

# Public Research, Development & Innovation Sub-Committee

Tue 06 February 2024, 09:30 AM - 11:30 AM

Trust Headquarters

## Agenda

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09:30 AM - 10:00 AM  
30 min

### 1. PRESENTATION

#### 1.1. A Partnership Approach to Establishing Serosurveillance in Wales

Led by Sian James, Head of Research, Development and Innovation Services, Welsh Blood Service & Sophie Harker, Senior Epidemiological Scientist, Public Health Wales

 1.1 Jan 2024 Velindre SeroS.pdf (10 pages)

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10:00 AM - 10:10 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

- Sophie Harker, Public Health Wales (Item 1.1)
- Christopher Cotterill-Jones, Research Delivery Manager (Item 4)
- Catherine Davies, RD&I Senior Finance Business Partner (Item 4)
- Amie Garwood-Pask, Deputy Head of Finance Business Partnering (Item 4)
- Helen Robertson, RD&I Communications & Engagement Officer (Observer)

#### 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 7th December 2023

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

 2.4 Public RDI Minutes 07.12.2023 FINAL.pdf (11 pages)

#### 2.5. Review of Action Log

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

 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

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10:10 AM - 10:30 AM  
20 min

### 3. MAIN AGENDA

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

#### 3.1. Executive Medical Director Briefing

*Led by Professor Robert Jones, Associate Medical Director for Research, Development & Innovation*

 3.1 Cover Report & Executive Briefing.pdf (11 pages)

#### 3.2. Research, Development & Innovation Sub-Committee Risk Register Extract and Summary of RDI Risk Profile

*Led 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.**

 3.2 Cover Report RDI Risk Profile FY23-24.pdf (6 pages)

 3.2 RDI Risk Profile Report FY23-24.pdf (2 pages)


10:30 AM - 11:20 AM  
50 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


*Led by Dr Sian James, Head of Research, Development and Innovation Services, Welsh Blood Service*

 4.1 WBS RDI Strategy (Jan Update).pdf (17 pages)

#### 4.2. Feedback from the Health & Care Research Wales / VUNHST Annual Review Meeting held on the 5th December 2023

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


 4.2 Cover Report RDI HCRW Annual Review Feedback Letter.pdf (8 pages)

 4.2 Annual Review Meeting with VUNHST - 5.12.23 - Feedback letter from Professor Kieran Walshe - FINAL.pdf (6 pages)

#### 4.3. Research, Development & Innovation Performance Report (Quarter 3)

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

- **Christopher Cotterill-Jones, Research Delivery Manager**
- **Kate Cleary, Cancer R&D Strategy Project Manager**
- **Jennet Holmes, Head of Innovation**
- **Dr Edwin Massey, Medical Director, Welsh Blood Service**
- **Amie Garwood-Pask, Deputy Head of Finance Business Partnering**

 4.3 Cover Report RDI Performance Report FY23-24 Q3.pdf (6 pages)

 4.3 RDI Integrated Performance Report FY23-24 Q3.pdf (52 pages)

11:20 AM - 11:25 AM  
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

11:25 AM - 11:25 AM  
0 min

6. ANY OTHER BUSINESS

*Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair*  
*Prior Approval Required by the Chair.*

11:25 AM - 11:30 AM  
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*

11:30 AM - 11:30 AM  
0 min

8. DATE AND TIME OF THE NEXT MEETING

The Public Research, Development & Innovation Sub-Committee will next meet on the 14th May 2024 from 10:00-1.00pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.

11:30 AM - 11:30 AM  
0 min

9. CLOSE

# A partnership approach to establishing Serosurveillance in Wales

**Siân James &  
Sophie Harker**

Senior Epidemiological Scientist in Health Protection  
Communicable Disease Surveillance Centre, Public Health Wales







gettyimages<sup>®</sup>  
Credit: Future Publishing

2020



GIG  
CYMRU  
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WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

2020

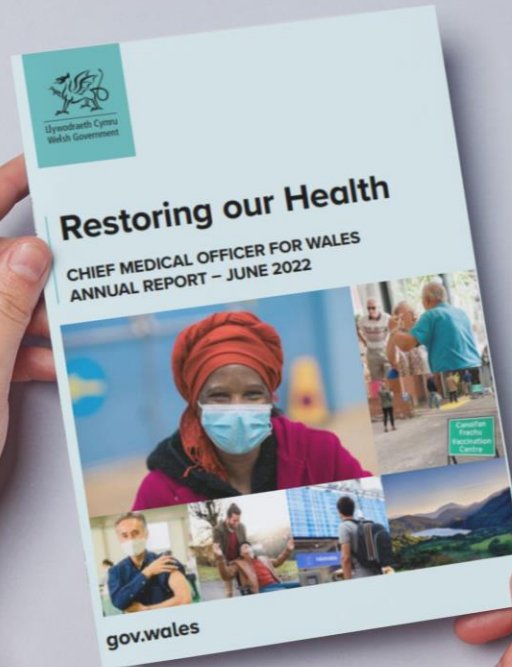


GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

2022





## Surveillance

Alongside an impressive epidemiological and genomic surveillance service by Public Health Wales, two innovative approaches to monitoring the spread of COVID-19 were developed, including serological and wastewater surveillance.

### Serological surveillance

Public Health Wales collaborated with the Welsh Blood Service to monitor samples of blood collected from healthy adult donors aged 17-85 years, providing information on changes in the proportion of the population either vaccinated or infected with SARS-CoV-2 over time, including those who had mild or no symptoms.

Known as serological surveillance, this information was useful to inform the public health response to the pandemic. Our surveillance found that the proportion of the population that had produced an immune response to natural infection was initially low in July 2020 at 4.4% and remained low until mid-December 2020 before peaking at 16.7% in late February 2021, and then remaining steady at around 15% until October 2021.

Meanwhile, the proportion of the population that had either been vaccinated or had an immune response to natural infection steadily increased to 99%, reflecting the high uptake of vaccine in the blood donor population.









**YES, AND?**

# Surveillance of Immunity in Wales



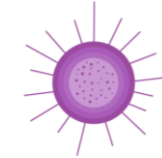
Donors to the Welsh Blood Service,  
across Wales



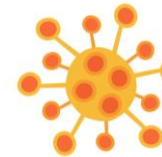
Children (aged 0-18) whose blood is  
drawn for pathology tests



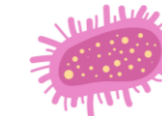
**Measles**



**Hepatitis A**



**Influenza**



**Pertussis**



**SARS-CoV-2**





**Gwasanaeth Gwaed Cymru**  
**Welsh Blood Service**



For Welsh Blood Service  
**Siân James**  
**Courtney Morris**



**GIG**  
**CYMRU**  
**NHS**  
**WALES**

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



For Public Health Wales  
**Daniel Thomas**  
**Sophie Harker**  
**Catherine Moore**  
**Keith Neal**



**GIG**  
**CYMRU**  
**NHS**  
**WALES**

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



For Swansea Bay UHB  
**James Murphy**  
**Ben Davies**



**GIG**  
**CYMRU**  
**NHS**  
**WALES**

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



For Cwm Taf Morgannwg UHB  
**John Geen**  
**Alan Dodd**  
**Brian Tennant**  
**Mark Henry**  
**Michelle Price**

## Minutes

### Public Research, Development & Innovation Sub-Committee

### Velindre University NHS Trust

**Date** 07/12/2023  
**Time** 10:00-1:00pm  
**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	<b>AW</b>
Professor Donna Mead	Trust Chair & Independent Member	<b>DM</b>
ATTENDEES		
Dr Jacinta Abraham	Executive Medical Director and RD&I Lead	<b>JA</b>
Matthew Bunce	Executive Director of Finance	<b>MB</b>
Professor Jane Hopkinson	Velindre Cancer Service Professor of Nursing and Interdisciplinary Cancer Care	<b>JH</b>
Christopher Cotterill Jones	Research Delivery Manager	<b>CCJ</b>
Amie Garwood-Pask	Deputy Head of Finance Business Partners	<b>AGP</b>
Steve Ham	Chief Executive Officer	<b>SH</b>
Jennet Holmes	Head of Innovation	<b>JH</b>
Sian James	RD&I Facilitation Lead, Welsh Blood Service	<b>SJ</b>
Professor Robert Jones	Associate Medical Director for RD&I	<b>RJ</b>
Dr Edwin Massey	Medical Director, Welsh Blood Service	<b>EM</b>
Emma Stephens	Head of Corporate Governance	<b>ES</b>
Sarah Townsend	Head of Research & Development	<b>ST</b>
Nicola Williams	Executive Director of Nursing, AHPs and Health Science	<b>NW</b>
SECRETARIAT		
Sandra Cusack	Business Support Officer	<b>SMC</b>

<b>1.0</b>	<b>PRESENTATIONS</b>	
<b>1.1</b>	<p><b>RD&amp;I Communications &amp; Engagement - Making a Difference</b>  <i>Led by Helen Robertson, RD&amp;I Communications &amp; Engagement Officer</i></p> <p>The RD&amp;I Sub-Committee received a presentation by Helen Roberston, Trust RD&amp;I Communications and Engagement Officer, whose remit is to drive and co-ordinate RD&amp;I communications and engagement with patients, public, staff and other external partners and stakeholders about RD&amp;I matters (Welsh Blood Service and Velindre Cancer Services). All RD&amp;I communications are aligned with the Trust's and RD&amp;I strategies and Helen supports teams across the organisation to plan and produce high quality communication and engagement initiatives with content that is in-line with strategic objectives, tailored to specific audiences.</p> <p>The presentation was well received from the RD&amp;I Sub-Committee and conveyed their sincere thanks to Helen for the update.</p> <p>Committee members enquired whether there is support and guidance with regards to media training. Nicola Williams confirmed that there are specific standards to content and filming guidance and policy at VUNHST and will meet with Helen to discuss this and media training session.</p> <p><b>ACTION:</b> Media training session to be arranged by the Comms and Engagement Team and contact the Executive Team / Independent Members directly.</p>	<b>HR</b>
<b>2.0</b>	<b>STANDARD BUSINESS</b>	
	The Chair opened the meeting and welcomed everyone in attendance.	
<b>2.1</b>	<p><b>Apologies Received:</b></p> <ul style="list-style-type: none"> <li>• Kate Cleary, Cancer R&amp;D Project Support Manager</li> <li>• Dr Eve Evans, Clinical Director, Velindre Cancer Services</li> <li>• Chloe George, Head of Component Development, Welsh Blood Service</li> <li>• Debbie Harvey, Life Sciences Hub Cardiff</li> <li>• Vicky Morris, Independent Member</li> </ul>	
<b>2.2</b>	<p><b>Additional Attendees:</b></p> <p>The Chair extended a warm welcome to the following attendees in support of specific agenda items:</p> <ul style="list-style-type: none"> <li>• Helen Robertson, RD&amp;I Communications &amp; Engagement Officer (Item 1.1)</li> <li>• Christopher Cotterill-Jones, Research Delivery Manager (Item 4.4)</li> <li>• Amie Garwood-Pask, Deputy Head of Finance Business Partners (Item 4.4)</li> <li>• Dr Paul Shaw, Consultant Oncologist (Item 4.4)</li> <li>• Michelle Harry, Senior Research Manager (Item 4.4)</li> </ul>	

	<ul style="list-style-type: none"> <li>• Ruth Allan, Research Nurse and Team Lead (Item 4.4)</li> <li>• Clare Boobier, Research Nurse and Team Lead (Item 4.4)</li> <li>• Amanda Jackson, Research Nurse and Team Lead (Item 4.4)</li> <li>• Joanna Doyle, Clinical &amp; Scientific Strategy Lead (Item 4.5)</li> </ul>	
<b>2.3</b>	<p><b>Declarations of Interest</b>  <i>Led by Professor Andrew Westwell, Chair of the Research, Development &amp; Innovation Sub-Committee</i></p> <p>In relation to discussions regarding Research Capacity Building Collaboration Wales (RCBCWales) funding opportunities, the Trust Chair, Professor Donna Mead declared a conflict of interest, as the original grant holder and Director of that scheme. Going forward the Trust Chair will not declare this again and will include this in the Trust-wide Declarations of Interest.</p>	
<b>2.4</b>	<p><b>Draft Minutes from the Meeting of the Public Research, Development &amp; Innovation Committee held on the 19th September 2023</b>  <i>Led by Professor Andrew Westwell, Chair of the Research, Development &amp; Innovation Sub-Committee</i></p> <p>The Research, Development &amp; Innovation Sub-Committee <b>APPROVED</b> the Minutes of the Public Meeting held on the 19th September 2023 as an accurate reflection of proceedings.</p>	
<b>2.5</b>	<p><b>Review of Action Log</b>  <i>Led by Dr Jacinta Abraham, Executive Medical Director and RD&amp;I Lead</i></p> <p>The Research, Development &amp; Innovation Sub-Committee confirmed there was sufficient information contained in the log to provide assurance that the actions identified as completed, could be <b>CLOSED</b>.</p> <p>The Research, Development &amp; Innovation Sub-Committee <b>APPROVED</b> the Action Log.</p>	
<b>3.0</b>	<b>MAIN AGENDA</b>	
<b>3.1</b>	<p><b>Executive Medical Director Briefing</b>  <i>Led by Dr Jacinta Abraham, Executive Medical Director and RD&amp;I Lead</i></p> <p>The Executive Summary Briefing reported high-level activities relating to Research, Development and Innovation during Quarter 2, Financial Year 2023/24 along with noteworthy items from the RD&amp;I environment since the last meeting of the RD&amp;I Sub-Committee.</p> <p>In presenting the update, the Medical Director highlighted the following:</p>	

- **Welsh Government / Health and Care Research Wales Annual Performance Review with Velindre University NHS Trust**

Velindre University NHS Trust's Annual Review Meeting with Welsh Government and Health and Care Research Wales took place on the 5th December 2023. At this meeting, the Trust was 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 was the first year that the Trust was assessed in this way. The Trust was asked to complete a self-assessment against the NHS Framework for Research and Development and returned to Welsh Government prior to December's meeting. The outcomes of this Annual Review meeting will be reported through the RD&I governance structures.

- **Velindre Healthcare Cancer Research Fellowships**

A second call for applications to the Velindre Healthcare Cancer Research Fellowship took place and three Velindre staff members were successful in their applications to the "Introduction to Research" award category.

- **US Food and 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.

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.

- **Velindre University NHS Trust Medical Engagement Meeting**

	<p>A Trust Medical Engagement Event was held on the 8th November 2023, presenting on Leadership, Research and Clinical &amp; Scientific Strategy: How do we prepare for the next 5-years at Velindre University NHS Trust. Introductions and opening remarks came from the Medical Director and Professor Donna Mead, Trust Chair, the event included updates and discussions on the following topics:</p> <ul style="list-style-type: none"> <li>- Medical Leadership: How do we prepare for the next 5-years?</li> <li>- Reflections from previous events: What's most important for you?</li> <li>- Research: What can we look forward to in the next 5-years?</li> <li>- Shaping our 5-year Clinical &amp; Scientific Strategy.</li> </ul> <p>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 the Clinical &amp; Scientific Strategy led by Joanna Doyle.</p> <p>Closing remarks came from the Trust's Chief Executive Officer, Steve Ham. The event was well attended by Medical and RD&amp;I staff and produced a valuable and interesting debate and discussions.</p> <p>● <b>MediWales Innovation Awards 2023 – BedRace®</b></p> <p>BedRace®, an educational board game that encourages staff to discuss and explore palliative and end of life care, was nominated for an award at the recent 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&amp;D and Senior Research Contracts Manager, Rachel Granger, working with Dr Atkinson.</p> <p>The Research, Development &amp; Innovation Sub-Committee <b>DISCUSSED</b> and <b>NOTED</b> the contents of the Executive Medical Director Briefing.</p>	
3.2	<p><b>Trust Research, Development and Innovation Sub-Committee Risk Register Extract</b></p> <p><i>Led by Sarah Townsend, Head of Research &amp; Development</i></p> <p>Sarah Townsend reported no open risks recorded on Datix for escalation to December's 2023 Research, Development &amp; Innovation Sub-Committee, in-line with the Trust Board Risk Appetite.</p> <p>Following discussion, a summary of the risk profile for RD&amp;I for assurance purposes will be presented at the next Committee Meeting for items below the threshold for escalated reporting.</p>	

	<p><b>ACTION:</b> ST to provide a summary of the risk profile for RD&amp;I for assurance purposes at future meetings.</p> <p>The Research, Development &amp; Innovation Sub-Committee <b>NOTED</b> the Risk Register Extract for RD&amp;I.</p>	<b>ST</b>
<b>4.0</b>	<b>STRATEGY, PERFORMANCE &amp; DELIVERY</b>	
<b>4.1</b>	<p><b>Welsh Blood Service Research, Development &amp; Innovation Strategy Project Update</b></p> <p><i>Led by Dr Sian James, R&amp;D Facilitation Lead, Welsh Blood Service</i></p> <p>Whilst updating progress on the WBS RDI Strategy, committee members were asked for assistance in seeking their opinions and input into an open survey for external stakeholders for the RDI Strategy for WBS, the Committee agreed to partake in the survey.</p> <p><b>ACTION:</b> Sian James to circulate the survey link to Committee members.</p> <p>The Research, Development &amp; Innovation Sub-Committee <b>NOTED</b> the WBS RD&amp;I Strategy Project Update.</p>	<b>SJ</b>
<b>4.2</b>	<p><b>Velindre Healthcare Cancer Research Fellowship Scheme</b></p> <p><i>Led by Professor Jane Hopkinson, Velindre Professor of Nursing and Interdisciplinary Cancer Care and Trustee Tenovus Cancer Care</i></p> <p>In September 2023, a second call for applications to the Velindre Healthcare Cancer Research Fellowship took place and three staff members have been successful in their applications for a Velindre <i>"Introduction to Research"</i> award:</p> <ul style="list-style-type: none"> <li>- <b>Deborah Lewis</b>, Clinical Trials Research Nurse, will study post treatment trial emotional support needs.</li> <li>- <b>Barbara Wilson</b>, SACT Team Lead, will compare different approaches for the training and education of nurses for safe SACT delivery.</li> <li>- <b>Francis Brown</b>, 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.</li> </ul> <p>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); Professor Jane Hopkinson, Professor of Interdisciplinary Cancer Care and Zahida Ahar, Administrator.</p> <p>The Velindre Healthcare Cancer Research Fellowship is an investment by the Velindre Charity to enable Velindre Cancer Service to strengthen leadership</p>	

	<p>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.</p> <p>An inaugural meeting of the Velindre Healthcare Cancer Research Community was held on 30<sup>th</sup> November, this is an open forum for all Velindre Cancer Centre staff and will take place six weekly going forward. Nicola Williams added that this is a good opportunity for nurses but noted with ongoing pressures on clinical services across healthcare disciplines, we need to give time/capacity for this as an organisation.</p> <p>The next call for applications will be January 2024 and 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.</p> <p>The Research, Development &amp; Innovation Sub-Committee <b>DISCUSSED</b> and <b>NOTED</b> the progress to date.</p>	
4.3	<p><b>Health &amp; Care Research Wales / VUNHST Annual Review Meeting</b>  <i>Led by Sarah Townsend, Head of Research &amp; Development &amp; Professor Robert Jones, Associate Medical Director for Research, Development &amp; Innovation</i></p> <p>Discussion <b>NOTED</b> in the Executive Medical Briefing, Item 3.1.</p>	
4.4	<p><b>Trust Research, Development, and Innovation Integrated Performance Report for Financial Year 2023/24, Quarter 2</b>  <i>Led by Sarah Townsend, Head of Research &amp; Development</i></p> <p>Sarah Townsend provided an update on activities of the Trust's Research, Development and Innovation service during Quarter 2, Financial Year 2023/24. The newly revised report provides an update of activities against the Trust's Research, Development, and Innovation service's strategic priorities:</p> <ul style="list-style-type: none"> <li>• Strategic Priority 1: The Trust will drive forward the implementation of its Cancer Research &amp; Development ambitions.</li> <li>• Strategic Priority 2: The Trust will maximise the Research &amp; Development ambitions of the Welsh Blood Service.</li> <li>• Strategic Priority 3: The Trust will implement the Velindre Innovation Plan.</li> <li>• Strategic Priority 4: The Trust will maximise collaborative opportunities locally, nationally &amp; internationally.</li> </ul> <p>Additionally, the activity of cross-cutting themes and corporate work areas supporting Research, Development and Innovation were reported.</p> <p>The following key highlights were reported by the respective leads as follows:</p>	



