allied health professionals and healthcare scientists across Wales. This is achieved through several schemes that include First into Research (FiR), PhDs and Post-Doctoral fellowships.

The FiR fellowship is targeted at newcomers to research or those wishing to develop confidence in research, to work on projects seeking answers to questions relevant to their professional field. This is supported through funding study, on a part time basis over 12 months.

3.2 Ground-breaking trial to beat brain tumours begins at Velindre.

A major UK clinical trial to treat the most aggressive brain tumour has opened at the Velindre Cancer Centre.

The three-year phase II trial known as ARISTOCRAT, funded by The Brain Tumour Charity, will investigate whether combining cannabinoids and chemotherapy can help extend the lives of people diagnosed with recurrent glioblastoma. It will recruit more than 230 glioblastoma patients at 14 NHS hospitals across Great Britain in 2023. Participants will self-administer nabiximols, a cannabis extract, or placebo oral spray and will undergo regular follow-ups with the clinical trial team including blood tests and MRI scans.

"This is a really exciting trial that we're delighted to be involved in and a great opportunity for brain tumour patients to potentially improve their quality of life and survival outcomes."

Our Research Team has worked really hard to open this study here at Velindre Cancer Centre. We've recruited our first patient and I'm hoping there will be many more in the future. Survival of high-grade brain tumours is very limited despite intense and active research, so the opportunity for another treatment option will be extremely valuable to patients."

Jillian Maclean,
Consultant Oncologist at Velindre Cancer Centre

In August 2021, a fundraising appeal by the Brain Tumour Charity, backed by Olympic champion Tom Daley, raised the £450,000 needed for this phase II trial in just three months.

Glioblastoma is the most aggressive form of brain cancer with an average of less than 10 months after recurrence.

In 2021, the phase I clinical trials in 27 patients found that nabiximols could be tolerated by patients in combination with chemotherapy and has the potential to extend the lives of those with recurrent glioblastoma. Should the trial prove successful experts hope that nabiximols could represent a new, promising addition to NHS treatment for glioblastoma patients since temozolomide chemotherapy in 2007.

3.3 Research vibe at Green Man Festival 2023.

Two of our research nurses, Claire Lang and Clare Boobier, heading to the Green Man Festival at Bannau Brycheiniog to promote research.

Volunteering on the Health and Care Research Wales stand they spread the word about research, explaining to the crowds that research takes place in Wales every day, everywhere.

Based at the Green Man's Einstein Garden, a space exploring the point at which science, art, and nature meet. Families who came to the stand could paint brains to illustrate brain conditions, hook ducks to learn about Wales's research heroes, fill in colourful tags to tell us what research meant to them – or to just sit in the giant deckchair!



Hangin' out at the 2023 Green Man Festival

"While we had the young ones occupied, we talked to the adults about what is happening in cancer research right now at Velindre and with our partners."

I told them, if you are ever asked to take part in research, say yes – it saves lives!"

Claire Lang,
Senior Research Nurse Manager

3.4 Radiotherapy Research

3.4.1 Radiotherapy Trials Research Solutions

The Radiotherapy Trials Research Solutions group have met on a number of occasions. Work to identify and implement mitigation strategies to improve the Radiotherapy service’s capacity with regards to research studies and the wider service is progressing well. Further details relating to the Radiotherapy Trials Research Solutions Group work can be found in Appendix A: Radiotherapy Trials Solutions Group.

3.4.2 Radiotherapy Trial Portfolio Group (RT-TPG)

The Radiotherapy Trial Portfolio Group (RT-TPG) continues to monitor the portfolio alongside the service position by bringing together required parties. The group continues to build communication and interaction between VCC research teams to improve the provision and delivery of both Radiotherapy and combination Drug/Radiotherapy clinical trial research. Governance processes are under development to improve accurate and timely reporting of operational and strategic issues to the Trust’s R&D service and tri-partied Radiotherapy Management Group (RMG). The group continue to utilise an impact assessment tool to aid evaluation of clinical trial requirements alongside the service position helping to mitigate against an increase in study timelines.

3.5 Study performance rankings.

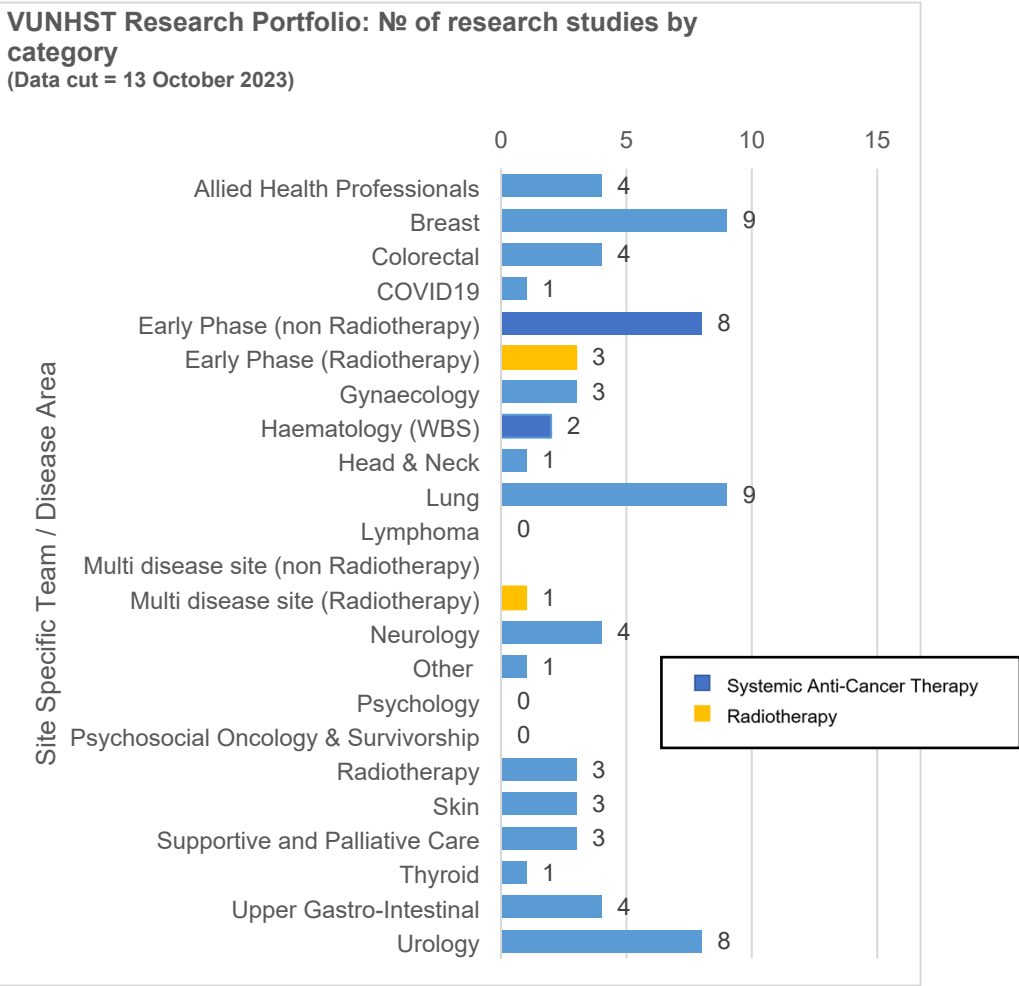
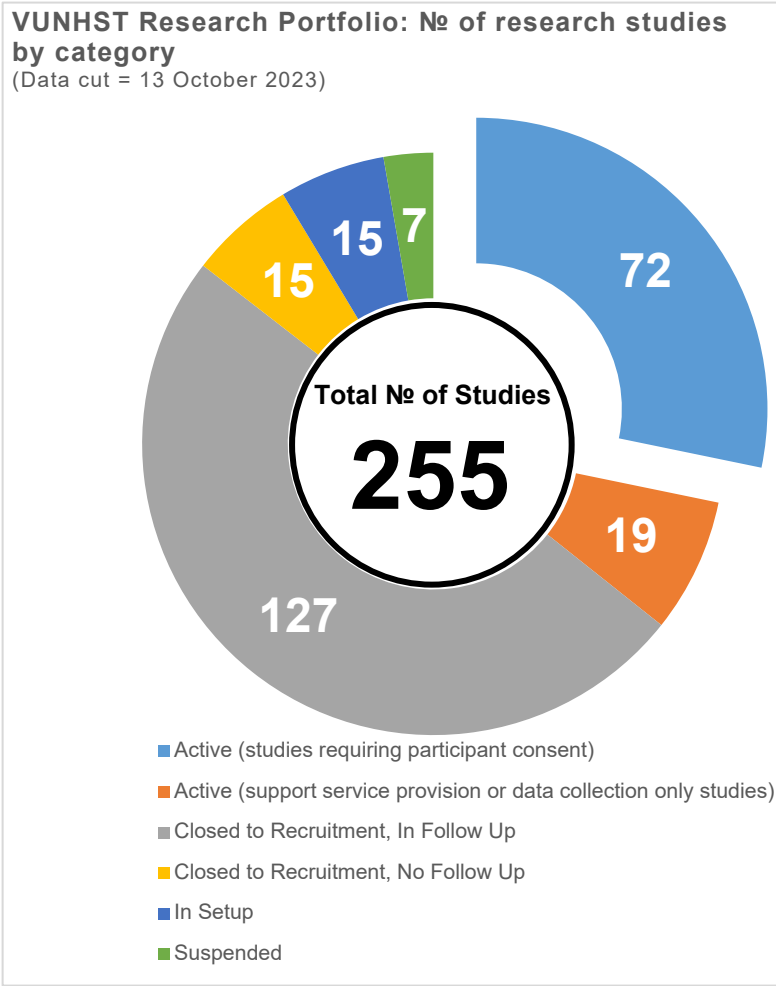
Ranking	Study Title	Summary
Top UK Recruiter	BNT122 01	A multi-site, open-label, Phase II, randomized, controlled trial to compare the efficacy of RO7198457 versus watchful waiting in resected, Stage II (high risk) and Stage III colorectal cancer patients who are ctDNA positive following resection
Top UK Recruiter	CA209-76K	A Phase 3, Randomized, Double-Blind Study of Adjuvant Immunotherapy with Nivolumab versus Placebo after Complete Resection of Stage IIB/C Melanoma
Top UK Recruiter	Hidden 2	Hospital Deep Vein Thrombosis Detection Study in Cancer Patients Receiving Palliative Care
Top UK Recruiter	PEARL	PET based adaptive radiotherapy in locally advanced HPV positive oropharyngeal cancer
Top UK Recruiter	PACIFIC 8	A Phase III, Randomised, Double-blind, Placebo-controlled, Multicentre, International Study of Durvalumab plus Domvanalimab (AB154) in Participants with Locally Advanced (Stage III), Unresectable Non-small Cell Lung Cancer Whose Disease has not Progressed Following Definitive Platinum-based Concurrent Chemoradiation Therapy
Top UK Recruiter	INTRINSIC	Priming the Tumour MicroEnvironment for Effective Treatment with Immunotherapy in Locally Advanced Rectal Cancer A Phase II trial of Durvalumab (MEDI 4736) in Combination with Extended Neoadjuvant Regimens in Rectal Cancer
Top UK Recruiter	SERENITY	Barriers and facilitators to deprescribing antithrombotic therapy in advanced cancer patients: A qualitative interview study of patients', companions' and clinicians' experiences and perspectives
2 nd Highest UK Recruiter	ARISTOCRAT	A randomised controlled phase II trial of temozolomide with or without cannabinoids in patients with recurrent glioblastoma
2 nd Highest UK Recruiter	OPTIMA	Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis
2 nd Highest UK Recruiter	SCOPE 2	A randomised Phase II/III trial to study radiotherapy dose escalation in patients with oesophageal cancer treated with definitive chemo-radiation with an embedded Phase II trial for patients with a poor early response using positron emission tomography (PET)
2 nd Highest UK Recruiter	TROPION 02	A Phase 3, Open-label, Randomised Study of Datopotamab Deruxtecan (Dato-DXd) Versus Investigator's Choice of Chemotherapy in Patients who are not Candidates for PD-1/PD-L1 Inhibitor Therapy in First-line Locally Recurrent Inoperable or Metastatic Triple-negative Breast Cancer
2 nd Highest UK Recruiter	Phoenix	A pre-surgical window of opportunity and post-surgical adjuvant biomarker study of DNA damage response inhibition and/or anti-PD-L1 immunotherapy in patients with neoadjuvant chemotherapy resistant residual triple negative breast cancer Version: 1.0
Joint 2 nd Highest UK Recruiter	SCANCELL	A Phase 2, Multicenter, Open-Label Study of SCIB1 in Patients with Advanced Unresectable Melanoma Receiving Pembrolizumab
3 rd Highest UK Recruiter	PLATFORM	Planning treatment for oesophago-gastric cancer: a randomised maintenance therapy trial

Ranking	Study Title	Summary
3 rd Highest UK Recruiter	LIBRETTO-531	A Multicenter, Randomized, Open-label, Phase 3 Trial Comparing Selpercatinib to Physicians Choice of Cabozantinib or Vandetanib in Patients with Progressive, Advanced, Kinase Inhibitor Naïve, RET-Mutant Medullary Thyroid Cancer
3 rd Highest UK Recruiter	Cypides	Safety and pharmacokinetics of ODM-208 in patients with metastatic castration-resistant prostate cancer
3 rd Highest UK Recruiter	TROPION 03	A Phase 3 Open-label, Randomised Study of Datopotamab Deruxtecan (Dato-DXd) With or Without Durvalumab Versus Investigator's Choice of Therapy in Patients With Stage I-III Triple-negative Breast Cancer Who Have Residual Invasive Disease in the Breast and/or Axillary Lymph Nodes at Surgical Resection Following Neoadjuvant Systemic Therapy
3 rd Highest UK Recruiter	TRITON 3	A Multicenter, Randomized, Open-label Phase 3 Study of Rucaparib versus Physician's Choice of Therapy for Patients with Metastatic Castration-resistant Prostate Cancer Associated with Homologous Recombination Deficiency
3 rd Highest UK Recruiter	VALTIVE1	A non-randomised, observational, biomarker study to determine the clinical value of measuring plasma Tie2 concentrations in patients with ovarian cancer who are receiving bevacizumab
Joint 3 rd Highest UK Recruiter	Aurora	Atezolizumab in patients with urinary tract squamous cell carcinoma: a single arm, open label, multicentre, phase II clinical trial
4 th Highest UK Recruiter	Cardiac Care	A multicentre prospective randomised open-label blinded end-point controlled trial of high-sensitivity cardiac troponin I-guided combination angiotensin receptor blockade and beta blocker therapy to prevent cardiac toxicity in breast cancer patients receiving anthracycline adjuvant therapy.
4 th Highest UK Recruiter	InPACT	International Penile Advanced Cancer Trial
Joint 4 th Highest UK Recruiter	CONCORDE	A platform study of DNA damage response inhibitors in combination with conventional radiotherapy in non-small cell lung cancer
Joint 4 th Highest UK Recruiter	NET-02	A non-interventional, multicenter, multiple cohort study investigating the outcomes and safety of atezolizumab under real-world conditions in patients treated in routine clinical practice
Joint 4 th Highest UK Recruiter	SPECTA	Screening Cancer Patients for Efficient Clinical Trial Access
Joint 5 th Highest UK Recruiter	CAPItello-281	A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer (mHSPC) Characterised by PTEN deficiency

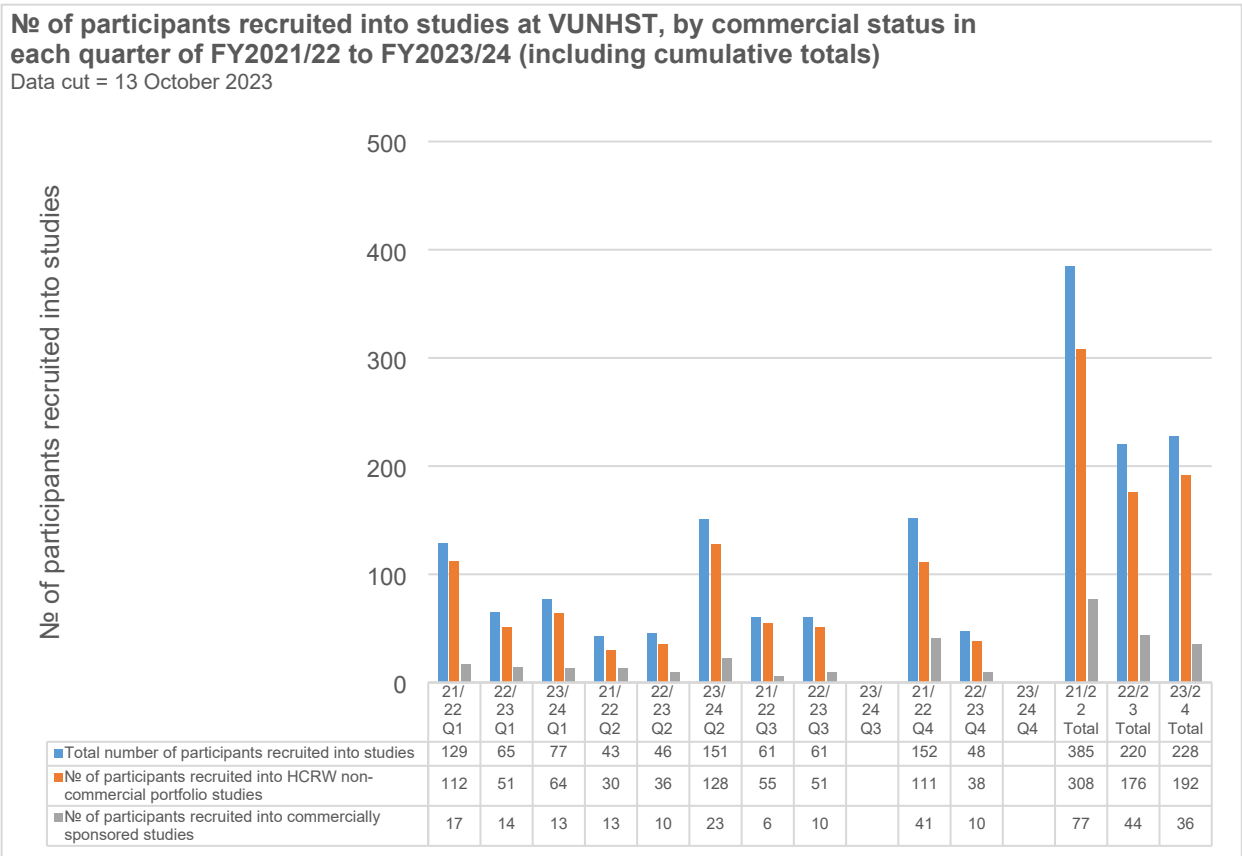
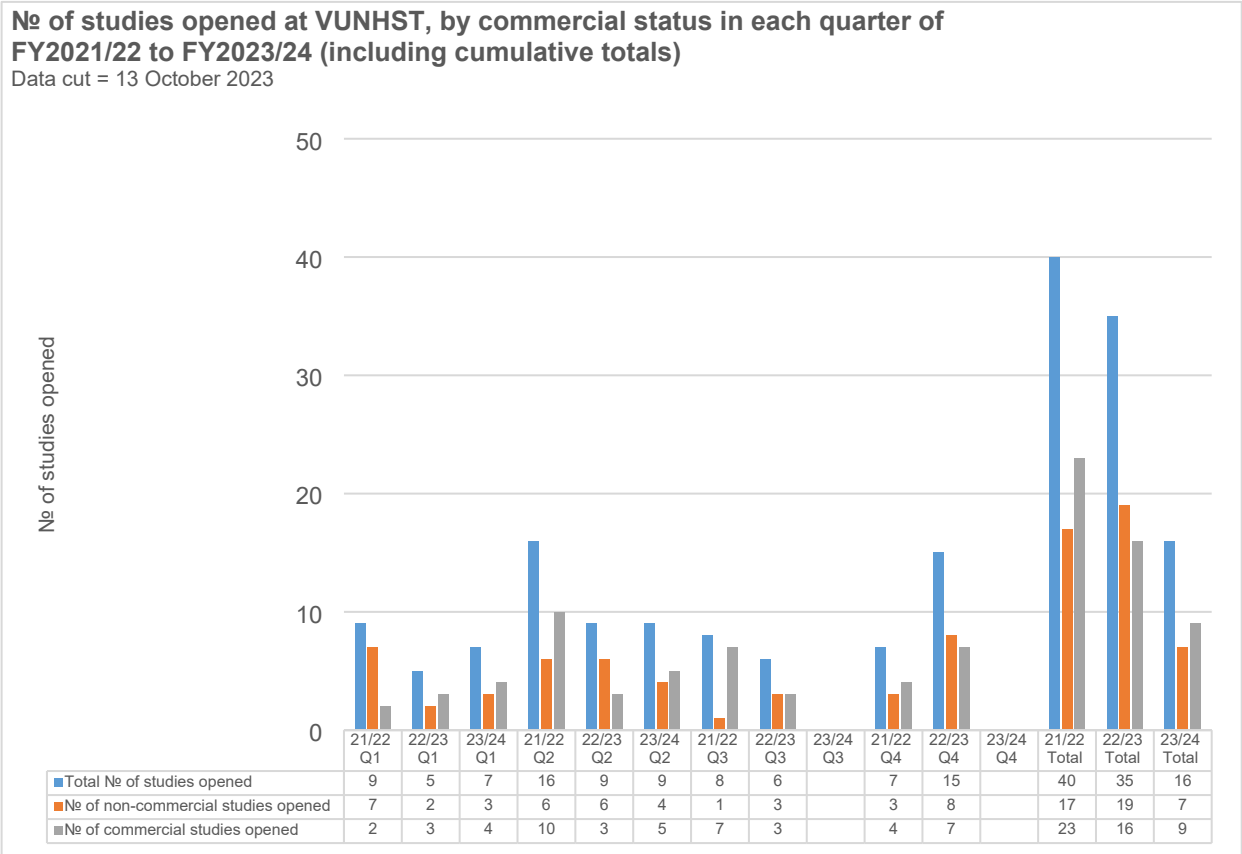
4 Research Key Indicators.

