

# PUBLIC Research, Development & Innovation Sub-Committee

Mon 16 June 2025, 02:00 PM - 04:00 PM

Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.  
CF15 7QZ

## Agenda

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### 02:00 PM - 02:05 PM **1. PRELIMINARY MATTERS** 5 min

#### **1.1. Welcome and Introduction**

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

#### **1.2. Apologies**

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

**For Noting**

#### **1.3. In Attendance**

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

**For Noting**

#### **1.4. Declarations of Interest**

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

### 02:05 PM - 02:10 PM **2. STANDARD BUSINESS** 5 min

#### **2.1. Minutes from the Public Research, Development & Innovation Committee held on the 12th March 2025**

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

**For Approval**

 2.1 Public RDI Draft Minutes 12.03.2025 v2 FINAL.pdf (7 pages)

#### **2.2. Review of Action Log**

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

**For Approval**

 2.2 Public RDI Sub-Committee Action Log - JUNE 2025.pdf (1 pages)

#### **2.3. Matters Arising**

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

### 02:10 PM - 02:40 PM **3. PRESENTATION AND GUEST ATTENDEES** 30 min

#### **3.1. Platelet Storage ^SLIDES TO FOLLOW**

Led by Dean Pym, PhD Student, Welsh Blood Service

**For Noting**

02:40 PM - 02:50 PM  
10 min

## 4. KEY REPORT(S)

### 4.1. Executive Medical Director Briefing

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

**For Noting**

 4.1 Executive Medical Director Briefing.pdf (10 pages)

02:50 PM - 03:35 PM  
45 min

## 5. QUALITY, SAFETY AND PERFORMANCE / PLANNING AND STRATEGIC DEVELOPMENT

### 5.1. Research, Development & Innovation Annual Performance Report, Financial Year 2024-25

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

- Rhydian Owen, Research & Development Cancer Strategy Lead
- Tessa Watts, Velindre Reader in Nursing and Interdisciplinary Cancer Care
- Christopher Cotterill-Jones, Research Delivery Manager
- Dr Edwin Massey, Medical Director, Welsh Blood Service
- Jennet Holmes, Head of Innovation
- Amie Garwood-Pask, Deputy Head of Finance Business Partnering

**For Noting**

 5.1 Cover Paper\_RDI Integrated Performance Annual Report FY24-25.pdf (7 pages)

 5.1 APPENDIX 1 RDI Integrated Performance Annual Report FY2024-25 (Revised v2).pdf (79 pages)

### 5.2. Health and Care Research Wales : VPAG Funding Update & Tackling Cancer through Research ^SLIDES TO FOLLOW

Led by Professor Robert Jones, Associate Medical Director for RD&I

**For Noting**

03:35 PM - 03:40 PM  
5 min


## 6. INTEGRATED GOVERNANCE


### 6.1. Research, Development & Innovation Sub-Committee Cycle of Business 2025-26 & Terms of Reference 2025-26

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

**For Approval**

 6.1 Cover Paper\_RDI Cycle of Business\_Terms of Reference 2025-26.pdf (9 pages)

 6.1 APPENDIX 1 RDI Cycle of Business 2025-2026 v2 FINAL.pdf (2 pages)

 6.1 APPENDIX 2 RDI Sub-Committee Terms of Reference 2025-26 v4 FINAL with Tracked Changes.pdf (9 pages)

 6.1 APPENDIX 3 RDI Sub-Committee Terms of Reference 2025-26 v4 FINAL 'Clean'.pdf (8 pages)

03:40 PM - 03:50 PM  
10 min

## 7. 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.*

## **7.1. Consent - For Approval / Endorsement**

## **7.2. Consent - For Information / Noting**

### **7.2.1. Summary from the Private Research, Development & Innovation Committee Meeting held on the 12th March 2025**

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


#### **For Noting**

 7.2.1 Summary Private RDI Draft Minutes 12.03.2025.pdf (4 pages)

### **7.2.2. R&D Annual Review Meeting - Velindre University NHS Trust/HCRW - Feedback letter from Carys Thomas**

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

#### **For Noting**

 7.2.2 (a) Annual Review Meeting with VUNHST - 8 April 2025 - Feedback Letter from Carys Thomas - 22.4.25.pdf (4 pages)

 7.2.2 (b) NHS Executive Directors for Research - NHS R&D Framework - Letter from Judith Paget and Suzanne Rankin - February 2025.pdf (2 pages)

03:50 PM - 03:50 PM  
0 min

## **8. ANY OTHER BUSINESS**

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

*Prior Agreement by the Committee Chair required*

03:50 PM - 03:55 PM  
5 min

## **9. MEETING REFLECTIONS**

*Members to identify items to include in the Highlight / Assurance Report to the Trust Board in respect of the following areas:*

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

*For Discussion*

03:55 PM - 03:55 PM  
0 min

## **10. DATE AND TIME OF THE NEXT MEETING**

The Public Research, Development & Innovation Sub-Committee will next meet on 4th September 2025 at 10.00am.

03:55 PM - 03:55 PM  
0 min

## **11. CLOSE**

The Research, Development & Innovation Sub-Committee is asked to adopt the following resolution:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

03:55 PM - 04:00 PM  
5 min

## **12. PRIVATE / PART B SESSION**

**The following item(s) will be discussed at the Private / Part B Session of the Research, Development & Innovation Sub-Committee:**

- **Minutes from the Private Research, Development & Innovation Committee held on the 12th March 2025**
- **Business Case: Use of a Charitable legacy to fund a Clinical Research Fellow**
- **Business Case: Overcoming Refractoriness in Cancer Care Via Generation of HLA I-Depleted Platelets**
- **Business Case: RD&I Project: Regulatory Cells as a Biomarker in Kidney Transplant Recipients**
- **Business Case: Development of Online Adaptive Radiotherapy**
- **SBAR for Augmenting Collaborative Research, Development, Innovation and Education**

**Minutes**  
**Public Research, Development & Innovation Sub-Committee**  
**Velindre University NHS Trust**

**Date** 12/03/2025  
**Time** 2.00-4.00pm  
**Location** Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff  
**Chair** Professor Andrew Westwell, Independent Member

<b>PRESENT</b>		
Professor Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	<b>AW</b>
Vicky Morris	Independent Member	<b>VM</b>
<b>ATTENDEES</b>		
Jacinta Abraham	Executive Medical Director and R&D Lead	<b>JA</b>
Matthew Bunce	Executive Director of Finance	<b>MB</b>
Christopher Cotterill-Jones	Research Delivery Manager	<b>CCJ</b>
Amie Garwood-Pask	Deputy Head of Finance Business Partnering	<b>AGP</b>
Chloe George	Head of Component Development, Welsh Blood Service	<b>CG</b>
Sian James	Head of Research, Development & Innovation, Welsh Blood Service	<b>SJ</b>
Rhydian Owen	R&D Cancer Strategy Lead	<b>RO</b>
Professor Robert Jones	Associate Medical Director for Research, Development & Innovation	<b>RJ</b>
Sarah Townsend	Head of Research & Development	<b>ST</b>
Nicola Williams	Director of Nursing, AHP's & Healthcare Scientists	<b>NW</b>
<b>SECRETARIAT</b>		
Sandra Cusack	Business Support Officer	<b>SMC</b>

<b>1.0</b>	<b>PRELIMINARY MATTERS</b>	
<b>1.1</b>	<b>Welcome and Introduction</b> <i>Led by Professor Andrew Westwell, Research, Development &amp; Innovation Sub-Committee Chair</i>	
<b>1.2</b>	<b>Apologies Received From:</b> <ul style="list-style-type: none"> <li>• Jennet Holmes, Head of Innovation</li> <li>• Edwin Massey, Medical Director, Welsh Blood Service</li> <li>• Professor Donna Mead, Trust Chair</li> <li>• Non Gwilym, Director of Corporate Governance (Interim)</li> <li>• Dr Carys Morgan, Clinical Director, Velindre Cancer Services</li> <li>• Alan Prosser, Director Welsh Blood Service</li> </ul>	
<b>1.3</b>	<b>In Attendance</b> The Chair extended a warm welcome to the following attendees in support of specific agenda items: <ul style="list-style-type: none"> <li>• Ross McLeish, ARC Programme Manager (Item 3.1)</li> <li>• Kate Cleary, Cancer R&amp;D Programme Manager (Observer)</li> <li>• Helen Robertson, RD&amp;I Communications &amp; Engagement Officer (Observer)</li> </ul>	
<b>1.4</b>	<b>Declarations of Interest</b> <i>Led by Professor Andrew Westwell, Chair of the Research, Development &amp; Innovation Sub-Committee</i>  No declarations of interest were raised.	
<b>2.0</b>	<b>STANDARD BUSINESS</b>	
<b>2.1</b>	<b>Draft Minutes from the meeting of the Public Research, Development &amp; Innovation Committee held on the 10th December 2024</b> <i>Led by Professor Andrew Westwell, Chair of the Research, Development &amp; Innovation Sub-Committee</i>  The Research, Development & Innovation Sub-Committee <b>APPROVED</b> the Minutes of the Public Meeting held on 10th December 2024 as an accurate reflection of proceedings.	
<b>2.2</b>	<b>Review of Action Log</b> <i>Led by Dr Jacinta Abraham, Executive Medical Director and RD&amp;I Lead</i>  The action log was discussed and Committee members confirmed that they were assured that all actions identified as closed had been fully instigated and could therefore be closed.  The remaining action log was reviewed and discussed as follows:	

	<p><b>Action 5.1 [10.12.24] - RD&amp;I Performance Report - Rita Options Appraisal</b></p> <p>The decision on the Rita Chat Bot project was briefly discussed, with the need to conclude it by the next committee meeting. This will follow discussions with the innovation team scheduled for the first week of April and subsequent consideration by the Executive Management Board.</p> <p>The Research, Development &amp; Innovation Sub-Committee <b>REVIEWED</b> and <b>UPDATED</b> the actions from the December 2024 Committee.</p>	JH
2.3	<p><b>Matters Arising</b></p> <p><i>Led by Professor Andrew Westwell, Chair of the Research, Development &amp; Innovation Sub-Committee</i></p> <p>There were no matters arising.</p>	
3.0	<b>PRESENTATION AND GUEST ATTENDEES</b>	
3.1	<p><b>Advanced Radiotherapy Cymru (ARC) Academy Update</b></p> <p><i>Led by Ross McLeish, ARC Programme Manager</i></p> <p>Ross McLeish provided an overview of the ARC Programme, highlighting its objectives, funding, and the progress of various projects. The ARC Academy is an all-Wales program established to drive innovation in radiotherapy treatment, expedite the adoption of novel service developments, and widen access to state-of-the-art equipment. To date, the program has received 11 applications, with 8 approved, 1 provisionally approved, and 2 not endorsed.</p> <p>Applications have come from Velindre, Swansea Bay, and Cardiff University, with no applications led by Betsi Cadwaladr University Health Board, though they are involved in collaborative projects. The program aims to maintain a balanced portfolio across its five strategic objectives and encourages applications that foster collaboration among Welsh radiotherapy centres. The ARC Board, chaired by Professor Andrew Westwell, oversees the program, ensuring alignment with strategic goals and addressing challenges related to all-Wales collaboration.</p> <p>The Research, Development &amp; Innovation Sub-Committee congratulated Ross and the Innovation Team and <b>NOTED</b> the Advanced Radiotherapy Cymru (ARC) Academy Update.</p>	
4.0	<b>KEY REPORT(S)</b>	
4.1	<p><b>Executive Medical Director Briefing</b></p> <p><i>Led by Dr Jacinta Abraham, Executive Medical Director and R&amp;D Lead</i></p> <p>JA gave a brief overview of high-level activities relating to Research, Development and Innovation during Quarter 3, Financial Year 2024/25 along with noteworthy items from the RD&amp;I environment since the last meeting. Key areas for discussion were as follows:</p>	

	<ul style="list-style-type: none"> <li>• <b>Cardiff Cancer Research Hub:</b> Progress has been strong, particularly in trial recruitment and grant applications, such as the ATMP-focused MRC Centre of Research Excellence.</li> <li>• <b>Nursing and Interdisciplinary Research:</b> Recognition of several individuals for their contributions, including awards and fellowships for Kate Gilmore, Catherine Lewis, Alison Edwards and Jo Simpson.</li> <li>• <b>VPAG Submission:</b> Positive feedback received, indicating potential funding to increase capacity for clinical trials.</li> <li>• <b>Florence Electronic Investigator Site File System:</b> Procurement of this system will digitise clinical trial documents, improving efficiency and compliance with MHRA recommendations.</li> <li>• <b>Welsh Blood Service:</b> Chloe George's successful Health and Care Research Wales award for a trial development project on cold-stored platelets, with significant interest from the military.</li> <li>• <b>Radiotherapy Service:</b> Ongoing management of radiotherapy service support in research, with meetings scheduled to address current challenges.</li> <li>• <b>Biopsy Resource:</b> Efforts to secure funding for radiological biopsies required for research studies, with a focus on improving resource availability.</li> </ul> <p>The Research, Development &amp; Innovation Sub-Committee <b>NOTED</b> the contents of the Executive Medical Director Briefing.</p>	
5.0	<b>QUALITY, SAFETY AND PERFORMANCE</b>	
5.1	<p><b>Research, Development &amp; Innovation Performance Report</b>  <i>Led by Sarah Townsend, Head of Research, Development and relevant leads</i></p> <p>ST presented an overview of the RD&amp;I Performance Report for Quarter 3, Financial Year 2024-25, highlighting the Trust's portfolio, recruitment numbers and the new dashboard format. Key highlights included:</p> <ul style="list-style-type: none"> <li>• <b>Cancer R&amp;D Strategy:</b> Progress has been strong, particularly in increasing commercial Advanced Therapy Medicinal Product and patient numbers. Notable areas include palliative care and multi-professional research capacity. Collaboration with Cardiff University and Cardiff and Vale through the research hub and ECMC has been significant.</li> <li>• <b>Trial Portfolio:</b> The Trust's trial portfolio includes 203 research studies, with 56 actively recruiting cancer patients. Highlights include the COAST trial for proton beam therapy in glioma, the Cardiff-led FIX study for colorectal cancer, and the ROSALIND study on cancer super survivors.</li> <li>• <b>Performance Indicators:</b> The Trust has recruited 235 participants to research studies by the end of quarter three, with fluctuations in recruitment numbers due to the closure of larger studies in palliative care. The Trust remains a top UK recruiter for 14 studies and the highest recruiter for one European study.</li> <li>• <b>Health and Care Research Wales Performance Measures:</b> There has been a slight increase in the red RAG rating for open non-</li> </ul>	