	<ul style="list-style-type: none"> <li> <b>Performance Indicators</b>  <i>Led by Christopher Cotterill Jones, Research Delivery Manager</i>   An indepth discussion of the metrics took place and the Committee noted the update. </li> <li> <b>Innovation</b>  <i>Led by Jennet Holmes, Head of Innovation</i>   The Committee discussed and noted the Innovation Update and agreed that there should be funding for a formal Small Grants Scheme to be followed up outside of the meeting. </li> <li> <b>Welsh Blood Service</b>  <i>Led by Dr Edwin Massey, Medical Director</i>   In updating the Sub-Committee on Welsh Blood Service activity, Dr Edwin Massey discussed the Component, Development &amp; Research Laboratories successful 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. 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.   The WBS RD&amp;I dashboard and project portfolio supported by Sian James was also discussed and noted by the Committee. </li> <li> <b>Financial Report</b>  <i>Led by Amie Garwood-Pask, Deputy Head of Finance Business Partners</i>   The RD&amp;I Sub-Committee welcomed Amie Garwood-Pask to her first RD&amp;I Sub-Committee meeting and noted the Financial Report for both quarter 1 and 2 of Financial Year 2023/24. </li> <li> <b>Radiotherapy Trials Solutions Group</b>  <i>Led by Dr Paul Shaw, Consultant Clinical Oncologist</i>   Dr Paul Shaw, Consultant Clinical Oncologist and Lead for Early Phase Drug Radiotherapy gave an update on the Radiotherapy Trials Solutions Group. The group have met on a number of occasions, working 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. </li> </ul>	
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	<p>The group's purpose is to:</p> <ul style="list-style-type: none"> <li>• Identify and ensure issues/concerns of conducting radiotherapy research within Velindre University NHS Trust have a route for escalation.</li> <li>• Identify a potential mechanism to measure impact of radiotherapy research on the service and for prioritising research studies.</li> <li>• Identify the demand, capacity, and use of resources (staff and equipment) in radiotherapy to support research studies.</li> <li>• Consider the role of the established Radiotherapy Trials Portfolio Group in assessing studies for impact and prioritisation against radiotherapy capacity.</li> <li>• Ensure and enhance a collaborative approach to the working practices between Research &amp; Development and Radiotherapy service.</li> </ul> <p>Having undertaken an initial review of the set-up and delivery of radiotherapy research within Velindre Cancer Services, there are recommendations and actions which have been proposed in the report submitted.</p> <p>The Research, Development &amp; Innovation Sub-Committee Sub-Committee <b>DISCUSSED and NOTED</b> the RD&amp;I Integrated Performance Report for Quarter 2, Financial Year 2023-24.</p>	
4.5	<p><b>Activity Data Benchmarking with other UK Cancer Centres</b></p> <p>Led by Michelle Harry, Senior Research Manager and relevant leads as follows :</p> <p>The Research Service's Senior Nursing Team provided an update of the activities and information from the benchmarking visits undertaken in 2023, visiting the Beatson, Institute for Cancer Research in Glasgow, the Christie Cancer Treatment Centre in Manchester and the Queen Elizabeth Hospital in Birmingham. The Research Service's Senior Nursing Team are also linking with Cancer Research UK, who are currently developing a Research Nurse Competency framework, which will be considered for adaptation and adoption into the Research Service once published.</p> <p>The presentation was well received from the RD&amp;I Sub-Committee and conveyed their sincere thanks to Michelle Harry, Amanda Jackson, Clare Boobier and Ruth Allan.</p> <p>The Research, Development &amp; Innovation Sub-Committee Sub-Committee <b>NOTED</b> the Activity Data Benchmarking with other UK Cancer Centres Report.</p>	
4.6	<p><b>Developing the Trust Wide Clinical &amp; Scientific Infrastructure and Strategy</b></p> <p>Led by Joanna Doyle, Clinical &amp; Scientific Strategy Lead</p>	

	<p>The presentation was well received from the RD&amp;I Sub-Committee and conveyed their sincere thanks to Joanna Doyle, Clinical &amp; Scientific Strategy Lead.</p> <p>The Research, Development &amp; Innovation Sub-Committee Sub-Committee <b>NOTED</b> the presentation on developing the Trust-Wide Clinical and Scientific Infrastructure and Strategy.</p>	
<b>5.0</b>	<p><b>CONSENT AGENDA</b></p> <p><b>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.</b></p>	
<b>5.1</b>	<b>CONSENT - FOR APPROVAL</b>	
	No Items for Approval.	
<b>5.2</b>	<b>CONSENT - FOR ENDORSEMENT</b>	
	No Items for Endorsement.	
<b>5.3</b>	<b>CONSENT - FOR NOTING</b>	
<b>5.3.1</b>	<p><b>Annual Evaluation - Building Capacity in Research through the establishment of a small grants scheme</b></p> <p><i>Led by Sarah Townsend, Head of Research &amp; Development</i></p> <p>The RD&amp;I Sub-Committee <b>NOTED</b> the Welsh Health Circular.</p>	
<b>5.3.2</b>	<p><b>Draft Summary of the Minutes from the Private Research, Development &amp; Innovation Committee held on the 19th September 2023</b></p> <p><i>Led by Professor Andrew Westwell, Research, Development &amp; Innovation Sub-Committee Chair</i></p> <p>The RD&amp;I Sub-Committee <b>NOTED</b> the Summary Minutes of the Private Meeting held on the 19th September 2023.</p>	
<b>6.0</b>	<p><b>ANY OTHER BUSINESS</b></p> <p><i>Led by Professor Andrew Westwell, Chair of the Research, Development &amp; Innovation Sub-Committee</i></p> <p>No prior items have been raised for consideration under Any Other Business.</p>	
<b>7.0</b>	<b>HIGHLIGHT REPORT TO THE TRUST QUALITY SAFETY &amp; PERFORMANCE COMMITTEE</b>	
	<p>Members to identify items to include in the Highlight Report to the Trust Board:</p> <ul style="list-style-type: none"> <li>• For Escalation</li> <li>• For Advising</li> </ul>	

	<ul style="list-style-type: none"><li>• For Assurance For Information</li></ul> <p><b>ACTION:</b> ST to support the development of a draft Highlight Report for approval by the Research, Development &amp; Innovation Sub-Committee Chair.</p>	<b>ST</b>
<b>8.0</b>	<b>DATE AND TIME OF THE NEXT MEETING:</b>	
	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.	
<b>9.0</b>	<b>CLOSE</b>	

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 7th December 2023					
1.1	RD&I Communications & Engagement - Media Training to be arranged for the Exec Team to include standards & filming guidance for the Trust.	HR/NW/NG	Media training arranged by the Comms and Engagement Team and will contact the Exec Team directly.		CLOSED
3.2	Trust Research, Development and Innovation Sub-Committee Risk Register Extract - Provide a summary of the risk profile for RD&I for reporting at the next meeting.	ST	Risk Profile Summary included in February 2024 RDI Sub-Committee papers.		CLOSED
4.1	Seeking opinions and input for the next Research, Development, and Innovation Strategy of the Welsh Blood Service. WBS to forward link to the survey for Committee Members.	SJ	Survey link circulated to committee members 12/12/23.		CLOSED
6	ST to support the development of a draft Highlight Report for approval by the Research, Development & Innovation Sub-Committee Chair.	ST	Drafted and submitted to the February 2024 Meeting of the Quality, Safety & Performance Committee.		CLOSED

## RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

### Executive Briefing to RD&I Sub-Committee

<b>DATE OF MEETING</b>	06 February 2023
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	DISCUSSION
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager
<b>PRESENTED BY</b>	Professor Robert Jones, Associate Medical Director for RD&I
<b>APPROVED BY</b>	Jacinta Abraham, Executive Medical Director
<b>EXECUTIVE SUMMARY</b>	<p>This is the Executive Medical Director's briefing to the RD&amp;I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, &amp; Innovation activities taking place in Quarter 3 of Financial Year 2023/24, along with noteworthy items from the RD&amp;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"><li>• Welsh Government / Health and Care Research Wales Annual Performance Review with Velindre University NHS Trust</li><li>• Policy on the Use of Small Animals in Research</li><li>• Moorhouse Consulting workshops</li><li>• Trust Board Development session – RD&amp;I</li><li>• Welsh Blood Service – Improving Outcomes for Kidney Transplant Patients</li><li>• Innovation Update</li></ul>
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<b>RECOMMENDATION / ACTIONS</b>	The RD&I Sub-Committee are requested to note for <b>DISCUSSION</b> this Executive Medical Director's briefing summarising Research, Development & Innovation activity of Q3, FY2023/24 and noteworthy items occurring since the Sub-Committee's last meeting.
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<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub-Committee.	
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub-Committee.	
<b>7 LEVELS OF ASSURANCE</b>	
NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub-Committee.	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	<b>Select Current Level of Assurance</b>
<b>APPENDICES</b>	
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 (RD&I) activities taking place in Quarter 3 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) took place on 05 December 2023.

Feedback from the meeting was received by the Trust on 02 January 2024, with HCRW describing the meeting as constructive having outlined the discussions, their feedback and proposed next steps as follows:

- 1) The Trust's visions and strategies for research were strong, but HCRW felt that these needed to be supported by clear implementation plans with timescales for delivery.
- 2) The Trust's development of a Clinical and Scientific Strategy, broadening the Trust's research portfolio across professions, particularly nurses, allied health professions, and clinical scientists was commended with HCRW welcoming the opportunity to be part of its development.
- 3) HCRW and the Trust discussed the role of the RD&I Sub-Committee in providing oversight and ensuring departmental engagement in the research agenda through operational groups linked to the RD&I Senior Leadership Group. HCRW noted and welcomed that the Trust working to the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice was increasing integration of research into organisational culture and increasing its visibility.
- 4) HCRW noted the RD&I Integrated Performance report has been transformative in articulating what research meant for the Trust, showcasing the Trust's research activity, and linked to Welsh government's Integrated Medium Term Plan priorities.
- 5) There was discussion of the joint ventures with partner organisations, including:



- a. Ongoing work with Cardiff University and Cardiff & Vale University Health Board – including the Cardiff Cancer research Hub.
  - b. Ongoing work with Swansea Bay University Health Board and other partners in developing the radiotherapy research and treatment arena.
  - c. Ongoing work with University of Wales Trinity Saint David on developing a Velindre Oncology Academy, bringing non-surgical oncology provision back to Wales and pan-Wales training. This initiative was seen as having an important role in creating research opportunities for NHS staff across Wales.
- 6) Discussion relating to UK networks included:
  - a. The ending of the National Cancer Research Institute (NCRI) ending and that its clinical study groups are under view, with the Trust's engagement hoped to continue.
  - b. The appointment of the vacant HCRW Specialty Lead for Cancer being important to networking opportunities with NIHR and UK cancer centres.
  - c. The links with UK and international centres being facilitated through the Trust's sponsored studies, for example, FAKTION and PATHOS.
- 7) In relation to collaborations and enhancing partnership working the following was noted:
  - a. The Trust's plans to establish an Advisory Board of external stakeholder to support the delivery of the Trust's research strategies.
  - b. Further work was required to increase the number of clinical academics in line with other UK cancer centres.
  - c. Welsh Blood Services's (WBS) similarity to the Biomedical Excellence for Safer Transfusion International Collaborative and strengths in blood component development, solid organ transplantation, and immunology work. HCRW recognised the challenges that WBS research activity is not well captured in HCRW systems.
- 8) Succession planning for future research leaders was discussed, highlighting a forthcoming Board Development session, and the developing Clinical and Scientific Strategy to enhance the embedding of research in the Trust's culture.
- 9) The Trust highlighted the funding strategy for research and that resourcing RD&I was a fundamental element of the Velindre Cancer Charity for infrastructure growth, leadership roles, academic and fellowship posts. The awards are made through a rigorous scrutiny process, with key deliverables being expected.
- 10) There was discussion of previous reliance on Velindre Cancer Charity to fund delivery posts, and how this has been decreased with established posts now being

funded through HCRW research delivery funding, research grant income and commercial income. HCRW welcomed the Trust's model to of charitable funds being used to pump prime clinical sessions and other roles.

- 11) The Trust relationship with Cancer Research UK (CRUK) was discussed, with HCRW suggesting the Trust's ongoing planning enhance its demonstration of an ecosystem clearly aligned, having critical mass and strengths in areas that CRUK will fund and support.
- 12) There was discussion of further embedding research and time into clinical staff job plans and how to encourage uptake of HCRW Faculty and its personal award programmes, with a centrally coordinated Trust process being suggested. The challenges of jointly funding clinical academic posts were also covered, with HCRW suggesting this is persevered at the highest level with academic partners.
- 13) The ongoing internal benchmarking exercise with other UK cancer centres was covered, with HCRW stating that the Trust needs to be clear in the exercise's outcomes, recommendation, and actions (including a timeframe) and where realistically comparable the Trust is as research active (or more active) than comparator organisations, achieving similar efficiency and productivity levels.
- 14) HCRW acknowledged how at face value, the performance metrics could give a negative picture of the Trust's delivery to time and target noting how the Trust could be highest global recruiter even where the study is not delivering as expected. HCRW also noted that the Trust's choice of research studies is patient-centred and accepted that maybe other measures are needed to monitor Trust performance. WBS's research contribution was also recognised, and that consideration should be given to how this can be collectively promoted.
- 15) HCRW recognised the Trust's commitment to patient engagement and involvement, and the Trust's acknowledgement that long-standing representatives whilst bringing experience, the representatives need to be diverse to reflect the wider population and provide greater opportunity for involvement. HCRW's Public Involvement service could assist in diversifying this area. In respect of communications, confirmation of the Trust's RD&I Communications and Engagement Officer appointment was recognised with attendance at the HCRW Communications Alliance encouraged.
- 16) In discussing how research/evidence is utilised to inform service development and improvement in both Velindre Cancer Centre and WBS, it was accepted that Trust research informs changes across the UK and that the Trust also draws on the research of others. HCRW very much welcomed the update on FDA's approval of capivasertib, using data from the Trust sponsored FAKTION study, demonstrating

impact on an international scale and the value of collaboration between the NHS and Industry.

## 2.2 Policy on the Use of Small Animals in Research.

A Policy on the Use of Small Animals in Research has been prepared, to address a need identified in how the Trust provides commitment to support research activities involving small animals being conducted at high-quality partner organisations who maintain research integrity through robust policies and procedures.

This policy covers:

- Trust statement of policy on the use of animals in medical research.
- Legal controls on animal use.
- How the Trust implements this policy and support the principles of the 3Rs.

The policy does not aim to be comprehensive. However, it sets out principles for good practice and refers to other publications that provide advice or instruction on specific aspects, including statutory requirements.

The Trust **does not** conduct animal research within its premises. The policy sets out the Trust's expectation to provide its support only to the conduct of high-quality animal research by other organisations, which will ultimately be of benefit to the Trust's patient population.

## 2.3 Moorhouse Consulting workshops.

In January 2023, funding was agreed to support the development of the Strategic Investment Case for the Cardiff Cancer Research Hub (CCRH). The Trust worked with a range of partners to develop the Strategic Investment Case for the CCRH. Following three collaborative workshops, the Strategic Investment Case was presented to the Tripartite Partnership Board before being finalised and presented to the Trust Executive Management Board.

The Trust engaged Moorhouse Consulting, an external management consultancy firm, developed the Strategic Investment Case. The Strategic Investment Case provides an overview of the strategic, economic, commercial, financial and management case for the Hub and provides an estimate of the level of pump-priming investment required to mobilise the Hub, and where this investment could be sought.

The Trust is continuing the work with Moorhouse who is supporting the engagement with the Lifesciences Industry and other investors/funders in the identification of multiple funding routes for investment in the CCRH.

## **2.4 Velindre University NHS Trust – Board Development: Medical Directors showcase – RD&I.**

A Trust Board Development session is planned for 27 February 2024. This Board Development session provides RD&I an opportunity to showcase the work of the service and how the Trust delivers research and innovation for the Trust's patients and donors.

The session will cover the research and development work of the Velindre Cancer Service and Welsh Blood Service, along with the innovation work across the Trust.

It will also be an opportunity to discuss at Board level,

- The Trust's RD&I successes.
- Enhancing the embedding of research, development, and innovation across the Trust.
- Future developments within RD&I aligned to the Trust's research strategies.
- Any potential barriers and possible solutions to achieving the Trust's Destination 2033 goal to be "A beacon for research, development, and innovation in our stated areas of priority."

## **2.5 RD&I Integrated Performance Report – Performance metrics.**

The Trust's performance metrics have shown improvement in recruitment to the Trust's portfolio of research studies.

The recruitment figures at the end of Q3 FY2023/24, show that a cumulative total of 340 participants recruited to studies at VUNHST. This is a significant increase on the 220 participants recruited to studies at VUNHST for the entire 2022/23 financial year. It is anticipated that recruitment for the entire 2023/24 financial year will be like the 385 participants recruited in the entire 2021/22 financial year.

The HCRW performance indicators for the Trust have shown an increase, compared to the previous quarter and previous financial year, in the percentage of studies rated green for recruitment to time and target for open studies in both commercial and non-commercial studies, and recruitment to target for closed non-commercial studies. There has been no change in the percentage of closed commercial studies rated green for recruitment to target when compared to the previous quarter and previous financial year.

## **2.6 Welsh Blood Service – Improving Outcomes for Kidney Transplant Patients.**

Deborah Pritchard, Head of Transplantation Service at WBS is working on a research project that could improve outcomes for people who receive a kidney transplant.

The project aims to investigate whether the right types and numbers of regulatory cells could have an effect on the outcome of a transplant. Once a robust testing regime is established, the project will involve colleagues at Cardiff & Vale University Health Board Nephrology and Transplant service and Wales Kidney Research Unit to collect and analyse blood samples from kidney transplant patients. The project will look at a unique combination of biomarkers in regulatory cells to understand their influence on transplant rejection.

If successful, it could provide an early warning for patients who are at greater risk of rejection after a transplant. It would then be possible to individualise care and management of kidney transplant patients based on this lab test to better manage their long-term outcomes.

It could even be applicable to other transplant types, such as heart and lung transplants. The Welsh Blood Service is funding the first phase of this project.

## 2.7 Innovation

- 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. The Trust's new Strategic Goal 4 also supports the previous RIIIC ambitions to be an established 'University' Trust which provides highly valued knowledge and learning for all.
- 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 and quarterly updates are provided to Welsh Government.
- Leaders and senior managers have been encouraged to actively participate and promote innovation initiatives and opportunities. To take this work stream forward a small innovation award scheme is being developed to support this theme to support the building of the innovation infrastructure. The application documents have been drafted and are in the process of review prior to submission to the Velindre Charity.
- In this period the Innovation Office continues to attend and support innovation events to promote and support Trust wide innovation activity, support early developmental ideas, ways of working, signposting activities and applications for awards and funding.

### 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) 3 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"> <li>• Outstanding for quality, safety, and experience <input type="checkbox"/></li> <li>• An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>• A beacon for research, development, and innovation in our stated areas of priority <input checked="" type="checkbox"/></li> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> <i>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></i>	10 - Governance
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	<b>Select all relevant domains below</b>
	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.
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	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.
	Not required
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&I Sub-Committee.
	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:
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	If more than one wellbeing goal applies, please list below:
	Click or tap here to enter text
	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,



	<p>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>
<p><b>EQUALITY IMPACT ASSESSMENT</b></p> <p>For more information: <a href="https://nhs.wales365.sharepoint.com/sites/VEL/_ntranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL/_ntranet/SitePages/E.aspx</a></p>	<p>Yes - please outline what, if any, actions were taken as a result</p> <p>The Equality Impact of Trust RD&amp;I Integrated Performance Report for FY2023/24 Quarter 2 has been considered and there are no matters of concern to raise.</p>
<p><b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p>

## 6. RISKS

ARE THERE RELATED RISK(S) FOR THIS MATTER	No
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?	<p>Choose an item</p> <p><i>[In this section, explain in no more than 3 succinct points what the barriers to implementation are].</i></p>
All risks must be evidenced and consistent with those recorded in Datix.	



## RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

### Research, Development, and Innovation – Summary of RDI Risk Profile

<b>DATE OF MEETING</b>	06 February 2023
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	DISCUSSION
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager
<b>PRESENTED BY</b>	Sarah Townsend, Head of Research & Development
<b>APPROVED BY</b>	Jacinta Abraham, Executive Medical Director
<b>EXECUTIVE SUMMARY</b>	This report summarises the risks and controls of the Trust Research Service during the financial year.
<b>RECOMMENDATION / ACTIONS</b>	RD&I Sub-Committee are requested to note for <b>DISCUSSION</b> the Summary of RD&I Risk Profile.  The RD&I Sub-Committee are also requested to accept future Summaries of the RD&I Risk Profile as appendices to the annual RD&I Integrated Performance Report.



<b>GOVERNANCE ROUTE</b>	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
The RD&I Sub-Committee's 06 February 2024 meeting paper submission deadline is prior other meetings that form the RD&I governance route.	
The RD&I Sub-Committee's 06 February 2024 meeting will be the first meeting where this paper is noted for <b>DISCUSSION</b> .	
<b>7 LEVELS OF ASSURANCE</b>	
NOT APPLICABLE	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	Select Current Level of Assurance
<b>APPENDICES</b>	
1	Research, Development, and Innovation (RD&I) – Summary of RD&I Risk Profile

## 1. SITUATION

The Summary of the RD&I Risk Profile provides a summary of the risks for Research & Development from 01 April 2023.

## 2. BACKGROUND

The Research & Development risks are recorded on the Trust R&D Office's risk register.

Risks are reviewed through the RD&I governance route as appropriate and only escalated to a higher level where the Controls / Action Plan are unable to reduce the risk to an acceptable level.

The escalation of a risk, based on the risk score once the controls / action plans have been applied, is as follows:

Risk Score	Escalation group
15 or above	Executive Management Board (EMB) and RD&I Sub-Committee. These risks are the responsibility of the EMB and RD&I Sub-Committee to ensure effective management and resolution. Risks are further escalated to Trust Board, if the RD&I Sub-Committee determines the risk to require Trust Board involvement or is a Trust-wide issue and so out of scope of the Research & Development Service.
8 to 14	Review action at Research, Development, and Innovation Operational Management Group and close within 6 months.
4 to 7	Review action at Research, Development, and Innovation Operational Management Group and close within 12 months.
1 to 3	If agreed no further action, risk can be closed and re-assessed if there is a recurrence of the risk.

### 3. ASSESSMENT

The Summary of the RD&I Risk Profile shows that since 01 April 2023 there are five risks recorded, three of which have been closed and two are still open.

These risks are currently being adequately controlled with appropriate action plans and have not met the threshold for escalation.

### 4. SUMMARY OF MATTERS FOR CONSIDERATION

RD&I Sub-Committee are requested to note for **DISCUSSION** the Summary of RD&I Risk Profile.

The RD&I Sub-Committee are also requested to accept future Summaries of the RD&I Risk Profile as appendices to the annual RD&I Integrated Performance Report.

### 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:	
• 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"/>



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

<ul style="list-style-type: none"> <li>• An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>• A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>													
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a>	10 - Governance												
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Yes -select the relevant domain/domains from the list below. Please select all that apply												
	<table> <tr> <td>Safe</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Timely</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Effective</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Equitable</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Efficient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Patient Centred</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	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"/>
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Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
a) The Summary of the RD&I Risk Profile describes the risks since the beginning of the financial year demonstrating the Trust R&D Office maintains oversight of research related risks. b) The Summary of the RD&I Risk Profile shows Trust's commitment to ensuring that research and development risks are appropriately managed with adequate controls and actions, and escalated as necessary where the threshold is met. c) The report also displays the Trust's dedication to conducting research in a safe and effective manner, by ensuring risks are adequately controlled and escalated as appropriate.													
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	Not required												



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

<b>TRUST WELL-BEING GOAL</b> <b>IMPLICATIONS / IMPACT</b>	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:
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	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" should a research risk affect the Trust's ability to undertake research or jeopardise the Trust's reputation. This could lead to the loss of funding received from Health and Care Research Wales along with other non-commercial/commercial sources.
	No direct financial implications from this paper.
<b>EQUALITY IMPACT ASSESSMENT</b> For more information: <a href="https://nhswales365.sharepoint.com/sites/VEL_Itranet/SitePages/E.aspx">https://nhswales365.sharepoint.com/sites/VEL_Itranet/SitePages/E.aspx</a>	Yes - please outline what, if any, actions were taken as a result
	The Equality Impact of the Summary of the RD&I Risk Profile has been considered and there are no matters of concern to raise.
<b>ADDITIONAL LEGAL</b> <b>IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

## 6. RISKS

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

## APPENDIX 1. Research, Development, and Innovation (RD&I) – Summary of RD&I Risk Profile.



20240121\_RD\_SummaryOfRDI\_RiskProfil

# Summary of Research & Development Risks

The following table summarises the risks for Research & Development from 01 April 2023. Risks are reviewed through the RD&I governance route as appropriate and only escalated to a higher level where the Controls / Action Plan are unable to reduce the risk to an acceptable level. The escalation of a risk, based on the risk score once the controls / action plans have been applied, is as follows:

Risk Score	Escalation group
15 or above	Executive Management Board (EMB) and RD&I Sub-Committee. These risks are the responsibility of the EMB and RD&I Sub-Committee to ensure effective management and resolution. Risks are further escalated to Trust Board, if the RD&I Sub-Committee determines the risk to require Trust Board involvement or is a Trust-wide issue and so out of scope of the Research & Development Service.
8 to 14	Review action at Research, Development, and Innovation Operational Management Group and close within 6 months.
4 to 7	Review action at Research, Development, and Innovation Operational Management Group and close within 12 months.
1 to 3	If agreed no further action, risk can be closed and re-assessed if there is a recurrence of the risk.

## Risk Summary Table.

No	Risk ID	Risk Description	Date opened	Inherent Risk Score	Controls / Action Plan & Progress	Current / Target Risk Score	Status	Level of control	Lead
1.	3186	Recent vacancies in Velindre Cancer Centre's (VCC) means a possible slowing of research study set-up and patient recruitment is required, meaning a reduction in new studies opened and recruitment numbers. May also delay VCC Pharmacy's ability to support studies/service at Cardiff Cancer Research Hub (CCRH).	22 Aug 2023	15	<ol style="list-style-type: none"> <li>VCC Pharmacy are advertising and appointing to vacant posts.</li> <li>VCC Pharmacy and Trust R&amp;D Office are collaborating on the prioritisation of research studies for set-up and recruitment.</li> <li>VCC Pharmacy and Trust R&amp;D Office to review the core pharmacy team staffing to support study set-up and recruitment at a future time-point.</li> </ol>	8	Open	Adequate	Chief Pharmacist
2.	3252	Cardiff & Vale University Health Board (CVUHB) unable to keep up with Velindre University NHS Trust's (VUNHST) support requests for research study radiological biopsies.	09 Nov 2023	20	<ol style="list-style-type: none"> <li>Continuing to set-up research studies where biopsies are optional or can be undertaken at Velindre Cancer Centre (VCC)</li> <li>Continuing to set-up research studies with mandatory biopsies using support requests to CVUHB on a case-by-case basis.</li> <li>Work ongoing with CVUHB Joint Research Office &amp; CVUHB Radiology to resolve issue.</li> <li>VUNHST R&amp;D commercial radiology sessions supporting the identification of radiological biopsy requirements as part of study set-up.</li> <li>VUNHST exploring support service agreements with other organisations.</li> </ol>	8	Open	Adequate	Head of R&D

No	Risk ID	Risk Description	Date opened	Inherent Risk Score	Controls / Action Plan & Progress	Current / Target Risk Score	Status	Level of control	Lead
3.	3251	Breach of confidential data when study participant data sent to Sponsor organisation via an unsecured electronic method.	18 Sep 2023	12	<ol style="list-style-type: none"> <li>1. Staff ceased transmission of data until secure electronic portal in place and working.</li> <li>2. Staff re-trained on Information Governance.</li> <li>3. Staff training on use of secure electronic portal and importance of use.</li> <li>4. Secure electronic transmission pathways to be set-up prior to recruitment of first participant for all future studies.</li> <li>5. Sponsor organisation informed, corrective and preventive action (CAPA) log completed with study file note shared with Sponsor and entered into Investigator Site File.</li> </ol>	3	Closed	Adequate	Senior Research Nurse Manager
4.	3250	Loss of minus-80 Celsius freezer integrity in Clinical Research Treatment Unit (CRTU).	28 Jun 2023	12	<ol style="list-style-type: none"> <li>1. Immediate action to re-locate frozen samples to Welsh Blood Service (WBS) facilities.</li> <li>2. Informed all sponsor organisations of freezer integrity loss and to arrange sample shipment.</li> <li>3. Worked with freezer maintenance company on identifying fault and restarting freezer.</li> <li>4. Updating sample management procedures, re-trained staff on processes, and ensuring timely shipment of samples to Sponsors, limiting numbers of samples on site.</li> <li>5. Sponsor organisations informed, corrective and preventive action (CAPA) log completed with study file notes shared with Sponsors and entered into Investigator Site Files.</li> <li>6. To collaborate with Welsh Blood Service (WBS) to implement a business continuity plan.</li> </ol>	4	Closed	Adequate	Research Delivery Manager
5	3249	Trial sub-investigator consented study participant without being signed off on delegation list or study training log.	11 Jul /2023	9	<ol style="list-style-type: none"> <li>1. Having returned from maternity leave, Sub-Investigator re-instated on delegation logs and completing required training logs.</li> <li>2. Principal Investigator(s) countersigning relevant delegation logs and training logs.</li> <li>3. Sponsor organisation informed, corrective and preventive action (CAPA) log completed with study file note shared with Sponsor and entered into Investigator Site File.</li> <li>4. Trust R&amp;D Office regularly reminds all Principal Investigators of importance for all delegated staff to complete delegation logs and training logs.</li> <li>5. Standard Operating Procedure to be updated to address re-instatement of delegation and study training on returning from extended leave.</li> </ol>	3	Closed	Adequate	Research Delivery Manager



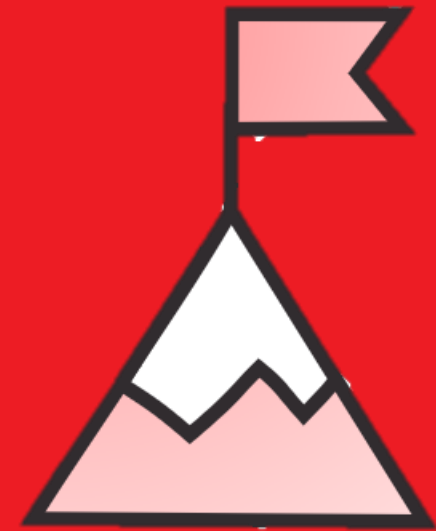
# Research, Development and Innovation



**Gwasanaeth Gwaed Cymru**  
**Welsh Blood Service**



# Updating the Welsh Blood Service's **Research, Development & Innovation Strategy**



# A new WBS Research Development and Innovation Strategy

## 🔑 Deliverable 1

A written document in English and Welsh

## 🔑 Deliverable 2

Key Performance Indicators to evidence the progress of this strategy

## 🔑 Deliverable 3

Update of the relevant electronic webpages

## The WBS performs this strategy

## 🔑 Deliverable 4

The strategy is approved as an organisational policy on the quality management system. Together with any update of associated documents (e.g. Terms of Reference, standard operating procedures)

## 🔑 Deliverable 5

The KPI statuses are reached and monitored.

## Focus on patient outcomes, and financial governance is robust.

## 🔑 Deliverable 6

Projects and Delivery plans focused on means to improve the care of patients.

## 🔑 Deliverable 7

The strategy's financial impact is assessed, and a financial arrangement and delivery considerations are defined (and appended to the strategy).

# A new WBS Research Development and Innovation Strategy

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A written document in English and Welsh

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## 🔑 Deliverable 7

The strategy's financial impact is assessed, and a financial arrangement and delivery considerations are defined (and appended to the strategy).

Strategy Development  
Board



WBS  
Researchers



Corporate



Supplier

## Strategy Development Board



WBS  
Researchers



Corporate



Supplier

## Stakeholders

**WBS's Researchers**  
**Heads of Department**  
**Velindre Research**  
**Velindre Executives**  
**University Investigators**  
**Commercial Partners (existing and unknown)**  
**Commercial suppliers**  
**Medical Investigators**  
**Public input**  
**Donor Expectations**  
**Patient Expectations**

**Research Funders**  
**Welsh Government and Infrastructure**  
**Other Blood Services**  
**Unknown and many more . . .**

# Stage 1

**Initiate the  
Strategy Development Group  
Planning**

# Stage 2

**Stakeholder Engagement  
& Ideas Capture**

**Option Selection**



# Stage 3

**Scrutiny  
Approval  
and Dissemination**



# Stage 3

**Scrutiny  
Approval  
and Dissemination**



*still*

# Stage 2

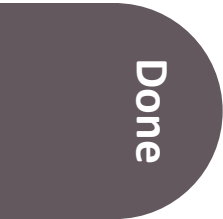
**Stakeholder Engagement  
& Ideas Capture**

**Option Selection**

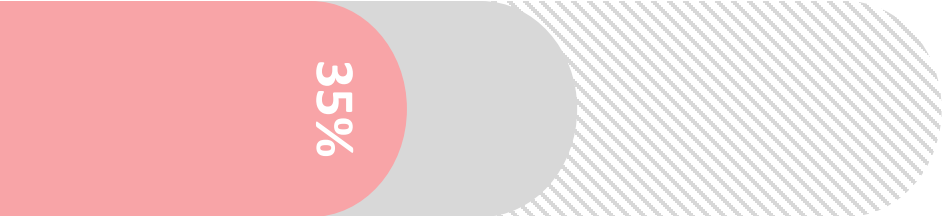
# Stage 2



Stage 1



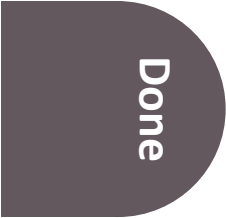
Stage 2



June 2023



Stage 1



Stage 2



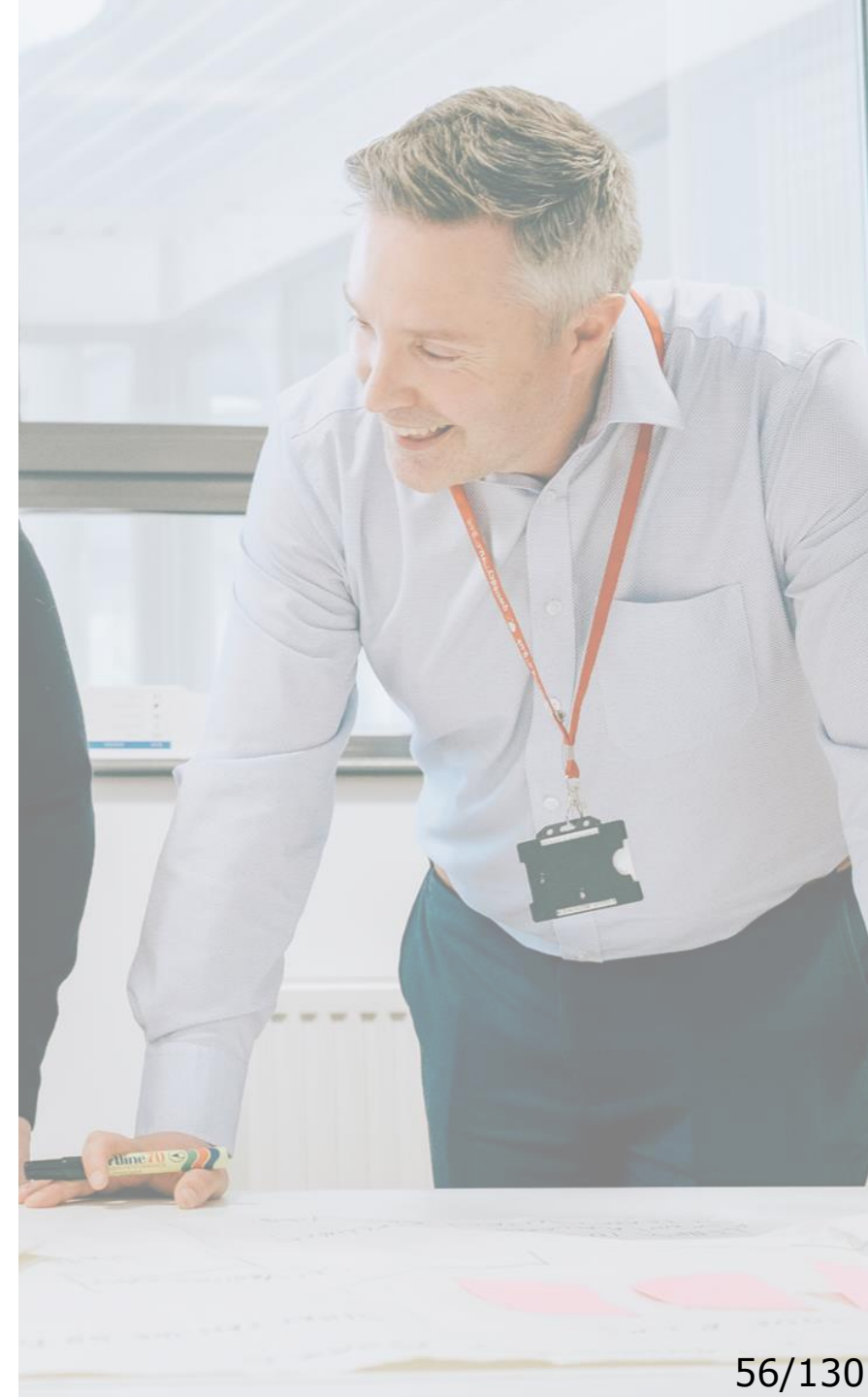
Stage 3



Jan 2024

- Time issue
- Time issue addressed by resource and increasing deadline
- Internal Stakeholder engagement ongoing
- External Stakeholder engagement late summer
- Stage Two completion expected on end of year