4.1 Velindre University NHS Trust Key Indicators.

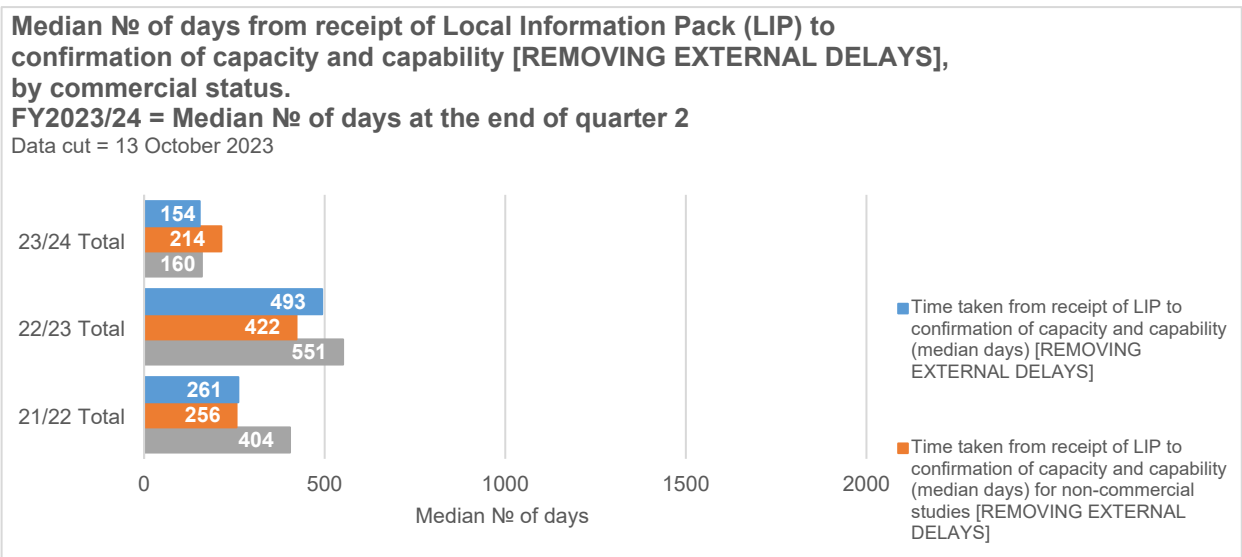
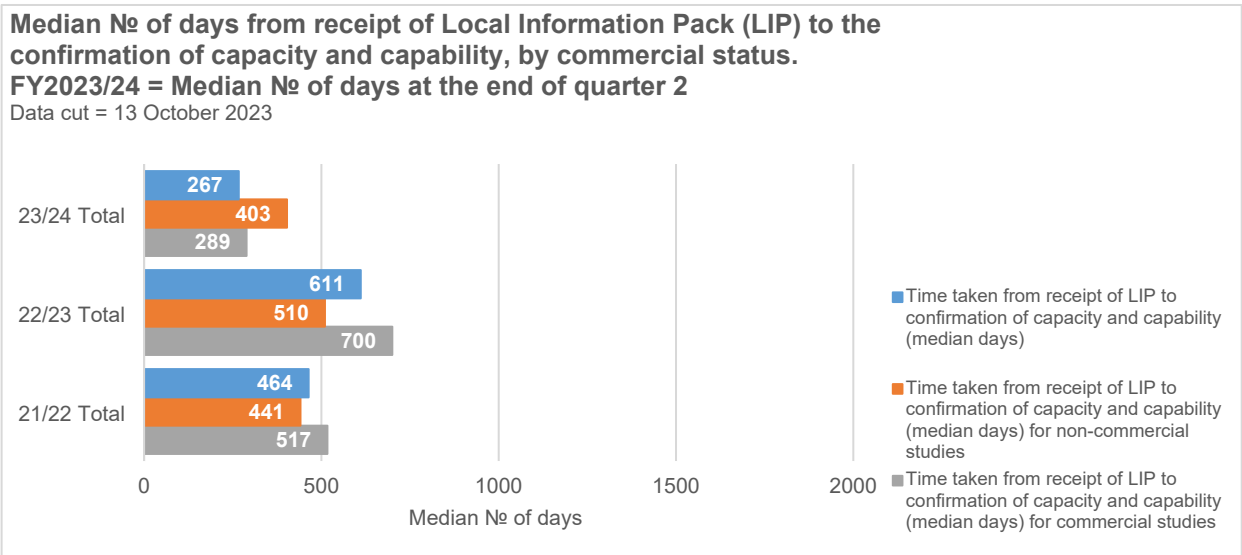
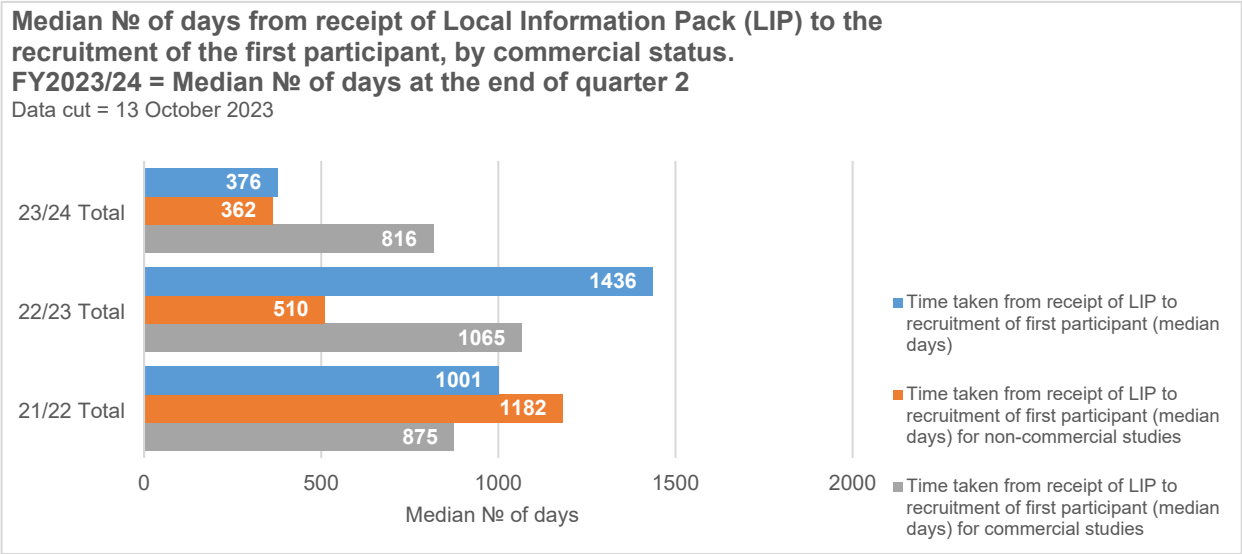
4.1.1 Velindre University NHS Trust Research Portfolio.



4.1.2 Number of studies opened, and number of participants recruited by commercial status.












4.1.3 Median number of days from receipt of Local Information Pack to various time-points.












4.2 Health & Care Research Wales Key Indicators for Velindre University NHS Trust.







4.2.1 Open studies – recruitment to time and target (non-commercial).

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
C3 Open: % of Open non-commercial HCRW Portfolio Studies Recruiting to Time & Target		34% 13 studies			<p>The studies that are hosted by VUNHST are often of small number recruitment targets or long study duration. Therefore, it is possible for studies to be RAG rated "RED" for several years or fluctuate in RAG rating for the duration of the study.</p> <p>List of studies with RAG rating = "RED"</p> <ul style="list-style-type: none"> • ACTOv [IRAS 1003954], target = 10; planned study end date = 01 Apr 2028. • ARIEL [IRAS 298873], target = 16; planned study end date = 31 Mar 2026. • AURORA [IRAS 1004493], target = 4; planned study end date = 31 Mar 2025. • BRIOCHe [IRAS 1003313], target = 2; planned study end date = 31 Jul 2024. • E²-RADIATE (EORTC 1811) [IRAS 287688], target = 10; planned study end date = 06 Oct 2027. • INOVATE [IRAS 237168], target = 20; planned study end date = 31 Jul 2024. • PARADIGM [IRAS 255615], target = 5; planned study end date = 28 Apr 2024. • Rad-IO [IRAS 251669], target = 5; planned study end date = 03 Jun 2025. • RECOVERY trial [IRAS 281712], target = 5; planned study end date = 20 Apr 2024. <i>This is a COVID19 study, having not met the target indicates that VUNHST have successfully protected cancer patients.</i> • REFINE-Lung [IRAS 1004165], target = 24; planned study end date = 01 Dec 2025. • The role of the marrow macroenvironment in the pathogenesis of AML [IRAS 231974], target = 50; planned study end date = 30 Nov 2024. <i>Study currently suspended.</i> • TRAK-ER [IRAS 286505], target = 20; planned study end date = 01 May 2024. • UKP3BEP Trial [IRAS 182633], target = 5; planned study end date = 30/11/2024.
		8% 3 studies			
		58% 22 studies			







4.2.2 Open studies – recruitment to time and target (commercial).

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
C4 Open: % of Open Commercial Studies Recruiting to Time & Target		63%			<p>The studies that are hosted by VUNHST are often of small number recruitment targets or long study duration. Therefore, it is possible for studies to be RAG rated “RED” for several years or fluctuate in RAG rating for the duration of the study.</p> <p>List of studies with RAG rating = “RED”</p> <ul style="list-style-type: none"> • 1403-0002 A study of a combination of BI drugs in Patients with Cancer [IRAS 1005475], target = 3; planned study end date = 30 May 2026. • AcceleRET-Lung Version 1 [IRAS 274833], target = 6; planned study end date = 10 Mar 2024. • ASTEFANIA [IRAS 1003512], target = 3; planned study end date = 01 Jul 2031. • Avanzar [IRAS 1006036], target = 8; planned study end date = 30 Nov 2024. • CANC 48153 [IRAS 292846], target = 10; planned study end date = 01 Apr 2025. • Cancer-0456/0232-Regeneron [IRAS 266879], target = 1; planned study end date = 30 Jun 2024. • CAPitello-280 [IRAS 1005000], target = 2; planned study end date = 09 Feb 2024. • Capivasertib + Abiraterone for Hormone Sensitive Prostrate Cancer [IRAS 281968], target = 16; planned study end date = 31/07/2026. • FIGHT-209 [IRAS 1004984], target = 2; planned study end date = 31 Oct 2024. • INCB54828-302 Pemigatinib versus Chemotherapy in Cholangiocarcinoma (FIGHT-302) [IRAS 255226], target = 1; planned study end date = 15 Jun 2024. • INTRINSIC [IRAS 1003729], target = 4; planned study end date = 01 May 2024. • MK3475-U03 [IRAS 1003378], target = 3; planned study end date = 21 May 2024. • Phase II study of NUFIRI-bev versus FOLFIRI-bev in patients with colorectal cancer [IRAS 1005654], target = 3; planned study end date = 30 Jul 2024. • Phase 1/2 Trial of MORAb-202 in patients with selected tumour types [IRAS 292422], target = 2; planned study end date = 01 Apr 2025. • Pierre Fabre ambispective non-small cell lung cancer OCTOPUS study [IRAS 310116], target = 8; planned study end date = 01 Feb 2025. • SABRE [IRAS 312768], target = 12; planned study end date = 17 Oct 2030. • Sotorasib in patients with Advanced Solid Tumours with KRAS Mutation [IRAS 304235], target = 4; planned study end date = 01 Jan 2027.
		4%			
		33%			
		17 studies			
		4%			
		1 study			
		33%			
		9 studies			

4.2.3 Closed studies – recruitment to target (non-commercial).

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
C3 Closed: % of Closed non-commercial HCRW Portfolio Studies Recruiting to Target		17%			<u>List of studies with RAG rating = “RED”</u> <ul style="list-style-type: none"> TransRAMPART [IRAS 283098] target = 4; planned study end date = 01 Sep 2029; actual recruitment end date = 30 Jun 2023. Number of patients recruited by VUNHST = 0. Note: The study was a sub-study of another main study - RAMPART. The treatment in the main study became standard of care, therefore VUNHST were not offering the main study as a treatment option. The sub-study opened as the Trust stopped offering the main study.
		83% 5 studies			

4.2.4 Closed studies – recruitment to target (commercial).

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
C4 Closed: % of Closed Commercial Studies Recruiting to Target		67%			<p>List of studies with RAG rating = “RED”</p> <ul style="list-style-type: none"> • ARV-110 and Abiraterone in Participants with Metastatic Castration Resistant Prostate Cancer (mCPRC) [IRAS 1004437] target = 1; planned recruitment end date = 01 Mar 2025; actual recruitment end date = 24 Jul 2023. Number of patients recruited by VUNHST = 0. <u>Note:</u> UK study sample size = 6. Study recruited 6 participants. Despite being a rare cancer study met its national recruitment target almost two years earlier than anticipated. VUNHST was one of four UK recruiting sites and expected to recruit 1 patient over three years. VUNHST was one of two sites not to recruit a patient. • Brightline-1: BI Trial 1403-0008 [IRAS 1004692] target = 3; planned recruitment end date = 01 Oct 2026; actual recruitment end date = 11 Aug 2023. Number of patients recruited by VUNHST = 0. <u>Note:</u> UK sample size = 19. Study recruited 18 of the 19 UK sample size, with recruitment temporarily paused in February 2023. Study never restarted recruitment and closed to recruitment on 11 Aug 2023. Despite being a rare cancer with small cohort of patients, study closed over three years earlier than anticipated as recruitment was better than expected globally. Of the 26 UK recruiting sites, VUNHST was one of 22 sites to not recruit any patients to the study. • KEYNOTE-B96 [IRAS 1004238] target = 10; planned recruitment end date = 05 May 2027; actual recruitment end date = 15 May 2023. Number of patients recruited by VUNHST = 6. <u>Note:</u> UK sample size = 26. Study recruited 27 participants. Recruitment to the study by VUNHST was more difficult than expected. Study was closed by the sponsor four years earlier than planned. VUNHST was the 2nd highest recruiter out of 14 UK recruiting sites listed in HCRW dashboard. • NG-641 & permbrolizumab in squamous cell carcinoma of the head and neck [IRAS 290504] target = 3; planned recruitment end date = 01 Aug 2024; actual recruitment end date = 20 Jul 2023. Number of patients recruited by VUNHST = 0. <u>Note:</u> UK sample size = 12. Study recruited 7 participants. This study in a rare cancer was running across VUNHST and CVUHB, requiring a GMO review during set-up which resulted in delays opening. Sponsor decided to close the study early as initial data showed that NG-641 was not as effective as anticipated. Of the 8 UK recruiting sites, VUNHST was one of six sites to not recruit any patients to the study.
		33%			
		2 studies			

The Trust will maximise the Research & Development ambitions of the Welsh Blood Service.

5 Welsh Blood Service Research.

5.1 Our connection to the UK's Defence Services.

Our Component Development & Research Laboratory partnered with the Ministry of Defence to investigate a cutting-edge new development in blood components for military use. The Defence Medicine Department is focused on improving the shelf life and functionality of blood so it can be provided to patients closer to the casualty during battle.

Platelets are a blood component that control clotting and help prevent bleeding. They gather at the site of the injury and create a plug that seals the damaged blood vessels. Platelets help to prevent blood loss from the body and are often needed during emergencies, particularly in major trauma patients.

The current guidelines for storing platelets in the United Kingdom are at room temperature under continuous agitation. This method only allows for a relatively short shelf life of seven days.

The equipment needed to keep room temperature stored platelets under continuous agitation means they are difficult to access in pre-hospital settings, such as field hospitals.

An alternative method to platelet storage is in cold temperatures. Cold-stored platelets have a longer shelf life and do not need continuous agitation. A Consultant Haematologist at Derriford Hospital in Plymouth and a Royal Navy Haematologist has partnered with the Component Development & Research Laboratory to investigate cold-stored platelets.

Storing platelets in cold temperatures would provide many benefits, including a longer shelf life and reduced infection risk for patients receiving a platelet transfusion. Cold stored platelets also have the potential to improve effectiveness at stopping bleeding.

This ongoing research is a promising step towards a more efficient supply chain, particularly for the military. Storing platelets in cold temperatures would allow them to be easily transported to field hospitals without the need for large equipment to agitate them.

The Component Development & Research Laboratory have ambitions to conduct a clinical trial future. This exciting development could significantly improve the functionality, shelf life and accessibility of platelets in an emergency setting.

5.2 The impact of European Blood Alliance Funding.

In November 2022 our Component, Development & Research Laboratory was awarded funding by the European Blood Alliance to investigate a new method to manufacture platelet concentrates for transfusion. The European Blood Alliance is an organisation that aims to be a voice for non-profit blood establishments across Europe. Collaborating with the European Blood Alliance enables our researchers to exchange knowledge from centres Europe-wide to improve the availability, quality, and safety of blood products.

Our team are working with specialist biomedical scientists in Processing, Verification, and Issues, allowing specialist biomedical scientists from different departments to collaborate. Support from Business Intelligence has also been crucial to facilitate the research.

Platelets are an essential blood component that are frequently needed for transfusion. To be transfused, platelets must be separated from whole blood and manufactured into platelet concentrates.

A common method to manufacture platelet concentrates is by using buffy coats, a portion of the blood that is high in white blood cells. Currently, four buffy coats are used to manufacture platelet concentrates. The grant was awarded to support an investigation into the feasibility of manufacturing platelet concentrates from just three buffy coats.