	<p>commercial studies, partly due to challenges with small recruitment numbers and long study durations. For open commercial studies, the RAG rating is 43% red across six studies.</p> <ul style="list-style-type: none"> <li>• <b>Welsh Blood Service:</b> The new research strategy is challenging the service to diversify efforts, with ongoing projects such as the real-life evaluation of a new type of bed pack. The service is working to address persistent ambers in dissemination targets and support for research activities.</li> <li>• <b>Innovation Update:</b> The innovation team has made significant progress in structuring activities, capturing innovation efforts, and promoting educational aspects. The team is focused on growing investment for innovation and supporting the development of the Welsh Blood Service's strategy.</li> <li>• <b>Financial Position:</b> The Division reported an overspend of £72,000 at the end of quarter three, primarily due to pay and full establishment challenges. Recruitment is underway to address performance issues related to the payment of invoices within 30 days.</li> <li>• <b>Risk Profile:</b> Two ongoing risks include the radiotherapy service's impact on trial delivery and the resource required for radiological biopsies. Efforts are being made to secure funding and improve resource availability.</li> </ul> <p>The Research, Development &amp; Innovation Sub-Committee <b>NOTED</b> the RDI Performance Report Quarter 3, Financial Year 2024-25.</p>	
<b>6.0</b>	<b>CONSENT AGENDA</b>	
<b>6.1</b>	<b>Consent - For Approval / Endorsement</b>	
<b>6.1.1</b>	<p><b>RD&amp;I Intellectual Property Policy</b></p> <p>SJ asked if the updated IP Policy could be introduced to the RD&amp;I Group in Welsh Blood Service and suggested walking them through the policy to ensure it is well understood and applied.</p> <p>The Research, Development &amp; Innovation Sub-Committee <b>APPROVED</b> the RD&amp;I Intellectual Property Policy for onward submission to Trust Board on 30<sup>th</sup> March 2025.</p>	<b>ST</b>
<b>6.2</b>	<b>Consent - For Information / Noting</b>	
<b>6.2.1</b>	<p><b>Evaluation Report - Implementing the Cancer R&amp;D Ambitions – An Integrated Business Case 2023-2026</b> <i>Led by Rhydian Owen, Cancer R&amp;D Strategy Lead</i></p> <p>The Committee received the Evaluation Report - Implementing the Cancer R&amp;D Ambitions – An Integrated Business Case 2023-2026 and noted the following actions:</p> <ul style="list-style-type: none"> <li>• <b>Integrated Business Case Draft Report :</b> Prepare a draft report by the end of May for the next funding application to the Charitable Funds</li> </ul>	<b>RO</b>

	<p>Committee. This draft report will be developed with input from the senior leadership team and other stakeholders to ensure it accurately reflects the progress and future needs of the Cancer R&amp;D Ambitions.</p> <ul style="list-style-type: none"> <li>• <b>Charitable Funds Meeting:</b> Follow up meeting with the Executive Director of Finance to discuss the continuation of funding for the integrated business case.</li> <li>• <b>Collaboration Agreement for CCRH:</b> Continue working with Shared Services and legal representatives to finalise the collaboration agreement for the Cardiff Cancer Research Hub.</li> </ul> <p>The Research, Development &amp; Innovation Sub-Committee <b>NOTED</b> the Evaluation Report - Implementing the Cancer R&amp;D Ambitions – An Integrated Business Case 2023-2026.</p>	<b>JA</b>
<b>8.2.1</b>	<p><b>Summary from the Private Research, Development &amp; Innovation Committee Meeting held on the 10th December 2024</b>  <i>Led by Professor Andrew Westwell, Research, Development &amp; Innovation Sub-Committee Chair</i></p> <p>The Research, Development &amp; Innovation Sub-Committee <b>APPROVED</b> the Summary of the Private RD&amp;I Sub-Committee minutes from the 10th December 2024.</p>	
<b>9.0</b>	<b>MEETING REFLECTIONS</b>	
	<p>Members to identify items to include in the Highlight / Assurance Report to the Quality, Safety and Performance Committee / Strategic Development Committee in respect of the following areas:</p> <ul style="list-style-type: none"> <li>• <b>For Escalation</b></li> <li>• <b>For Assurance</b></li> <li>• <b>For Advising</b></li> <li>• <b>For Information</b></li> </ul> <p>AW requested a meeting to discuss the items to take forward in the highlight report.</p>	<b>SMC</b>
<b>10.0</b>	<b>ANY OTHER BUSINESS</b>	
	<p><b>Health and Care Research Wales Annual Review Meeting</b>  ST to co-ordinate the preparation for the annual review meeting on the 8th April, including addressing actions from the previous review and highlighting good news stories and partnerships.</p>	<b>ST</b>
<b>11.0</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>	
	<p>The Public Research, Development &amp; Innovation Sub-Committee will next meet on the <b>10<sup>th</sup> June 2025 from 10:00 – 12:00pm</b> at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.</p>	

<b>12.0</b>	<b>CLOSE</b>	
	<p><b>The Research, Development and Innovation Sub-Committee is asked to adopt the following resolution:</b></p> <p><i>That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).</i></p>	
<b>13.0</b>	<b>PRIVATE / PART B SESSION</b>	
	<p>The following item(s) will be discussed at the Private / Part B Session of the Research, Development &amp; Innovation Sub-Committee:</p> <ul style="list-style-type: none"> <li>• Minutes from the Private Research, Development &amp; Innovation Committee held on the 10th December 2024</li> <li>• Business Case: Innovating Platelet Transfusion: HLA-Depleted Platelets to Overcome Refractoriness in Cancer Care</li> <li>• Business Case: ARC Academy - “Prime-Pull” Immunotherapy: A Study in Cancer Patients Receiving Radiotherapy</li> </ul>	

### ACTION LOG

MEETING DATE	AGENDA ITEM	Action number	ACTION	LEAD	DEADLINE DATE	UPDATE (including date)	STATUS	IF CLOSED WHAT ACTION WAS TAKEN
10/12/2024	5.1		<b>RD&amp;I Performance Report - Rita Options Appraisal</b>					
			A strategic decision required on the future outcome of the Rita chatbot and the necessary resources to support it.	Head of Innovation	24/06/2025	Update: SLT endorsed option 3 set out in the report, which recommended discontinuation in its current form - based several risk factors identified in the external evaluation such as low user numbers, but mainly the large costs associated with migrating the IBM legacy platform to a newer one as well as RITA no longer being compliant with the Welsh Language Act, which was also a result of the necessary migration.	PROPOSE TO CLOSE	
12/03/2025	6.1.1		<b>RD&amp;I Intellectual Property Policy</b>					
			Present the updated IP policy to the WBS RD&I Group and walk them through the policy to ensure it is well understood and applied.	Head of Research & Development	24/06/2025	Update: Rachel Granger to present the IP Policy to the WBS RD&I Group on the 24th June 2025.	PROPOSE TO CLOSE	
12/03/2025	6.2.1		<b>Integrated Business Case</b>					
			Prepare a draft report for the next funding application to the Charitable Funds Committee.	Cancer R&D Strategy Lead	24/06/2025	Update: Drafting of report is ongoing, hoping to provide a final draft in July for sign off at CFC in September.	PROPOSE TO CLOSE	
			Follow up meeting with the Executive Director of Finance to discuss the continuation of funding for the integrated business case.	Cancer R&D Strategy Lead	24/06/2025	Update: Meeting arranged with David Osborne and Amie Garwood-Pask on 18th June.	PROPOSE TO CLOSE	
12/03/2025	10.0		<b>AOB - HCRW Annual Review Meeting</b>					
			Co-ordinate the preparation for the annual review meeting on the 8th April, including addressing actions from the previous review and highlighting good news stories and partnerships.	Head of Research & Development	31/03/2025	Update: Pre-Meeting arranged for the 31st March to discuss slide content and briefing note prior to the meeting.	PROPOSE TO CLOSE	

**RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE**

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

<b>DATE OF MEETING</b>	16 June 2025
<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 R&D Christopher Cotterill-Jones, Research Delivery Manager
<b>PRESENTED BY</b>	Jacinta Abraham, Executive Medical Director
<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 4 of Financial Year 2024/25, 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 – Guidance on the publication of annual report for NHS organisations.</li> <li>• First Welsh patient gets investigational vaccine against colorectal cancer.</li> <li>• Full circle as first patient in Wales gets FAKTION treatment.</li> <li>• International Clinical Trials Day 2025.</li> <li>• VUNHST Clinical and Scientific Conference 2025.</li> <li>• VUNHST preparation for the introduction of The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2024.</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 Q4, FY2024/25 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>	Select Current Level of Assurance

APPENDICES	
None	

## 1. SITUATION

This is the Executive Medical Director’s briefing to the RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation (RD&I) activities taking place in Quarter 4 of Financial Year 2024/25.

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 - Guidance on the publication of an annual report for NHS organisations.

In response to new Welsh Government guidance issued in April 2025, all NHS organisations in Wales are now expected to publish an annual R&D report by June each year.

These reports are intended to highlight key achievements, income received, strategic alignment, and future plans, with a particular focus on engaging stakeholders ranging from Executive Boards to the wider public.

The guidance encourages organisations to ensure their reports are accessible, visually engaging, and aligned with national and local strategies. It sets out expectations for content, including infographics of key metrics, staff awards, case studies demonstrating impact, partner collaborations, and detailed financial reporting across funding streams such as VPAG, NIHR, and commercial research income.

Considering this, the VUNHST’s Research Service will adapt its existing Integrated Performance Report Template to fully align with these requirements. An example of the updated template will be shared with the Sub-Committee at its next meeting to support discussion and endorsement ahead of the writing of future VUNHST RD&I Integrated Performance Reports and subsequent publication of an annual Trust Research Report.

## 2.2 First Welsh patient gets investigational vaccine against colorectal cancer.

Velindre University NHS Trust has marked a significant milestone for cancer research, by enrolling the first patient in Wales to receive a personalised investigational vaccine designed to help prevent colorectal cancer recurrence. The pioneering study, led by Professor Rob Jones, Associate Medical Director at VUNHST, is part of an international collaboration with BioNTech and Health and Care Research Wales.

Lesley Jenkins, 65, from South Wales, became the first patient in Wales to receive this novel treatment, which uses mRNA technology – like the COVID-19 vaccines – to develop a personalised vaccine created from her own tumour tissue. The study aims to stimulate the immune system to target and destroy residual cancer cells, thereby reducing the risk of recurrence following standard surgery and chemotherapy.

“Being diagnosed with colon cancer came as a shock, especially after having no symptoms,” Lesley said. “I was eligible for the trial and said yes straight away. It’s exciting to be the first person in Wales to receive this new treatment. I wanted to give something back for the care I received at Velindre.”

Professor Jones, who is the lead investigator on the study, said:

*“There is huge potential in this trial for colorectal cancer, one of the most common cancers in Wales. If successful, this personalised approach could transform outcomes by preventing the disease from returning when it is often no longer curable. It is a privilege to lead this work and see Lesley take such a meaningful step for future patients.”*

Additionally, to mark World Cancer Day on 4 February 2025, Welsh Government’s Cabinet Secretary for Health and Social Care, Jeremy Miles MS., visited Velindre Cancer Centre to meet Lesley and hear about her experience first-hand. He praised the partnership approach behind the study and the potential it holds for Welsh patients:

*“It was a privilege to meet Lesley – the first person in Wales to receive this trial vaccine. I want Wales to lead the way in pioneering research. Clinical trials are central to understanding and improving cancer care, and Velindre’s leadership in this field is inspiring.”*

The vaccine study, known as BNT122-01, is part of a broader strategic collaboration between the Trust, BioNTech and Health and Care Research Wales to expand research infrastructure and access to cutting-edge trials across the country. The trial is actively

recruiting more eligible patients at Velindre, aiming to create a model of research excellence and innovation within the NHS in Wales.

This high-profile success exemplifies the strength of Velindre’s research leadership and its vision for partnership. It reinforces the Trust’s commitment to bringing world-class research to the heart of NHS care and providing Welsh patients with early access to the next generation of treatments.

### **2.3 Full circle as first patient in Wales gets FAKTION treatment.**

A decade after it began as a clinical trial at Velindre Cancer Centre, the FAKTION study has reached a milestone moment as Barry resident Gwen Buchan became the first patient in Wales to receive the newly approved breast cancer treatment combining hormone therapy with the AKT inhibitor capivasertib. Originally diagnosed in 2008, Gwen was treated successfully for primary breast cancer but was diagnosed with secondary disease in 2024. Following genetic testing, she was found eligible for the new treatment – now available on the NHS thanks to the success of the FAKTION trial, which was led by Professor Rob Jones, Consultant Medical Oncologist and Associate Medical Director for RD&I at Velindre.

Gwen’s oncologist, Dr Simon Waters, who also contributed to early trials of the treatment, said: *“We now have another effective option for patients with a specific type of metastatic breast cancer. I’m delighted Gwen is the first to receive it in Wales.”* Gwen reflected on what this means for her: *“Because of the pioneering research at Velindre, people like me have a future. This treatment gives me hope—to see my son married, to make the pottery for his wedding, and to keep living well with cancer.”*

This achievement highlights Velindre’s role in translating cutting-edge research into real-world clinical benefit, reinforcing the value of long-term investment in clinical trials. Coverage by BBC Wales is also helping to share this success more widely and spotlight the dedication of Velindre’s research teams, clinicians, and trial participants who make such progress possible.

### **2.4 International Clinical Trials Day 2025**

To mark International Clinical Trials Day on 20 May 2025, Velindre University NHS Trust highlighted the collaborative effort behind its reputation for delivering high-quality, patient-centred cancer trials. From initial feasibility and safety reviews by the R&D Office to frontline delivery by research nurses, radiographers, pharmacists, clinicians, and data teams, the Trust celebrated the many professionals who bring research to life for patients every day.

Special thanks were extended to the patients who volunteer for trials, and to Velindre Cancer Charity for their continued funding support.

The campaign, led by the RD&I Communications Team, emphasised that successful clinical research relies on strong internal teamwork and partnerships with funders, sponsors, and the wider NHS. A series of online spotlights showcased the people behind clinical trials at Velindre, reinforcing the Trust's commitment to transparency, patient involvement, and research excellence across every part of the cancer pathway.

## **2.5 VUNHST Clinical and Scientific Conference – 2025**

Velindre University NHS Trust proudly hosted its first Clinical and Scientific 'Working Together' Conference on 12 May 2025 at Sophia Gardens, bringing together multi-professional colleagues from across the service to celebrate collaboration, leadership, and personal development. The event provided a platform to strengthen cross-disciplinary working and advance the Trust's commitment to high-quality, integrated care through clinical and scientific excellence.

The conference featured keynote speakers including Ruth Crowder, Chief Allied Health Professions Advisor to Welsh Government, and Rhiannon Jones, Deputy Director of Nursing at the NHS Wales Executive, alongside inspiring sessions from Dr Joseph Farmer (Civility Saves Lives) and Marie Edwards (Health Education and Improvement Wales).

Personal career journeys, patient and donor stories, and creative elements such as graphic recording and live poetry captured the conference's key messages.

The event was widely praised for fostering a sense of shared purpose and will be made available on demand to ensure wider accessibility. Special thanks were extended to Claire Lang, Senior Research Nurse Manager, and the Conference Planning Team for their leadership in delivering a meaningful event.

## **2.6 VUNHST preparation for the introduction of The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2024**

Velindre University NHS Trust's Research Service is preparing for the implementation of the Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2024, in April 2026, which will bring significant changes to the UK's clinical trial landscape. The reforms aim to modernise the regulatory framework by introducing more proportionate, risk-based approaches, streamlining approvals, and strengthening transparency and participant safety.

In response, VUNHST’s Research Service is reviewing and updating its Standard Operating Procedures (SOPs), will enhance training for research staff, and engage with investigators and sponsors to support shared understanding of new regulatory responsibilities – particularly around investigator oversight, trial modifications, safety reporting, and consent. The Trust will also amend its internal assurance processes to ensure that both Trust-sponsored and hosted studies continue to meet the highest standards of quality, compliance, and governance under the new regulation.