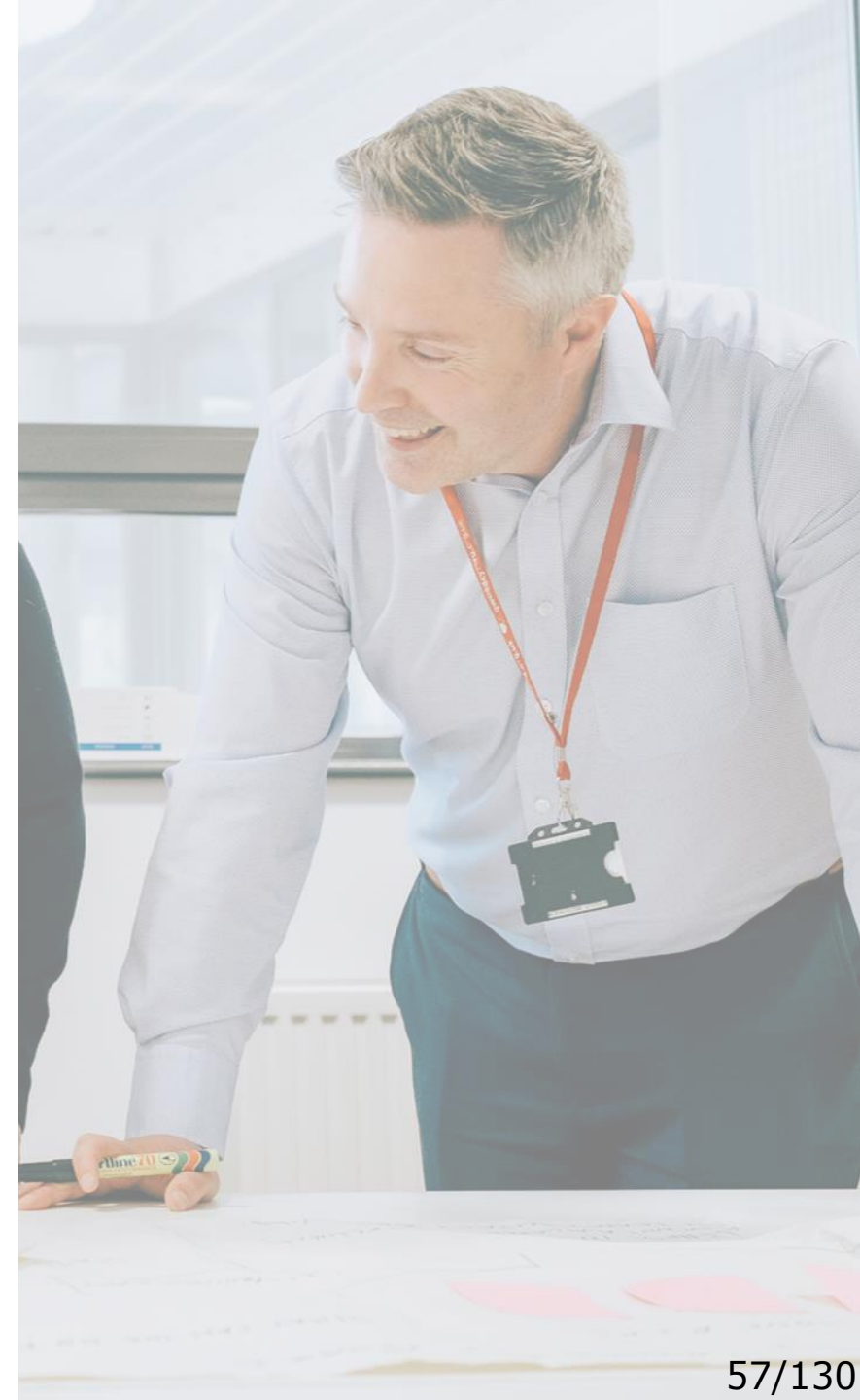
**June 2023**



- **Time issue**

- Time issue addressed by resource and increasing deadline
- Internal Stakeholder engagement ongoing
- External Stakeholder engagement late summer
- Stage Two completion expected on end of year
- **Drafting to commence 19 Feb**

**Jan 2024**





# Research, Development and Innovation



**Gwasanaeth Gwaed Cymru**  
**Welsh Blood Service**

## RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

### HCRW / VUNHST Annual Review Meeting – Feedback from HCRW

<b>DATE OF MEETING</b>	06 February 2024
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	INFORMATION / NOTING
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager
<b>PRESENTED BY</b>	Sarah Townsend, Head of Research & Development
<b>APPROVED BY</b>	Jacinta Abraham, Executive Medical Director
<b>EXECUTIVE SUMMARY</b>	<p>On 05 December 2023, Health and Care Research Wales (HCRW) held their annual review meeting with Velindre University NHS Trust.</p> <p>This briefing summarises the feedback received from HCRW in a letter dated 02 January 2024 and initial key proposed actions.</p>
<b>RECOMMENDATION / ACTIONS</b>	The RD&I Sub-Committee is requested to NOTE for information the outcomes of HCRW annual performance review and initial key proposed actions.



GOVERNANCE ROUTE	
<b>List the Name(s) of Committee / Group who have previously received and considered this report:</b>	<b>Date</b>
Executive Management Board	22 Jan 2024
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS:</b> The Executive Management Board – Shape meeting convened 22 January 2024, received this feedback from the Health and Care Research Wales annual review meeting for information / noting.	
7 LEVELS OF ASSURANCE	
NOT APPLICABLE	
<b>ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR</b>	<b>Select Current Level of Assurance</b>
APPENDICES	
1	HCRW Letter – Feedback from the annual review meeting between Health and Care Research Wales and Velindre University NHS Trust dated 02 January 2024.

## 1. SITUATION

This paper is to provide the RD&I Sub-Committee with a high-level summary of the HCRW Feedback following the annual review meeting held with the Trust on 05 December 2023.

## 2. BACKGROUND

The purpose of the annual review meeting was to have a structured and mutual dialogue, to discuss and agree between the Trust and HCRW what is working well within VUNHST and identify actions to improve health and care research across the Trust.

HCRW used the Trust's completed assessment template on how VUNHST meets the Welsh Government NHS R&D Framework, alongside HCRW generated data to inform the discussions.

Those representing the Trust at the meeting were:

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

Those representing the Health and Care Research Wales at the meeting were:

- Kieran Walshe, Director of Health and Care Research Wales
- Carys Thomas, Head of Policy, Research & Development Division, Health and Social Care, Welsh Government.
- Claire Bond, Senior Funding and Performance Manager, Research & Development Division, Health and Social Care, Welsh Government.
- Nicola Williams, Director of Support and Delivery, Health and Care Research Wales.
- Helen Grindell, Deputy Director of Support and Delivery, Health and Care Research Wales.
- Monica Busse, Director of the Health and Care Research Wales Faculty.
- Felicity Walters, Head of Communications, Engagement & Involvement, Health and Care Research Wales.

### **3. ASSESSMENT**

Feedback from the meeting was received by the Trust on 02 January 2024, with HCRW describing the meeting as constructive having outlined the discussions, their feedback and proposed next steps are summarised in the following key points. A SMART action plan will now be developed to address the points raised as appropriate with timelines to be determined following further discussion within the RD&I Senior Core Team. The Trust will respond to HCRW feedback in due course as requested.

No	Health and Care Research Wales Feedback	Velindre University NHS Trust Action, where required
1.	The Trust has a strong vision and strategy for research that need to be supported by a clearer implementation plan with timescales for delivery.	<ul style="list-style-type: none"> <li>a. To share with HCRW the implementation plan for the Overarching Cancer R&amp;D Ambitions, including delivery timescales.</li> <li>b. Following the publication of the new WBS R&amp;D Strategy, and implementation plan, share with HCRW.</li> </ul>
2.	HCRW welcomed the opportunity to be part of the development of the Trust's Clinical and Scientific Strategy (CSS).	To connect the Trust Clinical & Scientific Strategy Lead with HCRW colleagues.
4.	HCRW praised the RD&I Integrated Performance report as being transformative. A request was made to share these reports with HCRW.	To provide the next Trust annual RD&I Integrated Performance Report to HCRW once approved and then each subsequent year.
7.	<p>In relation to collaborations and enhancing partnership working, the following was noted:</p> <ul style="list-style-type: none"> <li>a. The Trust's plans to establish an Advisory Board of external stakeholders supporting Trust's research strategies delivery.</li> <li>b. Work required to increase the number of clinical academics in line with other UK cancer centres.</li> <li>c. HCRW recognised the challenges that WBS research activity is not well captured in HCRW systems.</li> </ul>	<ul style="list-style-type: none"> <li>a. To establish a Board of external stakeholder to advise the Trust on delivering its research strategies.</li> <li>b. To establish a baseline comparison of clinical academic numbers with other UK Cancer Centre and develop a plan for increasing the number of clinical academics within the Trust.</li> <li>c. To work with HCRW colleagues to ensure that WBS research activity is recognised and better captured in HCRW systems.</li> </ul>
8.	The importance of succession planning for future research leaders and the use of the developing Clinical and Scientific Strategy to achieve this was discussed.	To include in the implementation plans for the Trust's research strategies and the Clinical and Scientific strategy succession planning for future leaders in research, development, and innovation.
11.	HCRW suggested the Trust's ongoing planning enhance its demonstration of an ecosystem clearly aligned, having critical mass and strengths in areas that CRUK will fund and support.	To ensure the implementation plan for the Trust's cancer research strategy, the RD&I Integrated Performance Report, and other Trust documents demonstrate alignment to those areas that CRUK will fund and support.
12.	The embedding of research and time into clinical staff job plans and the encouragement to take up HCRW Faculty and its personal award programmes needs to be centrally coordinated by the Trust. The challenges of jointly funding clinical academic posts were also covered, with HCRW suggesting this is pursued at the highest level with academic partners.	<ul style="list-style-type: none"> <li>a. To work with medical and nurse staffing teams to ensure that staff job plans include research and that there is a process to monitor the ringfencing of time for this activity.</li> <li>b. To identify a staff member and develop a process that promotes the HCRW Faculty and encourages and supports staff uptake of their personal award programmes. This workstream will be overseen by the Trust R&amp;D Office.</li> </ul>



№	Health and Care Research Wales Feedback	Velindre University NHS Trust Action, where required
		c. To continue ongoing work with partner organisations to joint fund clinical academic posts, and where appropriate escalate any issues through the highest levels of these partner organisations.
13.	The ongoing internal benchmarking exercise with other UK cancer centres was discussed and HCRW would like to receive the outcomes to include recommendations, actions, and identifying how Trust compares with the other organisations in terms of research activity.	a. To complete the internal benchmarking exercise against other UK Cancer Centres: <ul style="list-style-type: none"> <li>• University Hospital Birmingham NHS Foundation Trust.</li> <li>• The Christie NHS Foundation NHS Trust.</li> <li>• NHS Greater Glasgow &amp; Clyde.</li> <li>• The Clatterbridge Cancer Centre NHS Foundation Trust.</li> <li>• The Newcastle upon Tyne Hospitals NHS Foundation Trust.</li> </ul> reporting the outcomes, recommendations, and actions (with delivery timelines and clearly identified next steps).
14.	HCRW acknowledged how their performance metrics does not reflect the Trust's true position in the research arena relating to delivery to time and target noting how the Trust could be highest global recruiter even when the study is not delivering as expected. HCRW also noted that the Trust's choice of research studies is patient-centred and that other measures are needed to monitor Trust's performance. WBS's research contribution was also recognised, and that consideration should be given to how this can be collectively promoted.	a. To continue to contribute to the HCRW Research Performance Dashboard Review Group to ensure that the performance metrics better reflect the Trust's research activity and performance. b. To explore with HCRW potential other measures that would better reflect Trust research activity and performance. c. To explore with HCRW how to better recognise and promote the research of WBS.
15.	HCRW recognised the Trust's commitment to patient engagement and involvement and offered their support to diversify the representatives to reflect the wider population. HCRW encourages continued linkage of the Trust's RD&I Communications and Engagement Officer with their communications team.	a. To link with HCRW Public Involvement service and Velindre Voices to develop a plan to in diversify the patient, donor, and public representatives within the Trust RD&I area. b. RD&I Communications & Engagement Officer to continue to represent the Trust at the HCRW Communications Alliance and provide feedback to the RD&I Senior Core Team.



#### 4. SUMMARY OF MATTERS FOR CONSIDERATION

The RD&I Sub-Committee is asked to **NOTE** for information the HCRW feedback to the Trust following the annual review meeting that was convened on 05 December 2024.

#### 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"> <li>Outstanding for quality, safety, and experience <input type="checkbox"/></li> <li>An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/></li> <li>A beacon for research, development, and innovation in our stated areas of priority <input checked="" type="checkbox"/></li> <li>An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/></li> <li>A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/></li> </ul>	
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a>	10 - Governance
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	Select <b>all relevant domains</b> below
	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"/>



	<p>a) The annual review meeting between HCRW and Velindre University NHS Trust provides an opportunity for the Trust to demonstrate its commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment.</p> <p>b) It also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use of skills and resources available.</p>
<p><b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></p>	<p>Not required</p> <p>NOT APPLICABLE</p>
<p><b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b></p>	<p>A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health</p> <p>If more than one Well-being Goal applies, please list below:</p> <p>If more than one wellbeing goal applies, please list below:</p> <p><b>Click or tap here to enter text</b></p>
<p><b>FINANCIAL IMPLICATIONS / IMPACT</b></p>	<p>Yes - please Include further detail below, including funding stream</p> <p>There is a potential financial impact in the Trust not meeting Welsh Government's NHS R&amp;D Framework or 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>



	No direct financial implications from this paper.
<b>EQUALITY IMPACT ASSESSMENT</b> <i>For more information:</i> <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</a>	Yes - please outline what, if any, actions were taken as a result  The Equality Impact of feedback from the annual review meeting between HCRW and the Trust has been considered and there are no matters of concern to raise.
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
	Click or tap here to enter text

## 6. RISKS

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

**APPENDIX 1:** HCRW Letter – Feedback from the annual review meeting between Health and Care Research Wales and Velindre University NHS Trust dated 02 January 2024.



**Feedback from the annual review meeting between Health and Care Research Wales and  
Velindre University NHS Trust**

2 January 2024

Dear Jacinta and Rob,

Thank you for meeting with me and my colleagues from Health and Care Research Wales (HCRW) as part of the annual review process to discuss how health and care research and development in Velindre University NHS Trust (VUNHST) is progressing.

As outlined, the purpose of the meeting was to have a structured and mutual dialogue, to discuss and agree between yourselves and HCRW what is working well within VUNHST and to identify actions that need to be taken to improve health and care research across the Board. We used the recently published Welsh Government NHS R&D Framework and your completed assessment template, alongside data for all Health Boards and Trusts previously circulated on HCRW Faculty awards and membership; research delivery funding and activity; and HCRW research project funding scheme applications and awards.

We felt it was a really constructive meeting, and I am emailing to provide some feedback and to propose some next steps. Those present at the meeting are listed at the bottom of this letter.

1. We heard that the Trust is delivering its cancer research strategy via its 10-year Overarching Cancer Research and Development Ambitions document launched in 2021, which aligns with Wales's Cancer Research Strategy (CReSt). You explained that this is supported by a delivery plan and by a productive senior leadership group, multidisciplinary in nature with patient representatives that meets regularly. You advised that cancer research ambitions are also set out in the Trust's overarching strategy 'Destination 2033' for both the cancer centre and Welsh Blood Service and (WBS). We felt your vision and strategies were strong, but that a clearer implementation plan with timescales for delivery is essential.
2. You also explained that the Trust is developing a Clinical and Scientific Strategy; a blueprint for clinical and scientific services moving forward, and HCRW welcomed the opportunity to be part of its development. It will provide an opportunity to broaden the Trust's research portfolio across professions, in particular for nurses, allied health



professions and clinical scientists, and this strong vision for the Trust was commended.

3. We discussed the role of the RD&I Sub Committee in providing oversight and direction for the cancer centre and Welsh Blood Service. In terms of ensuring the different departments within the Trust are engaged in the research agenda, you advised that there are operational groups that have links with the senior leadership group where operational business, risks and performance issues are considered, discussed and monitored. We noted that the Trust is working to the recently published HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice, and this is assisting the Trust to integrate research into the culture of the organisation and increase its visibility and this is welcomed.
4. We noted that a quarterly R&I Integrated Performance report is now produced – and this has been transformative for the Trust in articulating what research means, for both the cancer centre and WBS, and it links in with Welsh Government's Integrated Medium Term Plan priorities. It also provides an opportunity to showcase what research is being undertaken and your offer of sharing these reports with HCRW was welcomed.
5. Your partnership working and joint ventures with Cardiff University and Cardiff and Vale University Health Board (CVUHB) was noted, and we queried your relationships with other partners; those across South West Wales and outside of Wales and how networked VUNHST is with other UK cancer centres and strategies. We were interested to hear that you are working with Swansea Bay University Health Board in the radiotherapy space, which is facilitated by the Advancing Radiotherapy Fund (ARF); a funding stream and strategy that was established to develop radiotherapy research in South Wales. A more recent initiative Advancing Research Cymru (ARC) is also in development, which is a collaboration between Velindre Trust's charity and the Moondance Foundation, and the strategy and priorities for this initiative are in the process of being developed. The Trust is also developing a Velindre Oncology Academy with University of Trinity St Davids, 3-year funding has been approved to bring the provision of non-surgical oncology back into Wales and training will be provided pan Wales. This saw this initiative having an important role in creating research opportunities for NHS staff across Wales moving forward.
6. In terms of UK wide networks, you advised that the UK landscape is currently in transition with the ending of the National Cancer Research Institute (NCRI) and its clinical study groups are being reviewed. You advised that these groups have traditionally had representation from VUNHST and you hoped engagement with future groups will continue moving forward. You advised that appointing to the vacant HCRW Specialty Lead for Cancer is important and will provide opportunities for networking with the NIHR and UK cancer centres. Links with other academic centres across the UK and internationally is also facilitated through VUNHST sponsored studies; FAKTION and PATHOS for example.
7. With regard to collaborations and enhancing partnership working, there are plans to set up an Advisory Board drawing in critical external stakeholders to support with the delivery of the strategy. You advised that the number of clinical academics are low – there are only 3 currently with Cardiff University which is low compared with other UK cancer centres and this case has been presented to academic institutions. This is an area where we feel that it is important that forward looking plans and agreements are developed. In terms of the WBS, you advised that you are structured similarly to the Biomedical Excellence for Safer Transfusion International Collaborative, and that the WBS research strengths are in blood component development and solid organ transplantation and immunology work. We recognise that there are ongoing

challenges that research activities in WBS are not well captured on Health and Care Research Wales systems, however we were pleased to see the greater emphasis that WBS activity is now having at Velindre Trust and better visible integration into organisational structures, and we recommend that this is an area that you continue to highlight, support and celebrate successes.

8. We discussed succession planning to continue to encourage and develop research leaders of the future, given that clinical and service pressures are inhibiting this currently, particularly for medical staff. We noted that a Board development session on this is planned which will consider how best to embed the culture of research across the organisation, and that developing the Clinical and Scientific Strategy will provide insight into the current state of play.
9. In respect of the Velindre Cancer Charity and funding strategy for research, we noted that resourcing RD&I is a fundamental element of the charity's strategy. You explained that a 3-year bid has recently been approved to deliver cancer research ambitions which includes funding for infrastructure growth, leadership roles, academic and fellowship posts. You advised the process to acquire the funding is rigorous, scrutinised closely and that the funding is time limited so key deliverables are expected.
10. We discussed that there had been a reliance on the charity in the past to fund delivery posts and you advised that over recent years you have gradually decreased this and now established delivery posts that no longer rely on charitable funds on a permanent basis, and that like other NHS organisations you now fund substantive posts from a combination of HCRW research delivery funding, research grant income and commercial income, with charitable funds being used to pump primed clinical sessions and other roles. This reimbursement model was welcomed.
11. We discussed your relationship with CRUK, and noted that funding has been limited previously, but opportunities to collaborate on pieces of research do arise via the tripartite agreement with Cardiff University and CVUHB. You mentioned a bid that is currently with Velindre Cancer Charity to support a platform for small animal research for radiotherapy, working across the UK with cancer centres and with CRUK. We think as part of your ongoing planning, VUNHST needs to demonstrate it is part of an ecosystem that is clearly aligned, has critical mass and strengths in areas that CRUK will fund and support.
12. We welcomed your approach to providing time for research for clinical staff and incorporating it into job plans, however there was little detail about who has research in their job plans and what that could lead to in terms of next steps. We noted that the HCRW Faculty and its personal award programmes is our main investment in researcher development, and it was discussed how to encourage and enable greater uptake. It was also noted there have been no applications from VUNHST or the WBS to researcher development awards schemes to date. You suggested that establishing a centrally co-ordinated process in Velindre Trust to ensure opportunities provided by the Health and Care Research Wales Faculty are capitalised on needs to be taken forward. You mentioned that the 3-year plan, part of the integrated funding bid to the Velindre cancer charity commits to funding several joint clinical academic posts, however you mentioned the challenges you have had with obtaining joint funding for these posts and we suggest that you persevere to drive this forward and have conversations at the highest level with your academic partners.
13. We noted that an internal benchmarking exercise had taken place within the Trust, where you had benchmarked against the following cancer centres; The Beatson, The Christie and Birmingham. You explained that the findings are being presented to the RD&I Sub Committee, and you indicated you would share this paper with HCRW. It



has proved useful in identifying that VUNHST are undertaking fewer large observational studies and large phase 3 studies than other centres and have perhaps focused more on complex early phase studies, therefore a broadening of the research portfolio is needed. Research teams have also visited the Beatson Centre to learn about their arrangements and infrastructure. We would like you to have clear sight of the actions, with a clear timeframe, that you need to undertake (as part of your delivery plan), so that where realistically comparable, you are as research active (and more active) than your comparator organisations and achieve similar levels of efficiency and productivity in research delivery.