The demand for platelet concentrates is on the rise. Platelet concentrates have a relatively short shelf life of seven days so maintaining adequate platelet stocks can be challenging. This is a difficulty faced by transfusion centres across Europe.

Successfully manufacturing platelet concentrates from three buffy coats would boost stocks and optimise the supply chain. The European Blood Alliance has recognised the potential impact this project could have on donors, patients, and transfusion centres Europe-wide. The Welsh Blood Service is eager to continue making a meaningful difference in the world of transfusion medicine and look forward to sharing the results of this exciting development.



7 Open Projects Portfolio.

The Welsh Blood Services RD&I Portfolio of open project as of 27 Sep 2023.

Project Name	WBS Project ID	WBS Research Theme	WBS Staff Lead	Involvement
Investigating the role of the bone marrow microenvironment in the pathogenesis of Acute Myeloid Leukaemia (AML)	96	Cellular Therapies	Emma Cook	NHS Research
Bioenergetic Profiles of Platelets in Storage as an Indicator of Platelet Viability & Function	162	Products	Chloe George	WBS led RD&I
The use of legislation and regulation as a means of improving quality in public healthcare services	164	Donor	Peter Richardson	WBS led RD&I
Improving Platelet Storage (PhD Cardiff Metropolitan University)	168	Products	Christine Saunders	WBS led RD&I
Cold Stored Platelets for Pre-Hospital Use – Laboratory Testing	170	Products	Jamie Nash	WBS led RD&I
Service Support of the Role of donor derived cell free DNA (DD cfDNA), islet derived exosomes and proinsulin in diagnosing pancreas graft acute rejection (EMPAR) study	171	Transplantation	Emma Burrows	WBS support of others RD&I
Understanding and Investigating White Particulate Matter	175	Products	Michael Cahillane	WBS led RD&I
Methodology Evaluation for Measuring Regulatory Cells in Kidney Transplant Recipients	178	Transplantation	Deborah Pritchard	WBS led RD&I
Evaluation of Manually Washed Red Cells	179	Products	Lauren Payne	WBS led RD&I
Use of a Blood Warmer for Administration of Cold Stored Platelets for Pre-hospital Emergency Resuscitation	180	Products	Sarah Goatson	WBS led RD&I

7.1 The support of the Biomedical Excellence for Safer Transfusion (BEST) Collaborative.

The Welsh Blood Services participation in BEST-Collaborative as of 27 Sep 2023.

Project Name	WBS Project ID	WBS Research Theme	WBS Staff Lead
BEST-C 142 Project: A comparison of anti-D titres using gel and tube technologies	157	Products	Chloe George

7.2 Key Performance Indicators of the Welsh Blood Service RD&I Strategy.

Key:

✓	Work = on track
⚠	Work = problematic requires attention

Objective	Activity	Indicator or KPI	Target	Month by Month Status											
Drive Improvement				A	M	J	J	A	S	O	N	D	J	F	M
Ensure our research efforts are of the highest quality	Any WBS PI applications for NHS Research approval will adhere to NHS Permissions Performance metrics	Velindre NHS Trust to national KPI for NHS Permissions	100% Compliance	✓	✓	✓	✓	✓	✓						
Obtaining sustainability for RD&I activities	Complete utilisation of the WBS RD&I funding	WBS RD&I spend per fiscal year	100% Spend of £30,000	✓	✓	✓	✓	✓	✓						
Be Open to RD&I Collaboration				A	M	J	J	A	S	O	N	D	J	F	M
Embed a positive culture around RD&I activity / Actively seek collaborative partners to develop appropriate RD&I projects	Maintain an active media presence for RD&I to highlight our achievements	Deliverables described in WBS RD&I Communication Plan 2023-24	100% delivery	✓	⚠	✓	✓	✓	⚠						
Actively seek collaborative partners to develop appropriate RD&I projects	Participation in all applicable BEST-Collaborative projects, as invited	Project invitations as received by our BEST-C members and actioned appropriately	100% participation in all eligible projects that WBS have the capability of participating in between Mar 2023-24	✓	✓	✓	✓	⚠	⚠						

Actively seek collaborative partners to develop appropriate RD&I projects	An inviting RD&I presence on WBS Internet Webpage	All website content must be bilingual. Minimally the RD&I Strategy, contact details will be added to the webpage.	Refreshed annually or as needed by other considerations regarding the internet presence	✓	✓	✓	✓	✓	⚠						
Increase RD&I Activity				A	M	J	J	A	S	O	N	D	J	F	M
Ensure our research efforts are of the highest quality / Embed an RD&I positive culture in WBS	Provision of the Learning Zone, ensuring that it is in line with the RD&I strategy and current and future needs of the Service.	A service provision for users of the Learning Zone, adapting and meeting needs.		✓	✓	✓	✓	✓	✓						
Organise and co-ordinate our research activity / Obtaining sustainability for RD&I activities	A pipeline of planned RD&I activity across the organisation.	A planned, continuous programme of RD&I projects in each of the four RD&I themes.	Achieved in this document	✓	✓	✓	✓	✓	✓						
Developing our workforce capability/ Embed an RD&I positive culture in WBS	Maintain and promote membership of ISBT, AABB and the BEST- Collaborative	Ongoing membership; Signposting to membership resources, funding opportunities, and learning events.	At least five suitable training, education or event offerings are available to staff annually	✓	✓	✓	✓	✓	✓						
Organise and co-ordinate our research activity	Adequate planning and resourcing of RD&I Projects before commencement and correct modification to resourcing of RD&I projects.	Projects reporting as Project status = Green / Ongoing as planned) and a Time index of a project (Time elapsed/Projected time).	Green status for 70% of projects and 70% of the project with a Time Index of 1	✓	✓	✓	✓	✓	⚠						

Build a reputation as a research-active blood service				A	M	J	J	A	S	O	N	D	J	F	M
Build a reputation as a research-active blood service	Our RD&I findings will be disseminated to the healthcare field through publication and publicity.	The PI must describe a suitable* dissemination / knowledge transfer activity (*" suitable" as deemed by RD&I Lead).	100% of WBS-led projects must demonstrate how they achieved some type of dissemination activity.	⚠	⚠	⚠	⚠	⚠	⚠						
Measuring and defining Progress and Success	WBS's publication output needs to be of high scholarly level as a marker of the work's high quality. When appropriate, the PI of the RD&I project will be asked to seek a peer-reviewed publication to disseminate its findings	# of peer-reviewed publication outputs. PI have a six-month grace period after the project ends to perform this	When deemed appropriate by WBS RD&I Group, 80% of completed RD&I projects achieve a peer-reviewed publication - On 70% on 1 June	✓	⚠	⚠	⚠	✓	✓						
Build a reputation as a research-active blood service	An RD&I Event with WBS showcasing our work.	Half-day or evening event, possible co-produced with another organisation. Showcasing RD&I	Event - WBS Group want a universal event to take place after strategy launch.	⚠	✓	✓	✓	✓	✓						
Measuring and defining Progress and Success	We will disseminate our RD&I findings to others.	Overall Number of scholarly publications* by the WBS (scholarly is a peer-reviewed publication and is to include the publication of conference proceedings)	Maintain 2022-23 output of 26 scholarly publications between FY 2023-24	✓	✓	✓	✓	✓	✓						
Measuring and defining Progress and Success	A quarterly report is produced and published to promote the achievement of the previous three months and present the current status of the WBS RD&I portfolio	A report delivered to WBS RD&I Group and elsewhere	Every four months	✓	✓	✓	✓	✓	✓						

The Trust will implement the Velindre Innovation Plan.

8 Velindre Innovation Service.

8.1 RITA.

RITA has now been deployed successfully on the Trust website since February 2023, both on the Velindre Cancer Centre main page and the dedicated RITA Project page.

Performance measures and usage data are continuing to be collected to measure the number of users compared to the soft launch figures and calculate the average number of users per month (currently at 38). Analytics show the most popular areas of questioning relate to support, facilities, department locations and definitions of medical terminology. The RITA project team meets weekly to review performance, make amendments to any questions not answered and update content as needed. Project evaluation options are currently being considered before producing a project summary report containing potential options for being absorbed into a business-as-usual service.

The "Plus" package provided by IBM was renewed in August 2023 and the Innovation team has negotiated a reduction in credits by 40% to align with actual usage by patients and their families. This new cost of the service is £9,359.46, down from £18,000 in 2022. IBM's cloud service 'Cloud Foundry' will be discontinued on 30th November 2023, alternative migration options have been obtained and a migration plan is being produced with assistance from IBM representatives to ensure the continuation of the platform functionality.

RITA was recently presented virtually at the Cancer Research UK team away day on 19th October 2023, which focused on the use of AI in supporting cancer patients. RITA was identified by the team as a successful example of AI being deployed in healthcare to support patients and their families, guiding them to appropriate resources and information. After a brief overview of the project, attendees were asked to input their questions into the virtual assistant which were all successfully answered. RITA is also due to be presented at UKONS annual conference on 17th November 2023.

RITA – 'Talking Heads' sub-project.

'Talking Heads' is an exciting new project within RITA Chatbot to produce a series of two-minute 'Talking Head' videos that will introduce individual Clinical & Healthcare staff and their roles. These videos will then be available as embedded media within the virtual assistant when a patient asks a question relating to that clinical area. Velindre will also be integrating the videos onto the Trust website.

These clips will allow patients, family, and carers to understand the role of their key workers and clinicians and help ease the anxiety of attending Velindre. Initial filming took place in October 2022 having filmed 38 clinicians.

We have now received all the clips from the production company and will be integrating them into RITA over the coming weeks once the Welsh-language subtitles have been received; while also being utilised as separate media on the Trust website and the BYS Localisation project, giving patients the opportunity to know more about their clinical team. The clips have now been uploaded to the Velindre Innovation YouTube channel in preparation for embedment within RITA's dialogue responses.

8.2 ByYourSide – Localising Pfizer’s Global Patient Cancer App.

Following the success of this project, Pfizer has approached Velindre to conduct a Phase 2 of BYS localization, to implement the suggestions and feedback given by Velindre Cancer Centre patients during the initial workshops and make the app available to all our service users.

Successful implementation of this Phase will provide Velindre with a ready-made patient app that has centralised, and localised information pulled directly from the Trust website, available to our users within its own ‘My Centre’ section. Velindre will be the first Trust in the UK to have this feature available to our patients.

A DPIA has been produced and is awaiting review by the Head of Information Governance and the digital services team, the outcome is due within the next week. Legal and Risk have also been engaged to review the draft contract with amendments sent to Pfizer for consideration. The project is due to commence prior to 31st December 2023 should the outcome of the DPIA and contract negotiations be positive, once the contract is signed the innovation team will establish a working project group to work on the content provided to patients within the app.

8.3 All Wales, Rapid Access Palliative Radiotherapy Project.

With the current difficulties in delivering radiotherapy for advance cancer and with increasing demand coupled with a worsening workforce crisis in clinical oncology, Consultant Oncologist Mick Button and Radiotherapy Planning Radiographer, Steven Hill are undertaking a Bevan Commission project through the Planned Care Innovation Programme (PCIP) to improve the Palliative Radiotherapy pathway.

The project is drawing to a close and a hybrid showcase event was held at the National Imaging Academy Wales on 3rd May 2023, with representatives from across all 3 cancer centres presenting their work along with contributions from Canada and the Clatterbridge. This event saw 50 in-person and 15 online attendees, with the roundtable discussion resulting in an agreement to develop more detail about the way forward, working with attendees at a future date to produce a national proposal with locally developed detail before December 2023. Project progress was presented by Dr Mick Button and the team at the Bevan Commission Planned Care Innovation Programme event held in Swansea on 20th September 2023.

8.4 VCC Mental Health ChatBot / SCC Project in collaboration with Cardiff University.

The Innovation Project Manager has been working with a Cardiff University Medical student on their SCC project to produce a mental health virtual assistant that can link patients and their families to the relevant support services based on how they are feeling. The project report was submitted on 3rd July 2023, with the intention of expanding upon this work in collaboration with the Clinical Psychology team to deploy the service on the VCC webpages or combine the content within RITA.

8.5 Radiotherapy Pelvis Preparation App.

The innovation team has been approached by Radiographer Daniel Burr to develop an application that would assist pelvic RT patients with the timing of water intake and enemas by inputting their appointment time into the app and subsequently being alerted by a push notification. This project is in the very early stages of discussion, the innovation team is seeking an appropriate route for developing the app with several options identified; including VCC in-house app development, external development through industry and utilising SCC student projects through the computer-science cohort.

8.6 Welsh Blood Service (WBS) Drone Project.

The purpose of this foundation study is to:

- establish the potential for drone-based delivery services to support the Welsh NHS, including specific use cases for the Welsh Blood Service.
- test the basic premise with the Civil Aviation Authority
- identify the roadmap and critical tasks that will allow us to realise the longer-term vision.

The organisations involved in this partnership are the Welsh Ambulance Service NHS Trust (WAST), The Welsh Blood Service (WBS), Snowdonia Aerospace (SAC) SLiNKTECH Ltd. (SLiNK), The Welsh Air Ambulance and the Welsh Emergency Medical Retrieval and Transfer service (EMRTS), collectively referred to as the Welsh Health Drone Innovation Partnership.

Following completion of a requirements gathering exercise and an initial assessment of the clinical, technical, and regulatory feasibility, a report is available, and has been shared with a wider group of senior stakeholders.

Regular meetings have been reinstated to focus on how to support the next phase of the project, and to explore potential funding mechanisms. This includes discussions with the Welsh Government Innovation Team, project partners and innovation ecosystem support partners, in regard to developing a collaborative bid for future funding, for example through an SBRI (Small Business Research Initiative), or similar.

8.7 Regional Innovation Coordination Hubs (RICH).

The Velindre Research, Innovation, Coordination (RIC) Hub has helped to raise the profile and the importance of RD&I within and without the Trust and has had a significant impact on the development of innovation infrastructure. This is reflected in the Velindre University NHS Trust's new ten-year Strategy that fully aligns with the principles set out in 'A Healthier Wales' (AHW). Importantly the Trust's strategic goal 3 is to be "a beacon for research, development and innovation in our stated areas of priority."

Through partnership working, the Trust is committed to building its national and international reputation through the successful development and delivery of a high impact RD&I activity that:

- Delivers the best possible interventions that improve survival and enhance the lives of patients who will remain, "at the centre of all that we do."
- Attracts and retains the best staff and make RD&I a core part of their roles.

The Trust's new Strategic Goal 4 also supports the previous RIIC ambitions to be an established 'University' Trust which provides highly valued knowledge and learning for all.

The work of the RIC hub is facilitated in Velindre by the organisational structure aligning research, development, and innovation into one division, led by the Executive Medical Director. An integrated quarterly report has been developed that comprehensively covers the whole Trust, including the Cancer Centre and Welsh Blood Service.

Funding has been secured for the period 2023/24 and indicative funding for 2024/25 to support the continuation of the RIC hub activities. Following a meeting with Welsh Government officials, the RIC 2-year activity plan was endorsed.

An All Wales RIC hub meeting is scheduled for the 6th November 2023. The meeting will focus on opportunities to improve the network, provide activity updates and sharing best practice across Wales.

The significant achievements of the hub include:

- Developing a strong collaborative network with the other Trusts through fortnightly meetings. Developing key themes to launch collaborative projects.
- Contributing to the All-Wales RIC Network
- Supporting developments across RD&I, including the:
- Cardiff Cancer Research Hub and programme
- New Cancer Hospital including the combined learning and Innovation centre – supporting the ambition to develop the smartest and greenest hospital in the country. This is part of an ambitious Regional Cancer Transformation Programme. A programme of work is underway to develop and refine the narrative for the new Velindre collaborative centre for learning and innovation. The new centre will bolster the current infrastructure for research, development, and innovation. It will provide a physical collaborative space that will be a catalyst to encourage creativity, drive innovation, support learning opportunities and the translation of research and innovation into practical application.
- New component lab in WBS
- Healthcare Professionals R&I portfolio
- Innovation infrastructure and plan

8.8 Innovation activity themes.

A focussed effort developing activity themes as part of the Innovation infrastructure.

8.8.1 Theme 1: Developing a collaborative innovation ecosystem.

Our vision includes building a collaborative innovation ecosystem where staff, healthcare providers, researchers, academia, industry, patients, donors and community partners work seamlessly together to drive innovation, address healthcare disparities, and create healthier communities.

Activity in the period includes:

- Attendance at partnership events with Medi Wales, (MediWales Connects, MediWales members showcase, MW funding and finance event, Innovation Leads Group fortnightly meetings, Bevan Commission, Life Science Hub, Cancer Industry Forum, Third Sector and Industry partner meetings. Further collaboration and attendance at notable innovation events planned for the forthcoming period.
- Collaborating with Welsh Government to submit applications for equipment to support innovative research and ways of working through innovation funding available from Welsh Government, Economy Innovation Team.
- Developing blueprint for working with Industry developing products for market to benefit patients and donors and improve resource efficiency. This is collaboration with Welsh Government.

8.8.2 Theme 2: Developing a culture of innovation.

We are dedicated to fostering a culture where every member of our organisation is empowered, informed, and supported to innovate, experiment, and embrace change, making innovation a way of life rather than an isolated event.

- Work is underway to develop a platform / pipeline capture for innovation ideas and projects. A meeting has been scheduled with Cwm Taf Morgannwg Health Board to review their innovation platform. An internal meeting is scheduled in November to discuss options and take the project forward on a Trust level, working in collaboration with innovation and improvement teams across the Blood Service and Cancer Centre.
- Initial internal discussions have been held on the development of innovation training package and induction training; this work will be developed over the next period.

- WBS secured a fully funded learning opportunity. A successful outcome for the application) for the **Bevan Commission Intensive Learning Week** to take forward 'the development of a more sustainable and diverse blood supply chain through innovative use of surplus blood components, whilst simultaneously and proactively creating a more sustainable Component Development and Research laboratory.' This unique opportunity provides time to focus on developing the project, working collaboratively, and developing innovative solutions.

8.8.3 Theme 3: Clear Communication and rewards.

- Work is underway to update and develop the Trust web and intranet innovation pages, to increase/improve communications shared across the Trust and externally with partners. Comms materials have been developed which will also support this theme.
- Trust Communications have been developed to encourage applications to the MediWales Innovation Awards. A panel was set up to review and support applications and submissions have been put forward on behalf of the Trust.
- Work has been initiated to communicate a clear and compelling narrative that explains the importance of innovation in improving cancer care, diagnosis, treatment and research outcomes.
- Work has been initiated to explore the concept of a Charter for innovation and collaboration. The Charter would be a clarion call to work in collaboration with for a broader range of stakeholders, to harness emerging technologies and foster a culture of collaboration.
- The innovation team has actively celebrated the successes of innovation projects and shared stories from across the Trust of how innovation activity from staff has positively impacted on the organisation. These stories will be published in the MediWales LifeStories (autumn edition) magazine. The publication will be distributed across Wales, UK and overseas.

8.8.4 Theme 4: Patient and Donor Centred Excellence.

We aspire to redefine patient and donor-centred care, placing patients and donors at the heart of every decision, ensuring their voices are heard, and tailoring healthcare experiences to their unique needs and preferences.

- Plans are in train to build upon the patient engagement work from the early phase of the RITA chatbot development. Media clips will be uploaded to the website and intranet to reflect patient feedback and their concerns about visiting the cancer centre for the first time.
- Further engagement work is planned with patient / donor experience teams for the next period. Our innovation activity will be informed by patient and donors, ensuring their voices are heard, and tailoring healthcare experiences and initiatives to their unique needs and preferences.
- In the next period we will work with data insights teams to analyse patient /donor engagement feedback.
- We are collaborating with Trust engagement teams to develop an enhanced environment for patient representatives, one that provides a more fulfilling experience for the time and commitment provided. We will continue this work into the next period.