### 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) 4 of the Financial Year (FY) 2024/25 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: <p style="text-align: center;">YES - Select Relevant Goals below</p>
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>											
	<table border="0"> <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> <p>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.</p> <p>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.</p> <p>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.</p>	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
Safe	<input checked="" type="checkbox"/>											
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<b>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED:</b> <i>For more information: <a href="https://www.gov.wales/socio-economic-duty-overview">https://www.gov.wales/socio-economic-duty-overview</a></i>	<p>Not required</p> <hr/> <p>NOT APPLICABLE – This is the Executive Medical Director's briefing to the RD&amp;I Sub-Committee.</p>											



<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:
	If more than one wellbeing goal applies, please list below:  <b>Click or tap here to enter text</b>
<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" as it could jeopardise the funding received from Health and Care Research Wales along with other non-commercial/commercial sources.  No direct financial implications from this paper.
<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 this Executive Briefing 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>



## 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>	

**RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE**

**Research, Development, and Innovation –  
Integrated Performance Report FY2024/25**

<b>DATE OF MEETING</b>	16 June 2025
<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>	<p>Sarah Townsend, Head of Research &amp; Development. Christopher Cotterill-Jones, Research Delivery Manager.</p> <p>Kate Cleary, Velindre Cancer R&amp;D Strategy Business Support Manager. Sian James, Welsh Blood Service Head of Research, Development, and Innovation Services. Ross McLeish, Advancing Radiotherapy Cymru (ARC) Project Manager. Helen Robertson, RD&amp;I Communications and Engagement Officer. Amie Garwood-Pask, Deputy Head of Finance Business Partnering.</p>
<b>PRESENTED BY</b>	Sarah Townsend, Head of Research & Development.

<b>APPROVED BY</b>	Jacinta Abraham, Executive Medical Director
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<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 annual report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service during the financial year 2024/25.</p>
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<b>RECOMMENDATION / ACTIONS</b>	The RD&I Sub-Committee are requested to note for <b>DISCUSSION</b> the draft RD&I Integrated Performance Report for Financial Year 2024/25.
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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>												
RD&I Operational Management Group	10 June 2025												
WBS Senior Leadership Team	11 June 2025												
VCS Senior Leadership Team	18 June 2025												
Executive Management Board	17 June 2025												
<b>SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS</b>													
<p>The governance cycle for this RD&amp;I Integrated Performance Report was planned as follows:</p> <table border="1"> <thead> <tr> <th><b>Meeting</b></th> <th><b>Meeting Date</b></th> </tr> </thead> <tbody> <tr> <td>WBS Senior Leadership Team</td> <td>11 June 2025</td> </tr> <tr> <td>VCS Senior Leadership Team</td> <td>18 June 2025</td> </tr> <tr> <td>RD&amp;I Operational Management Group</td> <td>10 June 2025.</td> </tr> <tr> <td>Executive Management Board</td> <td>17 June 2025.</td> </tr> <tr> <td>RD&amp;I Sub-Committee</td> <td>16 June 2025.</td> </tr> </tbody> </table>		<b>Meeting</b>	<b>Meeting Date</b>	WBS Senior Leadership Team	11 June 2025	VCS Senior Leadership Team	18 June 2025	RD&I Operational Management Group	10 June 2025.	Executive Management Board	17 June 2025.	RD&I Sub-Committee	16 June 2025.
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RD&I Operational Management Group	10 June 2025.												
Executive Management Board	17 June 2025.												
RD&I Sub-Committee	16 June 2025.												
<p>Due the sequence of meeting dates in the VUNHST Research Governance Framework it was not possible to obtain feedback from WBS Senior Leadership Team, VCS Senior Leadership Team, or Executive Management Board prior to submission to the RD&amp;I Sub-Committee.</p>													

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

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

## 1. SITUATION

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 for information or considered at the following groups and committees:

- Welsh Blood Service Senior Leadership Team.
- Velindre Cancer Centre Senior Leadership Team.
- 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 Financial Year (FY) 2024/25.

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 RD&I Integrated Performance Report for Financial Year 2024/25.

#### 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>	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)	10 - Governance

<p>For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></p>	
<p><b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b></p>	<p>Yes -select the relevant domain/domains from the list below. Please select all that apply</p> <p>           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> <p>           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.         </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><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> </p> <p>If more than one wellbeing goal applies, please list below:</p>

<b>FINANCIAL IMPLICATIONS / IMPACT</b>	<p>Yes - please Include further detail below, including funding stream</p> <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> <i>For more information:</i> <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp">https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.asp</a> <a href="#">x</a>	<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 FY2024/25 has been considered and there are no matters of concern to raise.</p>
<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p><b>Click or tap here to enter text</b></p>

## 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>	<i>Insert Datix current risk score</i>
<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>	<i>Insert Date</i>



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

<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>	



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  
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Ffôn/Tel: 029 2061 5888

# 2024/25

## Annual

April 2024 to  
March 2025

Research, Development &  
Innovation

Integrated Performance Report

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## Abbreviations.

Abbreviation	Definition
A	Amber
AHPs	Allied Health Professionals
ANP	Advanced Nurse Practitioner
ARC	Advancing Radiotherapy Cymru
ARF	Advancing Radiotherapy Fund
ATMP	Advanced Therapy Medicinal Product
BA	Bachelor of Arts
BEST-C	Biomedical Excellence for Safer Transfusion - Collaborative.
BICCC	Brief Intervention with Cyclophosphamide in Colorectal Cancer
BNT	BioNTech
C	Commercial
CAPA	Corrective and Preventive Actions
CCfLRI	Collaborative Centre for Learning, Research, and Innovation
CCRH	Cardiff Cancer research Hub
CI	Chief Investigator
CRC	Colorectal Cancer
CRW	Cancer Research Wales
CSP	Chartered Society of Physiotherapy
CU	Cardiff University
CVUHB	Cardiff and Vale University Health Board
EMA	European Medicines Agency
ER	Estrogen Receptor
FDA	Food and Drug Administration
FY	Financial Year
G	Green
H&N	Head and Neck
HCRW	Health and Care Research Wales
IMTP	Integrated Medium-Term Plan
IRS	Integrated Radiotherapy Solutions
ISO	International Organization for Standardization
k	Thousand
KPI	Key Performance Indicator
LSHW	Life Sciences Hub Wales
m	Million
MASCC	Multinational Association of Supportive Care in Cancer
MD	Doctor of Medicine
MHRA	Medicines and Healthcare Product Regulatory Agency
MPM	Malignant Pleural Mesothelioma
MRC	Medical Research Council
MRI	Magnetic Resonance Imaging
mRNA	Messenger Ribonucleic Acid
MSc	Master of Science
NC	Non Commercial

<b>Abbreviation</b>	<b>Definition</b>
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
NSCLC	Non-Small Cell Lung Cancer
NT	Nursing Times
NWSSP	NHS Wales Shared Services Partnership
PDAC	Pancreatic Ductal Adenocarcinoma
PDF	Portable Document Format
PET	Positron Emission Tomography
PhD	Doctor of Philosophy
PI	Principal Investigator
Q	Quarter
QOL	Quality of Life
R	Red
RAG	Red, Amber, Green
RD&I	Research, Development, and Innovation
SACT	Systemic Anti-Cancer Treatment
SBRI	Small Business Research Initiative
SMART	Specific, Measurable, Achievable, Relevant, and Time-bound
TILS	Tumour Infiltrating Lymphocytes
UK	United Kingdom
UKONS	United Kingdom Oncology Nursing Society
USA	United States of America
VCC	Velindre Cancer Centre
VCS	Velindre Cancer Services
VUNHST	Velindre University NHS Trust
WAST	Welsh Ambulance Services University NHS Trust
WBS	Welsh Blood Services
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	
PRIORITY 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.

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)




In this period, we have:

	Heads of Terms has been approved by all three partners. This document sets out how the partners will work together on building the CCRH and demonstrates the partners' commitment to this important project. A detailed, contractual Partnership Agreement is now being developed with NWSSP lawyers.																											
	We are working with an external supplier on a CCRH website which will be live imminently. This will be a virtual front door, presenting our work in a professional and compelling manner to the pharmaceutical and other life sciences companies that are looking for partners to conduct cancer research, and to attract funders of cancer research.																											
	CCRH's Discovery & Translational Research Group continues to support research grants. Its first large, NHS/academic research grant to become an ATMP-focused MRC Centre of Research Excellence was unfortunately unsuccessful but paved the way to how CCRH can unify and coordinate CU's cancer research activities in alignment with partners at CVUHB and VUNHST. The group are now supporting another bid, PRIMED, a prostate cancer bid which is being written in collaboration with Siemens.																											
	The CCRH team have been doing excellent recruiting work on Monumental 6 and are the highest recruiter in the UK. They have also hit the recruitment target before the target deadline.																											
	Part of VUNHST's aim to build capacity, capability and a critical mass within the research workforce, Katie Gilmour, CCRH Research Nurse, was awarded the Health and Care Research Wales Research Training Award to support her to study for a 2-year MRes Health Research at the University of Stirling. Further to this, Gabby Brutto, also a CCRH Research Nurse, has commenced her MSc Research Module at University of South Wales.																											
	<p><b>Trial portfolio overview:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Stage</th> <th style="text-align: left;">Study Name</th> <th style="text-align: left;">Study Type</th> <th style="text-align: left;">Funding</th> <th style="text-align: left;">Cancer Type</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Open to recruitment</td> <td>MORAb-202 (ON HOLD)</td> <td>First in Human</td> <td>Commercial</td> <td>Solid - Gynaecological</td> </tr> <tr> <td>Monumental-6</td> <td>Bi-specific</td> <td>Commercial</td> <td>Haem - Multiple Myeloma</td> </tr> <tr> <td rowspan="3">Trials in set up</td> <td>IOV-MEL-301</td> <td>TILS - ATMP</td> <td>Commercial</td> <td>Solid - Melanoma</td> </tr> <tr> <td>ATTR 01</td> <td>Oncolytic virus vaccine - ATMP (FIH/FIC)</td> <td>Commercial</td> <td>Solid tumour (PDAC, CRC, NSCLC, H&amp;N, gastric, ovarian, urothial)</td> </tr> <tr> <td>Protocol 75276617ALE1001</td> <td>Phase I/II First in Human</td> <td>Commercial</td> <td>Haem - Leukaemia</td> </tr> </tbody> </table>	Stage	Study Name	Study Type	Funding	Cancer Type	Open to recruitment	MORAb-202 (ON HOLD)	First in Human	Commercial	Solid - Gynaecological	Monumental-6	Bi-specific	Commercial	Haem - Multiple Myeloma	Trials in set up	IOV-MEL-301	TILS - ATMP	Commercial	Solid - Melanoma	ATTR 01	Oncolytic virus vaccine - ATMP (FIH/FIC)	Commercial	Solid tumour (PDAC, CRC, NSCLC, H&N, gastric, ovarian, urothial)	Protocol 75276617ALE1001	Phase I/II First in Human	Commercial	Haem - Leukaemia
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		ABBVIE M25-059	ABBV-383 - BCMA bispecific antibody (IV), Phase I/II	Commercial	Haem - Multiple Myeloma
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**We have also:**

**Welcomed exciting BioNTech vaccine trials within the CCRH trial portfolio**

	The <i>Cancer Vaccine Launchpad Wales</i> will come under the CCRH umbrella. This BioNTech – HCRW collaboration agreement is £600K over 2 years for clinical leadership time, delivery nurses, pharmacy, radiology, pathology time (CVUHB and VCC).																																			
	These groundbreaking cancer vaccine trials will form part of the Hub portfolio and the CCRH Senior Research Nurse will play a lead role in the delivery of these trials.																																			
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## 2 Nursing & Interdisciplinary Research.

### 2.1 Igniting ideas, inspiring impact: Introducing the Velindre Reader for Nursing and Interdisciplinary Cancer Care Research



Dr Tessa Watts,  
Velindre Reader for Nursing and  
Interdisciplinary Cancer Care Research.

I was delighted to be appointed to the role of Velindre Reader for Interdisciplinary Research at the end of January 2025. Cardiff is my home city. It is here that I went to school and where completed my initial nurse education, my MSc and my post graduate teacher training. I very much look forward to building on the foundational work of Professor Jane Hopkinson, who retired from the University last September, in this innovative, exciting and strategically important position.

I am a Registered Nurse (adult field), qualified teacher (adult education), Senior Fellow of the Higher Education Academy (Advance HE) and previous National Teaching Fellow nominee. I have a PhD from Swansea University and a BA (Hons) in social sciences from the University of London. I specialise in qualitative research, leading and collaborating with interdisciplinary teams on externally funded work in patients' experiences of health care, service organisation and delivery and enhancement and nurses' wellbeing.

In my research I draw on my academic grounding in the social sciences to develop practice insights and understandings. I am an experienced doctoral supervisor and examiner, research mentor and coach. I have 10 successful completions for PhD, MD and Professional Doctorate and am currently the Professional Doctorate (Nursing and Midwifery) External Examiner at Oxford Brookes University. I am also a National Institute of Health Research Future Research Leaders mentor, experienced grant reviewer (NIHR/RCBC/Worldwide Cancer Research/ Tenovus/ General Nursing Council Trust) and scientific reviewer for international conferences (International Society of Nurses in Cancer Care / NET/NEP). Previously I worked at Swansea University where I had senior research and education strategic and operational leadership roles relating to Nursing and AHPs and including cancer and palliative care. Prior moving into higher education I held practice and education roles within Marie Curie Cancer Care.

I am often on site at Velindre on Monday afternoons where I am sharing space in the Research and Development offices. Alternatively, I can be found in the coffee shop. You can contact me on my NHS and university e mails so please do reach out and get in touch. I am very keen to hear from you and about your research and innovation achievements and ideas and about how you think that we, as the Velindre Healthcare Support team, might best support and work with you in your research and innovation ideas and needs. I am happy to be in a role which enables me to support professional colleagues to develop and grow their own research or contribution to research whilst also supporting the cancer non-medical researchers of the future and improve patient outcomes and experiences.

Should you need to contact me, you can email me at either my Velindre University NHS Trust email address: [Tessa.Watts@wales.nhs.uk](mailto:Tessa.Watts@wales.nhs.uk) or my Cardiff University email address: [wattst1@cardiff.ac.uk](mailto:wattst1@cardiff.ac.uk).

Dr Tessa Watts Cardiff University web profile can be found at the following link:  
<https://profiles.cardiff.ac.uk/staff/wattst1>

## 2.2 Dr Tessa Watts' Vision: Empowering professional, transforming practice through research

I am a firm believer in the importance and value of clinical research which improves patient outcomes and lives, and the lives of those who matter most to them, and their experiences. The best research ideas come from practice and improving the evidence base for clinical practice in each of our respective professions is important. To make this happen it is important that we equip nurses, AHP's, radiographers and pharmacists with the knowledge, skills and self-confidence to drive service innovation, improvement and research and enhance healthcare outcomes and patients' experiences.

Research is very much a collective, team effort: 'team science' and I really enjoy working with multiprofessional teams and the public to design, conduct and share research findings with clinical relevance that will benefit patients and those important to them. I am very much looking forward to meeting, working with and supporting nursing (and AHP) colleagues with research and innovation at Velindre University NHS Trust.