14. We discussed your delivery performance reports and recognise how, at face value, the reports give a negative picture of VUNHST delivering to time and target. We discussed the narrative associated with delivering complex studies and noted how you are highest global recruiter on some of these studies even though the study is not delivering as expected. You advised that the choices that Velindre make are patient centred and we support this, and it may be that other measures are needed to monitor Velindre's delivery performance. We acknowledged the support WBS has provided in facilitating research during the pandemic and on other studies and you will give some consideration of how we can collectively promote the visibility and demonstrate the contribution to research delivery that WBS provides.
15. Your commitment to patient engagement and involvement is clear with a patient engagement strategy in place. However, you acknowledge that the same PI representatives have been in place for some time and while these bring experience and knowledge, health boards and trusts should have several representatives on their panels from diverse communities to better reflect the wider population and ensure more people have the opportunity to get involved in research. Health and Care Research Wales's PI service can assist organisations to seek wider representation and the Public Involvement Alliance provides expertise on national standards and good practice. With regards communications you confirmed that a new communications officer was in place to support the research agenda and we would encourage regular attendance at the national Health and Care Research Wales Communications Alliance to ensure alignment with other NHS organisations and One Wales messaging for research.
16. We discussed how research and evidence produced in the Trust is used across Wales and the UK and how the Trust draws on research done elsewhere to inform service development and service improvement in both the cancer centre and WBS. We very much welcomed the update on the FAKTION study, and how the drug combination using the AKT inhibitor with hormone therapy for standard care has now been approved by the FDA – which is a breakthrough, for extending the lives of patients globally with metastatic breast cancer. This has demonstrated impact on an international scale and the value of collaborative working between the NHS and Industry.
17. We hope you find this feedback helpful, and I and colleagues would be happy to discuss and clarify any points we have made. We recommend that you share this feedback with everyone who attended the meeting or was invited to do so; with your board; and with other relevant colleagues in the organisation. It would be helpful if you could respond to this letter in due course with a brief note of actions that you plan to take – though this could of course be incorporated into a wider implementation plan.

As we mentioned in the meeting, we want the implementation of the NHS R&D Framework to support ongoing improvement in health and care research and development across Wales. To this end, once we have completed all board and trust reviews, we will produce a

summary document of common themes and findings and we will work with R&D directors and other stakeholders on what we can do to help share good practice and continue to raise the profile of research and development.

Best wishes

A handwritten signature in black ink, appearing to read 'K. Walshe', with a stylized, cursive script.

**Professor Kieran Walshe**

Director of Health and Care Research Wales

<b>Attendees</b>	
Jacinta Abraham	Medical Director, Velindre University NHS Trust
Rob Jones	Assistant Medical Director for RD&I, Velindre University NHS Trust
Nicola Williams	Velindre University NHS Trust
Matt Bunce	Director of Finance, Information & Governance Lead, Velindre University NHS Trust
Sarah Townsend	Head of R&D & Sponsor Representative, Velindre University NHS Trust
Andrew Westwell	Independent Board Champion for R&D, Velindre University NHS Trust
Professor Kieran Walshe	Director of Health and Care Research Wales
Claire Bond	Senior Funding and Performance Manager, Research and Development Division, Welsh Government
Monica Busse	Director of the Health and Care Research Wales Faculty
Nicola Williams	Director of Support and Delivery, Health and Care Research Wales
Helen Grindell	Deputy Director of Support and Delivery, Health and Care Research Wales
Felicity Waters	Head of Communications, Engagement and Involvement, Health and Care Research Wales

## RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

### Research, Development, and Innovation Integrated Performance Report for Financial Year 2023/24, Quarter 3

<b>DATE OF MEETING</b>	06 February 2023
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	DISCUSSION
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager
<b>PRESENTED BY</b>	Sarah Townsend, Head of Research & Development
<b>APPROVED BY</b>	Jacinta Abraham, Executive Medical Director
<b>EXECUTIVE SUMMARY</b>	<p>Trust Research, Development, &amp; Innovation (RD&amp;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>

<b>RECOMMENDATION / ACTIONS</b>	RD&I Sub-Committee are requested to note for <b>DISCUSSION</b> the RD&I Integrated Performance Report for Financial Year 2023/24, Quarter 3.
---------------------------------	--

<b>GOVERNANCE ROUTE</b>	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
RD&I Operational Management Group	30 Jan 2024
Executive Management Board	01 Feb 2024
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>	
The RD&I Sub-Committee's 06 February 2024 meeting paper submission deadline is prior to the above meetings that form the RD&I governance route.	
An update summarising the outcome of the previous discussions will be provided to the RD&I Sub-Committee at the meeting on 06 February 2024.	

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

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

## 1. SITUATION

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

For Quarters 1 through 3, the report covers the activities of the Trust's Research, Development, and Innovation service in the reported quarter.

For Quarter 4, an annual report incorporating Q1 through Q3 previously reported, plus Q4 activities, is provided covering the activities Trust's Research, Development, and Innovation service for the whole 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) 3 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 RD&I Sub-Committee are requested to note for **DISCUSSION** the Trust's RD&I Integrated Performance Report for Financial Year 2023/24, Quarter 3.



## 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"> <li>Outstanding for quality, safety, and experience</li> <li>An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations</li> <li>A beacon for research, development, and innovation in our stated areas of priority</li> <li>An established 'University' Trust which provides highly valued knowledge for learning for all.</li> <li>A sustainable organisation that plays its part in creating a better future for people across the globe</li> </ul>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
<b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a>	10 - Governance
<b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b>	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. 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.
<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a>	Not required
<b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b>	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:
<b>FINANCIAL IMPLICATIONS / IMPACT</b>	If more than one wellbeing goal applies, please list below:
	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>
<b>EQUALITY IMPACT ASSESSMENT</b> For more information: <a href="https://nhswales365.sharepoint.com/sites/VEL/_layouts/15/Default.aspx">https://nhswales365.sharepoint.com/sites/VEL/_layouts/15/Default.aspx</a>	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.

<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	There are no specific legal implications related to the activity outlined in this report.
	<b>Click or tap here to enter text</b>

## 6. RISKS

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

## APPENDIX 1. Trust Research, Development, & Innovation (RD&I) Integrated Performance Report for FY2023/24, Quarter 3.



**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  
Research & Development  
Velindre Cancer Centre  
Velindre Road, Whitchurch  
Cardiff, CF14 2TL

E-bost/Email: [Velindre.R&DOffice@wales.nhs.uk](mailto:Velindre.R&DOffice@wales.nhs.uk)  
Ffôn/Tel: 029 2061 5888

# 2023/24

## Q3

October 2023 to  
December 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
ATW	Advanced Therapies Wales
BEST	Biomedical Excellence for Safer Transfusion
BYS	ByYourSide
CARIN	Clinical Academic Roles Implementation Network
CCRH	Cardiff Cancer Research Hub
CI	Chief Investigator
CRUK	Cancer Research UK
CRW	Cancer Research Wales
CU	Cardiff University
CUBRIC	Cardiff University Brain Research Imaging Centre
DNA	Deoxyribonucleic acid
DPIA	Data Protection Impact Assessment
DVT	Deep Vein Thrombosis
ECMC	Experimental Cancer Medicine Centre
EMRTS	Emergency Medical Retrieval and Transfer Service
ESMO	European Society for Medical Oncology
FDA	Food and Drug Administration
FiR	First into Research
FY	Financial Year
HCRW	Health and Care Research Wales
HPV	Human papillomavirus
IMTP	Integrated Medium-Term Plan
IPOCH	Interdisciplinary Precision Oncology Hub
KI	Key Indicator
KPI	Key Performance Indicator
LIP	Local Information Pack
MASCC	Multinational Association of Supportive Care in Cancer
mHSPC	Metastatic Hormone-Sensitive Prostate Cancer
MRI	Magnet Resonance Imaging
NHS	National Health Service
PCIP	Planned Care Innovation Programme
PET	Positron Emission Tomography
PETIC	Positron Emission Tomography Imaging Centre
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, and Innovation
RIC	Research, Innovation and Coordination
RICH	Regional Innovation Coordination Hubs
RT	Radiotherapy
RT-TPG	Radiotherapy Trials Portfolio Group
SAC	Snowdonia Aerospace
SACT	Systemic Anti-Cancer Treatment
SBRI	Small Business Research Initiative
SIC	Strategic Investment Case
SOC	Strategic Outline Case
SST	Site Specific Teams
UK	United Kingdom
USA	United States of America
VCC	Velindre Cancer Centre
VIR	Velindre Introduction to Research
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 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 first Hub patient was treated in December which is a real pivotal moment and shows that the Hub is already bringing new treatments to patients in Wales.
	The Senior Research Nurse for the Hub organised an advanced therapies training day focusing on cell therapies in cancer disease, supported by ATW and ECMC. The training was really successful and contributes to upskilling the workforce.
	Trial portfolio overview: <ul style="list-style-type: none"><li>• Open – 1</li><li>• Set up – 3</li><li>• Potential – 5</li></ul>
	We are continuing our work with Moorhouse, an external consultancy firm, who are supporting us on engaging with the Lifesciences industry about investment.
	The Strategic Outline Case (SOC), which sets out the location of the Hub, had been submitted to Welsh Government and we have received initial positive feedback.

1.2 Increase our focus on Palliative and Supportive Care research.

From the Overarching Cancer R&D Ambitions Strategy, **we said we would:** ‘Increase our focus on Palliative and Supportive Care research, looking for research opportunities throughout the cancer pathway from diagnosis to end of life.’

And **we have:**

Funded key research posts in Palliative and Supportive Care for the first time via the R&D Integrated Bid.





	Consultant funded time has supported recruitment to HIDDEN 2 trial of thrombosis in cancer patients admitted to acute setting. This trial was the highest recruiting study at Velindre in 2023.
	Clinical Research Fellow started in October: honorary contract with Cardiff University is in process and initial work programme agreed.
	Newly funded Clinical Research fellow supported recruitment of patients to the Serenity Study which explores patient decision making around thrombosis management in advanced cancer.
	Non-clinical Research Fellow post has also been appointed and will start in January 2024. This post will work closely with the Clinical Research Fellow and consultant on key projects on patient experience.

1.3 Integrate Novel Imaging into our clinical studies.

From the Overarching Cancer R&D Ambitions Strategy, **we said we would:** ‘Integrate Novel Imaging into our clinical studies.’

And **we have:**

**Made greater use of local imaging expertise and the state-of-the-art imaging facilities at CUBRIC and PETIC to develop internationally competitive research in cancer imaging.**

	As part of Interdisciplinary Precision Oncology Hub (IPOCH), there was a PhD project on non-invasive characterisation of brain cancer tissue microstructure from MRI using Deep Learning. The project was selected, and a PhD student has been appointed.
	Research collaborations with CUBRIC are ongoing, mainly in the field of brain tumour research. The Velindre brain tumour-CUBRIC study, Glimpse, funded through EPSRC is continuing to recruit patients.
	The first clinical fellow has successfully completed their PhD thesis, working on the first collaborative VCC-CUBRIC study.
	The next pipeline project is a study looking at glioblastoma specifically, and a full application has been submitted to CRW as part of the Pritchard and Moore scholarship opportunity.

2 Nursing & Interdisciplinary Research.

**Highlights**

Velindre Healthcare Cancer Research Fellowships is in progress.

**Velindre Introduction to Research (VIR) Awards 2023.**

- Barbara Wilson is studying the preparation of newly appointed Velindre nurses for safe SACT delivery.
- Francis Brown is studying the management of acute toxicity by nurses in the SACT day unit.
- Deborah Lewis is studying the emotional needs of patients post cancer trial treatment.

**Velindre PhD Fellowship Award 2023.**

Ceri Stubbs is investigating the delay in help seeking by patients with SACT toxicities. Her PhD course of study will start on 1<sup>st</sup> January 2024.

The **Velindre Healthcare Cancer Research Support Team** Is now available to offer research coaching, 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 on 30<sup>th</sup> November with 15 people in attendance.

**Challenge**

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

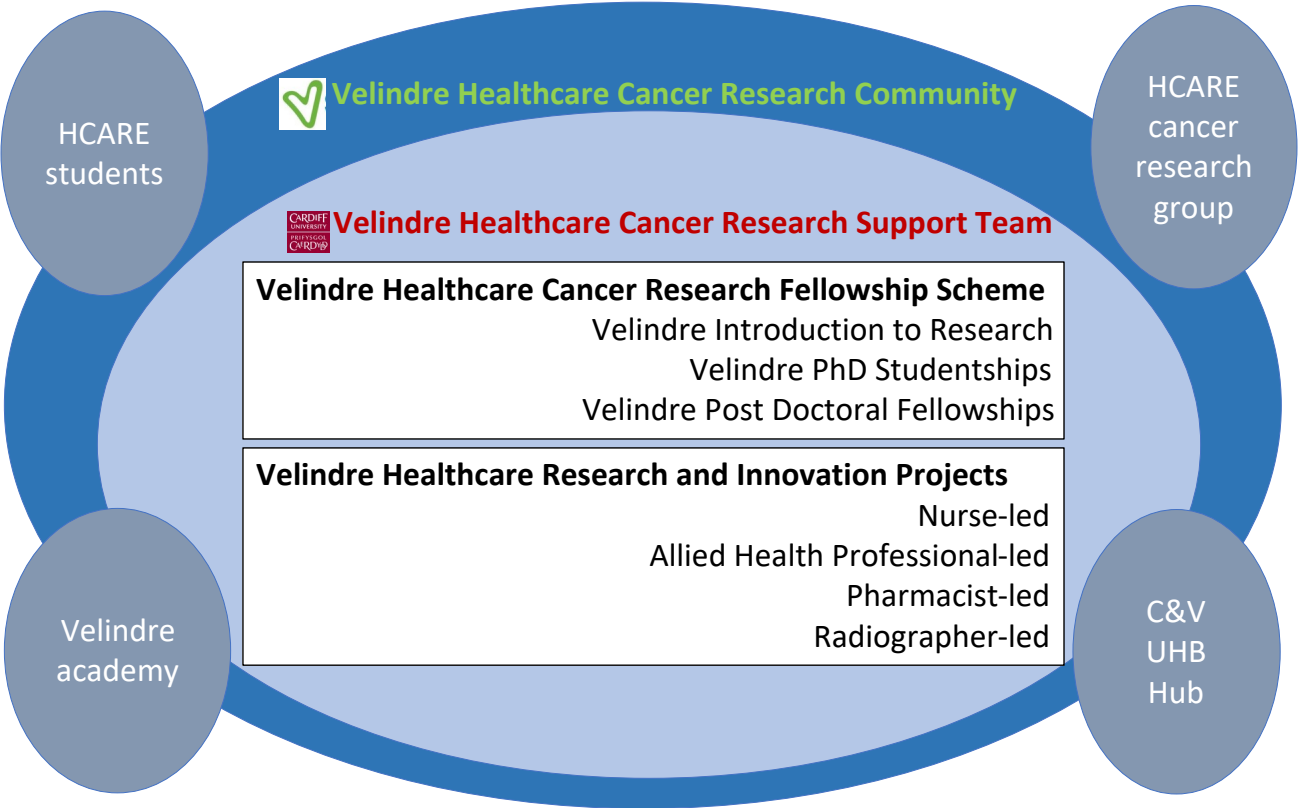
**Next Steps**

To develop bespoke education and training in cancer research for Velindre nurses, pharmacists, allied health professionals, and radiographers.



2.1 Velindre Healthcare Cancer Research Program: Pictorial Overview

# Velindre Healthcare Cancer Research



## 2.2 Velindre Healthcare Cancer Research Fellowships

The Velindre Healthcare Cancer Research Fellowship Scheme is an investment by the Velindre Charity to strengthen nurse and health professions leadership in safe and high-quality cancer care.

The fellowships are open to nurses, allied health professionals, pharmacists, and radiographers, staff groups historically underserved by education and opportunity to drive research-based service improvement and innovation.

A call for Velindre Postdoctoral Healthcare Cancer Research Award applications was released in January 2024. It offered an opportunity for a staff member to conduct post-doctoral research relevant to their clinical practice, for two days per week over a two-year period. Outcome of the Healthcare Cancer Research Award Panel review will be announced in March 2024.

## 2.3 Velindre Healthcare Small Grants Scheme

The Velindre Healthcare Small Grants Scheme (cancer) award holders are Dr Jane Mathlin, Consultant Radiographer, Dr Caroline Coffey, Consultant Psychologist, and Alison Wyatt, Physiotherapist and Advanced Practitioner in Gynaecological Oncology. They are supported by Manasi Patil, Research Assistant and physiotherapist.

Dr Jane Mathlin's study of taste change post radiotherapy treatment ended in December 2023. It has resulted in the development of an information leaflet for patients and revised supportive care for patients. An abstract has been submitted to MASCC 2024 seeking international dissemination of the findings. Dr Caroline Coffey's project, about psychology triage practiced in partnership with Maggies, ended in December 2023. It evaluated the service model and has led to a revision of partnership work. A conference abstract and poster presentation are in progress. A review of literature about the use of triage within psychology services for cancer patients is in write up for journal submission. Alison Wyatt's project about the use of a vaginal dilator following abdominal radiotherapy for gynaecological cancer is in set up. It will explore supportive care practices across the UK.

## 2.4 Velindre Healthcare Clinical Academic Career Pathway

The Velindre Healthcare Cancer Research Fellowship scheme will support career progression within the national competency framework for Advanced Practitioners. Advanced Practitioners have a research component to their job role, acting as Principal Investigator and/or Chief Investigator for research projects. The fellowship scheme will empower Velindre Advanced Practitioners to work at the top of their license and enable them to be clinical academics engaged in evidence based transformational leadership.

Work to establish the Velindre Healthcare Clinical Academic Career Pathway is informed by engagement with Clinical Academic Roles Implementation Network (CARIN), Council of Deans. This is a UK wide network for building nurses and health professions clinical-academic research capacity. See <https://www.councilofdeans.org.uk/category/policy/research/clinical-academic-roles-implementation-network/>.

Jane Hopkinson is an active member of CARIN, which now has a devolved nations sub-group.

2.5 Velindre Healthcare Cancer Research Community



The inaugural meeting of the Velindre Healthcare Cancer Research Community was held at 08:00 in the Orange Room, Noddfa Building, at Velindre Cancer Centre on 29<sup>th</sup> November 2023.

Dr Sarah Fry, Senior Lecturer in Nursing, gave a presentation on ‘How I became a nurse researcher,’ which was followed by a discussion of how to

overcome obstacles to clinicians leading research. It also provided staff an opportunity to find out how to get help and advice from the Velindre Healthcare Cancer Research Support Team. The meeting was attended by 15 people.

2.6 Velindre Healthcare Cancer Research Support Team

The Velindre Healthcare Cancer Research Support Team are cancer research active staff employed by the School of Healthcare Sciences, Cardiff University. Team members are Dr Sarah Fry, Senior Lecturer in Nursing, Dr Nichola Gale, Senior Lecturer in Physiotherapy, Dr Nicolas Courtier, Senior Lecturer in Radiography, Professor Jane Hopkinson, Velindre Professor of Nursing and Interdisciplinary Cancer Care, with administrative support provided by Mrs Zahida Azhar. Each team member provides one-to-one coaching for a Velindre Healthcare Cancer Research Fellow. Team members are also available to offer other staff one-to-one consultancy on writing a funding bid, writing a research proposal, research design, project management, data analysis, and dissemination to include writing for publication. The team is meeting bimonthly to plan a structured education offer in response to feedback at Velindre Healthcare Cancer Research Community meetings. This will include seminars, workshops, and online material developed in partnership with Helen Robertson, Velindre Research Communications Officer.