8.8.5 Theme 5: Leadership and role modelling.

- Leaders and senior managers have been encouraged to actively participate and promote innovation initiatives and opportunities. This workstream will develop over the next period.
- In the period the Innovation Team has attended a number of events to promote and support innovation activity, attended many one-to-one meetings with staff to raise awareness of innovation activity, and have supported the development of ideas and innovative ways of working, signposting activities, applications for awards and funding.

Innovation activity themes (6-10)

Over the next period we will continue activities to build our work programme to cover the remaining themes (6-10).

8.8.6 Theme 6: Advance Technology Integration.

Our approach to harness the power of cutting-edge technologies, including artificial intelligence, telemedicine, wearable devices, and data analytics, to optimise treatment, inform diagnostics and preventative care, making services more accessible and efficient.

8.8.7 Theme 7: Data Driven Insights.

Leveraging data as a strategic asset, using it to inform our innovation activities and efforts.

8.8.8 Theme 8: Health equity and Inclusion.

Our commitment extends to achieving health equity and inclusion for all with a focus on addressing disparities in healthcare access and outcomes. Our innovations will strive to remove barriers to care and promote health equity.

8.8.9 Theme 9: Empowerment and Autonomy.

Empowering employees by giving them the autonomy to propose and implement innovative ideas within their areas of expertise.

8.8.10 Theme 10: Training and Development.

Innovation training is key to building the capability and capacity of the innovation infrastructure for the Trust. It will equip staff with the knowledge, skills, and mindset necessary to drive innovation, improve patient and donor care, and adapt our delivery and approaches to the changing innovation landscape. It helps create a culture where innovation is not just encouraged but also effectively implemented for the benefit of our patients and donors.

STRATEGIC PRIORITY 4

The Trust will maximise collaborative opportunities locally, nationally, and internationally.

9 Velindre University NHS Trust Sponsored Research.

9.1 Head and neck cancer trial passes incredible 1000th patient recruitment.

PATHOS jointly Velindre and Cardiff University sponsored clinical trial aiming to develop a kinder treatment for patients with head and neck cancer.

This Phase III international trial is looking at the role of less intensive treatment after minimally invasive surgery for people whose cancers have tested positive for Human Papilloma Virus (HPV). The 1000th patient was recruited in August 2023 at Liverpool Head and Neck Centre.

HPV-associated head and neck cancer, typically involving the tonsils and tongue base, have become increasingly common over the last two decades. Patients are often cured of their disease but have to live with the side-effects of their treatment, particularly swallowing problems, which can be permanent and have a major impact on their quality of life.

PATHOS is aiming to find out whether this group of patients could have less intensive treatment and, as a result, experience fewer side-effects. We expect the results of the study to be reported by 2027.



Professor Mererid Evans,
co-Chief Investigator

"I am honoured to lead PATHOS, along with Professor Terry Jones from Liverpool University. Recruiting the 1000th patient to PATHOS is beyond all our expectations and is a tribute to all the hard work done by research teams at sites across the UK, as well in France, Germany, Australia, and the USA.

We believe that by the time PATHOS completes recruitment next year, it will be the largest clinical trial ever conducted in patients with head and neck cancer, and the results could improve treatment for patients with HPV-associated head and neck cancer around the world.

I am extremely grateful for the incredible support the trial has received from my colleagues here at Velindre, including Dr Richard Webster, Dr Nachi Palaniappan, Dr Emma Higgins, Owain Woodley and Jack Pritchard from the Radiotherapy Trials Qualify assurance, and Claire Donnithorne from Pharmacy.

I am also incredibly thankful to the Velindre R&D team led by Sarah Townsend, and to Cardiff University colleagues, for all their support as trial Sponsors.
Diolch yn fawr iawn."

"This is a fantastic achievement! I'm really proud to be involved in sponsoring the PATHOS study and I'm delighted that this important study is accessible to so many patients.

It's studies like PATHOS that bring real hope on the horizon for improving outcomes for patients, in this case not just in the UK, but also internationally."

Sarah Townsend,
Head of Research & Development
and Trust Sponsor Representative

PATHOS is funded by the Cancer Research UK (CRUK) Stand Up To Cancer (SU2C) campaign and the Advancing Radiotherapy Fund (ARF). The trial is run through Centre for Clinical Trials Research at Cardiff University. Professor Terry from Liverpool University is co-Chief Investigator alongside Professor Mererid Evans from Velindre University NHS Trust.

The trial is co-sponsored by Velindre University NHS Trust and Cardiff University.

10 Velindre University NHS Trust Sponsored Research Performance Indicators.

	FY2023/24			
	Q1	Q2	Q3	Q4
Number of new projects sponsored	0	1		
Scope of studies opened	N/A	N/A		
Number of sites opened	1	1		
Number of publications	1	1		
Number of abstracts	3	4		
Number of participants recruited	51	51		

CROSS-CUTTING THEMES

11 Cross-cutting themes: progress.

Cross-cutting themes across Strategic Priorities 1 to 4.													
Key Deliverables / Objectives	FY2023/24				FY2024/25				FY2025/26				Progress / Comments
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
The implementation of programmes, complementing existing training opportunities that enable and support Trust staff to develop, deliver and manage research portfolios													
<ul style="list-style-type: none"> Continue the work to develop and implement a R&D/Trials training programme draws upon: <ul style="list-style-type: none"> Trust developed internal training Training developed by other research partners and organisations such as Health and Care Research Wales Training from specialist non-commercial and commercial training providers to support Trust staff to develop, set-up and deliver, and manage portfolios of clinical trials/research studies. 	X	X	X	X									Training Programme & Opportunities This work is an ongoing improvement of the RD&I Division's service. Work continues to develop and implement a R&D/Trials training programme that draws upon: <ul style="list-style-type: none"> Trust developed internal training Training developed by other research partners and organisations such as Health and Care Research Wales Training from specialist non-commercial and commercial training providers to support Trust staff to develop, set-up and deliver, and manage portfolios of clinical trials/research studies.
Further investment in the research delivery and governance teams to make sure that studies are optimised to facilitate effective and timely recruitment and delivery													
<ul style="list-style-type: none"> Continue the development and implementation of staffing plans for the research delivery and governance teams (previously identified) to facilitate timely recruitment. 	X												Reorganisation of Trust Research Delivery team This work is an ongoing improvement of the RD&I Division's service. Taking into account the "Implementing the Cancer R&D Ambitions – an Integrated Business Case 2023-2026" work continues to keep under review and consolidate proposals and implementation of changes to the structure of the research set-up and delivery team structure.
<ul style="list-style-type: none"> Complete the appointment of senior staff in the research delivery team and to support the delivery of the Cardiff Cancer Research Hub and other research priority areas for the Trust. 		X											

RD&I - Integrated Performance Report

Cross-cutting themes across Strategic Priorities 1 to 4.													
Key Deliverables / Objectives	FY2023/24				FY2024/25				FY2025/26				Progress / Comments
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<ul style="list-style-type: none"> Keep under review and consolidate proposals and implementation of changes to the structure of the research set-up and delivery team structure. 				X									
The development and implementation of clinical information systems to identify donors/patients eligible to take part in research studies													
<ul style="list-style-type: none"> Having contributed to the Trust's implementation of the Digital Health & Care Record programme, continue to keep under review the input of, and use of information, making recommendations for improvement as appropriate. 	X	X	X	X									The Trust Research Service staff, continue to keep under review the input of, and use of information, making recommendations for improvement as appropriate.
<ul style="list-style-type: none"> Contribute to the Welsh Government / Health & Care Research Wales "Digital agenda for research in Wales" including the work on: <ul style="list-style-type: none"> The contribution and use of anonymised / pseudo-anonymised data research The programme that seeks develop abilities to "find, recruit and follow-up" participants for research. 	X	X	X	X									The Trust RD&I service continue to contribute to the Welsh Government/Health and Care Research Wales on the "Digital agenda for research in Wales" programme of work, as and when invited to provide input or provide.

12 Research, Development, and Innovation Finances.

The following information is for both quarter 1 and quarter 2 of Financial Year 2023/24.

12.1 Background/context

The RD&I Division manages all income and expenditure relating to the R&D Office, Research Delivery Teams (Nurses, Data Managers & Trial Co-ordinators), Early Phase Team and Innovation Team. In addition to other individually funded projects and trial budgets, this comprises most of the Trust's Research and Innovation activity and is the subject of this finance report. Outside of this report are other support staff (e.g., pharmacy/radiotherapy) managed outside of the RD&I Division who are reported as part of the relevant divisional reports.

The RD&I Division Financial Plan for 2023/24 has been set at similar levels to previous years. In summary as follows:

The overall RD&I Financial Plan comprises targets to:

Spend £3.1m on research activities, of which the majority (92%/£2.9m) are staff pay costs with the remaining £263K of non-pay including Clinical Supplies/Services, Education & Development, Travel and office equipment and consumables.

Secure Income of £3.2m from various sources,

- Health & Care Research Wales (34%)
- Clinical Trial Income - Commercial & Non-Commercial (28%)
- Support from Velindre Charity Integrated Bid & other individual business cases (27%)
- Wales Cancer Research Centre (WCRC) & Experimental Cancer Medicine Centre (ECMC) (5%)
- Grant income & Velindre Lead sponsor income (6%)

12.2 Summary of performance against key financial targets: Quarter 1 & Quarter 2

Key Financial Target 1: to remain within monthly budget expectations.

PERIOD		£000				
		PAY	NON-PAY	INCOME	TOTAL	
QUARTER 1	Budget	£724	£62	-£512	£273	Quarter Variance 1
	Actual	£695	£62	-£483	£273	
	Variance	£29	£0	-£29	£0	
QUARTER 2	Budget	£674	£50	-£459	£265	Quarter Variance 2
	Actual	£709	£82	-£526	£265	
	Variance	-£35	-£33	£67	£0	

YEAR TO DATE	Budget	£1,398	£111	-£971	£538	
	Actual	£1,403	£144	-£1,009	£538	
	Variance	-£5	-£33	£38	£0	<i>Year-To-Date Variance</i>

FORCAST OUTTURN	Annual Budget	£2,876	£262	-£3,229	-£91	
	Forecast Outturn	£2,876	£262	-£3,229	-£91	
	Variance	£0	£0	£0	£0	<i>Forecast Variance</i>

Performance to the end of quarter two has been in line with the budget plan with £0 overall variance.

Key Financial Target 2: to pay at least 95% of invoices within 30 days.

% Compliance	Current Month*	Year to Date	Forecast Outturn
	78%	89%	>95%

Performance year to date has fallen below the required target, processes are currently being reviewed to improve the position of the remaining half of the year to achieve the forecast outturn. Additionally, a Trust Task & Finish Group has been established to support Trust performance, RD&I will have representation to cascade measures and lessons resulting from the Group.

12.3 Analysis of Performance to date and Forecast outturn.

Performance through the first half of the year has been in line with the Budget plan with a £0 overall variance to budget. Within that total figure:

- Pay costs have been slightly higher for the period than budgeted, due to the planned assumed vacancy factor not being met (recruitment and retention better than planned), however, the forecast outturn is not affected.
- Higher than expected non-pay costs for the period are those related to the replacement of small equipment, higher patient reimbursement which is shown in the increase in commercial trial income and legal fees regarding FAKTION.

Appendix A: Radiotherapy Trials Solutions Group

A1. Situation

The Radiotherapy Trials Solutions Group was established to identify the issues surrounding the conduct of Radiotherapy research trials and to begin to develop potential solutions to the identified issues. The group is chaired Dr Paul Shaw, Consultant Clinical Oncologist and Lead for Early Phase Drug Radiotherapy.

A2. Background

The Radiotherapy Research Trials Solutions Group was established in 2022, following discussions at that had identified there was a need to prioritise research studies within the Radiotherapy service given challenges of available resources and capacity to deliver research.

There have been a series of meetings, including representatives from the Consultant body, Radiotherapy, Medical Physics, Radiology and Research & Development.

The group's purpose was to:

- Identify and ensure issues/concerns of conducting radiotherapy research within Velindre University NHS Trust have a route for escalation.
- Identify a potential mechanism to measure impact of radiotherapy research on the service and for prioritising research studies.
- Identify the demand, capacity, and use of resources (staff and equipment) in radiotherapy to support research studies.
- Consider the role of the established Radiotherapy Trials Portfolio Group in assessing studies for impact and prioritisation against radiotherapy capacity.
- Ensure and enhance a collaborative approach to the working practices between Research & Development and Radiotherapy service.

A3. Assessment

The group reviewed the delivery of radiotherapy and chemo-radiotherapy research within the Radiotherapy service, to identify the concerns and issues. Although a few issues/concerns were identified by the group, these can broadly be categorised as follows:

1. Radiotherapy / Chemo-radiotherapy research is not necessarily considered a core activity within Velindre Cancer Service, and as a result may be seen as an expendable activity at times of strain on the Radiotherapy Service. Additionally, Chemo-radiotherapy research is not always considered as part of the Radiotherapy research study portfolio.
2. It appears there is a lack of integration of radiotherapy research delivery into the research delivery provided by the Research Service, resulting in a disconnect in the shared infrastructural experience and support.
3. Limited clarity and understanding on set-up and delivery processes and the multiple components required specifically the additional research study requirements and complexities of radiotherapy research studies, and their dependencies on one another, to deliver studies.
4. Resource limitations within the Radiotherapy Service creates competing demands for service delivery and radiotherapy research delivery.
5. Radiotherapy research requirements are not always fully understood at the outset of study set-up in terms of:
 - a. Standard of care treatment versus protocol specific treatment.
 - b. Planning and quality assurance requirements for the study.

- c. Intensity of study delivery requirements required by Sponsor, even, for examples if the research study is offering a reduction in radiotherapy fractions to treat a patient.

Requirements of being a regional Radiotherapy Centre supporting radiotherapy research of other organisations, that is often as intense in set-up and delivery resources as those studies delivered for Velindre Cancer Service. This sets up competing priorities and creates a need for greater coordination of resources to support internal and external research studies.

A4. Recommendations and actions

Having undertaken an initial review of the set-up and delivery of radiotherapy research within Velindre Cancer Service, the following recommendations and actions have been proposed or undertaken:

1. The importance of research as a core activity needs to be embedded within the Radiation Services.

In line with the NHS Research Framework for Wales research should be seen as a fundamental component of everyday health and care and is critical to the development of all aspects of NHS Wales.

It is recommended that the Radiotherapy Trials Solutions Group continues to work with the RD&I Senior Core Team and the Radiation Service Leads to further embed research as a core activity and introduce processes to support the continuation of research, even at times where the standard of care services are under pressure.

2. The Radiotherapy Research Delivery Team is further integrated into the Research Delivery Team managed from the Research & Development Service.

It is recommended that the Radiotherapy Research Delivery Team is further integrated into the wider Research Delivery Team to ensure that there is shared infrastructural experience and support. As a result of this recommendation, part of the Trust's Integrated Bid for Implementing the Cancer R&D Ambitions to the Velindre Cancer Charity included the following Radiotherapy Research posts will be part of the Radiotherapy Services establishment, with R&D Service and Radiotherapy Services collaborating on the recruitment, induction and work plans, and management of these posts:

- 1.0 WTE Radiotherapy Research Officer
- 1.0 WTE Radiotherapy Data Manager
- 1.0 WTE Radiotherapy Research Administrator

Two of these posts have been appointed to at the time of writing. Currently, Radiotherapy and the R&D Service are discussing how these posts will work across both areas to ensure that the infrastructural experience and support.

There is increased R&D Service representation on the Radiotherapy Trials Portfolio Group to provide advice and support in the consideration of radiotherapy research studies.

3. The Radiotherapy and the R&D Services undertake a thorough review of review the existing set-up and delivery processes.

It is recommended that the two services thoroughly review existing processes to ensure that the flow of information and communication between those involved in radiotherapy research receive information in a timely way and limits duplication. This would also include a review where either

service is dependent on other components within set-up and delivery process to complete their review and ensure that there is clear communication routes and oversight between those components.

The R&D Service are currently developing a new report for site-specific teams to provide data on studies in set-up and any delays, performance of active studies, details of studies closed to recruitment and in follow-up. The plan is to provide this in an easily to interpret report and increase the report's frequency. These reports will be provided on a site-specific team basis, and one will be provided for radiotherapy research studies.

4. It is recommended that the Radiation Services review their existing working practices to determine that resources are used in the most efficient manner and that where necessary additional resource is sought.

Work already underway to address aspects of this recommendation. This includes the Trust's Integrated Bid for Implementing the Cancer R&D Ambitions to the Velindre Cancer Charity that included the following Radiotherapy Research posts will be part of the Radiotherapy Services establishment, with R&D Service and Radiotherapy Services collaborating on the recruitment, induction and work plans, and management of these posts:

- 1.0 WTE Radiotherapy Research Officer
- 1.0 WTE Radiotherapy Data Manager
- 1.0 WTE Radiotherapy Research Administrator

Two of these posts have been appointed to at the time of writing. Currently, Radiotherapy and the R&D Service are discussing how these posts will work across both areas to ensure that the infrastructural experience and support.

Additionally, both the Medical Physics and Radiology Services have collected data on the resource usage within their service to support the delivery of radiotherapy research. Medical Physics are in the process of training up additional staff in their processes and provide further resource to support the set-up and delivery of radiotherapy research.

It is further recommended that the Radiotherapy Service, and colleagues, undertake a benchmarking activity to determine their capacity for radiotherapy research as a baseline to work from, considering forthcoming changes resulting from the implementation of the new Radiotherapy fleet. As part of this benchmarking activity, a set of key indicators for Radiotherapy shall be developed, as a subset of the Trust's research key indicators, to demonstrate performance and improvement.

Alongside the work to determine the capacity of the Radiotherapy Service, a series of research priorities and impact assessment factors should be developed to allow the service to determine the radiotherapy research that they can support and the impact of supporting those research studies. This will also need to include consideration of potential patient benefits in undertaking the radiotherapy research study.

5. It is recommended that the Radiotherapy and the R&D Services review the processes for receiving and communicating information for radiotherapy research study set-up and delivery.

Further work is required to define the Radiotherapy Service's information requirements at the outset of radiotherapy research study set-up. The R&D Service receive study Local Information Packs from the Sponsors supplying the information VUNHST uses to assess capacity and

capability. This information is shared with all support departments required to support the delivery of the study.

However, there is often further information required from the Sponsor or clinical input required to understand:

- a. Standard of care treatment versus protocol specific treatment.
- b. Planning and quality assurance requirements for the study.
- d. Intensity of study delivery requirements required by Sponsor, even, for examples if the research study is offering a reduction in radiotherapy fractions to treat a patient.

The Radiotherapy and the R&D Services will work together to refine processes to ensure that Radiotherapy receive the required information completed as far as possible and at the earliest opportunity, with the required clinical input and other inputs described above.

It should be noted that the ongoing development of a new radiotherapy fleet and Integrated Radiotherapy Solution in the radiotherapy brings other challenges.

6. It is recommended that requests to support radiotherapy research of other organisations as a regional Radiotherapy Centre be considered as part of the work to develop a series of research priorities and impact assessment factors as part of the Radiotherapy Service's decision-making process to support studies. This should also consider those points described in 5 above.
7. It is recommended that the established Radiotherapy Trials Portfolio Group and this Radiotherapy Trials Solutions Group are embedded as appropriate in the existing RD&I governance infrastructure. This would allow the issues/concerns of conducting radiotherapy research within the Trust to be escalated through the correct governance routes. It is suggested that the Radiotherapy Trials Portfolio Group communicates to the R&D Service Trials Operational Group, and the Radiotherapy Trials Solutions Group communicates to the R&D Service Operational Management Group.