### Early priorities and focus

My priorities for the first six months are to:

- Raise awareness and accessibility of the Velindre Healthcare Research community and the fantastic opportunities provided by the Velindre Research Fellowships.
- Review and refresh the Velindre- Healthcare research community meetings with a structured, monthly programme of events which is accessible for staff at all levels.
- Identifying a physical space for the community meetings at Velindre
- Establish connections with the Velindre Oncology Academy
- Seek an online intranet presence for the Velindre Healthcare Research Community
- Identifying ways in which the Velindre Healthcare Research Support Team might lend support to nurses, AHPs and clinical scientists across the Cancer Centre and Trust and at all levels.
- Contributing to relevant professional forums within the Trust.
- Invite Velindre collaborations for externally funded grant applications led by Cardiff University Healthcare Staff
- Establishing reporting mechanisms for publications, presentations and funding applications and associated databases

To achieve these my focus has been placed on the following

- Reaching out and meeting key staff members and research champions with power to influence and existing research fellows.
- Establishing connection and working relationship with the Velindre Oncology Academy.
- Writing an introductory blog for the Nursing newsletter
- Updating biographies of the Velindre Healthcare Research Team members with links to individuals' University web profiles detailing expertise, current projects and publications
- Organising a monthly programme of research community meetings in a hybrid format to enhance accessibility.
- Securing two external international speakers for the 2025 – 2026 Velindre-Healthcare research community meetings.
- Identifying and responding to expressed learning needs within the nursing and interdisciplinary community.
- Sharing and celebrating success and Velindre Fellows' research journeys via the intranet.
- Securing a stand and planning for the Nursing and AHPs conference in May 2025 in order to raise awareness and network with clinical colleagues.

## 2.3 Velindre Healthcare Cancer Research - Highlights

### 2.3.1 Velindre Healthcare Cancer Research Fellowships

#### Introduction to Research

Two fellows have now completed their projects

- **Francis Brown:** Investigating simulation as an education modality to improve the way healthcare professionals are taught to manage adverse reactions to Systemic Anti-Cancer Treatments (SACT). **Francis** also had an abstract accepted for a poster presentation at the annual United Kingdom Oncology Nursing Society Conference in Manchester in 2024.
- **Barbara Wilson:** investigating the preparation of newly appointed Velindre nurses for safe SACT delivery

#### Velindre PhD Fellows

- **Ceri Stubbs** has moved into the second year of her part time PhD.
- **Alison Goodman**, a Macmillan Lung Cancer Clinical Nurse Specialist commenced her part time PhD in January 2025 at Cardiff University School of Healthcare Sciences.
- **Sarah Owen** commenced her part time PhD in January 2025 at Cardiff University School of Healthcare Sciences.

### 2.3.2 Velindre Small Grants Scheme

**Dr Jane Mathlin** and Mansi Patil had an abstract accepted for an e poster presentation at the annual international Multinational Association for Supportive Cancer Care conference which was held in Lille, France.

### 2.3.3 Velindre-Healthcare Research Community

A new programme of monthly hybrid seminars is up and running.

### 2.3.4 Publications

At least eleven publications involving Velindre Nurses and therapies staff in international peer reviewed and professional journals.

### 2.3.5 Conferences

At least ten conferences presentations at national and international conferences: Wales Cancer Research Centre, UKONS, MASCC, CSP. Annual Radiotherapy Conference, Macmillan Professionals Conference.

### 2.3.6 Awards

Velindre University NHS Trust: Innovative nurse-led post radiotherapy follow-up clinic  
Finalist NT Cancer Nursing awards 2024

## 2.4 Velindre Healthcare Research Support Team

The Velindre Healthcare Cancer Research Support Team are cancer research active staff employed by the School of Healthcare Sciences, Cardiff University. Professor Jane Hopkinson, the inaugural Velindre

Professor of Nursing and Interdisciplinary Cancer Care retired from Cardiff University in September 2024. In late January 2025, Dr Tessa Watts, a registered Nurse, was appointed the Velindre Reader for Nursing and Interdisciplinary Cancer Care was appointed lead for the Collaboration going forward.

The research support team members are Dr Sarah Fry, Senior Lecturer in Nursing, Dr Nichola Gale, Senior Lecturer in Physiotherapy and Dr Nicolas Courtier, Senior Lecturer in Radiography, with administrative support provided by Mrs Zahida Azhar. All research team members are active researchers in cancer care and have track records of supporting doctoral students to completion, publication in international, high impact journals, leading and collaborating in externally funded research and presenting at conferences.

Each support team member provides one-to-one research mentoring and 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 conference abstracts and writing for publication.

The team will have an exhibition stand at the Clinical and Scientific “Working Together” Conference on 12 May 2025 to raise awareness of the collaboration and the team’s role in supporting the Overarching Cancer Research and Development Ambitions Strategy 2021-31 and successes to date.

## 2.5 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.

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. This year two new research fellows, both Registered Nurses have joined Ceri Stubbs, the first Velindre Healthcare Cancer Research Fellow.

**Ceri Stubbs:** Supervised by Dr Sarah Fry, Ceri is presently crafting her scoping review with a view to future publication. Dr Deb Edwards, Principal Research Fellow at Cardiff University and Associate Director Health and Care Research Wales Evidence Centre is providing expert support with Ceri’s review.

**Alison Goodman:** Supervised by Dr Nichola Gale, Senior Lecturer in Physiotherapy, the focus of Alison’s PhD on investigating the relationship between evolving treatment paradigms in advanced lung cancer and patients’ needs relating to exercise.

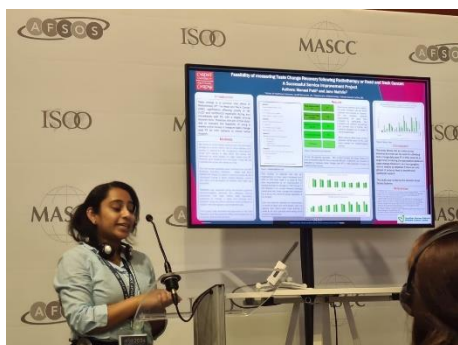
**Sarah Owen:** Supervised by Dr Sarah Fry, Senior Lecturer in Nursing, the focus of Sarah’s PhD is on investigating barriers for adopting and embedding lessons learnt from patient safety incidents within a regional cancer centre.

The next call for Fellowship Applications will be made in the summer 2025.

## 2.6 Velindre Small Grants Scheme

Following a successful conference abstract submission, Velindre- Healthcare Research Assistant Manasi Patil presented an e-poster at the international Multinational Association of Supportive Care in Cancer (MASCC) annual meeting in Lille, France in June 2024. The poster was an outcome of Dr Jane Mathlin's research which was funded by the Velindre Small Grants scheme. The poster reported findings from Dr Mathlin's feasibility study which focused on measuring taste change recovery post radiotherapy for head and neck cancer.

The conference was attended by over 1400 delegates from all over the world.



Manasi Patil reflected "Given the scale of the conference, Jane and I were honoured and excited to be able to attend and present our work. Our presentation was well received, and we had some great questions at the end.

The conference provided me with a tremendous opportunity to learn about a wide breadth of topics, some of which I knew nothing about, for example, financial toxicity. Others, for example, disparity in access, and digital interventions have helped me to gain a more holistic view of supportive care in cancer. I was also able to network and connect with several healthcare professionals from around the world and learn about their work.

The MASCC conference was an incredible international platform to showcase research led by Velindre University NHS Trust. I am grateful for the opportunity to attend."

## 2.7 Velindre Healthcare Research Community

Following a review and refresh the Velindre Healthcare Cancer Research Community is now meeting monthly and in a hybrid format to improve access. This enables research interested staff to learn more about research through engagement with a supportive group of clinicians and researchers. With permissions, presentations are recorded to facilitate uploading onto the Velindre Oncology Academy website in the longer term. PDFs of power point presentations are also uploaded with permissions. A range of external and internal speakers have been invited to present on a range of topics and we have welcomed colleagues from across nursing and therapies to these sessions:

- Ms Bernadette Coles, Velindre University NHS Trust: Supporting Research – accessing the evidence through your library service. (March 2025)
- Professor Paul Gill, Nottingham University – Imposter Syndrome in Healthcare Research (April 2025)
- Ms Emma Williams: Velindre University NHS Trust (May 2025)
- Ms Kate Cleary: Velindre University NHS Trust (May 2025)
- Ms Laura Collantes: Royal Marsden Hospital (June 2025)
- Ms Sarah Owen and Ms Alison Goodman: Velindre University NHS Trust (July 2025)

The 2025-2026 programme is in planning and will include at least one international guest speaker who will focus on cancer prehabilitation.

## 2.8 Simulation training for responding to Systemic Anti-Cancer Treatment (SACT) adverse reactions.

### Success for Velindre Research Fellow, Fran Brown.

Congratulations to Fran Brown, Registered Nurse, SACT Clinical Trainer and Velindre Research Fellow who has successfully completed her study investigating the potential of simulation training to improve the knowledge and confidence of nurses responding to acute adverse reactions to SACT treatment. Fran also had an abstract accepted for a poster presentation at the annual United Kingdom Oncology Nursing Society Conference in Manchester in 2024.

Fran's study aimed to compare simulation education and standard classroom-based education in new SACT nurses' knowledge and confidence in managing SACT related reactions. To do this Fran assessed nurses' confidence pre and post education using a 5-point Likert Scale. In addition, knowledge questionnaires were completed before and one week after the SACT education. Open text feedback was also gathered from participants after both education sessions to determine what was learnt and how the sessions could be enhanced. Data were collected between February and July 2024.

Fourteen new SACT nurses participated in the study – seven in each group. Quantitative data suggested that there was a similar increase in confidence for both groups. The simulation group had a slightly larger increase in knowledge. The data suggested that simulation education was not inferior to standard education and may be more effective. In addition, data indicated that all participants were content with their SACT training. Valuable open text, qualitative data was generated by both groups of participants.

Themes included the perception of enhanced confidence to identify and manage SACT reactions:

*“After the session I am more confident in identifying when a patient may be experiencing a reaction and what to do when this is happening.” (Standard education group)*

*“The knowledge and the practical skills made me feel confident enough to handle hypersensitivity reactions.” (Simulation education group)*

In addition, there was a desire for greater use of scenario-based learning and learning in practice:

*“Would like to have more scenarios to get used to identifying reactions and how to grade them more confidently” (Standard education group)*

*“Being in the clinical area with more facilities would make this better.” (Simulation education group)*

Fran reflected on her experience:

“The open text data was particularly interesting and suggested that scenario-based learning offered a better learning experience for participants. The data generated from this VIR project was useful to the Education Team and will inform planning of future SACT education and training. Going forward, the Education Team plan to use one of the SACT Day Case Units to deliver simulation-based education to make the scenarios more realistic for learners. The new Velindre Cancer Centre will include a simulation education area which will help improve the way education and training is delivered.

Carrying out simulation scenarios as part of their SACT training will help nurses gain experience of managing SACT related infusion reactions in a safe environment. Nurses will learn how to recognise the signs and symptoms of an infusion reaction, how to assess the severity and grade of the reaction and how to prepare and administer the rescue medications. Practicing this away from the clinical area will enhance their knowledge and skills so that when they encounter this situation in practice, they will feel

more confident and competent which will have a positive impact on the patient and improve their outcomes and experience.”

Undertaking the research project as part of the Velindre Fellowship Scheme and completing a master’s level module in research at Cardiff University has given me a better understanding of research, what research involves and the impact it can have. It also encouraged me to apply for the MSc in Advanced Healthcare Practice, and I am about to embark on my dissertation for the MSc award.”

Fran was supported by Dr Nichola Gale, Senior Lecturer in Physiotherapy at Cardiff University and a member of the Velindre-Healthcare Research Support Team and her Velindre Cancer Centre colleagues.

Fran went on to say:

“I had done nothing like this before. Nichola Gale was very supportive when I was carrying out the project and when I was preparing the poster. My Velindre Cancer Centre colleagues were also very supportive and encouraging when carrying out the practical part of the project.

“I would encourage anyone to consider the Velindre Research Fellowship. It helps you enhance your critical thinking skills and gives you a better understanding of how research is carried out. It can be slightly overwhelming as the language of research can be a little daunting, but it is very satisfying when you do start to understand the terms as reading research articles makes more sense to you.”

Fran’s poster on “Using simulation as an education modality to improve the way healthcare professionals are taught to manage adverse reactions to systemic anti-cancer therapy (SACT)” is presented below:

**Velindre Introduction to Research Fellowships are supported by Velindre Charity.**

# Using simulation as an education modality to improve the way healthcare professionals are taught to manage adverse reactions to systemic anti-cancer therapy (SACT)

Frances Brown – SACT Clinical Trainer

Co-authors: Dr Nichola Gale, Hannah Churchill, Yasmin Rookes and Hannah Russon



## Background

Most anticancer treatments carry a risk for adverse reactions to systemic anti-cancer therapy - SACT. These include infusion reactions caused by allergic reactions to foreign proteins, immunoglobulin E (IgE) mediated allergic reactions or non-immune mediated reactions (Vogel, 2010). Infusion reactions are generally mild with symptoms such as nausea, skin rash, pruritis, chills, fever and headache etc (Baroso et al. 2024). New staff can feel overwhelmed dealing with this type of adverse event. Current training in managing these events in this cancer centre involves classroom teaching and written scenarios. Simulation provides a safe environment for learners to analyse and respond to realistic situations with the aim of developing or enhancing their knowledge, skills and behaviour (Hawker et al. 2022). There is limited evidence of the optimal training of qualified healthcare professionals and this aspect of SACT education. Therefore, this study aimed to compare simulation-based education and standard classroom-based education in new SACT nurses' knowledge and confidence in managing SACT related reactions.

## Method

### Comparative study of simulation-based education and standard education in managing SACT related infusion reactions

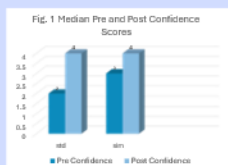


- Pre and post confidence measured using 1-5- point Likert scale
- Knowledge questionnaires completed before and 1 week after education scored 0-25 (max 25)
- Student satisfaction and an adapted confidence in learning self-evaluation scale (SES) was distributed after both sessions. SES score ranged 0-56, higher score = greater confidence in learning
- Data was ordinal and described as median
- Open text feedback was provided after both sessions in answer to the questions: "What did you learn from the session?" "How could this session be improved?"