## 2.7 Velindre Healthcare Cancer Research performance

The following table shows the cumulative performance of the Velindre Healthcare Cancer Research against agreed key performance indicators (KPIs).

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

	KPI	TARGET PER ANNUM	Q1	Q2	Q3	Q4	TOTAL 2023/24
<b>Research leadership</b>							
	Velindre led Healthcare Cancer Research Projects (in progress / completed)	Baseline +3	6 in progress 2 completed	8 in progress 3 completed	7 in progress 7 completed		
	Velindre collaboration on externally led Healthcare Cancer Research (in progress / completed)	Baseline +3	3 in progress 2 completed	3 in progress 3 completed	3 in progress 3 completed		
	Nurse, allied health professional, pharmacist, radiographer Chief Investigators (CI)	Baseline +3	3	3	4		
	Trials nurse Principal Investigators (PI)	Baseline +1	0	0	0		
	Other healthcare cancer research Principal Investigators	Baseline +2	1	1	1		
<b>Study recruitment at Velindre Cancer Centre</b>							
	Patient recruitment	150	0	0	11		
	Family carer recruitment	150	0	0	2		
	Velindre staff recruitment		10	15	4		
<b>Funding</b>							
	Applications for external grant funding	2	0	2	3		
	Applications for internal research project funding	5	1	6	6		
<b>Capacity building</b>							
	Education event/workshop	4	5	0	6		
	Small grant projects in progress	3	3	3	1		
	Velindre Introduction to Research awards	3	In set up	3	3		
	Velindre Healthcare PhD Studentship awards	1	In set up	1	1		
	Velindre Healthcare Post doc awards	1	In set up	Call planned Jan 2024	Call closes 31 Jan 2024		
	Velindre healthcare research maturity score		Tool in development	Tool in development	Tool ready to test		

	KPI	TARGET PER ANNUM	Q1	Q2	Q3	Q4	TOTAL 2023/24
Research dissemination							
	Publications	1 per CI	4	6	7		
	Presentations	1 per CI/PI	7	11	13		

### 3 Velindre Cancer Service Research.

#### 3.1 FDA approval for breast cancer drug treatment developed at Velindre.

It all started more than 10 years ago with three people in a room in Cardiff, talking about ways to improve outcomes in the world’s most common type of cancer – oestrogen receptor positive breast cancer.

This led to the FAKTION clinical trial [<https://velindre.nhs.wales/news/latest-news/new-phase-of-breast-cancer-treatment-trial-provides-fresh-hope-for-patients-with-incurable-disease/>], investigating whether we could safely combine standard hormone therapy with AstraZeneca’s AKT inhibitor capivasertib, and did the combination improve patient outcomes.

The results from the Phase II trial showed that patients who received the combination treatment could expect to have their cancer controlled for twice as long as those receiving hormone therapy alone. AstraZeneca were excited by the FAKTION trial results, and started a Phase III global trial which confirmed the FAKTION findings.

And now the USA’s Food and Drug Administration (FDA) has announced it will license the use of capivasertib, now called Truqap™, in combination with the hormone therapy drug Faslodex® for use in patients with ER positive, HER2 negative advanced breast cancer.

For more information about Truqap™ and the FDA approval, visit AstraZeneca’s website [<https://www.astrazeneca.com/media-centre/press-releases/2023/truqap-approved-in-us-for-hr-plus-breast-cancer.html>].

#### 3.2 Velindre patients vital in DVT study

The study which closed at the end of September is called *HIDDEN2: Hospital deep vein thrombosis detection study in cancer patients receiving palliative care* and looked at patients who were admitted acutely to hospital.

Over a one-year period more than 150 of the 201 patients admitted to the study were recruited from the Velindre Cancer Centre.

Patients had their upper legs scanned for DVT at the time of their admission to hospital. This scan and other routine data collected about their condition and medications was used to inform the research.

The outcomes from the study are still being collated but they will directly impact and inform patient care.

**Professor Rob Jones,  
co-Chief Investigator**



*“This is a big news story for Cardiff – it all started with the FAKTION trial which was developed at Velindre, sponsored by Velindre, and delivered in collaboration with Cardiff University’s Centre for Trials Research.*

*Truqap™ is an international first-in-class drug for the use in patients with cancer and it’s first licence indication.*

*The global impact of this research is immense – the group of patients who could receive this treatment represent about 75% of patients with metastatic breast cancer.*

*When a patient has been diagnosed with metastatic cancer, patients are most often concerned about how much time they have left. While we’re not able to offer a cure, this new medicine will buy people additional really important time they can spend with their families and friends.*

*There are still Europe and UK approvals needed before the drug can be used here but the future looks very encouraging for our patients.”*



**Professor Nikki Pease,**  
**Consultant in Palliative Medicine**

*"We know that approximately 1 in 7 patients who have cancer will be affected by deep vein thrombosis (DVT) or other occurrence of blood clots.*

*Cancer and the treatment of cancer , in the form of chemotherapy, immunotherapy, and hormone treatments all increase the risk of blood clots.*

*Alongside that, we also know that acute illness whereby patients need hospital admission also increases the risk of blood clots.*

*This study looked to find how many cancer patients admitted to hospital have a led DVT.*

*I would like to thank every who said yes when they were asked about the trial. Without the willingness of Velindre patients to give up their time to take part, the trial would not have reached the recruitment target.*

*Our patients have helped us take this important research forward, making a difference to the way we provide palliative and supportive care for our patients in the future."*

Although caring for patients with a life limiting illness has happened since the advent of time it was only in 1987 that the UK became the first country in the world to make palliative medicine a subspecialty. Palliative medicine is a young specialty compared to cancer care and research involving patients with a life limiting illness was often not undertaken. In recent times this has changed and there is increasing research in palliative care with the aim of informing best evidence based clinical practice.

Palliative care research places the patient perspective and experience at the centre of research enquiry. It is committed to a co-produced, multi-perspective delivery of evidence to impact on care in the clinic - and across the patient's treatment journey.

Velindre University NHS Trust works closely with the Marie Curie Research Centre at Cardiff University to provide a patient-focused evidence base on how they navigate their care, make decisions on particular types of treatment (with that trade off in mind), and how they assess the

value of the interventions received using their own, unique perspective.

The work of the Centre has resulted in rapid practice changes across these areas as well as legislative and policy improvements at UK level and internationally to support better care for the person affected and those close to them.

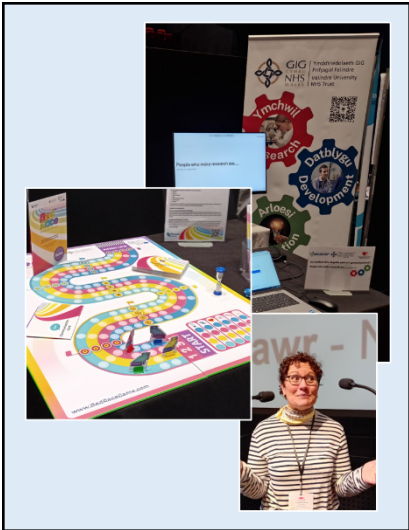
3.3 Velindre at Health and Care Research Wales conference 2023

Velindre was proudly on show at Health and Care Research Wales (HCRW) conference at Swansea Arena on Thursday 12 October 2023.

We had a great day out at the HCRW conference with Velindre featuring on the main stage in Ted-style talks, on the poster boards and in the exhibition space.

It was the first outing for the innovative BedRace® game, a training tool for multi-professionals working in palliative and supportive care. Developed by our own Dr Clea Atkinson and Dr Dylan Harris a consultant in palliative medicine in South Wales.

Two of the four speakers in the Ted-style talks plenary session were from Velindre past and present. Dr Sarah Fry, senior lecturer at Cardiff University and former Velindre nurse spoke about prostate cancer research and our own therapeutic radiographer Fran Lewis shared her fellowship project on the Toyota Way and culture change in her department.



**Thanks to everyone who helped develop our exhibition stand and to all the Velindrians who popped by on the day!**

3.4 Velindre proud to be part of successful clinical trial.

The results of INTERLACE trial marks the biggest cervical cancer drug advance in twenty years.

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

Emma Hudson, Clinical Oncologist, and trial Principal Investigator at Velindre, is proud to have been part of this successful study which is set to become a new standard of treatment for cervical cancer.

*"I'm very grateful that patients from Wales had the chance to participate in this clinical trial, and I'd like to thank those who made the very important decision to take part. Velindre Cancer Centre was one of the top recruiting centres to this trial within the UK and research cannot progress without the commitment of our patients to clinical trials.*

*"These results are brilliant for our patients of the future who will benefit from the new treatment."*

**Dr Emma Hudson, Consultant Clinical Oncologist.**

INTERLACE saw half the patients in the trial receive an additional course of carboplatin and paclitaxel chemotherapy once a week for six weeks, before receiving the standard combination of radiotherapy plus weekly cisplatin and brachytherapy, known as chemoradiation.

The control group received only the usual chemoradiation.

The results show that after five years:

- 73% of women in the trial group had no recurrence or spread of their cancer.
- 80% of those who received the new treatment were still alive.

This compares to the control group where 64% had not seen their cancer return or spread and 72% were alive.

Dr Iain Foulkes from Cancer Research UK who funded the UCL Cancer Institute-led trial, said: *"Timing is everything when you're treating cancer. A growing body of evidence is showing the value of additional rounds of chemotherapy before other treatments like surgery and radiotherapy in several other cancers. Not only can it reduce the chances of cancer coming back, it can be delivered quickly using drugs already available worldwide.*

*We're excited for the improvements this trial could bring to cervical cancer treatment and hope short courses of induction chemotherapy will be rapidly adopted in the clinic."*

Dr Mary McCormack, lead investigator of the trial from UCL Cancer Institute and UCLH, said *"Our trial shows that this short course of additional chemotherapy delivered immediately before the standard CRT can reduce the risk of the cancer returning or death by 35%.*

*"This is the biggest improvement in outcome in this disease in over 20 years."*

She went on to tell the BBC's Today programme: *"The important thing here is that if patients are alive and well, without the cancer recurring at five years, then they are very likely to be cured, so that's what makes this very exciting."*

Read more on this success story on the BBC website. [\[https://www.bbc.co.uk/news/health-67192441\]](https://www.bbc.co.uk/news/health-67192441).

### 3.5 Study performance rankings and other news.

#### 3.5.1 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	MK-1308A-008	A Phase 2, Multicenter, Multi Arm, Study to Evaluate Pembrolizumab (MK-3475) or MK-1308A (Co-formulated quavonlimab (MK-1308)/pembrolizumab) in Participants with Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) Stage IV Colorectal Cancer
Top UK Recruiter	Ariel	A biomarker enrichment trial of anti-EGFR agents in patients with advanced colorectal cancer (aCRC) with wild-type RAS and right primary tumour location (right-PTL)
Top UK Recruiter	I-Prehab	Inclusive prehab (I-Prehab) to address inequity in cancer outcomes: mixed-methods evaluation research
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
Top UK Recruiter	ARISTOCRAT	A randomised controlled phase II trial of temozolomide with or without cannabinoids in patients with recurrent glioblastoma
2 <sup>nd</sup> Highest UK Recruiter	Genmab GCT1015-05	A Phase 1b/2 Open-Label Trial of Tisotumab Vedotin (HuMaxA®-TF-ADC_ in combination with Other Agents in Subjects with Recurrent or Stage IVB Cervical Cancer
2 <sup>nd</sup> Highest UK Recruiter	OPTIMA	Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis
2 <sup>nd</sup> 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)

Ranking	Study Title	Summary
2 <sup>nd</sup> Highest UK Recruiter	CORINTH	PHASE 1B/II TRIAL OF CHECKPOINT INHIBITOR (PEMBROLIZUMAB AN ANTI PD-1 ANTIBODY) PLUS STANDARD IMRT IN HPV INDUCED STAGE III SQUAMOUS CELL CARCINOMA (SCC) OF ANUS
2 <sup>nd</sup> 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 <sup>nd</sup> 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 <sup>nd</sup> Highest UK Recruiter	SCANCELL (The Scope Study)	A Phase 2, Multicenter, Open-Label Study of SCIB1 in Patients with Advanced Unresectable Melanoma Receiving Pembrolizumab
Joint 2 <sup>nd</sup> Highest UK Recruiter	Cypides	Safety and pharmacokinetics of ODM-208 in patients with metastatic castration-resistant prostate cancer
3 <sup>rd</sup> Highest UK Recruiter	PLATFORM	Planning treatment for oesophago-gastric cancer: a randomised maintenance therapy trial
3 <sup>rd</sup> 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
2 <sup>nd</sup> 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 <sup>rd</sup> 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 <sup>rd</sup> 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
3 <sup>rd</sup> Highest UK Recruiter	Aurora	Atezolizumab in patients with urinary tract squamous cell carcinoma: a single arm, open label, multicentre, phase II clinical trial
4 <sup>th</sup> Highest UK Recruiter	PARADIGM 2	OlaPARib and RADIootherapy or olaparib and radiotherapy plus temozolomide in newly diagnosed Glioblastoma stratified by MGMT status: 2 parallel phase I studies
4 <sup>th</sup> 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 <sup>th</sup> Highest UK Recruiter	InPACT	International Penile Advanced Cancer Trial



Ranking	Study Title	Summary
4 <sup>th</sup> Highest UK Recruiter	CONCORDE	A platform study of DNA damage response inhibitors in combination with conventional radiotherapy in non-small cell lung cancer
4 <sup>th</sup> Highest UK Recruiter	SPECTA	Screening Cancer Patients for Efficient Clinical Trial Access
4 <sup>th</sup> Highest UK Recruiter	Glioblastoma	Improving treatment of glioblastoma, 1.0
Joint 4 <sup>th</sup> 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 <sup>th</sup> Highest UK Recruiter	AVANZAR	A Phase III, Randomised, Open-label, Multicentre, Global Study of Datopotamab Deruxtecan (Dato-DXd) in Combination With Durvalumab and Carboplatin Versus Pembrolizumab in Combination With Platinum-based Chemotherapy for the First-line Treatment of Patients With Locally Advanced or Metastatic NSCLC Without Actionable Genomic Alterations
Joint 4 <sup>th</sup> Highest UK Recruiter	BO42864 (A.K.A BLU-667-2303 & AcceleRET Lung)	A Randomized, Open-Label, Phase 3 Study of Pralsetinib versus Standard of Care for First Line Treatment of RET fusion-positive, Metastatic Non-Small Cell Lung Cancer
5 <sup>th</sup> Highest UK Recruiter	E <sup>2</sup> -RADlatE	OligoCare: A pragmatic observational cohort study to evaluate radical radiotherapy for oligo-metastatic cancer patients
Joint 5 <sup>th</sup> Highest UK Recruiter	CAPItello-281	A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capiwasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer (mHSPC) Characterised by PTEN deficiency

3.5.2 Other news.

TROPION 05	
Study Title:	A Phase III, Open-label, Randomised Study of Datopotamab Deruxtecan (Dato-DXd) in Combination with Durvalumab Compared with Investigator’s Choice of Chemotherapy (Paclitaxel, Nab Paclitaxel or Gemcitabine + Carboplatin) in Combination with Pembrolizumab in Patients with PD L1 Positive Locally Recurrent Inoperable or Metastatic Triple Negative Breast Cancer
News:	Velindre is the third global site to open the trial.

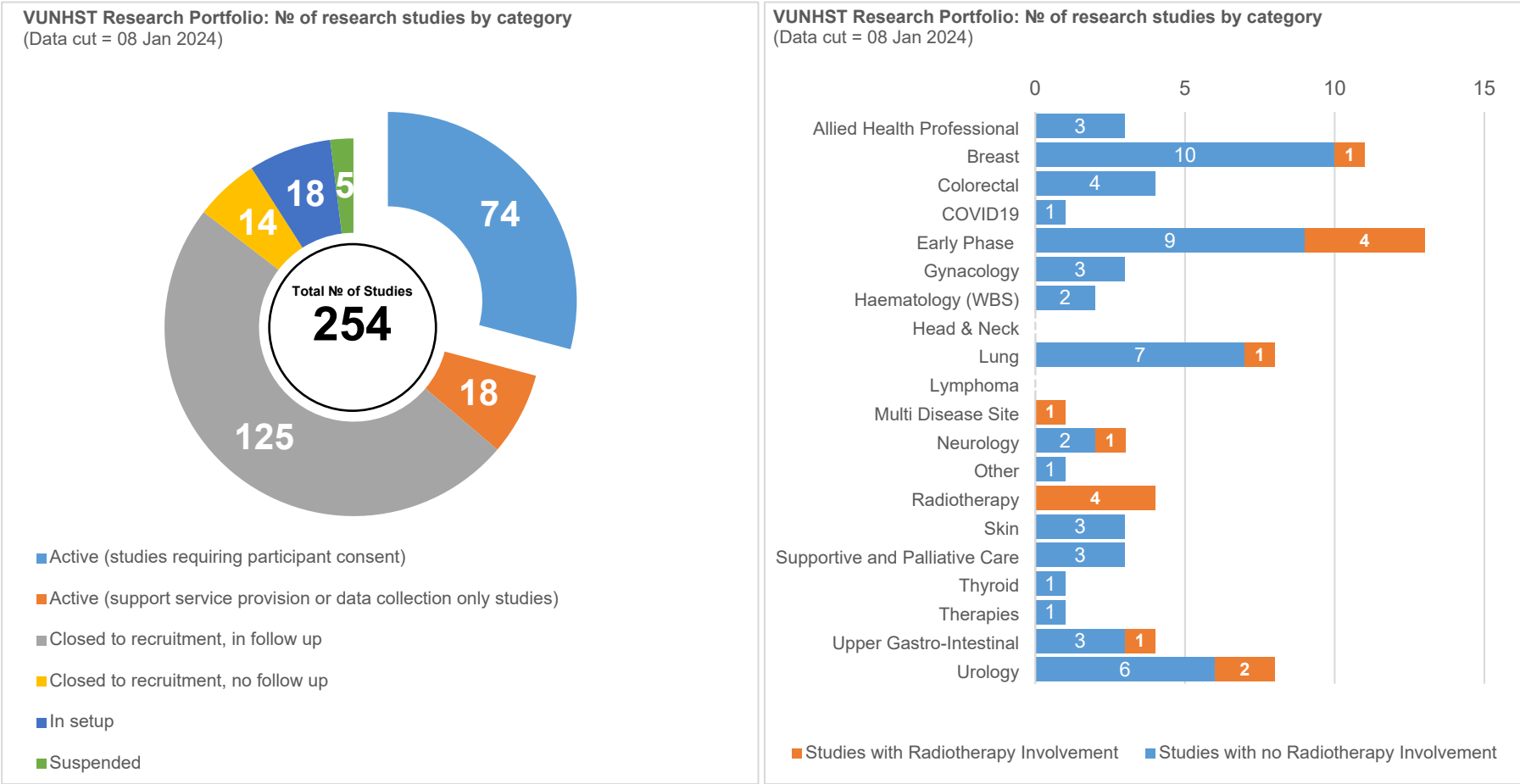
FOxTROT4	
Study Title:	A phase III randomized trial evaluating neoadjuvant chemotherapy in older and/or frail patients with locally advanced but operable colon cancer
News:	Velindre is the second national site to open the trial and recruit a participant.