A5. Further information

The following information provides initial data from the sections involved in the set-up and delivery of radiotherapy research studies.

Radiotherapy information

The following information describes the existing Radiotherapy staff members involved in research activity in March 2023.

1. Band 7, Research Radiographer (clinical trials/RT development) - 1.0WTE (0.5 WTE Moondance funding ends Nov 2022, 0.5WTE Research + 0.5 WTE Clinical Trials)
2. Band 7, Research Radiographer (clinical trials/RT development) - 1.0WTE (0.5 WTE Moondance funding ends Mar 2023, 0.5WTE Research + 0.5 WTE Clinical Trials)
3. Band 7, Research Radiographer (0.4WTE Research + 0.6 WTE Clinical Trials) - 1.0WTE
4. Band 7, Research Radiographer (0.8WTE Research + 0.2 WTE Clinical Trials) - 1.0WTE
5. Band 7, Imaging Specialist Radiographer (clinical trial IGRT assessment) - 0.5WTE
6. Band 5, Radiotherapy Research Officer (clinical trials/research studies) - 1.0WTE
7. Band 4, Radiotherapy Research Administrator (clinical trials/research studies) - 1.0WTE

The difference between WTE in trials and research is role dependent: the workload for the consultant practitioner does not have any specific responsibility for trials but they do undertake research as part of their role as a requirement for a consultant and a trainee consultant practitioner role. For research

radiographers, their role will also include implementation of new techniques, researching what supportive evidence there is to support techniques.

Long term goal would be to eventually produce a visual map of what happens when by whom, including all players in the RT trials pathway – to also have an indication of time commitments and whether this is just squeezed into the day as part of 'service' or 'out of hours' extra work. This work will be further refined as part of the recommendations.

RT Research Activity Map – DRAFT 2023		
	Team	Function
PHASE 1: SET-UP/RECRUITMENT	<ul style="list-style-type: none"> Research Radiographer(s) / Research Officer Research Administrator 	<ul style="list-style-type: none"> Study set-up Pre-screening / Screening Consent Recruitment Study administration
PHASE 2: PRE-TREATMENT	<ul style="list-style-type: none"> Pre-Treatment Radiographer(s) QA Radiographer(s) Research Radiographer(s) 	<ul style="list-style-type: none"> Contrast administration Mould room prep (immobilisation shell) Patient prep (hydration/enema) Immobilisation assessment CT planning scan Pre-treatment QA checks Pre-treatment trial requirements e.g. (bloods/PETIC/MRI/water swallow tests)
PHASE 3: TREATMENT	<ul style="list-style-type: none"> Treatment Radiographer(s) Imaging Specialist Radiographer(s) Review Radiographer(s) Research Radiographer(s) 	<ul style="list-style-type: none"> Treatment delivery IGRT trial review On - treatment review On - treatment trial toxicity review Trial treatment requirements e.g. (bloods/ PETIC/MRI/water swallow tests)
PHASE 4: POST-TREATMENT	<ul style="list-style-type: none"> Research Radiographer(s) Research Administrator 	<ul style="list-style-type: none"> Post - treatment toxicity review Post – treatment trial requirements e.g. (bloods/PETIC/MRI/water swallow tests) Trial follow-up Trial administration

Medical Physics information

The following information is an initial estimation of times to complete Medical Physics tasks involved in the set-up and delivery of radiotherapy research studies. This work will be further refined as part of the recommendations.

PRE-TRIAL

Times below assume continual uninterrupted work:

QA pack

Download	10min
Read documents	4-6 hours

Delineation case

Transfer to prosoma, Rename Z_	10mins
Fuse if needed	10-30mins
Inform clinicians ready	5 mins
Chase*	5mins
Check and correct nomenclature	10mins
Send to RTTQA once completed	10mins

*Generally, clinicians do not complete in a timely manner and require a follow-up after it has been confirmed that it is not completed, and they have not informed medical physics

Planning case

If matches std practice, plan using existing solution	0.5-2 hours
If different and needs class solution mods/dev complexity	10-60 hours depending on
May also need scripting	10-20 hours
DVH, isodose presets	1 hour
Submit resulting plan to RTTQA	10 mins

Depending on feedback parts of both delineation and planning cases may need repeating and resubmitting. Medical Physics would not script, create presets or do following documentation section until confirmed that planning would be okay.

Also need to consider potential for multiple linac choices (e.g., plan for both TB and Elekta), although the preference is to avoid this.

Documentation

RTTQA forms, complete phys aspects	1 hour
Send to other parties (clin, RT) and collate responses	1 hour
Send to RTTQA	5 mins
Local documentation	4 hours
Independent check of local docs	Unknown

ON TRIAL

Times below are additional to routine similar non-trial patient.

Additional planning time (assuming good class solution)

Checking differences cf std practice	30 mins
Adjusting for nomenclature	30 mins
PAF	10-30 mins
If solution is adequate start point only	
Repeat optimisations until plan acceptable	1-4 hours
If no solution (e.g. not consistent enough anatomy/target type to justify)	0 (as this would be needed regardless)

First one or two patients

Submit delineation prior to planning	30 mins
Plan and submit prior to treatment	30 mins
If either above not accepted, repeat plan and re-submit	3 hours

Plan checking

This is currently unclear and further work is needed	Unknown
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Plan submission

Routine anonymisation and sending	30 mins
If diagnostic scans & registration files required	1 hour
If CBCT required, Elekta	30 minutes <i>per fraction, if needed</i>
If CBCT required, Varian	5 minutes <i>per fraction, if needed</i>

CRFs

Occasional extra info needed, often long after RT	20 mins
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Caveats

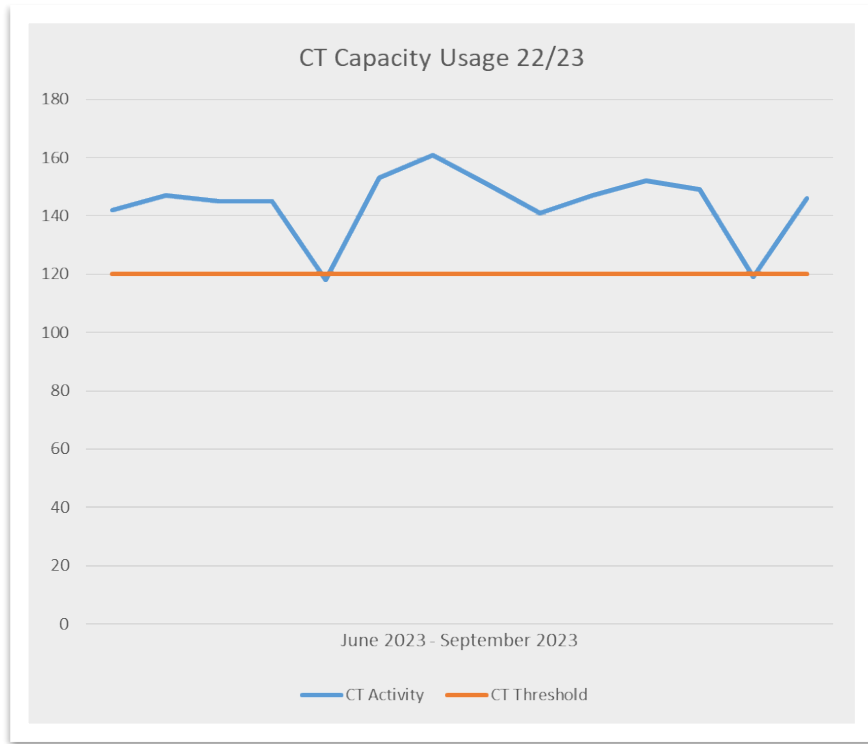
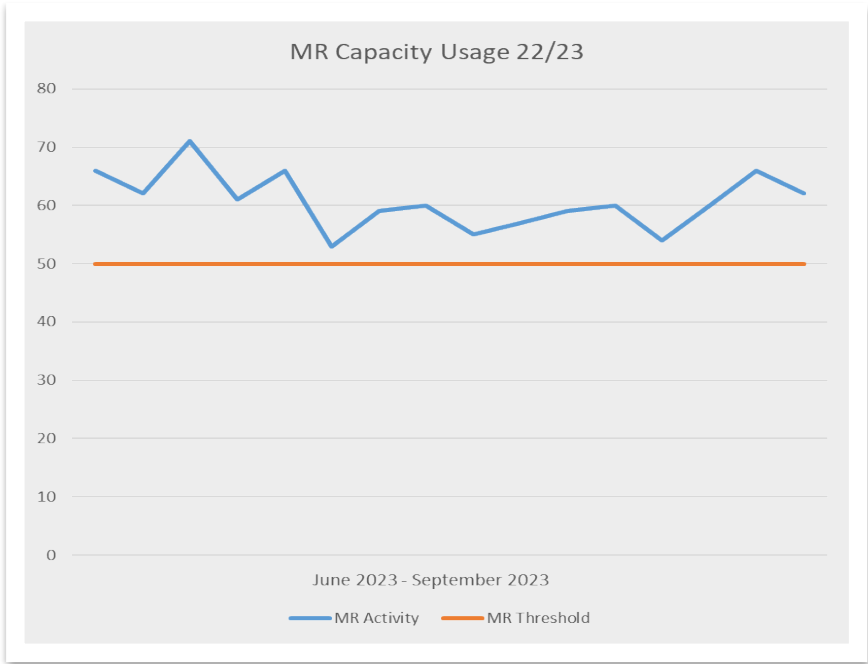
Some trials would not routinely have had RT, so as a section this would be a full new patient.

Some trials mean fewer patients (e.g., proton vs VMAT), so as a section we have fewer cases to treat.

Radiology Information

The following information describes the Radiology Trials availability.

Radiology request demand has gone up 41% since FY2019/20. Current routine appointment waiting time is 5 weeks CT and 3-4 weeks MRI.



Radiology Availability

Ultrasound (US)

Biopsies -

Soft tissue

Nodes

Liver

Peritoneal

Soft tissue Bone mass

Unable to do lung biopsies due to no cardiothoracic post care department.

Fiducials – Primarily Liver – but can do further organs.

Sufficient availability to provide support providing there is Radiologist cover.

Echocardiography – 1 session per week (6 scans)

Computed Tomography (CT)

4 scanning slots per day = 20 per week (*Historically agreed*)

Currently not all of these slots are utilised – if spare these slots are used for urgent outpatients.

Magnetic Resonance Imaging (MRI)

RT prostate trials previously utilised first neuro planning slot for PACE / S-Oar scans. This caused issues when Neuro patient requests had surges and needed to maximise the slots.

New technology has enabled us to cut scanning time on some sequences, this would result in us potentially be able to offer 1-2 scanning slots a week to RT trials.

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

Research, Development, and Innovation Research Service Delivery: Research Nurse Benchmarking, 2023

DATE OF MEETING	07 December 2023
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	DISCUSSION
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Michelle Harry, Senior Research Nurse Manager Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager
PRESENTED BY	Jacinta Abraham, Executive Medical Director
APPROVED BY	Jacinta Abraham, Executive Medical Director
EXECUTIVE SUMMARY	<p>Trust Research, Development, & Innovation (RD&I) have undertaken a benchmarking exercise for the delivery of the portfolio from the nursing aspect.</p> <p>This presentation summarises and provides an update of the activities and information from the Research Service's Senior Nursing Team during the benchmarking visits undertaken in 2023.</p>

	<p>From the three out of five visits completed the initial considerations include:</p> <ul style="list-style-type: none"> • Can we provide a more structured education for our research nurses leading to exceptional confidence in practice and the provision of a dynamic service, with nurses working to the top of their licence? • Are we, as a wider team capitalising on patient screening and recruitment opportunities? • Are there opportunities for streamlining resources to increase capacity? <p>The Research Service's Senior Nursing Team are also linking in with Cancer Research UK (CRUK), who are currently developing a Research Nurse Competency framework, which will be considered for adoption and adaptation into the Research Service once published.</p>
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RECOMMENDATION / ACTIONS	RD&I Sub-Committee are requested to note for DISCUSSION the Research Service Delivery: Research Nurse Benchmarking, 2023.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
<p>The RD&I Sub-Committee meeting convened on 07 December 2023, is the first committee/group meeting in the RD&I Governance Route since the commencement of the Research Nurse benchmarking visits with three other UK Cancer Centres.</p>	

7 LEVELS OF ASSURANCE	
NOT APPLICABLE	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance

APPENDICES	

1. SITUATION

The purpose of this paper is to summarise the Research Service Delivery: Research Nurse Benchmarking activities that have taken place in quarter (Q) 2 and 3 of Financial Year (FY) 2023/24.

At the RD&I Sub-Committee's meeting convened on 21 July 2022, the committee received a presentation and paper on the "Activity Data Benchmarking with other UK Cancer Centres". That activity data benchmarking was completed using research performance data taken from the National Institute for Health and Care Research (NIHR) Open Data Platform (ODP).

One of the recommendations from that work was for the Research Service to undertake a scoping exercise with UK Cancer Centres to determine:

- Available cancer research facilities and equipment resource at the benchmarked organisations.
- Available cancer research staffing resource and any workforce planning utilised by the benchmarked organisations.
- Any efficiencies from the benchmarked organisations that can be adapted for use in Velindre University NHS Trust (VUNHST).

With the Research Service's new appointment of a Senior Research Nurse Manager, starting in April 2023, the service's Research Nurse activities for the delivery of the Trust's research study portfolio naturally came under review.

In addition to the previous benchmarking exercise's recommendation, the following reasons justified undertaking this Research Nurse Benchmarking exercise:

- The number of patients recruited to studies has declined over the last three financial years, with research study recruitment accruals to date being below the expected level for 2022/23.
- The Research Nurse team raising capacity issues within the team.

To assist with review of the service's Research Nursing activities, the RD&I Operational Management Group (OMG), agreed that a series of benchmarking visits to UK Cancer Centres across the country would be beneficial in drawing comparisons, sharing best practice and information gathering to assist with the planning and implementation of a Research Service Delivery: Research Nurse transformation programme.

2. BACKGROUND

The VUNHST Research Service aims to deliver high-quality, cutting-edge experimental research. This includes working with many Sponsors to give oncology patients access to new or novel treatments for cancer.

The Research Service can be broadly divided into three areas responsible for cancer research study set-up and delivery, and research governance, under the Head of Research & Development – these are:

- **Research Delivery Staff [Clinical]**, who are responsible for the clinical and research participant focussed activities in delivering research studies. This group includes Research Nurses, Research Officers and Research Laboratory Assistants.
- **Research Delivery Staff [Non-Clinical]**, who are responsible for non-clinical focussed activities in delivering research studies. This group includes Trial Coordinators and Data Managers.
- **Research Governance Staff**, who are responsible for assessing the Trust has the capacity and capability to deliver a research study, putting practical arrangement in place to provide capacity and capability, and confirming that the Trust can deliver a research study. This includes the staff of the Trust Research & Development Office – Research Delivery Manager, Senior Research Contracts Manager, Research Facilitators, Research Governance / Quality Assurance Officer, and Research & Development Officer.

This Benchmarking exercise focussed on the Research Delivery Staff [Clinical]. The staff complement consists of:

Position	Band	Number	WTE	Vacant
Senior Research Nurse Manager	8a	1	1.00	0
Research Nurse Team Lead	7	3	3.00	0
Research Nurse	6	12	10.56	2
Research Nurse	5	8	6.34	3
Research Officer	5	3	2.33	0
Research Laboratory Assistant	4	3	2.81	0

The Research Nurse team are a mix of Early Phase Clinical Trial and Late Phase Clinical Trial dedicated nurses.

These research nurses cover the outpatient clinics for recruitment including some screening. They also cover the Clinical Trials Research Unit, which has capacity for 6 chairs and 4 beds, where Clinical Trial medication is administered by the research nurse team alongside standard of care treatments.

The Research Nurse team is further divided into three:

- Early Phase Research Nurse Team, covering all disease sites for early phase trials.
- Late Phase Research Nurse Team, covering Breast and Melanoma.
- Late phase Research Nurse Team, covering all other disease sites.

Research Officers and Research Laboratory Assistants come under management of the Late Phase team covering all other disease sites; however, their work is not limited to this team and their workload.

Trial Coordinators and Data Managers are under the Trust R&D Office, the focus on the benchmarking has been nursing only.

3. ASSESSMENT

The report provides an update of the benchmarking exercise thus far, where 3 centres have been visited, with a further 2 centres planned for early 2024. The aspects reviewed were:

- Service delivery, specifically Research Nurse teams and the resources within those teams.
- Treatment areas, how they are set up, and participant management through unit.
- Screening for participants and Research Nurse clinical responsibilities.
- Staff education, and training.

Although research study portfolio figures were also discussed with each centre, for the purpose of this presentation, data was extracted from the NIHR Open Data Platform to maintain accuracy and allow direct comparison.

4. SUMMARY OF MATTERS FOR CONSIDERATION

Having visited these 3 centres, it has allowed the Research Service to formulate some initial ideas to potentially improve the research study delivery at Velindre.

The focus of the benchmarking visits was on Research Nursing Teams and their delivery models. Other research delivery teams/staff such as Data Managers and Trial Coordinators were briefly discussed at each centre, but this information was mainly anecdotal.

A further 2 centre visits are planned for early 2024,

Once our information gathering is completed, we can further focus on using the data to underpin service rejuvenation plan for the next 5 years.

Initial considerations identified from those visits completed, include:

- Can we provide a more structured education for our research nurses leading to exceptional confidence in practice and the provision of a dynamic service, with nurses working to the top of their licence?
- Are we, as a wider team capitalising on patient screening and recruitment opportunities?
- Are there opportunities for streamlining resources to increase capacity?

Visiting these other centres has given the department the opportunity to appraise equitable services elsewhere, to expand our horizons regarding the service's research study delivery and share best practices. Resource allocation was a feature of these benchmarking visits, with heavy focus on job roles and responsibilities.

The Research Service's Senior Nursing Team are also linking in with Cancer Research UK (CRUK), who are currently developing a Research Nurse Competency framework, which will be considered for adoption and adaptation into the Research Service once published.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety, and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development, and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	03 - Workforce Planning
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

	<p>a) The Research Service's Research Nurse Delivery benchmarking presentation describes the Research, Development, and Innovation activities, which demonstrate the Trusts commitment to the RD&I delivery ambitions 2021-2031.</p> <p>b) The presentation also supports the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available.</p>
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	<p>Not required</p>

TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	If more than one Well-being Goal applies, please list below:
	If more than one wellbeing goal applies, please list below:
FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	<p>There is a potential financial impact in not demonstrating the Trust's commitment to the strategic goal "A beacon for research, development, and innovation in our stated areas of priority" as it could jeopardise the funding received from Health and Care Research Wales along with other non-commercial/commercial sources. This could further impact the delivery team's ability to effectively deliver the portfolio should there be a loss of funding for posts.</p> <p>No direct financial implications from this presentation.</p>
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx	Yes - please outline what, if any, actions were taken as a result
	The Equality Impact of Trust RD&I Service's Research Nurse Delivery Benchmarking presentation has been considered and there are no matters of concern to raise.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

6. RISKS



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
WHAT IS THE RISK?	NOT APPLICABLE
WHAT IS THE CURRENT RISK SCORE	Insert Datix current risk score
HOW DO THE RECOMMENDED ACTIONS IN THIS PAPER IMPACT THIS RISK?	<i>[In this section, explain in no more than 3 succinct points what the impact of this matter is on this risk].</i>
BY WHEN IS IT EXPECTED THE TARGET RISK LEVEL WILL BE REACHED?	Insert Date
ARE THERE ANY BARRIERS TO IMPLEMENTATION?	Choose an item
	<i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i>
All risks must be evidenced and consistent with those recorded in Datix.	

APPENDIX 1.