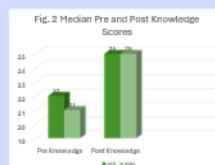
## Results

Education	Std Education n = 7	Sim Education n = 7
Age range (years)	25-41	20-25
Gender Female : Male	6:1	6:1
Exp in months (median)	5	2

- In total 7 nurses were recruited to both std and sim education
- Table 1 show STD Education and Sim education were similar in gender proportions both : 6 females :1 male
- Experience in SACT ranged 1 – 5 months in Std education
- Experience in SACT ranged 1-3 months in Sim education



- Fig. 1. shows Std Education: Median confidence increased from 2 to 4 and Sim Education increased from 3 to 4
- Confidence in both groups improved similarly



- Fig. 2 shows: Median Knowledge increased from 22 to 25 in Std Education and 21 to 25 with Sim Education:
- Sim group had a slightly greater increase in knowledge
- Data suggests simulation education is not inferior to standard education and may be more effective



- Fig. 3. shows Median SES for both groups was similar at 47
- Results suggest the participants were similarly happy with the training they received

### Open Text Data Collected following Standard and Simulation Education

- Open text data suggests that participants from both the standard education and simulation education groups valued learning how to manage SACT related infusion reactions.
- Both groups commented that their confidence had increased following the education sessions.
- The standard education group expressed that practical based scenarios would make it a better learning experience.
- Participants from the simulation education group commented that the practical aspect helped to build confidence and suggested multiple scenarios in a clinical area would improve their learning experience
- The simulation education group expressed that they would like "multiple scenarios of varying acuity"



- Quantitative data suggests a similar improvement in confidence for both groups.
- The simulation group had a slighter higher increase in knowledge.
- Confidence in Learning SES scores demonstrate students were similarly happy with their learning.
- The open text data was useful to the Education team as this will help inform planning of future SACT education and training.
- Going forward, the Education Team plans to use one of the SACT Day Case Units to deliver simulation-based education to make the scenarios more realistic for the learners.
- The new Velindre Cancer Centre currently being built will include a simulation education area which will help improve the way education and training is delivered.

## Conclusion

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### 3 Velindre Cancer Service Research.

#### 3.1 Making headlines: breakthrough Velindre Cancer Service Research items from Quarter 4.

##### 3.1.1 Velindre research leads to NICE approved treatment for NHS breast cancer patients in the UK.



Professor Rob Jones,  
Consultant in Medical  
Oncology, Velindre  
University NHS Trust.

#### FAKTION - Velindre research leads to NICE approved treatment for NHS breast cancer patients in the UK

NICE (National Institute for Health and Care Excellence) has announced that a treatment for advanced breast cancer that started its life in Cardiff more than 10 years ago, has been approved for use by the NHS in England and Wales.

“It is fantastic news that the results of the FAKTION trial have now resulted in NICE approval, meaning that British breast cancer patients will now be able to gain access to capivasertib through the NHS,” said Professor Rob Jones, Co-Chief Investigator FAKTION trial and Associate Medical Director for RD&I at Velindre Cancer Centre.”


“FAKTION was led from Cardiff and showed that patients with cancer containing one or more of three biomarkers could expect to double their life span if capivasertib was added to their hormone therapy. These findings were then confirmed in a larger Phase 3 trial and the results from both trials have been crucial in gaining the NICE approval.”

“When a patient has been diagnosed with metastatic cancer, patients are often most 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.”


The Phase I FAKTION clinical trial sponsored by Velindre began in 2014 and the results showed that we could safely combine standard hormone therapy with AstraZeneca's AKT inhibitor capivasertib.

The next step was a Phase II trial which closed in 2018, that showed that patients who received the combination treatment could expect to have their cancer controlled and live 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 led to the USA's Food & Drug Administration (FDA) licensing drug treatment for use in patients with ER positive, HER2 negative advanced breast cancer in June 2023. Approvals followed in 2024 from the European Medical Agency and the UK's Medicines and Healthcare products Regulatory Agency (MHRA), with NICE approval needed to enable NHS patients to receive the treatment.

3.1.2 FOXTROT – Management of immune checkpoint inhibitor-associated toxicities in older adults with cancer.

	<p><b>FOXTROT - Management of Immune Checkpoint Inhibitor-Associated Toxicities in Older Adults with Cancer</b></p> <p>The University of Leeds have had a publication accepted by the Oncolibrary cautioning the use of IO (Pembrolizumab, Nivolumab, Ipilimumab etc) in elderly frail population. Incidence of serious toxicities is not higher in this group, but the actual impact in terms of survival, QOL, hospitalisation is significantly higher. More than the age, it is the frailty factor that influences adverse outcomes. An Onco-Geriatric assessment at baseline is recommended.</p> <p>The full paper can be accessed via the following link: <a href="https://oncodaily.com/oncolibrary/immune-checkpoint-inhibitor-associated-toxicities254339">https://oncodaily.com/oncolibrary/immune-checkpoint-inhibitor-associated-toxicities254339</a></p> <p>Velindre University NHS Trust recruited patients to this study, forming part of the dataset used in generating this publication.</p>
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3.1.3 TARGET National – Tumour characterisation to guide experimental targeted therapy.

	<p><b>TARGET National - Tumour Characterisation to Guide Experimental Targeted Therapy</b></p> <p>Sky news have published a news article on the TARGET National trial called 'Life-saving' simple blood test could transform and personalise cancer care if trial succeeds.</p> <p>The article talks about how the "liquid biopsy" that could transform cancer treatment, with the goal being to personalise cancer care across the NHS - saving lives and making treatment less risky and intrusive.</p> <p>To access the article please click the following link: <a href="https://news.sky.com/story/life-saving-simple-blood-test-could-transform-and-personalise-cancer-care-if-trial-succeeds-13313872">https://news.sky.com/story/life-saving-simple-blood-test-could-transform-and-personalise-cancer-care-if-trial-succeeds-13313872</a></p> <p>Velindre University NHS Trust has recruited over 100 patients to this research study.</p>
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3.1.4 Breaking Barriers in Cancer Research: Spotlight on the Research Facilitator Role.



**Breaking Barriers in Cancer Research: Spotlight on the Research Facilitator Role – Wales Cancer Research Conference 2025**

Claire Bryant, Velindre University NHS Trust Research Service's Research Facilitator had a poster abstract accepted for the Wales Cancer Research conference that took place on 03 March 2025.

The title of the abstract as 'Accelerating cancer research: the hidden power of the Research Facilitator - Turning red tape into greenlights – faster trials, better patient outcome'

The poster was well received at the conference.

### 3.2 Setting the pace: Standout Velindre Cancer Service Research items from the Quarters 1 through 3.

#### 3.2.1 The APPROACH trial – First Welsh patient benefits from Proton Beam Therapy clinical trial.



Bethan Thomas is the first patient in Wales to take part in a PBT brain tumour clinical trial.

#### **The APPROACH trial – First Welsh patient benefits from Proton Beam Therapy clinical trial.**

A Velindre Cancer Centre patient has become the first from Wales to participate in the APPROACH clinical trial, which is investigating the potential benefits of proton beam therapy for brain tumours. Led by researchers at the University of Leeds, the trial focuses on patients with oligodendroglioma, a type of brain tumour.

Bethan Thomas, who joined the trial, shared her experience: “Being part of the trial meant even if I was randomised to receive radiotherapy, I would be closely monitored with regular visits with the consultant and regular scans for five years. Proton beam therapy isn’t widely available to everybody, and it certainly isn’t available in Wales so to have the potential to take part in the trial and have the best treatment, it was a bit of a no brainer for me!”

Standard radiotherapy for oligodendroglioma can cause long-term side effects, including memory issues and difficulties processing information. Proton beam therapy, an advanced form of radiotherapy, targets tumours more precisely, sparing healthy brain tissue and potentially reducing side effects.

The trial randomises patients into two groups: one receiving standard radiotherapy with chemotherapy, and the other receiving proton beam therapy with chemotherapy. Researchers, including Velindre co-investigator Dr James Powell, will evaluate side effects, quality of life, and survival rates over five years.

“This innovative trial has the potential to significantly improve care for patients with this type of brain tumour,” said Dr Powell. Funded by the National Institute for Health and Care Research (NIHR) and Medical Research Council (MRC), the APPROACH trial represents an exciting step forward in advancing cancer care.

Velindre is also involved in the HIT-Meso trial, exploring proton beam therapy for lung cancer, further demonstrating its commitment to cutting-edge research.

3.2.2 Velindre leads the recruitment of the first UK patients into the Cardiff-led BICCC study.



Professor Rob Jones,  
Consultant in Medical  
Oncology, Velindre  
University NHS Trust.



Professor Andy Godkin,  
Chief Investigator from  
Cardiff University and  
CVUHB.

**Velindre leads the recruitment of the first UK patients into the Cardiff-led BICCC study.**

Velindre Cancer Centre has become the first site in the UK to recruit patients to the Cardiff-led BICCC study, a clinical trial investigating a novel approach to improving disease-free survival for colorectal cancer patients.

Colorectal cancer is one of the leading causes of cancer-related deaths worldwide. In the early stages of the disease, many patients can be cured with surgery. However, in the later stages, the cancer can return or progress even after surgery and chemotherapy. One potential way of preventing relapse is by making the patient's immune system better at detecting and destroying any cancer cells that might remain after removal of the cancer.

The Brief Intervention with Cyclophosphamide in Colorectal Cancer (BICCC) trial aims to test whether a low dose of cyclophosphamide—a chemotherapy drug—can enhance the immune system's ability to detect and destroy any remaining cancer cells after surgery and chemotherapy. The study focuses on stage 2–4 colorectal cancer patients and is being conducted across 10 UK sites, including Cardiff and Swansea.

Participants are randomly assigned to either standard care (active monitoring) or a four-week cyclophosphamide treatment spread over nine weeks. The primary goal is to assess whether the drug improves disease-free survival by kick-starting T cell activity against cancer cells. Recruited participants will be seen or sometimes phoned, five times over the course of 13 weeks for monitoring and receive their randomised treatment in the form of a tablet they take at home, with three years follow up.

Professor Rob Jones, Consultant in Medical Oncology and Associate Medical Director for RD&I at Velindre said, ““We have recruited five patients to this new Cardiff-led study, the first UK site to recruit. It has been great working with Professor Andy Godkin in the past and we hope this trial will be equally as successful as our previous collaboration. Patients in the previous study tolerated treatment very well with minimal side effects. Hopefully, this trial will demonstrate a brief intervention following definitive standard treatment will lead to additional patients who are cured.”

Professor Andy Godkin, Chief Investigator from Cardiff University and Cardiff & Vale University Health Board, added ““It has been a fairly-long campaign to get this trial of the ground, and thanks to everyone for their patience, and for Cancer Research Wales for sticking with it. Velindre hospital has led the way, being the first of ten centres to open, and having already recruited several patients. Heartfelt thanks to Rob Jones and all the staff at Velindre, and of course, the patients.”

The study is funded by Cancer Research Wales and represents an important step forward in colorectal cancer care.

3.2.3 Velindre leads the way in Mesothelioma research with the HIT Meso clinical trial.



Dr Paul Shaw, patient Haydn Povey and Senior Research Radiographer Emily Harris

**Velindre leads the way in Mesothelioma research with HIT Meso clinical trial.**

As part of Lung Cancer Awareness Month, Velindre Cancer Centre proudly highlights its role in the groundbreaking HIT Meso clinical trial, a Phase 3 study exploring the use of proton beam therapy to treat pleural mesothelioma. This incurable form of lung cancer affects the membrane surrounding the lungs, often caused by asbestos exposure in industries like shipbuilding, construction, and steel production.

Dr. Paul Shaw, Consultant Clinical Oncologist, explained the significance of the trial: “Malignant Pleural Mesothelioma (MPM) is a devastating and life limiting illness which impacts thousands of people and their families each year in the UK.”

The trial, sponsored by University College London and funded by Asthma + Lung UK, aims to determine whether proton beam therapy can become a new standard of care for patients with MPM, offering improved survival and quality of life.

Velindre recently recruited its first Welsh patient, Haydn Povey, who joined the trial with optimism: “My thinking is that I’ve got nothing to lose with this trial. This is the way people are going to find out the answers and if it helps people in the future then it’s worth it.”


Dr. Shaw emphasized, “If successful, proton beam therapy could become an upfront treatment option for patients with MPM. For certain patients, this might provide a new standard of care treatment that not only extends life but also enhance the quality of life for people living with this condition.

“Having alternative treatment options is especially important for patients of increasing age and co-morbidities, where SACT is often a high-risk option.

“Velindre has driven the design of this study from inception, and we have recently recruited the first Welsh patient,”

To be eligible for this trial, patients with MPM need to be suitable for active surveillance in advance of future SACT and will be randomised to one of two arms, active monitoring or immediate proton beam therapy over five weeks at UCL.

3.2.4 BioNTech partnership fuels cancer research advancements in Wales.



**BioNTech partnership fuels cancer research advancements in Wales.**

BioNTech's UK cancer research has gained attention through a significant collaboration with Health and Care Research Wales, aiming to pioneer mRNA-based cancer treatments and position Wales at the forefront of innovative cancer care.

Following its COVID-19 vaccine success, BioNTech's expanded efforts focus on personalised cancer immunotherapies that adapt to each patient's unique tumour profile. Velindre is currently running multiple studies within this initiative, including BNT122-01, BNT113 and BNT327-01. Additional studies, BNT116-01 and BNT326 are in the process of being set-up, expanding the Trust's research portfolio to encompass more cancer types and therapeutic approaches. This growing research program highlights Velindre's dedication to bringing new cancer therapies to patients in Wales, emphasising personalised care and novel treatments.

The growth of this partnership continues to mark a significant development for Wales, and the mission to support high-quality research that impacts patient lives and advances global cancer treatment strategies.

The BioNTech research portfolio, specifically the BNT116-01 – that is currently in set-up in Velindre - has been highlighted in a recent BBC News story. Further details can be found at: <https://www.bbc.co.uk/news/articles/ce806ndv8neo>

3.2.5 Velindre Palliative Care research on the world stage.



**Velindre Palliative care research on the world stage.**

Dr Elin Harding—the first Palliative Care Research Fellow at Velindre Cancer Centre showcases her project on the acceptability of QR Code wristbands to palliative patients. The project aims to find a solution to information sharing between specialists and emergency healthcare professionals, in order to improve patient care and reduce unwanted/avoidable hospital admissions. The first stage of the project was to find out if the proposed system—an electronic palliative care QR code wristband system—was acceptable to palliative patients, both with malignant and non-malignant conditions. The study found that patients were very positive about the system and therefore we are working towards the next stage which involves working with the Welsh Ambulance Service Trust (WAST) to understand what content and format they would find useful to aid their care and decision making in an emergency situation.

Dr Stephanie Sivell – newly appointed Palliative Care non-clinical Research Fellow at Velindre Cancer Centre and Marie Curie Research Centre in Cardiff University – gave an insightful presentation on her previous work on Serenity. Serenity is a European funded programme by HORIZON, led by Professor Simon Noble (Cardiff University) and Prof. F. A. Klok (Leiden University, Netherlands). Dr Sivell presented work from the third work package of Serenity about understanding the views of patients and clinicians on anti-thrombotic therapy in advanced cancer and pragmatic ways in which to work with the research team across four countries (Denmark, France, Spain and the UK). Further results from the analyses were also presented in two posters at the conference by colleagues in Marie Curie Research Centre at Cardiff University (Elin Baddeley). Velindre have been key in recruiting patients to this international study.

This work is contributing to a wider programme of work to develop, test and evaluate a tool to support decisions about anti-thrombotic therapy with people with cancer towards end of life across Europe.

3.2.7 Award winning project features in Life Science Hub Wales digital case study.





**Award winning project features in Life Science Hub Wales digital case study.**

The QuicDNA project, a ground-breaking initiative aiming to improve lung cancer diagnosis in Wales, was recently spotlighted in a video by Life Sciences Hub Wales as part of a new series on cancer innovations. Developed at Velindre Cancer Centre, QuicDNA seeks to revolutionise the detection and treatment of lung cancer through liquid biopsies, enabling faster, minimally invasive testing via blood samples. This approach could shorten diagnostic timelines and enhance patient outcomes, especially critical for Wales, where lung cancer remains a leading cause of cancer mortality.