<b>ONCOVID</b>	
<b>Study Title:</b>	Natural history and outcomes of cancer patients during the COVID19 epidemic
<b>News:</b>	The NIH collaboration paper has been accepted for publication on the International Journal of Infectious Disease.
<b>LIBRETTO 531</b>	
<b>Study Title:</b>	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
<b>News:</b>	<p>The results of the LIBRETTO-531 preplanned efficacy interim analysis, entitled “<i>Randomized Phase 3 Study of Selpercatinib versus Cabozantinib or Vandetanib</i>” in <i>Advanced, Kinase Inhibitor-Naïve, RET-mutant Medullary Thyroid Cancer</i>, were presented during the Presidential Podium Session on the 21st of October 2023 at the 2023 ESMO meeting: ESMO Congress 2023   OncologyPRO</p> <p>The primary manuscript was simultaneously published in the <i>New England Journal of Medicine</i>.</p>

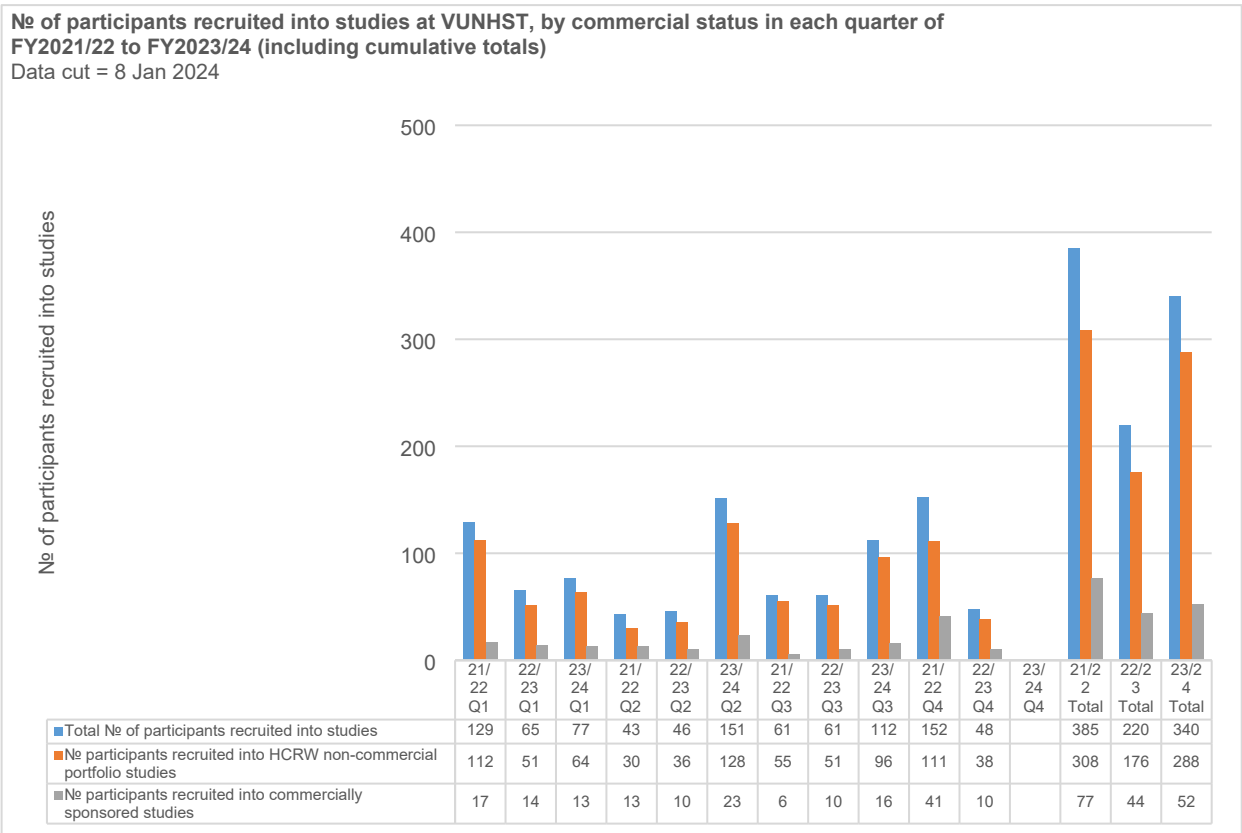
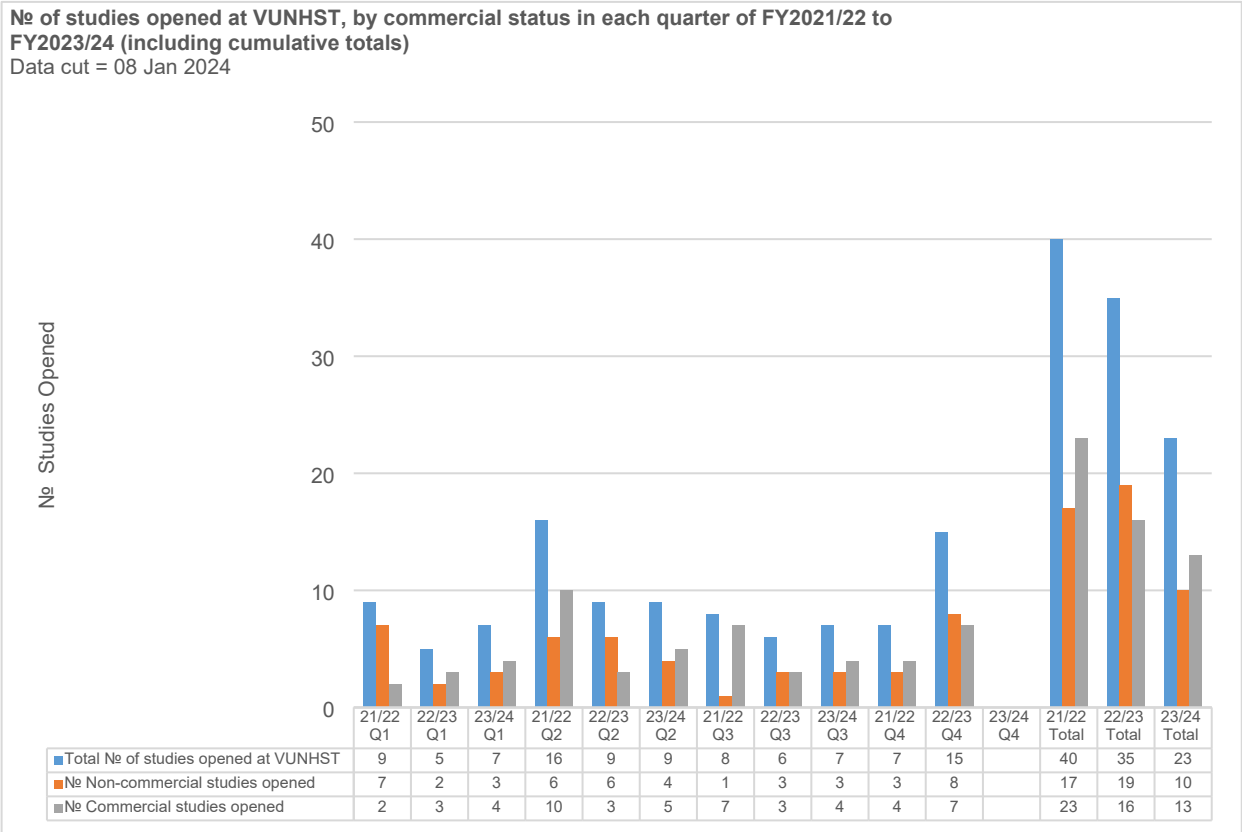
4 Velindre Research Performance Indicators.

4.1 Velindre University NHS Trust key indicators.

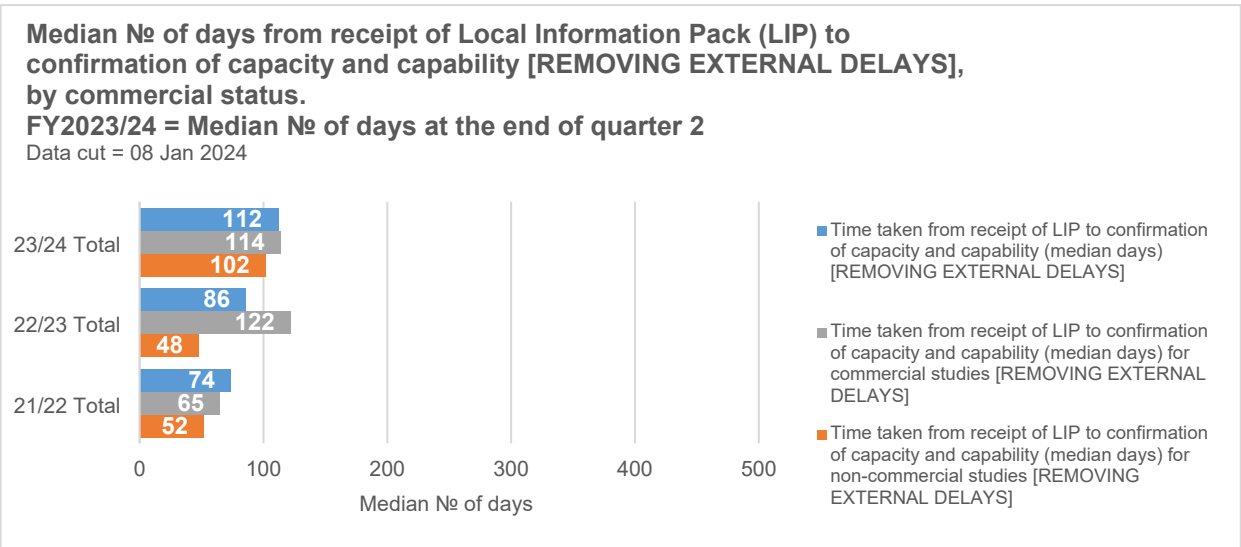
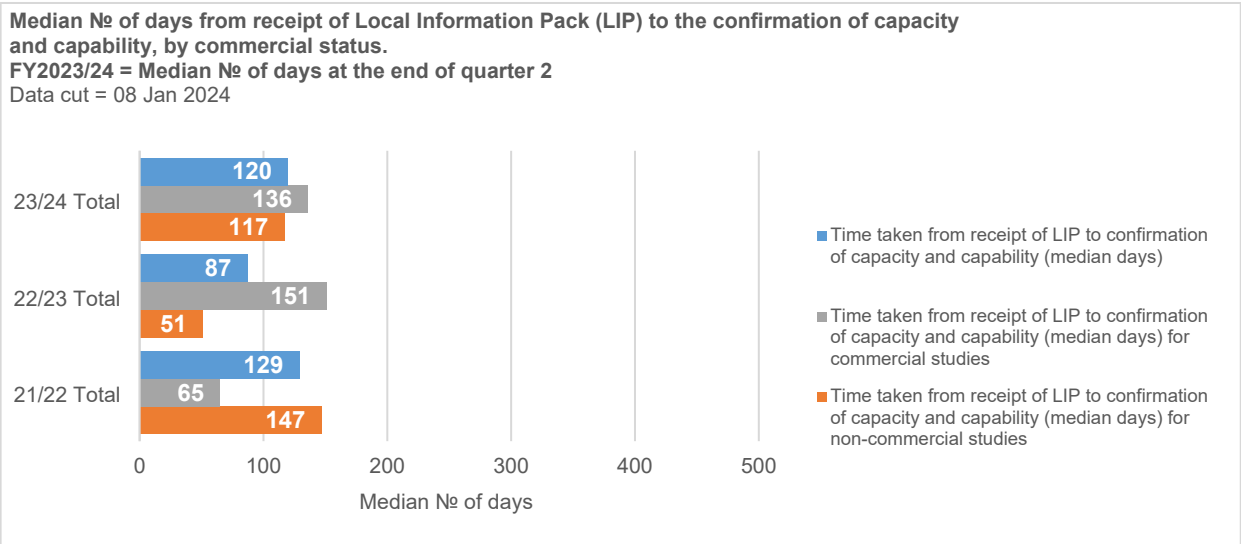
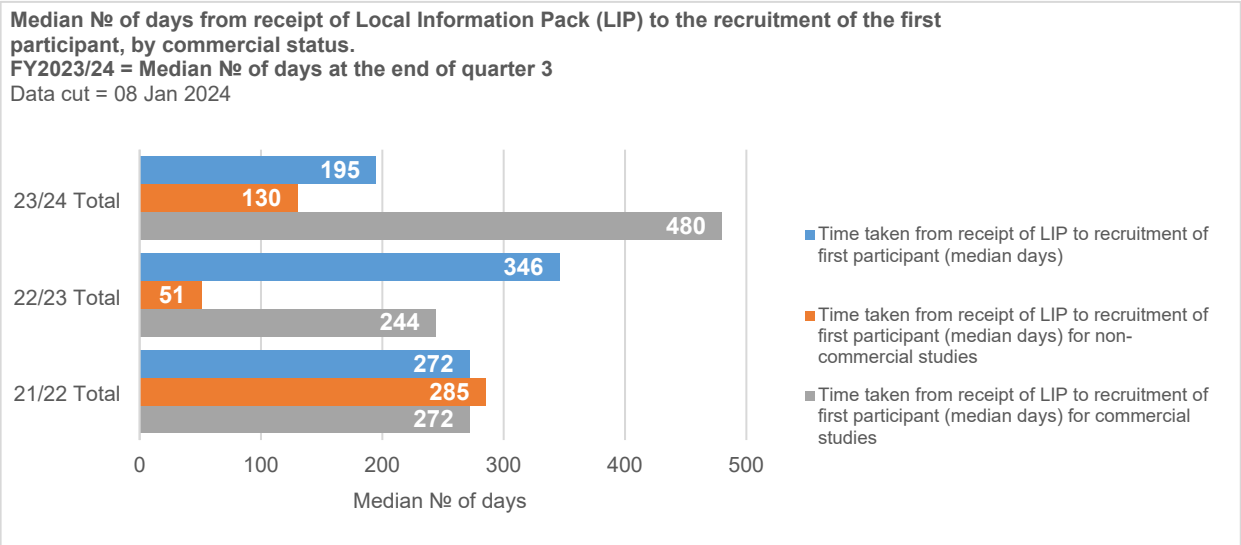
4.1.1 Velindre University NHS Trust research portfolio.



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		19% 7 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><b>List of studies with RAG rating = “RED”</b></p> <ul style="list-style-type: none"><li>• <b>ACTOv</b> [IRAS 1003954], target = 10; planned study end date = 01 Apr 2028.</li><li>• <b>PARADIGM</b> [IRAS 255615], target = 5; planned study end date = 28 Apr 2024.</li><li>• <b>Rad-IO</b> [IRAS 251669], target = 5; planned study end date = 03 Jun 2025.</li><li>• <b>REFINE-Lung</b> [IRAS 1004165], target = 24; planned study end date = 01 Dec 2025.</li><li>• <b>The role of the marrow macroenvironment in the pathogenesis of AML</b> [IRAS 231974], target = 50; planned study end date = 30 Nov 2024. <i>Study currently suspended.</i></li><li>• <b>TRAK-ER</b> [IRAS 286505], target = 20; planned study end date = 01 May 2024.</li><li>• <b>UKP3BEP Trial</b> [IRAS 182633], target = 5; planned study end date = 30/11/2024.</li></ul>
		10% 4 studies			
		57% 24 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		52%			<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><b>List of studies with RAG rating = “RED”</b></p> <ul style="list-style-type: none"><li>• <b>1403-0002 A study of a combination of BI drugs in Patients with Cancer</b> [IRAS 1005475], target = 3; planned study end date = 30 May 2026.</li><li>• <b>AcceleRET-Lung Version 1</b> [IRAS 274833], target = 6; planned study end date = 10 Mar 2024.</li><li>• <b>ASTEFANIA</b> [IRAS 1003512], target = 3; planned study end date = 01 Jul 2031.</li><li>• <b>Avanzar</b> [IRAS 1006036], target = 8; planned study end date = 30 Nov 2024.</li><li>• <b>CANC 48153</b> [IRAS 292846], target = 10; planned study end date = 01 Apr 2025.</li><li>• <b>Cancer-0456/0232-Regeneron</b> [IRAS 266879], target = 1; planned study end date = 30 Jun 2024.</li><li>• <b>CAPitello-280</b> [IRAS 1005000], target = 2; planned study end date = 09 Feb 2025.</li><li>• <b>CELC-G-301</b> [1006613], target = 6; planned study end date = -1/09/2024.</li><li>• <b>First in human study of OVM-200</b> [299207], target = 9; planned study end date = 01/12/2024</li><li>• <b>INCB54828-302</b> [255226], target = 3, planned study end date = 13/09/2024</li><li>• <b>MK3475-U03</b> [IRAS 1003378], target = 3; planned study end date = 21 May 2024.</li><li>• <b>Phase 1/2 Trial of MORAb-202 in patients with selected tumour types</b> [IRAS 292422], target = 2; planned study end date = 01 Apr 2025.</li><li>• <b>Sotorasib in patients with Advanced Solid Tumours with KRAS Mutation</b> [IRAS 304235], target = 4; planned study end date = 01 Jan 2027.</li><li>• <b>Tropion-Breast 05</b> [IRAS 1007219], target = 3; planned study end date = 06/02/2025.</li></ul>
		14 studies			
		4% 1 study 44% 12 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		10%			<u>List of studies with RAG rating = “RED”</u> <ul style="list-style-type: none"><li>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. <u>Note:</u> 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.</li></ul>
		1 study			
		90%			
		9 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><b>List of studies with RAG rating = “RED”</b></p> <ul style="list-style-type: none"><li>• <b>ARV-110 and Abiraterone in Participants with Metastatic Castration Resistant Prostrate Cancer (mCPRC)</b> [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.</li><li>• <b>Brightline-1: BI Trial 1403-0008</b> [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.</li><li>• <b>KEYNOTE-B96</b> [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.</li><li>• <b>NG-641 &amp; permbrolizumab in squamous cell carcinoma of the head and neck</b> [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.</li><li>• <b>FIGHT-209</b> [IRAS 1004984] target = 6; planned recruitment end date = 31/10/2024; actual recruitment end date = 02/11/2023. Number of patients recruited by VUNHST = 0. <u>Note:</u> UK sample size = 14. Velindre was only open</li></ul>
		6 studies			
	33%				
	3 studies				

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
					<p>to recruitment for 5 months before the Sponsor made the decision to close the study early.</p> <ul style="list-style-type: none"><li>• <b>CAPitello-281</b> [IRAS 281968] target = 16; planned recruitment end date = 31/07/2026; actual recruitment end date = 06/12/2023. Number of patients recruited by VUNHST = 4. NOTE: UK sample size = 16. We screened 33 patients, but only 4 were eligible. The study closed to recruitment 3 ½ years earlier than planned as the study met its global recruitment target.</li></ul>

STRATEGIC PRIORITY 2

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

5 Welsh Blood Service Research.

5.1 Improving Outcomes for Kidney Transplant Patients

Deborah Pritchard, Head of Transplantation Service at the Welsh Blood Service is working on research project that could help improve outcomes for people who receive a kidney transplant. The three-year project is part of her Higher Specialist Scientist Training programme and is called Measuring the immune response after kidney transplantation.

A photograph of Deborah Pritchard, a woman with dark hair and glasses, wearing a white lab coat. She is standing at a laboratory bench, operating a piece of scientific equipment that looks like a flow cytometer or a similar analytical instrument. The machine is white with a red stripe and has a control panel with a screen and various buttons. She is holding a small vial or pipette tip near the machine. The background is a plain white wall.

" My project is looking at specific types of cells that are part of the immune system – regulatory cells. Regulatory cells are able to suppress other immune cells and keep the immune system in order so that it does not attack the transplanted kidney."

**Deborah Pritchard,**  
**Head of Transplantation Services**  
**at Welsh Blood Service**

Kidney transplantation is the treatment of choice for patients with end stage kidney disease and around 2800 patients received a kidney transplant last year in the UK. On average the transplanted kidney will last for 15 years.

One of the reasons a kidney transplant stops working is due to rejection, where the patient's own immune system, designed to detect and fight infection, identifies the transplanted kidney as something different in the body and reacts by attacking it. The patient has to take medication to suppress immune system to protect the kidney for the life of the transplant.