Velindre University NHS Trust – RD&I Research Service Delivery: Research Nurse Benchmarking, 2023

RD&I Sub-Committee
07 December 2023

Contents

- Background
- Research Service Delivery: Research Nurse Benchmarking, why?
- Activity Data extracted from NIHR Open Data Platform
 - Organisational population catchment area
 - NIHR Open Data Platform
 - Data by study trial phase
 - Data by study complexity
 - Data by study commercial status
- Summary of UK Cancer Centres selected for scoping visits
 - Velindre University NHS Trust
 - University Hospitals Birmingham NHS Foundation Trust
 - The Christie NHS Foundation Trust
 - NHS Greater Glasgow and Clyde

Background

- At the RD&I Sub-Committee meeting convened 21 July 2022, recommendation that Research Service undertake a scoping exercise with UK Cancer Centres to determine:
 - Available cancer research facilities and equipment resource at the benchmarked organisations
 - Available cancer research staffing resource and any workforce planning utilised at the benchmarked organisations.
 - Any efficiencies from the benchmarked organisations that can be adapted for use in Velindre University NHS Trust (VUNHST).
- The following UK Cancer Centres were selected to undertake scoping visits:
 - University Hospitals Birmingham NHS Foundation Trust
 - The Christie NHS Foundation Trust
 - NHS Greater Glasgow and Clyde
- Scoping visits will be undertaken with two further UK Cancer in early 2024.
- In addition, research activity data from each UK Cancer Centres was extracted from NIHR Open Data Platform (ODP) to allow direct comparison.

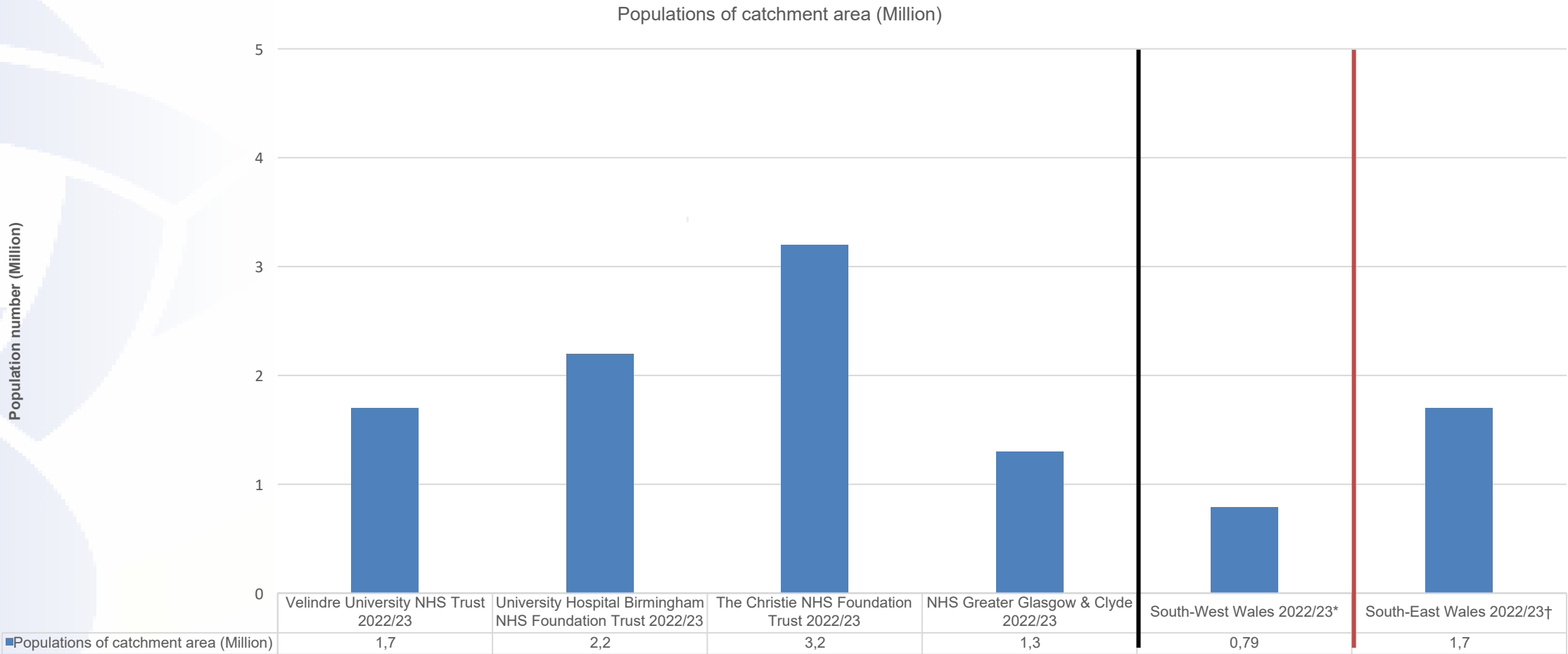
Research Service Delivery: Research Nurse Benchmarking, why?

- Capacity issues
- Patient recruitment shortfall
- Increase in complexity of studies
- Recruitment and retention
- Drive Velindre's Research Delivery ambitions
- Create a seamless patient experience

Activity Data extracted from NIHR Open Data Platform



Organisational population catchment area



Organisation where,
*South-West Wales = SB UHB and HD UHB only.
†South-East Wales = AB UHB, CTM UHB, and CVUHB only.



NIHR Open Data Platform

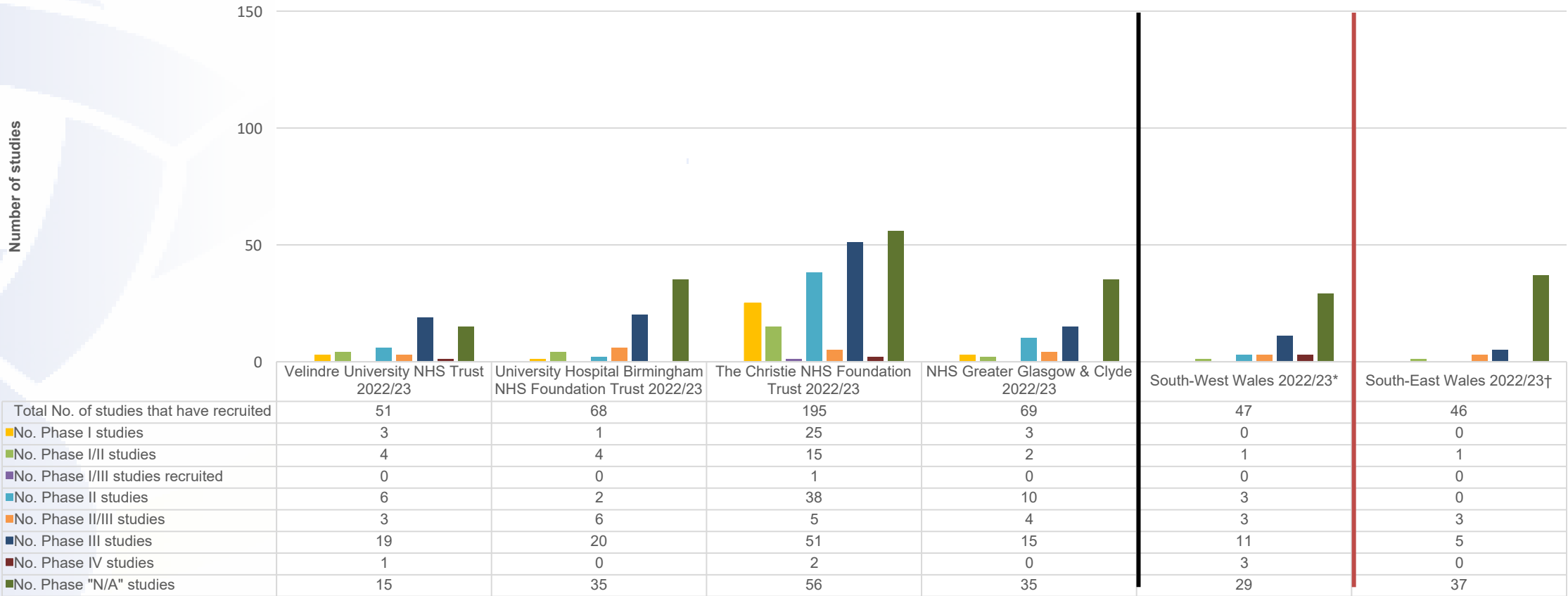
- To complete a direct comparison of VUNHST with other organisations – data was extracted from the NIHR Open Data Platform (ODP).
- Data cut = 27 November 2023
- Filters applied to NIHR ODP are as follows:

Recruitment Activity FY	Specialty	Sub-specialty			Organisation
FY2223	Cancer	• Bladder cancer	• Brain cancer	• Breast cancer	Velindre University NHS Trust
		• Colorectal cancer	• Gynaecological cancer	• Head & Neck cancer	University Hospital Birmingham NHS Foundation Trust
		• Lung cancer	• Lymphoma	• Prostate cancer	The Christie Foundation NHS Trust
		• Psychosocial Oncology & Survivorship	• Radiotherapy	• Renal cancer	NHS Greater Glasgow & Clyde
		• Sarcoma	• Skin cancer	• Supportive and palliative care	South-West Wales • Hywel Dda UHB • Swansea Bay UHB
		• Testicular cancer	• Upper GI cancer		South-East Wales • Aneurin Bevan UHB • Cwm Taff Morgannwg UHB • Cardiff & Vale UHB

- Where the data output primary sub-specialty was non-cancer sub-specialty listed above, these have been classified and included as part of the “Other” sub-specialty
- As VUNHST does not treat the following sub-specialties, they were excluded: Children’s Cancer and Leukaemia; Haematological Oncology; Primary Care; Teenage & Young Adult’s Cancer

Studies by phase – FY2022/23

Number of studies by study phase for FY2022/23.
Excluding Children's Cancer and Leukaemia, Haematological Oncology, Primary Care, Teenage & Young Adult's Cancer

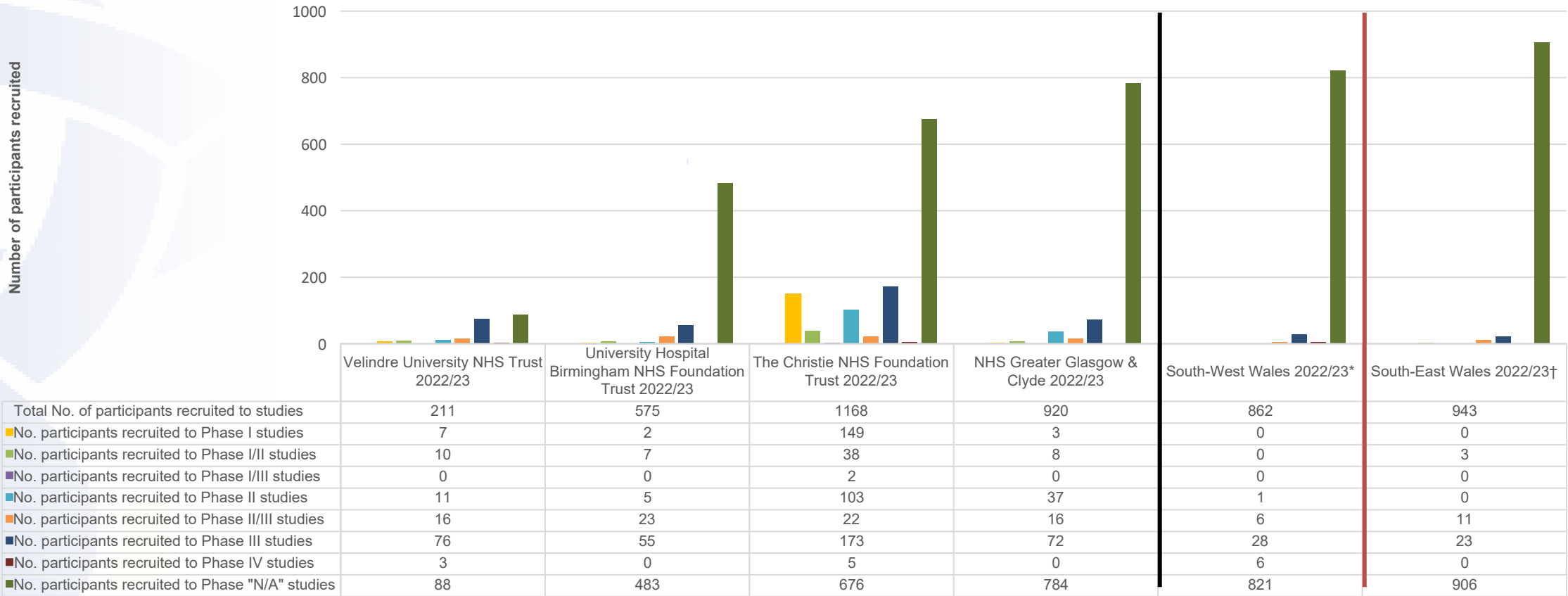


Organisation where,
*South-West Wales = SB UHB and HD UHB only.
†South-East Wales = AB UHB, CTM UHB, and CVUHB only.



Recruitment by phase – FY2022/23

Number of participants recruited by study phase for FY2022/23.
Excluding Children's Cancer and Leukaemia, Haematological Oncology, Primary Care, Teenage & Young Adult's Cancer

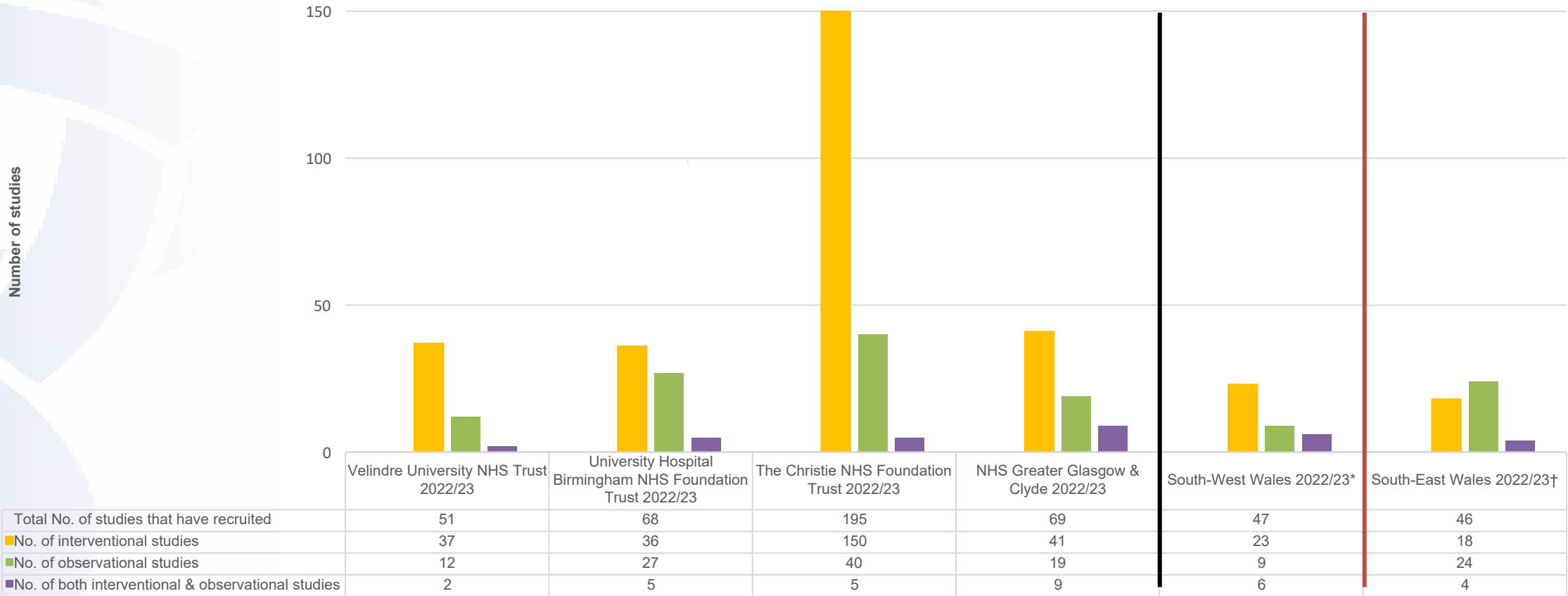


Organisation where,
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Studies by complexity – FY2022/23

Number of studies by complexity for FY2022/23.
Excluding Children's Cancer and Leukaemia, Haematological Oncology, Primary Care, Teenage & Young Adult's Cancer



Organisation where,

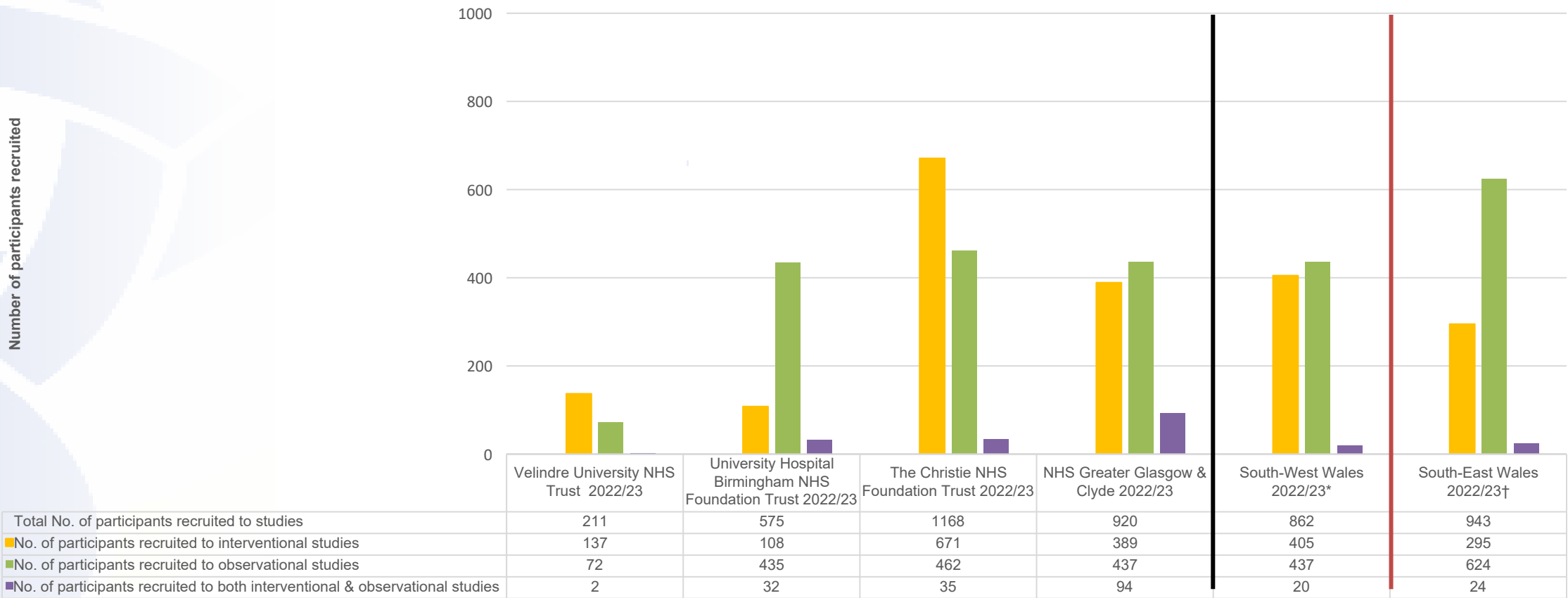
*South-West Wales = SB UHB and HD UHB only.