In a heartfelt interview, Velindre patient Craig Maxwell, whose fundraising has been instrumental in supporting QuicDNA, shared his journey. Diagnosed with terminal lung cancer in 2022, Craig launched a dedicated campaign, raising close to £1 million through events such as a walk and cycle along the Wales Coast Path. This effort, supporting the Maxwell Family Genomics Fund in collaboration with Velindre Cancer Charity, exemplifies Craig's mission to improve cancer services for future patients. "Craig's contributions are both unique and inspiring," said Professor Tom Crosby, underscoring the transformative impact of Craig's dedication. The interview can be found at: <https://youtu.be/hMQk5uhirtY?si=6rlr0D1-L4EsEjgK>

The project was also recently honoured with the prestigious Moondance Cancer Award for "Innovation & Improvement." QuicDNA clinical lead, Dr Magda Meissner, praised the project's success, and the collaboration of academia, industry, and patient advocates.

3.2.8 Raising awareness of cancer with next generation dentists.



Brian Webber,  
PEARL Trial patient.

**Raising awareness of cancer with next generation dentists.**

Four years ago, Bryan Webber was patient number one on the head and neck cancer clinical trial PEARL at Velindre Cancer Centre. Today he is using his experience of cancer diagnosis, treatment, and clinical trials to support the next generation of dentists. Bryan is a retired dentist, working in the NHS for 50 years, the last 30 years in a training role. He is passionate about giving dental trainees a better understanding of the part they can play in early detection of cancer, as well as the problems patients experience as a result of their cancer treatment.

*"When I started treatment for my cancer, I decided to post some pictures on Facebook to show my friends what was happening to me. I posted pictures of my mouth and palate, the ulcers that developed, my MRI and PET scans, everything!"*

*My dental friends were fascinated and soon I was being invited to come and tell my story to various groups in the dental sector, including dental students."*

**Brian Webber,  
PEARL Trial patient.**

Bryan is a retired dentist, working in the NHS for 50 years, the last 30 years in a training role. He is passionate about giving dental trainees a better understanding of the part they can play in early detection of cancer, as well as the problems patients experience as a result of their cancer treatment. Today he is using his experience of cancer diagnosis, treatment, and clinical trials to support the next generation of dentists. Bryan has volunteered to talk all over Wales and has even been to Leeds to talk to 150 newly graduated dentists.

In June 2024, ITV filmed with Bryan as he talked about how he is helping dental students and graduates to recognise cancer and to understand what the patient goes through when they in treatment. The news story screened on ITV Wales at Six and is available in ITV's website articles at: <https://www.itv.com/news/wales/2024-07-04/the-dentist-using-his-cancer-diagnosis-to-teach-others-how-to-spot-the-signs>, which also covers the PEARL clinical trial that Bryan took part in.

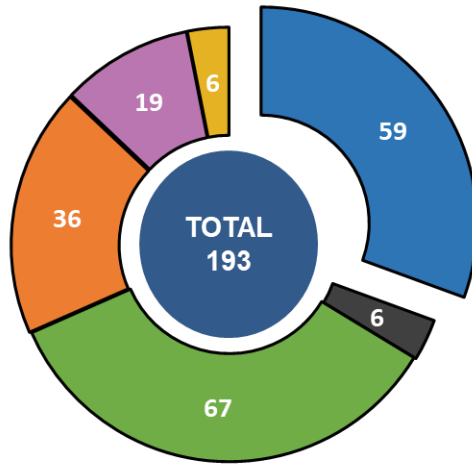
Bryan still has side effects from his cancer – lack of saliva making some foods difficult to digest, inability to taste his favourite red wine and as Chairman of the Cardiff Male Voice Choir his voice has dropped and he's now one of the lowest of the low in hitting the bass notes. While some of the side effects are permanent, Bryan says he can live with them because he is still here, four years on.

In addition to this work in his professional community, Bryan continues to advocate for the patient as a patient representative on Velindre's Senior Leadership Group and RD&I sub-committee. Feedback on his presentations has been overwhelmingly positive and Bryan is keen to keep combining his professional expertise with his personal cancer story to ensure the dentists of the future are equipped to help with early detection of oral cancers.

## 4 Velindre Research Performance Indicators.

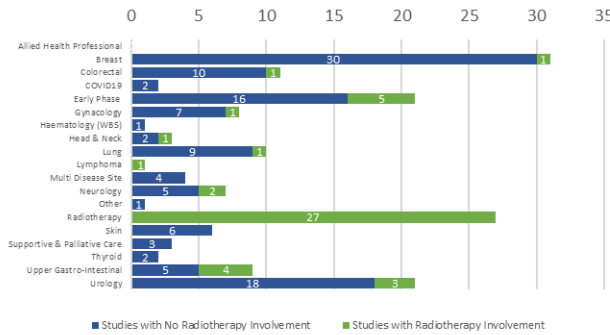
### VUNHST Research Portfolio Dashboard

VUNHST Research Portfolio: № of research studies by category  
(Data cut = 23 Apr 2025)

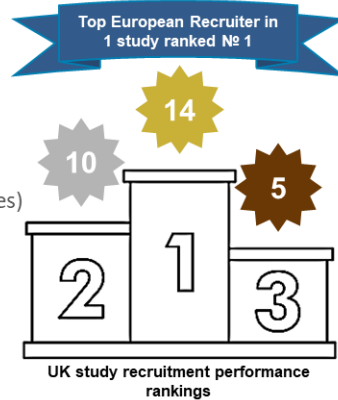


- Active (studies requiring participant consent)
- Active (support service provision or data collection only studies)
- Closed to recruitment, in follow up
- Closed to recruitment, no follow up
- In setup
- Suspended

VUNHST Research Portfolio: № of research studies by category  
(Data cut = 23 Apr 2025)



VUNHST Research Portfolio: Recruitment by category  
(Data cut = 23 Apr 2025)












Year	CUMULATIVE				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
2024/25	<b>33</b>	7	4	11	11
	NC=18   C=15	NC=6   C=1	NC=2   C=2	NC=4   C=7	NC=6   C=5
2023/24	CUMULATIVE 31	7	9	7	8
	NC=17   C=14	NC=3   C=4	NC=4   C=5	NC=3   C=4	NC=7   C=1
2022/23	CUMULATIVE 35	5	9	6	15
	NC=19   C=16	NC=2   C=3	NC=6   C=3	NC=3   C=3	NC=8   C=7
2024/25	<b>358</b>	88	88	59	123
	NC=238   C=120	NC=55   C=33	NC=57   C=31	NC=41   C=18	NC=85   C=38
2023/24	CUMULATIVE 432	77	151	113	91
	NC=368   C=74	NC=64   C=13	NC=128   C=23	NC=97   C=16	NC=69   C=22
2022/23	CUMULATIVE 220	65	46	61	48
	NC=176   C=44	NC=51   C=14	NC=36   C=10	NC=51   C=10	NC=38   C=10

Key: NC = Non-Commercial; C = Commercial










## 5 Health & Care Research Wales key indicators for Velindre University NHS Trust.

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







	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
<b>C3 Open: % of Open non-commercial HCRW Portfolio Studies Recruiting to Time &amp; Target</b>		45%			<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>ADAPT-P</b> [IRAS 319805], target = 17; planned study end date = 01 Sept 2024</li> <li>• <b>BICCC</b> [IRAS1004377], target = 50; planned study end date = 03 Jun 2025</li> <li>• <b>DOMENICA</b> [IRAS 1006901], target = 20; planned study end date = 01 Apr 2026</li> <li>• <b>Dynamic</b> [IRAS 1004759], target = 5; planned study end date = 30 June 2027</li> <li>• <b>FAIM</b> [IRAS 284870], target = 14; planned study end date = 30 Dec 2025</li> <li>• <b>Hit-Meso</b> [IRAS 322732], target = 10; planned study end date = 30/08/2026</li> <li>• <b>MOLGEN</b> [IRAS N/A], target = 5; planned study end date = 30/04/2026</li> <li>• <b>Cancer Vaccine Launchpad</b> [IRAS 325291], target = 1; planned study end date = no end date</li> <li>• <b>Pace Nodes</b> [IRAS 307888], target = 10; planned study end date = 31/03/2026</li> <li>• <b>SCC-AFTER</b> [IRAS 331136], target = 48; planned study end date = 31/12/2028</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> </ul>
		8%			
		47%			
		17 studies			
		3 studies			
		18 studies			

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
					<ul style="list-style-type: none"> <li>• <b>UKP3BEP Trial</b> [IRAS 182633], target = 5; planned study end date = 30 Nov 2024.</li> <li>• <b>Virtual reality for advanced cancer pain</b> [IRAS 342158], target = 10; planned study end date = 01 Aug 2025</li> <li>• <b>VISON</b> [IRAS 335269], target = 100; planned study end date = 30 Nov 2026</li> </ul>







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

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
<b>C4 Open: % of Open Commercial Studies Recruiting to Time &amp; Target</b>		50%			<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>D6900C00001 (BlueStar) (AZD8205)</b> [IRAS 1007820], target = 12; planned study end date = 31/03/2026</li> <li>• <b>BNT327-03</b> [IRAS 1011017], target = 2; planned study end date =30/06/2026</li> <li>• <b>BNT327-06</b> [IRAS 1010867], target = 2; planned study end date =14/11/2026</li> <li>• <b>CAMBRIA-2</b> [IRAS 1007986], target = 10; planned study end date =20/03/2027</li> <li>• <b>DYNASTY-Breast02</b> [IRAS 1009062], target = 1; planned study end date = 01/06/2025</li> <li>• <b>MORAb-202-G000-201</b> [IRAS 292422], target = 2; planned study end date = 31/12/2024.</li> <li>• <b>ROSALIND</b> [IRAS 340201], target = 5; planned study end date =01/11/2025</li> <li>• <b>Tropion 05</b> [IRAS 1007219], target = 3; planned study end date = 06/02/2025.</li> </ul>
		6%			
		44%			
		9 studies 1 study 8 studies			

### 5.3 Closed studies – recruitment to time and 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		13% 2 study			<p><b>List of studies with RAG rating = "RED"</b></p> <ul style="list-style-type: none"> <li><b>RANGO</b> [IRAS 199009], target = 15; planned study end date = 01/03/2027. Note: We recruited 2 patients. The trial opened to recruitment December 2019. The Sponsor made the decision to pause recruitment during to the COVID19 pandemic in March 2020. Recruitment reopened in March 2022. The Sponsor then closed the trial to recruitment May 2023.</li> <li><b>Rad-IO</b> [IRAS 251669], target = 10; planned study end date = 03/06/2025</li> </ul>
		88% 14 studies			

### 5.4 Closed studies – recruitment to time and 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		56% 9 studies			<p><b>List of studies with RAG rating = "RED"</b></p> <ul style="list-style-type: none"> <li><b>Avanzar</b> [IRAS 1006036], target = 8; planned study end date = 30/11/2024. <b>Note:</b> Recruitment closed a year earlier than planned</li> <li><b>CANC 48153</b> [IRAS 292846], target = 10; planned study end date = 01 Apr 2025. <b>Note:</b> Recruitment closed a year earlier than planned</li> <li><b>CAPitello-280</b> [IRAS 1005000], target = 2; planned study end date = 09/02/2025. <b>Note:</b> Recruitment closed a year earlier than planned.</li> <li><b>XB002 101 JEWEL</b> [IRAS 1005594], target = 5; planned study end date = 30/11/2025. <b>Note:</b> Recruitment was paused nationally due to safety concerns. The trial was only open for less than a week at Velindre.</li> <li><b>FIGHT-302</b> [IRAS255226], target = 1 ; planned study end date = 13/09/2024. <b>Note:</b> Recruitment was paused during the COVID 19 pandemic and never reopened.</li> <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. <b>Note:</b> Velindre were only able to perform ultrasound biopsies due to capacity issues within the Cardiff and Vale Radiology</li> </ul>
		44% 7 studies			

					<p>Department. This had an impact on the number of patients we could recruit.</p> <ul style="list-style-type: none"> <li>• <b>CANC 48153</b> [IRAS 292846], target = 10; planned study end date = 01 Apr 2025. <b>Note:</b> Recruitment closed a year earlier than planned</li> <li>• <b>MK1308A-008</b> 1003758, target = 7; planned study end date = 24 Oct 2024. <b>Note:</b> The Sponsor put recruitment on hold nationally in 2022 and the study never reopened to recruitment. This impacted our targets. Velindre is one of the top UK recruiters.</li> <li>• <b>MK3475-U03</b> [IRAS 1003378], target = 3; planned study end date = 21 May 2024. <b>Note:</b> The Sponsor put recruitment on hold nationally for a year which impacted our recruitment targets.</li> <li>• <b>Tropion 04</b> [IRAS 1008502], target = 7; planned study end date = 03/03/2026</li> </ul>
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## STRATEGIC PRIORITY 2

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

### 6 Welsh Blood Service Research.



In 2024, the Welsh Blood Service (WBS) finalised and endorsed a new Research, Development and Innovation (RD&I) Strategy. Building on the successes of our first formal research strategy from 2017, this new framework has a clear focus on improving the lives of patients and donors across Wales. The new RD&I Strategy was developed after extensive consultation, shaped by feedback from colleagues during internal stakeholder workshops and an external survey across our research partners.

Respondents strongly endorsed our openness to collaboration and the quality of research efforts to date, but also highlighted areas for improvement, notably raising our visibility as a research-active organisation and ensuring wider access to opportunities.



The strategy can be found on the [website](#) or by scanning the QR code here

The Strategy sets out seven ambitious missions, each aligning with the Welsh Blood Service's 5-Year Strategy and Velindre University NHS Trust's Destination 2033 plan. These missions range from advancing blood components and transplant research, to expanding our innovation portfolio and promoting international collaborations



The strategy outlines how the Welsh Blood Service will lead and provide resources for RD&I activities, ensuring Wales remains at the forefront of pioneering research and healthcare improvements. A key mission of the strategy is to improve patient and donor experiences, a goal that remains central to the organisation’s vision.

**“The new strategy focuses on embedding research and innovation in all the activities of the Welsh Blood Service.**

**By fostering world-class research and collaborating with patients, donors, staff in NHS organisations, international peers, academics and other key partners, we aim to represent Wales on a global stage in the field of transfusion and transplantation.**

**This will help realise the intended goal of improving the care of patients and donors.**

**I am proud to lead the Welsh Blood Service in delivering this ambitious strategy.”**

Dr Edwin Massey, WBS Medical Director

## 6.1 Key Highlights of the New Strategy

The strategy is structured around seven key missions, each designed to support the organisation’s objectives and ensure a focused approach to RD&I activities.