Despite advances, 25% of patients in the UK experience rejection of their kidney transplant. However, we currently don't have the ability to predict the outcome of a transplant. Testing for rejection happens when kidney function is impaired, and usually by this stage irreversible damage has already occurred.

Once Deborah has set up a robust testing regime, she will work with colleagues at Cardiff and Vale University Health Board Nephrology and Transplant service the Wales Kidney Research Unit to collect and analyse blood samples from kidney transplant patients. Considering samples from patients with and without rejection, she will look at a unique combination of biomarkers in regulatory cells to understand their influence on transplant rejection.

"I aim to investigate whether the right types and numbers of regulatory cells could have an effect on the outcome of a transplant. A higher number of specifically bio-marked cells could help suppress the immune system, lowering the risk of rejection. But if the patient has a smaller number of these regulatory cells, it could mean they are at greater risk of rejection. That's what I want to try and find out."

I am interested in translational research – research that improves outcomes for our transplant patients. I hope to combine the value of lab tests with expertise in immunology to advance our care of patients, and our knowledge of transplantation."

**Deborah Pritchard,**  
**Head of Transplantation Services**  
**at Welsh Blood Service**

This lab-based study is just the start. If Deborah is successful in finding a difference in the regulatory cells in patients that experience rejection and those that don't, it could provide an early warning for patients who are at greater risk of rejection after a transplant. We could then individualise care and monitoring of kidney transplant patients based on this lab test to better manage their long-term outcomes.

It could even be applicable to other transplant types, such as heart and lung transplants. The Welsh Blood Service is funding the first phase of this project.

5.2 Next generation scientists find a place to thrive

Four trainee biomedical scientists are working in different laboratories across the Welsh Blood Service were recently highlighted in in the article **NEXT GEN SCIENTISTS** in the **British Blood Transfusion Society** newsletter 'Blood Lines', where they reflected on building their careers.





Celyn Hughes and Lowri Kadelka-Williams entered the blood service through work-based placements as part of their Healthcare Science degree at Cardiff Metropolitan University. The degree's format gave them early professional experience, launching their biomedical scientist careers at WBS. Jemima Hughes and Victoria Binding came to Welsh Blood Service through a different route. Both studied for science degrees at Cardiff Metropolitan University, which exposed them to a range of scientific fields. They started their careers as medical laboratory assistants while completing their professional registration portfolio.

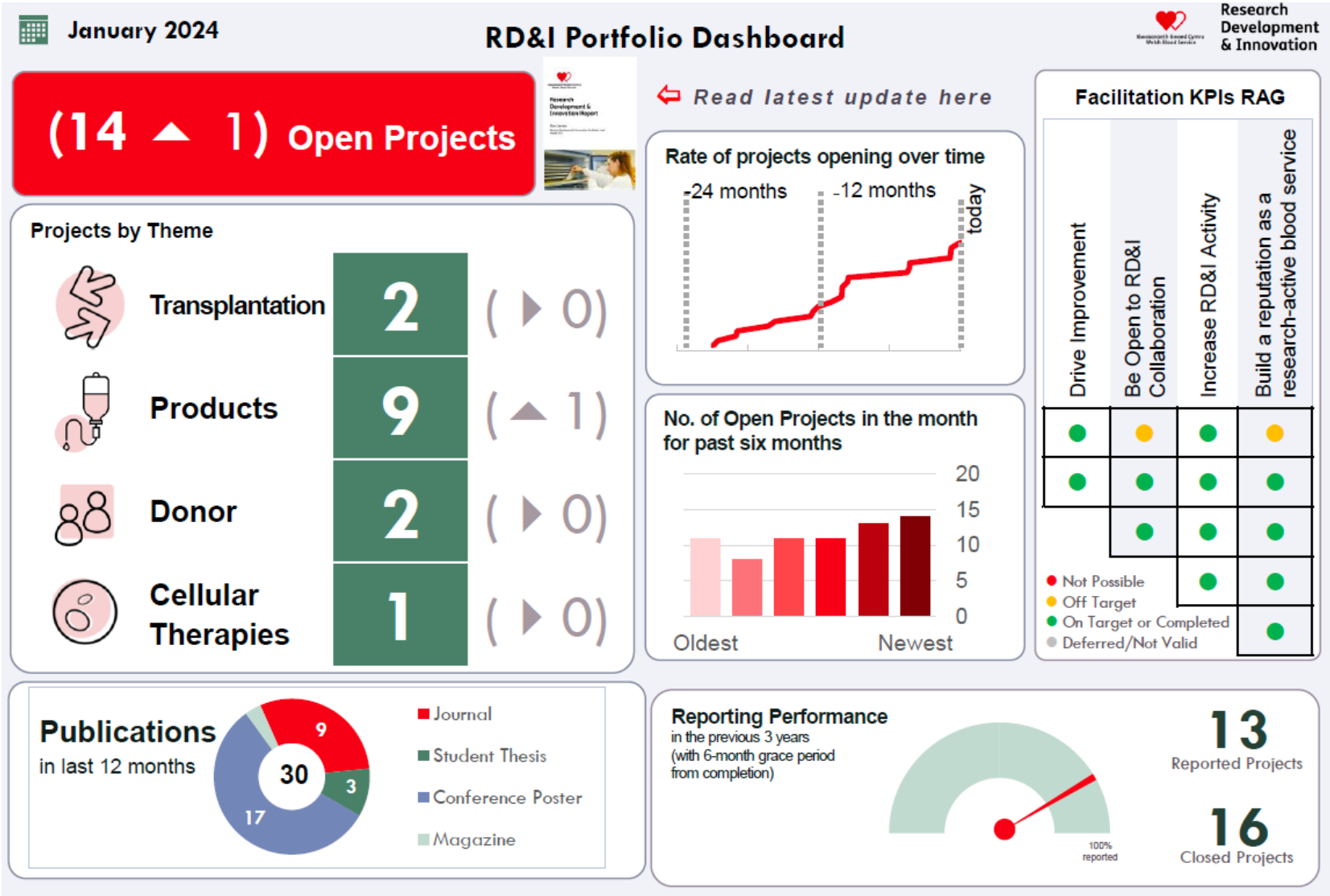
The final year projects undertaken by the young scientists introduced them to the research aspect of Healthcare Scientists. Typically, these projects are theoretical undertakings of undergraduates while they learn the ropes of scientific enquiry. These projects help to teach the importance of gathering evidence, a skill they still use in their roles at the Welsh Blood Service.



Of the cohort highlighted in Bloodlines, **Lowri Kadelka-Williams** (pictured far left) was one of the novice researchers to conduct her project in a live research setting. Lowri conducted her project in the Component Development & Research Laboratory alongside Nicola Pearce, a research scientist. Lowri worked on examining the incidence of Pseudohyperkalaemia in our blood donations, with the goal to derive a method to test donations affected by this phenomenon. If we had such a test, the WBS would be able to more easily identify units destined for neonatal use.

By providing a platform for trainee scientists to rotate in and out to complete short to medium-term projects, offering placements like this benefit the resourcing of the Component Development & Research Laboratory. The trainee is given opportunities such as co-publication or conference presentations and may inspire the researchers of the future to reach new heights in their fields. Lowri completing this project in 2022 fulfils the requirement of the BSc in Healthcare Science. She now currently works in the Quality Assurance laboratory at the WBS.

6 Welsh Blood Service Research Performance Indicators.





## 6.1 Open Projects Portfolio

The Welsh Blood Services RD&I Portfolio of open project as of 01 Jan 2024.

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	96	Cellular Therapies	<i>Head of WBMDR</i>	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 (slet derived exosomes and proinsulin in diagnosing pancreas graft acute rejection / the (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
Provision of Blood donor samples for Public Health Wales's Surveillance of Immunity in Wales	181	Donor Care & Public Health	Sian James	WBS led RD&I
Evaluation of a novel Haemoglobin S Technology to support the future approach for screening Blood Donors for Sickle Cell trait	182	Products	Ann Jones	WBS led RD&I
Evaluation of tricine as a novel cryoprotectant for the long-term storage of RBC units.	183	Products	Chloe George	WBS led RD&I

## 6.2 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

6.3 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.	⚠	✓	✓	✓	✓	✓	✓	✓	✓			

Management by exception plan now in place. This KPI is now Green (15 Jan 2024)

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.

7 Velindre Innovation Service.

7.1 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 45). 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 innovation team met with patient engagement and communication colleagues to discuss how awareness and engagement can be increased for RITA prior to conducting an evaluation, as well as ensuring that content remains up to date and accurate. Outcomes from the meeting included producing and distributing regular promotional materials, adding RITA information in new patient packs and letters, volunteer engagement, and user testing workshops, potentially with Apple, that will commence in February 2024. The group will also seek to identify information leads from each department that RITA holds information on to engage in regular question validation each month to ensure it is always up to date.

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' was discontinued on 30<sup>th</sup> November 2023, alternative migration options have been obtained and deployed with functionality resuming as usual.

RITA was recently presented virtually at the Cancer Research UK team away day on 19<sup>th</sup> 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 was also presented virtually at UKONS annual conference on 17<sup>th</sup> 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.

## **7.2 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 after having met with Pfizer's governance and digital team to address issues raised previously by the Head of IG which resulted in positive discussions. Legal and Risk have also been engaged to review the draft contract with minor amendments sent to Pfizer for consideration. The project is due to commence in early 2024 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.

## **7.3 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 3<sup>rd</sup> 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 20<sup>th</sup> September 2023.

## **7.4 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 3<sup>rd</sup> 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.

**7.5 RT 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.

**7.6 Wheelchair Asset Tracking / Audit Software.**

Innovation team has engaged in early discussions with the operational services team to discuss a potential project around asset tracking / audit software for medical devices, initially contained to a small pilot utilising wheelchairs as a feasibility study. Similar technology has been deployed in Cwm Taff with case study results published. Kinsetsu has been identified as a supplier of the technology, however the innovation team is due to meet with digital services before moving forward to identify any potential barriers to implementing this software with current VCC infrastructure, and to avoid duplication with any similar audit or tracking software being considered for the new hospital build.

**7.7 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.

Following the reinstatement of regular meetings, a collaborative bid was submitted in December 2023 to URKI, via an SBRI bid. The bid aims to enhance medical supply chain resilience through the use of drones. The project would seek to address the commercial and business integration challenges of utilising drones to enhance the Welsh NHS supply chain resilience. The total value of the project is £99,600.

**7.8 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 was attended on the 6<sup>th</sup> November 2023. The meeting focused 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

## 7.9 Innovation activity themes.

### **Innovation Activity Themes (1-5) – A focussed effort developing activity themes as part of the innovation infrastructure.**

#### 7.9.1 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. We are building an ecosystem that supports and strengthens the capability and capacity for the Trust to innovate. This includes the internal and external infrastructure and specifically the development of a **Collaborative Centre for Learning and Innovation (CCLI)**. The CCLI aims to improve whole system cancer care

through collaboratively accelerating cancer research, innovation education and involvement. Providing a virtual and physical space to encourage creativity, collaboration, and knowledge exchange with practical and positive impact on cancer care for all those involved.

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. An application for the funding (purchase) of capital equipment for the Blood Service was submitted at the end of November 2023. The principal aim of purchasing this equipment is to improve our understanding of the manufacturing and storage conditions that affect the quality of the blood components and translating this into improved care for patients in Wales receiving transfusions. In December the application Team received news that the application for funding of £112,000 was successful. Next steps to undertake the procurement for the equipment.
- 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.

7.9.2 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. Internal meetings were held in November and December to consider 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.
- A success outcome for an application for innovation support/training. A fully funded learning opportunity was secured for a WBS staff member via the Bevan Commission Intensive Learning Week. The training will support the development of a project to 'create 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. The learning week took place in November to kick start the project's development.

7.9.3 Theme 3: Clear Communication and recognition.

We are committed to delivering clear communications to support the capability and capacity building for research and Innovation of the Trust. Recognising the efforts of our staff, patients, donors, community, funders partners and stakeholders; and reinforcing our Trust culture of innovation.

- 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. This work is continuing, and

arrangements are under review to support the translation needs for the website and other supporting literature.

- 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. The Awards event was well attended and although the applications were not successful BedRace did get a special mention at the ceremony.
- 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. Project meetings have been initiated to review comms, patient, and staff engagement for innovation.
- 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. This work is ongoing.
- 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 have been published in the MediWales LifeStories (autumn edition) magazine. The publication will be distributed across Wales, UK and overseas. Hard copies have been available across Trust sites.

#### 7.9.4 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.
- Engagement work is scheduled for the month of January with patient / donor experience teams. 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.
- Work is underway to review and analyse patient /donor engagement feedback specifically in relation to the chatbot RITA, other workstreams to be identified through regular project meetings.
- 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. This work is being picked up as part of the engagement meetings.

#### 7.9.5 Theme 5: Leadership and role modelling.

As a University Designated Organisation – Senior Leadership are committed to sponsoring key initiatives and novel projects and ensuring that Research, Development, Learning and Education opportunities are enabled and reflected in job roles and responsibilities.

- Leaders and senior managers have been encouraged to actively participate and promote innovation initiatives and opportunities. To take this work stream forward a small grant scheme is being developed to support this theme and to build the infrastructure for innovation.
- In the period the Innovation Team continues to attend a number of events to promote and support innovation activity, attend, and schedule 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)**

To support the industry engagement work, a project Team is being pulled together including the Life Science Hub, MediWales and Velindre Innovation Team. Working collectively to develop an approach for working with Industry to identify solutions that can support ‘doing things differently’ to deliver better outcomes. This workstream will bolster activity for themes 6-8.

**7.9.6 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.

**7.9.7 Theme 7: Data Driven Insights.**

Leveraging data as a strategic asset, using it to inform our innovation activities and efforts. A Trust lead for Digital Insights has been appointed and are working together to explore collaboration opportunities.

**7.9.8 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 and we are working closely with patient engagement Teams on our innovation workstreams.

**7.9.9 Theme 9: Empowerment and Autonomy.**

Empowering employees by giving them the autonomy to propose and implement innovative ideas within their areas of expertise. This theme is initially being taken forward through (theme 2), by building a platform to capture pipeline ideas from within the organisation.

**7.9.10 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.

- This work stream has been initiated and a collaboration with the Innovation Leads across Wales and is providing case study material for the development of an e module for Velindre and more broadly for NHS Wales.
- Additionally, induction training is being developed via a collaborative project between Velindre NHS Trust, Digital Health and Care Wales and University Trinity St David’s. The training package for innovation will include the e module, induction training and toolbox talks package to support learning materials so that a holistic approach to innovation training can be provided on a Trust wide basis.

STRATEGIC PRIORITY 4

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

8 Velindre University NHS Trust Sponsored Research Performance Indicators.

FY2023/24				
	Q1	Q2	Q3	Q4
Number of New Projects Sponsored	0	1	0	
Number of Studies Opened				
Scope of Studies Opened	N/A	N/A	N/A	
Number of Sites Opened	1	1	0	
Number of Publications	1	1	0	
Number of Abstracts	3	4	5	
Recruitment	51	51	41	

CROSS-CUTTING THEMES

9 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"><li>Continue the work to develop and implement a R&amp;D/Trials training programme draws upon:<ul style="list-style-type: none"><li>Trust developed internal training</li><li>Training developed by other research partners and organisations such as Health and Care Research Wales</li><li>Training from specialist non-commercial and commercial training providers</li></ul>to support Trust staff to develop, set-up and deliver, and manage portfolios of clinical trials/research studies.</li></ul>	X	X	X	X									<b>Training Programme &amp; Opportunities</b> 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"><li>Trust developed internal training</li><li>Training developed by other research partners and organisations such as Health and Care Research Wales</li><li>Training from specialist non-commercial and commercial training providers</li></ul> 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"><li>Continue the development and implementation of staffing plans for the research delivery and governance teams (previously identified) to facilitate timely recruitment.</li></ul>	X												<b>Reorganisation of Trust Research Delivery team</b> 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"><li>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.</li></ul>		X											
<ul style="list-style-type: none"><li>Keep under review and consolidate proposals and implementation of changes to the structure of the</li></ul>				X									

Cross-cutting themes across Strategic Priorities 1 to 4.													
	FY2023/24				FY2024/25				FY2025/26				
Key Deliverables / Objectives	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Progress / Comments
research set-up and delivery team structure.													
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"><li>Having contributed to the Trust's implementation of the Digital Health &amp; Care Record programme, continue to keep under review the input of, and use of information, making recommendations for improvement as appropriate.</li></ul>	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"><li>Contribute to the Welsh Government / Health &amp; Care Research Wales "Digital agenda for research in Wales" including the work on:<ul style="list-style-type: none"><li>The contribution and use of anonymised / pseudo-anonymised data research</li><li>The programme that seeks develop abilities to "find, recruit and follow-up" participants for research.</li></ul></li></ul>	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.

10 Research, Development, and Innovation Finances.

10.1 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 the majority of Trust 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%)

10.2 Summary of Performance against Key Financial Targets: Quarter 3

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

PERIOD		£000				
		PAY	NON-PAY	INCOME	TOTAL	
QUARTER 3	Budget	£774	£62	-£899	£63	Quarter three variances
	Actual	£754	£84	-£899	£61	
	Variance	£20	-£22	-£0	-£2	
YEAR TO DATE	Budget	£2,172	£173	-£1,870	£538	Year-To-Date Variance
	Actual	£2,157	£228	-£1,908	£538	
	Variance	£15	-£55	£38	£2	



FORCAST OUTTURN	Annual Budget	£2,876	£262	-£3,229	-£91	
	Forecast Outturn	£2,994	£286	-£3,371	-£91	
	Variance	£0	£0	£0	£0	Forecast Variance

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

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

% Compliance	Current Month*	Year to Date	Forecast Outturn
	81%	91%	>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.

10.3 Analysis of Performance to date and Forecast outturn.

Performance to the end of quarter three has been in line with the Budget plan with a £0 overall variance to budget. Within that total figure:

- Pay costs have been slightly lower for the period than budgeted, due to the level of vacancies during the period, however, the forecast outturn has increased due to commencement/planned commencement of newly employed staff under the integrated bid.
- Higher than expected non-pay costs for the period are related to the continued replacement of small equipment, higher patient reimbursement which is represented in the increase in commercial trial income and legal fees regarding FAKTION.

10.3.1 Pay analysis by group:

Cumulative to date			
£16K below budget			
PAY GROUP	YTD	YTD	YTD
	Budget (£'000)	Actual (£'000)	Variance (£'000)
Administrative & Clerical	972	892	80
Medical	326	297	29
Nursing	883	816	67
Additional Clinical Services	70	69	1
Healthcare Scientists	81	82	-1
Vacancy Factor	-160	0	-160

10.3.2 Non pay analysis by category:

Cumulative to date			
£55K above budget			
Overall non-pay budget	173	0	228
Clinical/General Services/Supplies	0	130	-130
Maintenance & Repairs	0	6	-6
Transport	0	14	-14
Printing / Stationary / Postage	0	2	-2
Travel & Subsistence	0	10	-10
Education & Development	0	8	-8
Legal Fees	0	22	-22
Equipment & Consumables	0	23	-23
Computer Maintenance & Supplies	0	13	-13

- Non pay for the period has exceeded budget as a result of one-off purchases and the budget managers are fully aware of the need to control expenditure to ensure the forecast outturn is maintained as we approach year end.

10.3.3 Income Analysis by category:

Cumulative Year to date			
£38K above budget			
Clinical Trial Income	-667	-681	14
Charity Income	-743	-701	-42
WCRC & ECMC	-91	-131	40
Grant/Lead sponsor income	-96	-122	26

- Income year to date has exceeded the budget, this is in relation to budget timing's and is not anticipated to be an underlying trend.

10.3.4 Key Consideration for Future Periods

The Trust's Integrated Medium-Term Planning (IMTP) and supporting financial plan and associated budgeting will be concluded in the coming months. It is important to note that the financial challenge for the Trust and NHS Wales is likely to cascade to all Divisions. Therefore, the Group is asked to consider opportunities to support income generation and cost reductions. Additionally, any cost pressures and changes to funding sources will require articulation to ensure factored into financial plan.