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Recruitment by complexity – FY2022/23

Number of participants recruited by complexity for FY2022/23.
Excluding Children's Cancer and Leukaemia, Haematological Oncology, Primary Care, Teenage & Young Adult's Cancer

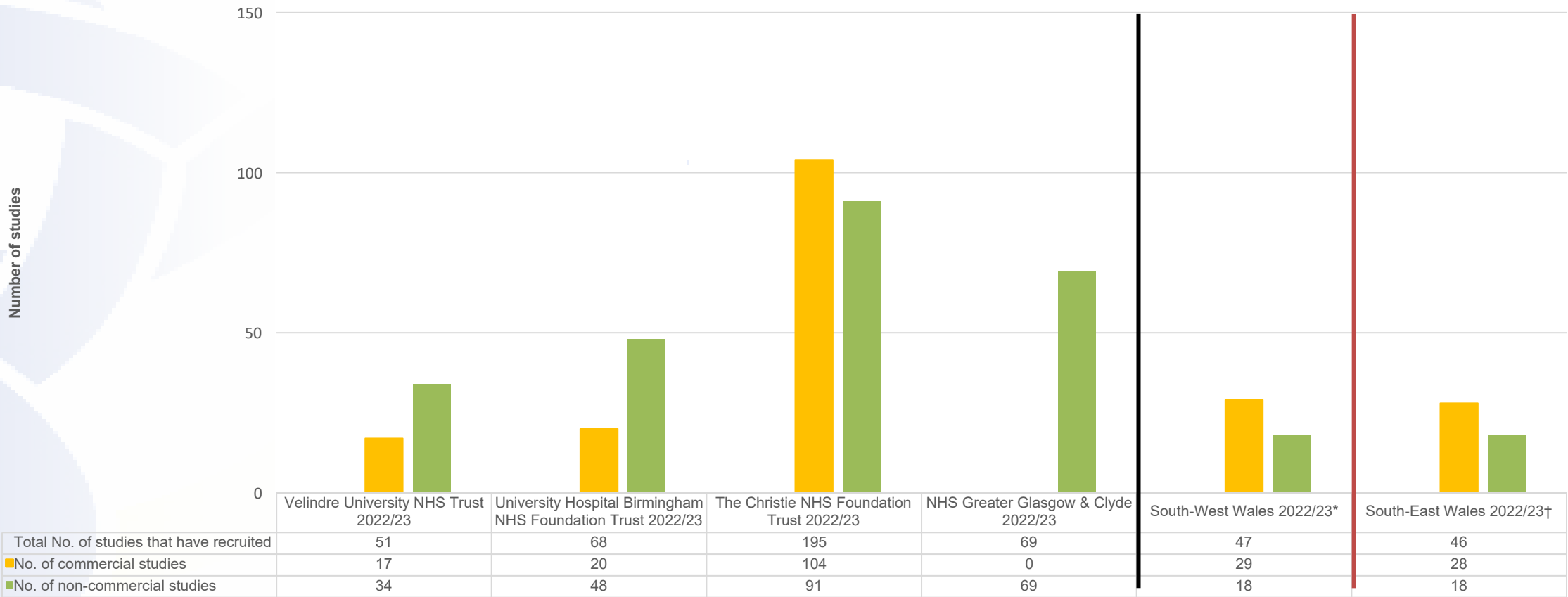


Organisation where,
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Studies by commercial status

Number of studies by commercial status for FY2022/23.
Excluding Children's Cancer and Leukaemia, Haematological Oncology, Primary Care, Teenage & Young Adult's Cancer

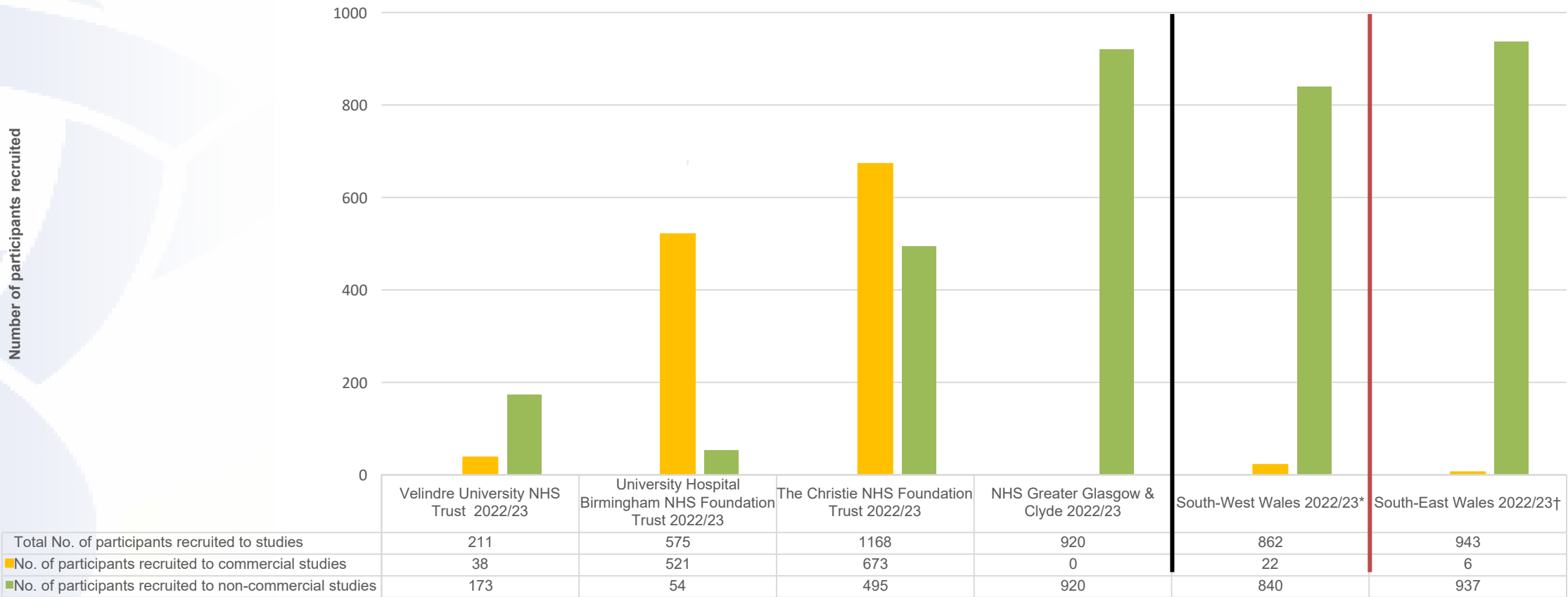


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Recruitment by commercial status

Number of participants recruited by commercial status for FY2022/23.
Excluding Children's Cancer and Leukaemia, Haematological Oncology, Primary Care, Teenage & Young Adult's Cancer



Organisation where,
*South-West Wales = SB UHB and HD UHB only.
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Summary of UK Cancer Centres selected for scoping visits

Velindre University NHS Trust (1)

Service Delivery

- Senior Research Nurse Manager 8a
- Team Leads B7 x3
- Research Nurse B6 x 12 (WTE 10.56)
- Research Nurse B5 x 9 (WTE 7.34)
- Research Officer B5 x 3 (WTE 2.33)
- Lab Assistants B4 x 3

Treating Unit

- EP & LP patients treated on CRTU
- Open 8-5
- No overnight stays, no access emergency care
- SOC treated on unit
- Late stays, PK samples EP staff
- Lab support for research specific assessments and taking and processing samples

Velindre University NHS Trust (2)

Education

- Generic Trust induction pack with added research specific section
- UKONS SACT Passport
- Support for MSc Programme
- Support for Introduction to Research Fellowship

Participant Management

- Nurses and Research Officer screen clinics, some Principal Investigator referral
- Nurse led Clinics
- NMP
- Nurses activate IVRS
- Support of Trial Coordinator and Data Manager for administrative duties



University Hospitals Birmingham NHS Foundation Trust (1)

[Queen Elizabeth Hospital]

Service delivery

- CRF Research Team Lead B8
- Clinical and Admin Lead B8
- Senior Research Nurse B7
- Research Nurse B6
- No B5's
- Support workers B4
- Lab support staff B4/3

Treating Unit

- EP patients treated on CRF by CRCTU staff
- Open 8-6
- LP patients treated on SACT unit by non Research Nurses
- No emergency service at CRF, pathways in place for emergency transfer
- Overnight stays on CRF, medic sleeps on call, arranges cover
- Lab support for processing samples

University Hospitals Birmingham NHS Foundation Trust (2)

[Queen Elizabeth Hospital]

Education

- CRF national competency document
- UKONS SACT training
- B4 associate nurses pathway to RN
- B5-B6 program, min 1 year to complete
- Use 8 elements of UKCRF framework
- Rotational nurse program SACT-Wards-Trials

Participant Management

- PI referrals for patients
- No Nurse led clinics
- No research ANP
- O/N stays, medics arrange cover
- Aseptic Pharmacy off site
- Nurse PI's QOL studies
- Data manager lead on data collection studies

The Christie NHS Foundation Trust (1)

Service Delivery

- Research Team Lead B8a
 - Research Manager B7
 - Research Portfolio Manager B6
 - Research Practitioner B5
 - Senior CTC B5
 - Research Practitioner B4
 - CTC B4
-
- 22 teams in total
 - 83 Research Nurses
 - 110 CTC
 - 87 PI's

Treating unit

- Open 8-6
- Nurse patient ratio 1 to 8/9
- EP & LP treated on same unit by same team
- Lab support for sample processing
- Overnight stays

The Christie NHS Foundation Trust (2)

Education

- B5-B6 program, minimum 1 year
- UKONS SACT passport 6-8 weeks for completion
- Nurse rotation to develop skills and staff retention
- Lab staff attend UK CRF Lab Managers Group

Participant management

- Screening- performed by RN's and present in clinic
- Consultant clinics, some nurse led clinics
- NMP
- Reviewed, prescribed and treated on same day

NHS Greater Glasgow and Clyde (1)

[The Beatson – West of Scotland Cancer Centre]

Service Delivery

- Head of Trial coordination
- Network Manager B8a
- Lead Research Nurse 8a
- Research Nurse Manager CRUK funded B7 (ECMC) ATMP and BMT
- Research Nurse Manager x2 B7 Late Phase/Early Phase
- Research Nurse B6
- Senior CTC's B6
- Research Nurse/CTC B5
- Admin staff B4/3
- Sample handler B3

Treating Unit

- EP team based on dedicated unit (CRF)
- Open 8-6
- Access to emergency care and o/n stays, EP nurses staff shifts
- Late phase treated on day case unit by SACT staff with SACT patients
- Late stays, PK's all treated on CRF by LP staff
- Lab support for sample processing

NHS Greater Glasgow and Clyde (2)

[The Beatson – West of Scotland Cancer Centre]

Education

- Governance compliance group, consists of senior staff, learning and updates come from meeting
- 1 day Nurse SACT workshops annually for compliance
- B5/6 education program
- B5/B6 induction program
- UKONS SACT passport undertaken 8-12 weeks
- Developing B5 RO role

Participant Management

- PI & SI screen all patients
- No nurse led clinics
- No NMP's
- Pharmacy allocate treatments on IVRS
- All screening, eligibility, randomisation, PI sign off, carried out by B5 CTC

Summary

- Scoping visits undertaken at 3 UK Cancer Centres, 2 further visits planned for early 2024.
- Information gathered to date has allowed service to identify the following initial considerations:
 - Can we provide a more structured education for our research nurses leading to exceptional confidence in practice and the provision of a dynamic service, with nurses working to the top of their licence?
 - Are we, as a wider team capitalising on patient screening and recruitment activities?
 - Are there opportunities for streamlining resources to increase capacity?
- The scoping exercises have given us the opportunity to appraise equitable services elsewhere, to expand our horizons regarding the service's research study delivery and share best practice.
- The Research Service's senior nursing team are also linking with CRUK who are currently developing a Research Nurse Competency framework that will be considered for adoption and adaptation into the Research Service once published.

Any Questions?



Developing the Trust Wide Clinical & Scientific Infrastructure and Strategy

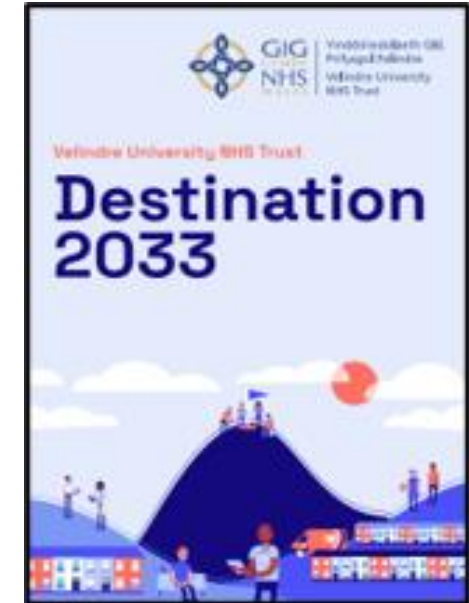
Joanna Doyle
(Clinical & Scientific Strategy Lead)

What do we need to do?

- ❖ Drive the strategic clinical and scientific agenda for the Trust.
- ❖ Strengthen the voice of our clinical & scientific communities.
- ❖ Provide clinical and scientific direction for strategic planning, decision making & prioritisation.
- ❖ Ensure systems and mechanisms can enable the clinical & scientific strategy to translate into operational delivery.

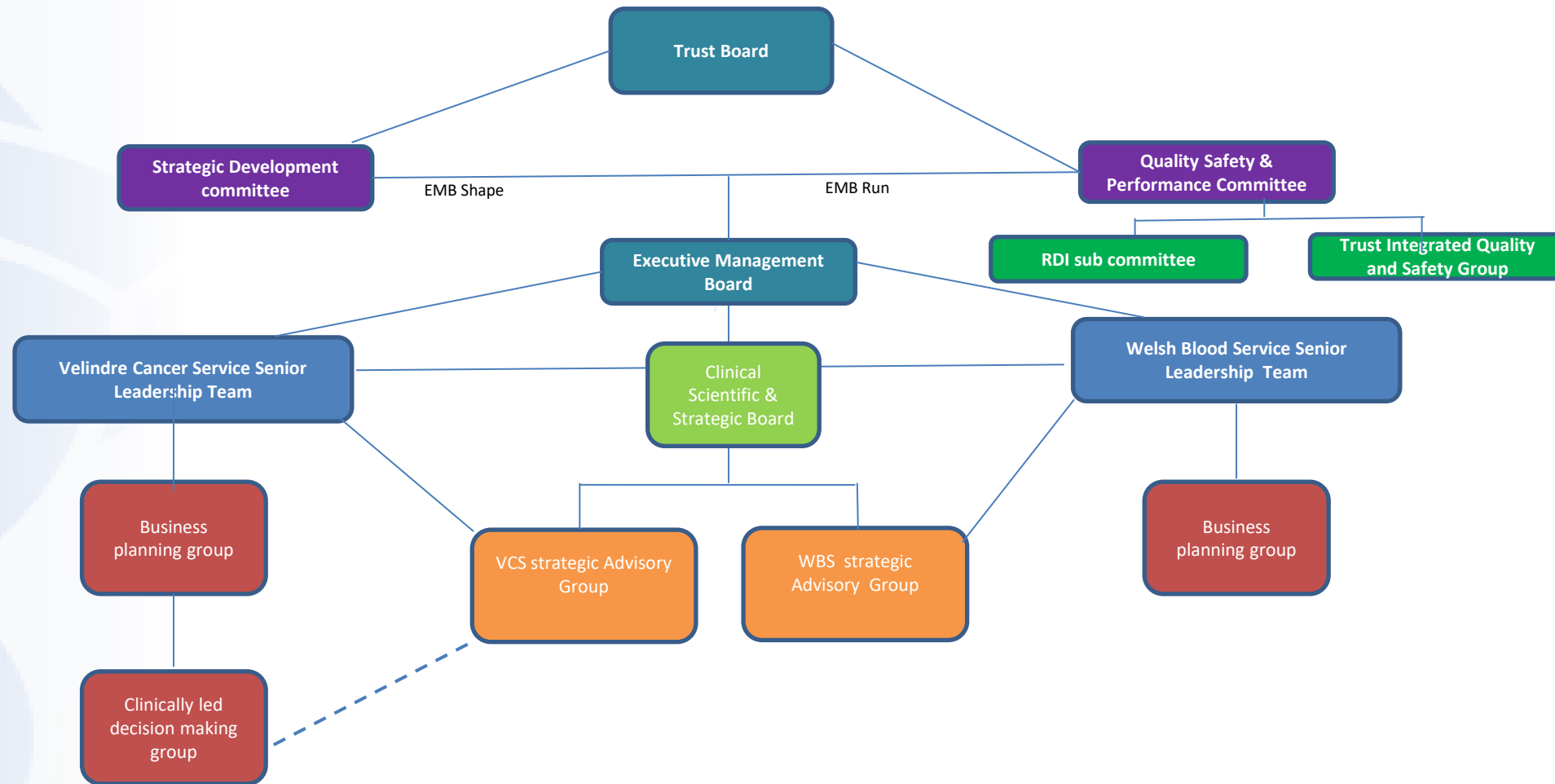
Establish the Clinical & Scientific Strategic Board & infrastructure

Develop a Clinical & Scientific Strategy



“Developing and implementing our clinical and scientific strategies which will set out which services we will deliver over the next 10 years; focusing our offer on delivering services that we believe that we can truly become leading experts in”

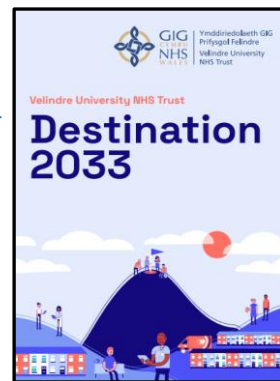
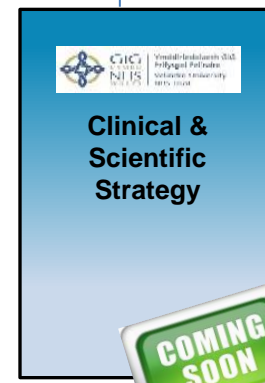
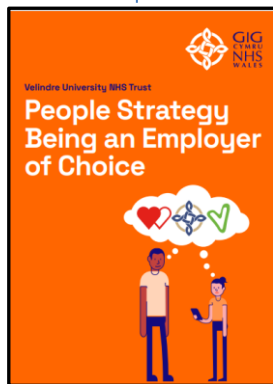
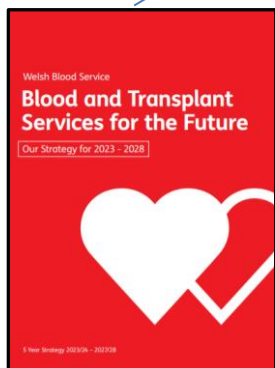
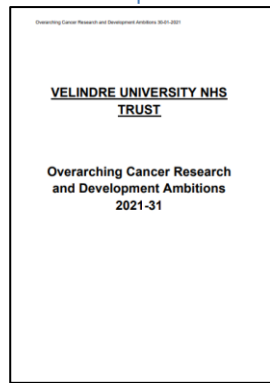
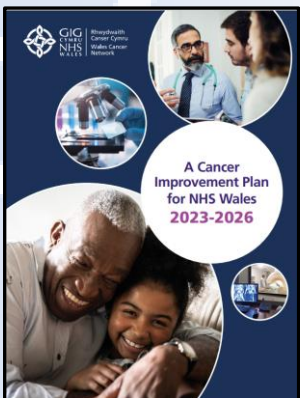
Governance Framework



Why do we need to develop a Clinical & Scientific Strategy?

- ✓ Requirement within the Trust Strategy
- ✓ Listen and respond to our Clinical and Scientific workforce - “what matters to you?”
- ✓ Provide a blue-print for our clinical & scientific services.
- ✓ Based on the changing landscape check that our priorities remain the same and confirm where we want to be in 5 years
- ✓ Build on existing work and confirm what we need to do to get the basics right
- ✓ Set out our priorities to guide future decision making
- ✓ Plan ahead for the development of new services and the New Velindre Hospital
- ✓ Clearly articulate the role that we will play as an organisation within the regional and national context
- ✓ Develop a core set of guiding clinical and scientific principles to underpin and guide our work





What will a Clinical & Scientific strategy do?