**Ein Saith Cenhadaeth**  
Gwasanaeth Gwaed Cymru  
Welsh Blood Service

**Strategaeth Ymchwil, Datblygu ac Arloesi**

- 1** Datblygu Cyfansoddion Gwaed
- 2** Hyrwyddo Ymchwil Trawsblannu yng Nghymru
- 3** Defnyddio Arloesi a Gofal Iechyd Seiliedig ar Werth i wella ein gwasanaethau a'n perfformiad
- 4** Cydweithio i Gynnal Ein Hymchwil, Datblygu ac Arloesi
- 5** Gwella effaith ymchwil a datblygu ac arloesi a dathlu llwyddiant
- 6** Gwasanaethu pobl Cymru drwy gefnogi mentrau rhyngwladol
- 7** Enhance the impact of RD&I and celebrate success

**Canolbwyntio ar wella gofal cleifion a rhoddwyr**

**Our Seven Missions**  
Gwasanaeth Gwaed Cymru  
Welsh Blood Service

**Research, Development & Innovation Strategy**

- 1** Advancing blood components
- 2** Advancing transplant research in Wales
- 3** Use Innovation & Value-Based Health Care to improve our services and performance
- 4** Use collaboration to sustain our RD&I
- 5** Serve the people of Wales by supporting international initiatives
- 6** Enhance the impact of RD&I and celebrate success
- 7** Centred on improving patient and donor care

**Patient and Donor Focus:** Research will centre on improving outcomes for both patients and donors, ensuring their voices are embedded throughout all stages.

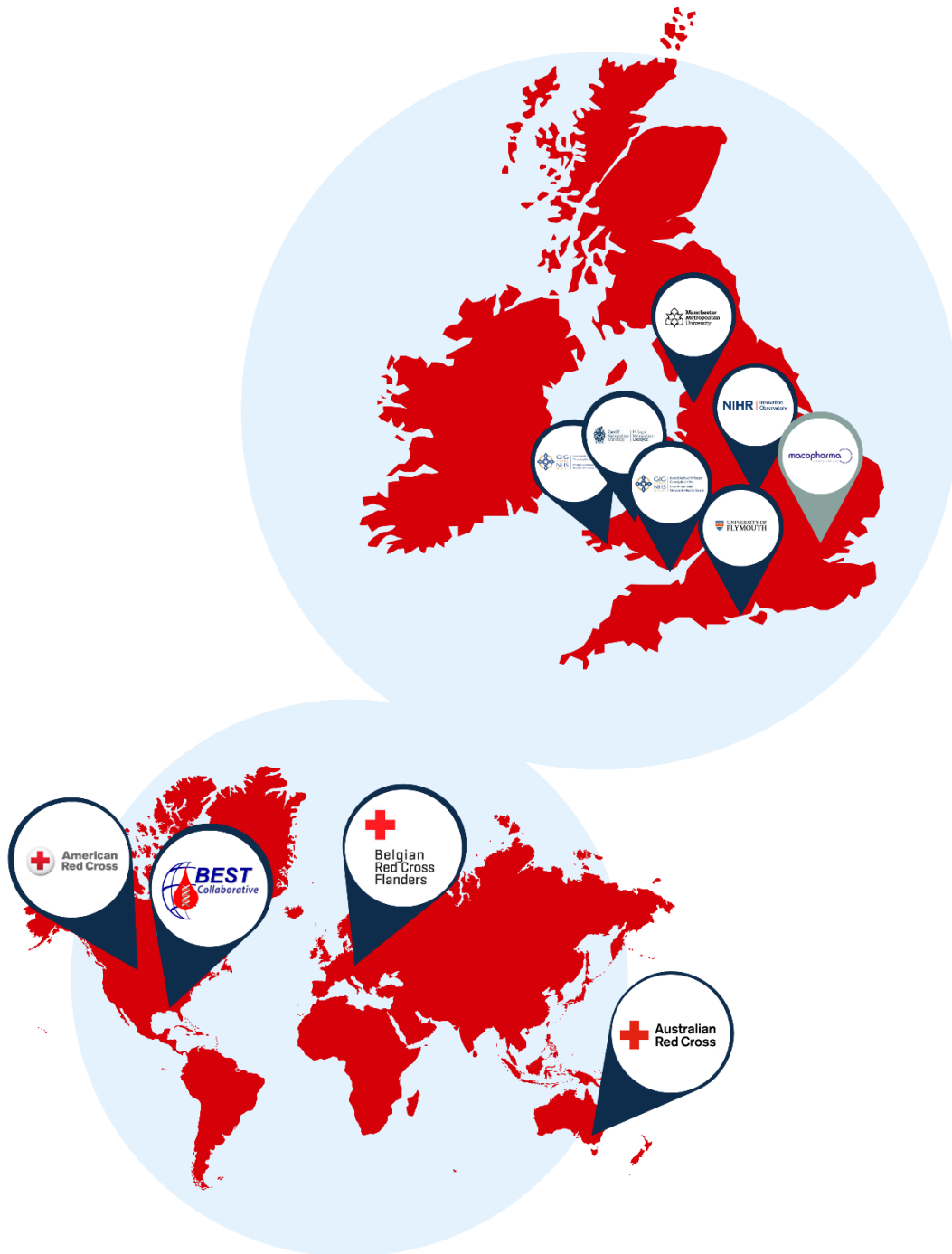
**Scientific Excellence:** Leveraging facilities like the Component Development and Research Laboratory, WBS will drive forward innovation such as the development of cold-stored platelets and support transplant in patients with challenging antibody profiles.

**Expanding Collaborative Networks:** We will strengthen ties with academia, the military, and other health organisations, seeking both national and international partnerships.

**Innovation Integration:** We will work alongside Velindre's Innovation and Value-Based Healthcare teams to foster digital health initiatives and operational efficiencies.

## 7 Serving the people of Wales

Our collaborations continue to expand across national and international boundaries. The map highlights our collaboration in RD&I projects in the UK and beyond in this period. These efforts reflect a maturing research culture with global reach, aligned with the missions of our new RD&I Strategy.












## 8 News and achievements

We've had plenty to celebrate this year some of which have been featured as News on the Welsh Blood Service's website.

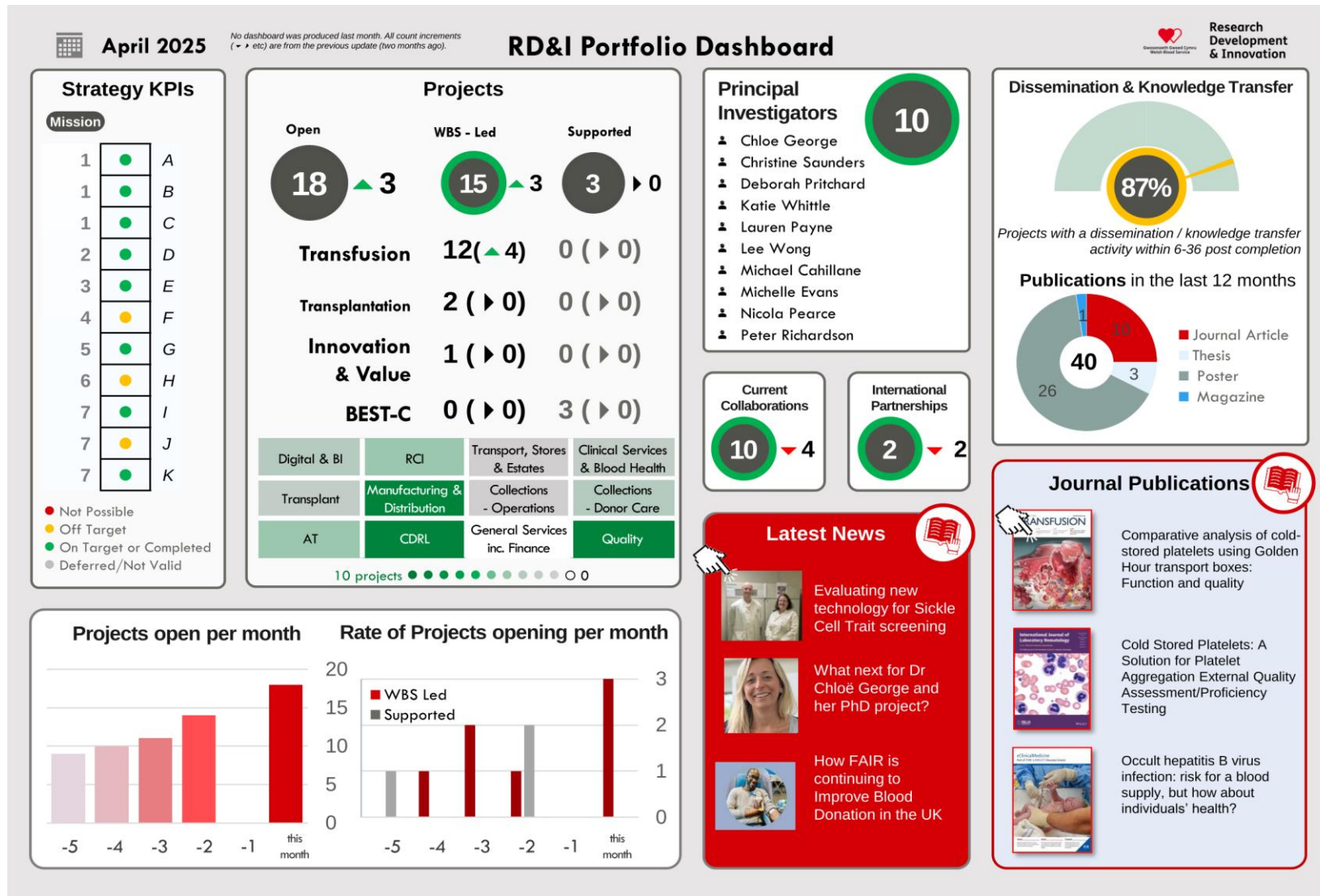
To read the full articles accompanying these headlines, please visit '**Our Latest News**' on the **Research section of the WBS website**:



<https://welsh-blood.org.uk/research-development-and-innovation-2/>

<p>◆ <a href="#"><u>Evaluating New Technology for Sickle Cell Trait Screening</u></a></p>	
<p>◆ <a href="#"><u>What Next for Dr Chloë George and Her HSST Project</u></a></p>	
<p>◆ <a href="#"><u>WBS Investigating Innovative New Blood Packs</u></a></p>	
<p>◆ <a href="#"><u>Microfluidics: Game Changing Investment at the Welsh Blood Service</u></a></p>	
<p>◆ <a href="#"><u>How FAIR is Continuing to Improve Blood Donation in the UK</u></a></p>	
<p>◆ <a href="#"><u>Pre-Hospital Platelets Collaboration</u></a></p>	
<p>◆ <a href="#"><u>Empowering Patients &amp; Public: Shaping Future Research with Welsh Blood Service</u></a></p>	
<p>◆ <a href="#"><u>Bevan Commission Support for Innovation in Cryoprecipitate</u></a></p>	
<p>◆ <a href="#"><u>Welsh Blood Service Welcomes Biomedical Scientists from the Military</u></a></p>	

## 9 Welsh Blood Service Research Performance Indicators.



## 9.1 Open projects portfolio.

Project Name	WBS Project ID	Strategic Mission Link	WBS PI	Level of Involvement
The use of legislation and regulation as a means of improving quality in public healthcare services	164	Innovation	Peter Richardson	WBS led RD&I
Human Platelet Lysate Scientific Insight	165	Innovation	Michael Cahillane	WBS led RD&I
Improving Platelet Storage (PhD Cardiff Metropolitan University)	168	Transfusion	Christine Saunders	WBS led RD&I
Understanding and Investigating White Particulate Matter	175	Transfusion	Michael Cahillane	WBS led RD&I
Methodology Evaluation for Measuring Regulatory Cells in Kidney Transplant Recipients	178	Transplant	Deborah Pritchard	WBS led RD&I
Novel Cryoprotectants for Advancing Long-term Red Blood Cell and Platelet Storage	192	Transfusion	Chloe George	WBS led RD&I
Phase 0 Evaluation of non-DEHP Red Cell Storage Packs	194	Transfusion	Chloe George	WBS led RD&I
Comparison of haemolysis measurement of red cell components at the end of shelf life using a Spectrophotometric method and a Point of Care Test device HemoCue	196	Transfusion	Michelle Evans	WBS led RD&I
Real-World Evaluation of Cytokine Dynamics using a Novel Flow Cytometry Assay	197	Transplantation	Katie Whittle	WBS led RD&I
Evaluation of Albumin as a Cryoprotectant for the Long-term Storage of RBC Units	199	Transfusion	Chloe George	WBS led RD&I
Development of an effective cryopreservation for long-term preservation of rare red cells	200	Transfusion	Chloe George	WBS led RD&I
Validation of the Werfen Neo Iris Automated Analyser for Red Cell Antibody Identification	201	Transfusion	Lee Wong	WBS led RD&I
Human Platelet Lysate: Human Perspectives	203	Transfusion	Michael Cahillane	WBS led RD&I
An Investigation into the Haemolysis Stability of Three High Titre Buffy Coat Pooled Platelets for Transfusion Compatibility	204	Transfusion	Lauren Payne	WBS led RD&I

Project Name	WBS Project ID	Strategic Mission Link	WBS PI	Level of Involvement
Impact of cold temperature storage on bacterial growth in cold stored platelets	205	Transfusion	Nicola Pearce	WBS led RD&I
Investigation of Platelet Receptor Expression on Cold Stored Buffy Coat Derived Platelet Concentrates	210	Transfusion	Chloe George	WBS led RD&I
Investigation of Platelet Function by Microfluidics on 21-Day Cold Stored Buffy Coat Derived Platelet Concentrates	211	Transfusion	Chloe George	WBS led RD&I

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

Project Name	WBS Project ID	Mission Link
BEST-C 183 Does Lipaemia Cause Red Cell Haemolysis? (DOLCE)	193	Transfusion
BEST-C 187 Standard Method for Extraction and Measurement of ATP in Red Cell Units	196	Transfusion
BEST-C 171 Service Support for Collaborative Haemolysis Standardization study	186	Transfusion

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

These metrics reflect the implementation of the new RD&I strategy. These KPIs are integrated into the organisation's reporting framework for planning and performance. For Apr to Sep 2024 performance, please refer to previous reporting of the former KPIs, as we have now ceased reporting for these obsolete metrics. The KPIs for February 2025 were not measured.