Provide us with a shared vision, strategic aims & priorities



Empower the workforce to be responsive to changing clinical priorities



Help us prioritise the areas that we want to improve & change over the next 5 years



Lead & drive the clinical & scientific agenda, innovation and transformational change



Provide a core set of guiding principles



Strengthen leadership and the voice of clinical & scientific communities.



Inform strategic planning & operational delivery



Secure the resources that are required to deliver the strategy



Improve collaborative working to deliver sustainable services & improved outcomes for our patients and donors



Align to and complement existing strategies and programmes of work

What is the plan to develop the strategy?

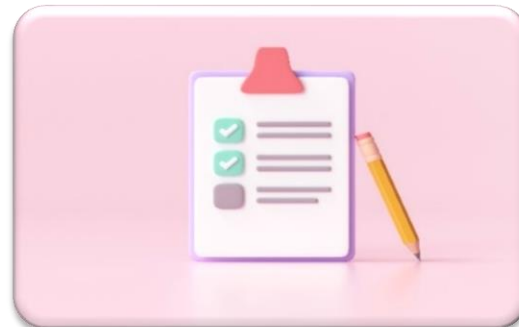


Our priorities- initial thoughts

Expand & strengthen relationships with external partners.	Maximise opportunities for collaboration, shared learning & innovation (Internal & External)	Improve Vein to vein traceability in transfusion	Address the skills gap	Develop integrated IT infrastructure	Radiotherapy research	Targeted therapy
Advanced intelligence	Develop acute oncology service/ care hubs	Advanced radiotherapy	Bone marrow harvest	Regional planning at an operational level	Cellular therapies	Advanced roles
Cross site working, minimise silo working	Confirm our role in diagnostics	Sustainability delivery of clinical service	Delivering whole pathway NICE approved care	Improve access & equity to services closer to home	Deliver scientific cancer services locally	Improve IT infrastructure
Address inequalities	Maximise use of technologies & improve access to data	Education, training, succession planning for workforce	Maximise use of data – create informatics dashboards.	Develop outreach services	Develop immunology toxicity services	Cultural shift from clinical to MDT model
Benchmark against “best in class”	Increase recruitment to clinical trials	Focus on our core business & “getting the basics right”	Link local service delivery with regional expectations	Invest in estates, equipment & the workforce	Develop clearly defined training roles	Gene therapies

Get
involved
and have
your say!

Register now



Questionnaire



Listening workshop



Engagement Event



Thank you

Joanna Doyle
(Clinical & Scientific Strategy Lead)
Joanna.doyle3@wales.nhs.uk

APPROVED BUSINESS CASES – ANNUAL EVALUATION REPORT

1. BUSINESS CASE TITLE	2. BUSINESS CASE REFERENCE NUMBER
Building Capacity in Research through the establishment of a small grants scheme	2021-05
3. BUSINESS CASE PREPARED BY	4. BUSINESS CASE SPONSORED BY
Sarah Townsend, Head of Research & Development	Jacinta Abraham, Executive Medical Director and Board Lead for RD&I
5. DATE APPROVED BY CFC	6. DATE APPROVED BY RD&I SUB-COMMITTEE
01 February 2021	27 January 2021
7. BRIEF SUMMARY OF THE BUSINESS CASE	
<p>The “Building Capacity in Research through the establishment of a small grant scheme” business case (Ref.: 2021-05) requested funding of £50K be ring fenced from Velindre Charitable Funds to restart the Trust’s Research & Development Small Grant Scheme. The grant was to provide an opportunity for funding for five projects up to £10K or pro rata for small projects.</p> <p>The proposal requested funding to pump prime capacity building in research in line with the emerging strategies for research and development, i.e.:</p> <ul style="list-style-type: none"> VUNHST’s Strategy – “Overarching Cancer Research and Development Ambitions 2021-31”. Welsh Blood Service’s Research & Development Strategy. <p>The Trust had recognised that in order to fulfil the requirements in relation to university status there was a need to invest in further strengthening its non-medical research portfolio increasing the Nursing, Allied Health Professionals, and Medical Scientist research activity. A Velindre Professor of Nursing and Interdisciplinary Cancer Care has been appointed to lead this important initiative. They were to be supported by 0.8WTE Velindre Research Fellow working across the Trust to contribute to the development and delivery of the Trust’s RD&I Strategy.</p> <p>The establishment of an annual Small Grant Scheme managed within the Trust’s RD&I service would support the development of new researchers in a multidisciplinary and supportive research environment and also support multidisciplinary research activity aligned to strategic priorities.</p>	
8. PROJECT TERM – e.g. one year	
One year	
9. PLEASE INDICATE THE STAGE OF THE PROJECT THIS EVALUATION RELATES TO: (please tick)	
Year 1	
Year 2	
Year 3	
End of project evaluation	X
10. EXPENDITURE:	
<p>a) What was the value of the funding request?</p> <p>The funding requested was a ring-fenced £50K (<i>fifty thousand pounds</i>) to support a Trust R&D Small Grant Scheme.</p>	
<p>b) Is expenditure on target? If no, explain why?</p>	

There is a forecast of £29K being drawn down from the Velindre Cancer Charity by the end of Financial Year (FY) 2023/24.

There is currently an underspend on the Small Grant Scheme finances. The research assistant support to the awarded project has been extremely beneficial and highly effective. Therefore, it has been considered and agreed by the Executive Director of Nursing, AHPs and Health Science, Head of Research & Development, and Professor of Nursing & Interdisciplinary Cancer Care, that the underspend should continue to fund the research assistant post. This post, currently seconded from Cardiff University, continues to support the active projects, and would assist the coordination of a Small Grant Scheme call proposed for 2024.

11. WILL THE PROJECT BE DELIVERED WITHIN THE AGREED TIME FRAME? IF NOT, FULLY LIST THE REASONS FOR THE DELAY AND WHAT ACTION YOU ARE TAKING TO RECTIFY/ PUT THE PROPOSAL BACK ON TRACK?

The Small Grant Scheme awarded projects commenced at different times, with differing factors contributing to delays in some of those projects. Some of these delays were due to changes in the intended deliverables and personnel supporting the awarded projects.

For those projects that had not commenced or had been delayed, support from a research assistant was agreed to enable continuation. The support of a research assistant has allowed the recipients of those delayed projects to continue their work.

12. FULLY EVALUATE THE PROJECT BY COMPLETING THE TABLE BELOW. CONFIRM IF THE PROJECT IS DELIVERING/DELIVERED AGAINST ITS ORIGINAL OBJECTIVES AND HOW THIS IS BEING/HAS BEEN ACHIEVED. STATE THE AREAS WHERE YOUR PROJECT IS MAKING/HAS MADE A DIFFERENCE USING RELEVANT MEASURING TOOLS.

The Trust R&D Small Grant Scheme closed to applications on 01 September 2022, and the award panel met on 29 September 2021. The panel was chaired by Nicola Williams, Executive Director of Nursing, AHPs and Health Science and consisted of the Trust Chair, Professor Donna Mead OBE, and representatives from the Welsh Blood Service and Velindre Cancer Centre.

The panel considered the ten applications received and supported six projects. Two of the six project applications subsequently withdrew. The four supported project applications and the award recipients updates are as follows:

1. Vaginal dilator use for the management of vaginal stenosis, a UK scope of current practice. Staff Group: Advanced Practice Gynae-oncology Physiotherapist.

This project was initially delayed in commencing. As of the end of Oct 23, the project has fully commenced. The project has been registered with the Service Development team and the award recipient is working with the Information Governance Manager to ensure all correct procedures will be followed going forward in terms of data collection.

The project is now being supported by a Research Assistant, and an overview of the literature has been undertaken. The recipient and research assistant are currently working on a questionnaire, hoping to have it finalised by the end of November 2023. Alongside they are also looking at gathering contacts that the questionnaire will be sent to. Work will then continue to progress the project with the next stage being the sending out of the questionnaires.

2. An evaluation of the improvement of patient access to emotional support services from the inclusion of a cancer support specialist role within the clinical psychology and counselling team at Velindre Cancer Centre. Staff Group: Consultant Clinical Psychologist.

This project initially experienced difficulties in commencing due to a change in both deliverables and the personnel supporting it. The project received support from a Research Assistant to allow work to be undertaken.

The project is now completed, with the final report currently being written. It is expected that this project report will be completed during the third quarter of Financial Year 2023/24. The report will be available to the Charitable Funds Committee once finalised on request.

3. An Investigation of how Taste Changes Recover following Radiotherapy for Head and Neck Cancer. Staff Group: Consultant Therapeutic Radiographer.

The project completed in July 2023, with one poster presentation completed (see following reference) and a further poster presentation accepted for Wales Cancer Network Head and Neck Cancer Study Day at the end of November 2023.

Reference:

Mathlin J, Patil M. (March 2023) Taste change following radiotherapy treatment for head and neck cancer. Cancer Research Symposium, Cardiff University. 2023.

The main findings of the project were:

- Using an online form to collect data is an effective and efficient methodology.
- All participants reported some improvement in their sense of taste over the 8-week period.
- All participants who had been feeding tube dependent on completing RT had moved on to oral diet.

The recipient is hoping to report the methodology, which proved very successful, as a possible journal article.

4. Investigating MRI Autosegmentation for Gynae brachytherapy. Staff Group: Radiotherapy Pre-Treatment Imaging Physicist.

The original grant proposal included funds allocated to support the acquisition of required Information Technology at Velindre Cancer Centre. The project work was performed at Cardiff University to confirm feasibility of the auto-segmentation solution and clarify requirements first.

The project developed, trained and tested three auto-segmentation solutions, with the U-Net algorithm determined to be most accurate. Variations across all auto-segmentation methods was reported, with no single solution performing best. Baseline manual contouring inter-observer variation and timing data have been determined, against which any auto-segmentation method can be compared. Deep learning auto-segmentation model generated contour dose variations were determined to be within the current inherent clinical variations and to have the potential to realise significant time savings.

The recipient has completed and submitted a thesis for the Higher Scientist Specific Training (HSST) and presented aspects of the work to the All-Wales Medical Physics & Clinical Engineering conference and the Cardiff Engineering Research conference. Currently, consideration is being given to publications that can be generated from this work.

Further work is required to assess the feasibility of clinical implementation and adapt the solution to work being commissioned locally.

Original Business Case Objective	Achieved (Y/N)*	Explain how Achieved
Provide the opportunity to secure future funding or match funding through pump priming the development of research projects eligible for the Health and Care Research Wales portfolio.	Yes	The success of the Small Grant Scheme recipients and their experience has stimulated and encouraged other Trust staff to consider undertaking research and make applications to the Trust's Healthcare Cancer Research Fellowship scheme (funded by the Velindre Charity, through the RD&I integrated bid) and to external funders.

		<p>It is expected that those staff in receipt of a Small Grant Scheme award and those further staff who, as a result, have made applications to the Trust's Healthcare Cancer Research Fellowship scheme; will further progress their research at the end of their awards. Staff are encouraged to review their project outputs and recommendations to identify further research, or extension of their research, into projects that can be considered eligible for the Health and Care Research Portfolio.</p>
<p>To build new research capacity and capability within the Trust with new researchers being provided with support from the Trust R&D office throughout the project with a view to attracting external grant funding in the future.</p>	Yes	<p>The Small Grant Scheme enabled researchers to undertake their projects with the support of:</p> <ul style="list-style-type: none"> • Professor of Nursing & Interdisciplinary Cancer Care • Research Assistant • Trust R&D Office <p>To date, two of the supported projects have generated conference talks and poster presentations. Further consideration is being given by the recipients who have completed their projects as to how further to publicise/present the outputs of their projects.</p> <p>The success of the Small Grant Scheme recipients and their experience has encouraged other Trust staff to consider undertaking research and make applications to external grant award bodies. Recently, a Health and Care Research Wales, Research Capacity Building Collaboration Wales (RCBC Wales) First into Research Fellowship has been awarded to a Velindre Cancer Centre Therapeutic Radiographer.</p>
<p>To develop new researchers within the Trust that will support the commitment to succession planning for research activity and research active staff within the Trust.</p>	Yes	<p>The success of the Small Grant Scheme recipients and their experience has encouraged other Trust staff to consider undertaking research and make applications to the Trust's Healthcare Cancer Research Fellowship scheme (funded by the Velindre Charity) and to external funders.</p> <p>The Trust's Healthcare Cancer Research Fellowship scheme has recently made four awards (one Doctoral studentship and three First into Research awards).</p>

***If an objective is not being/was not achieved, provide details in section 13 below**

13. EXPLAIN WHERE THE PROPOSAL IS/DID NOT ACHIEVE AND WHY AND WHAT YOU WOULD DO DIFFERENTLY.

Some of the Small Grant Scheme projects were initially delayed in commencing or delayed in progressing due to different factors, for example, changes in the intended deliverables and personnel supporting the awarded projects.

As a result of these factors and delays it was agreed that a research assistant would be allocated to these projects to provide additional support and guidance (under the direction of the Professor of Nursing & Interdisciplinary Cancer Care). This support re-invigorated and allowed the continuation of the projects.

In the future, Small Grant Scheme project applications will be reviewed to determine what additional support for commencement may be required to ensure that suitable supporting resource can be allocated from the outset.

14. IN NO MORE THAN 100 WORDS EXPLAIN TO DONORS HOW YOU HAVE USED THEIR MONEY TO MAKE A DIFFERENCE?

Velindre Cancer Charity's support of the Small Grants Scheme has enabled the Trust to award funding to nurses, therapists and scientists with exciting ideas to carry out research projects expected to have beneficial outcomes contributing to the improvement in the safety or quality of cancer care.

The Small Grant Scheme recipients and their experience has encouraged other research naïve nurses and therapists to take the first steps in developing an idea into a research project. This has energised staff to consider undertaking research and applying to the Trust's Healthcare Cancer Research Fellowship scheme, and to also apply to external funders.

15. FEEDBACK? HOW HAS THE INTENDED USER COMMUNICATED THE DIFFERENCE THAT YOUR PROJECT HAS MADE?

The outcomes of the projects supported by the Small Grants Scheme are reported to Velindre Cancer Charity with other outputs generated including journal articles, conference presentations and posters. The feedback from the recipients and their experiences has encouraged other staff to make applications to the Trust's Healthcare Cancer Research Fellowship scheme, and to also apply to external funders.

It is also intended that news stories be developed by the RD&I Communications and Engagement Officer with the award recipients to be published internally on the Trust intranet, and externally as appropriate. These stories will also act as supporting material for future Small Grants Schemes.

16. PROVIDE DETAILS OF LESSONS LEARNT

Lessons learnt from undertaking this Small Grant Scheme, that would be applied to any future schemes include:

- Ensuring application guidance is clear to applicants regarding the requirement to include project support costs, as this has a bearing on the number of projects that could be supported by the Small Grants Scheme call.
- Ensuring the applicant and the subsequent review by the Small Grants Scheme award panel considers robustly the achievability of the deliverables and the requirement for support of additional personnel, such as a research assistant, to ensure sufficient resource is allocated to the projects.

PLEASE NOTE: PUBLIC DOMAIN NOTICE

As part of the Trusts commitment to publicising committee papers on the internet, this report will be available to the public. The Charitable Funds Committee will assume unless explicitly stated here that the contents of this report has been agreed by all those involved and that it is ready for publication in the public domain.

Minutes

Private Research, Development & Innovation Sub-Committee

Velindre University NHS Trust

Date 19/09/2023
Time 12:30-1:30pm
Location Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff
Chair Professor Andrew Westwell, Independent Member

PRESENT		
Professor Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	AW
Vicky Morris	Independent Member	VM
ATTENDEES		
Dr Jacinta Abraham	Executive Medical Director and RD&I Lead	JA
Libby Batt	Head of Velindre Cancer R&D Strategy	LB
Matthew Bunce	Executive Director of Finance	MB
Christopher Cotterill Jones	Research Delivery Manager	CCJ
Dr Robert Jones	Associate Medical Director for RD&I	RJ
Dr Edwin Massey	Medical Director, Welsh Blood Service	EM
Emma Stephens	Head of Corporate Governance	ES
SECRETARIAT		
Sandra Cusack	Business Support Officer	SMC

1.0	STANDARD BUSINESS	
1.1	Apologies <ul style="list-style-type: none"> • Dr Eve Evans, Clinical Director, Velindre Cancer Services • Professor Donna Mead OBE, Trust Chair • Chloe George, Head of Component Development, WBS • Jennet Holmes, Head of Innovation • Sarah Townsend, Head of Research & Development • Nicola Williams, Executive Director of Nursing, AHP's & Health Scientists 	
1.2	In Attendance <ul style="list-style-type: none"> • Christopher Cotterill-Jones, Research Delivery Manager (Deputising) • Kate Cleary, Velindre Futures Cancer R&D Strategy Project Manager (Observer) • Dr Paul Shaw, Consultant Oncologist (Item 2.1) • Rachel Savery, Head of Programme Advanced Therapies Wales (Item 4.1) 	
1.3	Declarations of Interest <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i> No declarations of interest were raised.	
2.0	MAIN AGENDA	
2.1	Business Case - Small Animal Irradiator Platform (SARRP): Supporting Staff Costs <i>Led by Dr Paul Shaw, Consultant Oncologist</i> The Research, Development & Innovation Sub-Committee ENDORSED FOR APPROVAL support to fund staff costs for a prospective SARRP at Cardiff University and onward submission to the Advancing Radiotherapy Fund Meeting scheduled for 25th October 2023.	
2.2	Cardiff Cancer Research Hub Update including Strategic Investment Case, Trial Portfolio and Branding <i>Led by Libby Batt, Head of Velindre Cancer R&D Strategy & Professor Robert Jones, Associate Medical Director of Research & Development</i> The Committee received a progress update on the Cardiff Cancer Research Hub including updates on the Strategic Investment Case, Trial Portfolio, Branding and Heads of Terms. The Research, Development & Innovation Sub-Committee NOTED the Update.	
3.0	CONSENT AGENDA	

	(The consent part of the agenda considers routine Committee business as a single agenda item. Members may ask for items to be moved to the main agenda if a fuller discussion is required).	
3.1	CONSENT – FOR APPROVAL	
	There were no items for approval.	
3.2	CONSENT - FOR ENDORSEMENT	
	There were no Items for endorsement.	
3.3	CONSENT – FOR NOTING	
3.3.1	<p>FAKTION Study Data Licencing Agreement – Update <i>Led by Professor Robert Jones, Associate Medical Director of Research & Development</i></p> <p>The Research, Development & Innovation Sub-Committee NOTED the legal advice received and the steps taken to date.</p>	
4.0	HIGHLIGHT REPORT TO THE TRUST QUALITY SAFETY & PERFORMANCE COMMITTEE	
	There were no items identified to alert /escalate to Trust Board.	
5.0	ANY OTHER BUSINESS	
5.1	<p>Advanced Therapy Treatment Centre, UK Initiative on Clinical Trials <i>Led by Rachel Savery, Head of Programme Advanced Therapies Wales</i></p> <p>The Research, Development & Innovation Sub-Committee NOTED the Potential Opportunity for Continued and Extended Participation in the UK ATTC paper, particularly in relation to opportunities and the pace of current discussions and that further engagement in relation to project agreements may be required between governance cycles.</p>	
6.0	DATE AND TIME OF THE NEXT MEETING	
	The PRIVATE Research, Development & Innovation Sub-Committee will next meet in person on the 7th December 2023 from 12:30-1.30pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.	
CLOSE		