✓	KPI On track
⚠	KPI requires attention

		A	M	J	J	A	S	O	N	D	J	F	M
<b>Mission 1 – Improving Patient and Donor Care</b>													
Number of WBS Led RD&I Projects	Sustain at least 10 open							⚠	⚠	✓	✓		✓
Number of researchers	Sustain at least 10 annually	See previous RD&I KPIs						✓	✓	✓	✓		✓
Percentage of WBS Departments involved in RD&I Projects	Ensure at least 80% of departments participate in RD&I activities previous year to date							⚠	⚠	⚠	✓		✓
<b>Mission 2 – Advancing Blood Components</b>													
Number of Transfusion Research Projects Initiated	Sustain at least 4 open	See previous RD&I KPIs						✓	✓	✓	✓		✓
<b>Mission 3 – Leading Transplant Research in Wales</b>													
Number of Transplant Research Projects Initiated	Sustain at least 2 open	See previous RD&I KPIs						✓	✓	✓	✓		✓

<b>Mission 4 - Use Innovation and Value Based Healthcare to Improve our Services and Performance</b>												
<b>Number of innovation Projects Successfully Implemented</b>	Implement at least 5 new projects in the previous year to date	See previous RD&I KPIs					⚠	⚠	⚠	⚠		⚠
<b>Mission 5 – Use Collaboration to Sustain our RD&amp;I</b>												
<b>Number of Collaborative Partnerships in RD&amp;I</b>	At least 8 projects per year that involve external party / collaborator (projects either ongoing or successfully completed)	See previous RD&I KPIs					✓	✓	✓	✓		✓
<b>Mission 6 – Serve the People of Wales by supporting international initiatives</b>												
<b>Number of international projects participated in</b>	Participate in at least 5 international projects each year	See previous RD&I KPIs					⚠	✓	⚠	✓		⚠

Mission 7 – Enhance the Impact of RD&I and Celebrate Success												
Number of research papers published	Publish at least 10 papers	See previous RD&I KPIs					✓	✓	⚠	⚠		✓
The PI must describe a suitable dissemination / knowledge transfer activity	100% WBS Led projects must demonstrate how they achieved some type of dissemination activity						⚠	⚠	⚠	⚠		⚠
Number of presentations at conferences (the WBS PMF KPI)	Present at 5 Conferences per year						✓	✓	✓	✓		✓

### 9.4 RD&I KPI Narrative

*Number of Innovation Projects Successfully Implemented:* No innovation projects have been implemented in the current reporting period, against a target of five per 12 months. One qualifying project is ongoing, while two supported projects concluded in Q2. Discussions at the WBS RD&I Group are ongoing to address this KPI.

*Number of International Projects Participated In:* Our number of international projects has fallen to 2 in April 2025, 3 in May 2025. We have a target of 5 project per year.

*Principal Investigators must describe a suitable dissemination / knowledge transfer activity.* Principal Investigators (PIs) are required to undertake a knowledge transfer activity within six months of completing their project. This may include conference presentations, publications, or service improvement initiatives. This is a high-priority metric where 100% compliance is expected. Therefore, a single PI failing to meet this requirement would cause the KPI to be rated amber. The PIs involved in the two remaining projects have been encouraged to accelerate their dissemination efforts to ensure they meet the requirement promptly.

**STRATEGIC PRIORITY 3**

The Trust will implement the Velindre Innovation Plan.

**10 Velindre Innovation Service.**

**VELINDRE INNOVATION**



**10.1 Introduction**

This report highlights the Trust's significant advancements in innovation over the past year, reflecting its commitment to enhancing patient outcomes, operational efficiency, collaboration, and fostering a culture of innovation.



**10.2 Innovation Portfolio Overview**

The Trust's innovation portfolio has expanded through the absorption of 2 new programmes in the period and the development of the ISO 56001 programme of work. The portfolio encompassing a range of projects and initiatives that drive forward its strategic objectives. Key areas of focus include advanced radiotherapy, workforce development, and the integration of cutting-edge technologies to improve patient care through innovation pipeline development and innovation adoption.



### 10.3 Strategic Objectives and Implementation Themes

The Trust's innovation strategy is built upon four strategic objectives:

1. **Enhance Patient Outcomes and Experience:** Implementing innovative treatments and care pathways to improve survival rates and quality of life.
2. **Improve Operational Efficiency:** Streamlining processes and reducing costs through innovative solutions.
3. **Strengthen Collaboration:** Building partnerships with academic institutions, industry, and other healthcare organizations.
4. **Cultivate an Innovation Culture:** Encouraging a culture of continuous learning and support for creative initiatives.

These objectives are supported by implementation themes such as developing a collaborative innovation ecosystem, fostering a culture of innovation, clear communication and recognition, patient and donor-centred excellence, leadership and role modelling, advancing technology integration, data-driven insights, health equity and inclusion, empowerment and autonomy, and training and development.



### 10.4 Innovation Programmes

#### 10.4.1 Advancing Radiotherapy Cymru (ARC)

Launched in 2023, the programme formally became part of the innovation portfolio programmes in 2024 with oversight and secretariat absorbed into the Innovation Office remit. ARC is an all-Wales programme aimed at driving innovation in radiotherapy treatment. With £3 million in funding over five years, ARC supports projects that align with its five themes, including supporting innovation within radiotherapy, training the workforce, and expanding patient access to services. As of Q4 2024, five projects have been approved, such as the Velindre Oncology Academy and the PRECISION study.

#### 10.4.2 Advancing Radiotherapy Fund (ARF)

Established in 2015, the ARF programme has provided £5 million to support the implementation of stereotactic radiotherapy treatment and workforce development. As the programme winds down, efforts are underway to collate project information, formulate benefits realisation reports, and organize a celebratory event to showcase the exceptional work funded through the ARF programme.

#### 10.4.3 Bright Ideas

Bright Ideas is an innovative platform enabling staff to contribute ideas aligned with the Trust's strategic objectives. The initiative empowers staff, builds capacity and capability, and supports the Trust's commitment to implement the ISO 56001 Innovation Management System. A pilot launched in December 2024 has led to successful engagement, with plans for Trust-wide rollout early 2026.

#### 10.4.4 Collaborative Centre for Learning, Research, and Innovation (CCfLRI)

Scheduled to open in April 2027, the CCfLRI will serve as a physical and virtual space promoting engagement, creativity, collaboration, and knowledge exchange. It aims to improve whole-system cancer care through accelerated research, innovation, education, and involvement.



## 10.5 Innovation Highlight Projects

- **RITA:** The virtual assistant project has been discontinued following an external evaluation, with lessons learned to inform future AI-enabled projects.
- **Innovation Awareness Training:** Training modules aligned with ISO 56001 have been developed for staff induction, with further resources in development to build innovation capacity. This includes an online module that will be made available to staff in Q1 2025.
- **Industry Collaboration:** Collaborative efforts with the Life Science Hub and MediWales have produced a blueprint report for working with industry, informed by recent workshops.
- **Drone Collaboration Project (SBRI):** The Trust's Head of Innovation participated in a House of Commons event exploring the impact of future flight technologies on local communities and the Team successfully completed the Partnership project.
- **ISO 56001 Implementation:** The Trust is pioneering the implementation of the ISO 56001 Innovation Management System to foster a sustainable, organisation-wide culture of innovation.



## 10.6 Education and Training

The Trust Innovation Office has developed an awareness module for innovation aligned with ISO 56001 for employee inductions. Discussions are ongoing with the University of Wales Trinity St. David to accredit the course and explore inclusion in broader strategic training programmes. ISO 56001 fundamentals training was commissioned. The Innovation Office contributed to the development of the NHS Wales Electronic module for innovation, this is to be made available April 2025 to the Trust and NHS /Social Care employees in Wales.



## 10.7 Publications

Publications include articles on the Welsh Drone Healthcare Partnership Delivery, a Bevan Exemplar article on specialist neuro-oncology community therapy services, a Journal of Decision Systems publication on clinical agility, and five MediWales Life Stories covering topics such as the Immunobuddies Podcast and the development of an Improvement Warehouse at WBS.



## 10.8 Conclusion

Velindre Innovation has achieved tangible progress across strategic and thematic objectives outlined in the Trust Innovation Strategic Plan. With an establishing innovation infrastructure, growing internal capability, and a culture that celebrates curiosity and creativity, the Trust is well-positioned to deliver sustained, impactful innovation. Whether through next-generation radiotherapy, staff-led Bright Ideas, or the future-ready Collaboration Centre for Research Learning and Innovation.

**STRATEGIC PRIORITY 4**

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

## **11 Velindre University NHS Trust Sponsored Research Performance Indicators.**

The Trust sponsors research studies taking on the responsibility for the initiation, management, and financing (or arranging the financing) of those research studies.

### **11.1 VUNHST sponsored studies metrics**

The following information shows the performance indicators for the Trust's sponsored studies

	FY2024/25			
	Q1	Q2	Q3	Q4
Number of New Projects Sponsored	1	0	1	2
Number of Studies Opened	1	0	1	1
Scope of Studies Opened	National	N/A	National	National
Number of Sites Opened	1	0	1	1
Number of Publications	0	1	1	1
Number of Abstracts	3	1	0	2
Number of Articles	2	1	1	3
Recruitment	36	44	21	0

## 11.2 VUNHST sponsored studies publications

The following information shows the publications, articles, and posters generated by the Trust's sponsored studies:

Conference / Journal / Website	Submitted by	Outcome	Title
<b>SCOPE2</b>			
Trials Journal	Holland-Hart, D. Longo, M. Bridges, S. Nixon, L. Hawkins, M. Crosby, T. Nelson, A.	Published	A qualitative study exploring participants' experiences of the SCOPE2 trial: chemoradiotherapy dose escalation in oesophageal cancer. <a href="https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-025-08768-z#citeas">https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-025-08768-z#citeas</a> February 2026
<b>PASCEP</b>			
Journal of Paramedic Practice	Harding E., Sivell S., and Pease N.	Published	Palliative care: a narrative review of information barriers faced by paramedics. <a href="https://doi.org/10.12968/jpar.2024.0064">https://doi.org/10.12968/jpar.2024.0064</a> January 2025
Journal of Paramedic Practice	Harding E., Sivell S., O'Brian, E., Sheeran L., and Pease N.	Published	QR code wristband in palliative care: enhancing efficiency and outcomes. <a href="https://doi.org/10.12968/jpar.2024.0054">https://doi.org/10.12968/jpar.2024.0054</a> January 2025
<b>PATHOS</b>			
WCRC Conference	Frayne, C.	Poster	Management of a Complex Dataset
WCRC Conference	Heiberg, C.	Poster	Evolving from Phase II into one of Academia's Largest Head and Neck Cancer Trials
WCRC Conference	Higgins, E. Webster, R. Palaniappan, N. Hurt, C. Nabi, Z. Rizos, K. Lad, R. Elliott, K. Miles, E.	Lightning talk	Development of a Normal Tissue Complication Probability Model for Dysphagia in PATHOS trial patients <a href="https://walescancerresearchcentre.org/wales-cancer-research-conference/">https://walescancerresearchcentre.org/wales-cancer-research-conference/</a>

Conference / Journal / Website	Submitted by	Outcome	Title
	Patterson, J. Hutcheson, K. Canham, J. Nixon, L. Heiberg, C. Beasley, M. Jones, T. Evans, M.		

## 12 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	
<p><b>The implementation of programmes, complementing existing training opportunities that enable and support Trust staff to develop, deliver and manage research portfolios</b></p> <p>Continue the work to develop and implement a R&amp;D/Trials training programme draws upon:</p> <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> <p>to support Trust staff to develop, set-up and deliver, and manage portfolios of clinical trials/research studies.</p>													<p><b>Training Programme &amp; Opportunities</b> This work is an ongoing improvement of the RD&amp;I Division's service.</p> <p>Work continues to develop and implement a R&amp;D/Trials training programme that draws upon:</p> <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> <p>to support Trust staff to develop, set-up and deliver, and manage portfolios of clinical trials/research studies.</p> <p>Work continued into FY2024/25 with Trust Research Service staff contributing to the content of the Health and Care Research Wales training programme.</p>
<p><b>Further investment in the research delivery and governance teams to make sure that studies are optimised to facilitate effective and timely recruitment and delivery</b></p> <p>Continue the development and implementation of staffing plans for the research delivery and governance teams (previously identified) to facilitate timely recruitment.</p> <p>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.</p>													<p><b>Reorganisation of Trust Research Delivery team</b> This work is an ongoing improvement of the RD&amp;I Division's service.</p> <p>Considering the "Implementing the Cancer R&amp;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.</p> <p>Work continued into FY2024/25 to reorganise the Trust's Research Service Delivery Team to improve service resilience. Following the</p>

RD&I - Integrated Performance Report

Cross-cutting themes across Strategic Priorities 1 to 4.													
Key Deliverables / Objectives	FY2023/24				FY2024/25				FY2025/26				Progress / Comments
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Keep under review and consolidate proposals and implementation of changes to the structure of the research set-up and delivery team structure.													completion of an NHS Organisational Change Process, the post of Research Facilitation Officer was introduced – replacing the former posts of Data Manager and Trial Coordinator.
<b>The development and implementation of clinical information systems to identify donors/patients eligible to take part in research studies</b>													
Having contributed to the Trust's implementation of the Digital Health & Care Record programme, continue to keep under review the input of, and use of information, making recommendations for improvement as appropriate.													<p>The Trust Research Service staff, continue to keep under review the input of, and use of information, making recommendations for improvement as appropriate.</p> <p>The Trust Research Service staff were due to be involved the second phase of the Digital Health &amp; Care Record programme during FY2024/25.</p>
Contribute to the Welsh Government / Health & Care Research Wales "Digital agenda for research in Wales" including the work on: <ul style="list-style-type: none"> <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>													The Trust RD&I service continues 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.

## 13 Research, Development, and Innovation Finances.

### 13.1 Introduction

The purpose of this paper is to present the financial performance of the Research, Development & Innovation (RD&I) Division for the period to the end of March 2025 (Month 12 2024/25). The dashboard included within Appendix 1 provides an overview of the position.

### 13.2 Financial Performance to March 2025

The reported financial position for the RD&I Division at the end of March 2025 is an overspend of £131k. The composition of the overspend is set out by area in the table below.

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

		£'000			
		Pay	Non-Pay	Income	Total
Month 12	Budget	£600	£150	-£730	£19
	Actual	£370	£357	-£677	£50
	Variance	-£230	£207	£54	£31
Year to Date	Budget	£3,969	£816	-£5,045	-£260
	Actual	£3,764	£1,117	-£5,010	-£129
	Variance	-£205	£301	£35	£131

The divisional overspend is predominantly down to overspends against non-pay budgets. This is due to increased ophthalmology costs, essential equipment and additional costs relating to 2023/24 that were not provided for (£66k) which had been previously assumed to be funded via charity.

Performance against income has been broadly in line with target, however, underspends against pay have seen the overspends mitigated in part creating an overall variance against budget of £131k.

The greatest area of risk across the division is income. There is a significant income target of £5m for the 2024/25 financial year which includes an additional savings target of £150k for increased commercial trials income. Whilst, overall, income delivery is currently in line with target, this is an area that will continue to be closely monitored as conversations regarding the delivery of targeted savings for 2025/26 continue.

The trajectory of income received in year compared to historical trends is set out with Appendix 1. The year-to-date position is shown below:

*Income Analysis by category:*

Sum of Amount £'s	Annual Budget	YTD Budget	YTD Actual	YTD Var
Subjective	£'000	£'000	£'000	£'000
Welsh Govt. Other Income	1,260	1,260	1,445	(185)
R & D Income / Grants	332	332	336	(5)
Commercial Trials Income	1,203	1,203	922	281
Charity Income	1,882	1,882	1,804	78
Other Income	368	368	502	(135)
<b>Grand Total</b>	<b>5,045</b>	<b>5,045</b>	<b>5,010</b>	<b>35</b>

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

	Current Month	Year to Date
% Compliance	98%	89%

The PPP compliance target is to pay 95% of invoices within 30 days. Despite unplanned staff absences throughout the year and ongoing recruitment within the team, the current month position has continued to improve (from 92% to 98%). Recruitment for the vacant posts is currently underway to ensure that ongoing performance is supported and through the task and finish group processes continue to be reviewed with measures and lessons resulting from the group being cascaded to the team.

### 13.3 Delivery of savings

The outturn position demonstrates that the establishment control savings have been delivered in full. Increased commercial trials income has, however, underachieved against target by £281k. Although this has been mitigated by Welsh Government and other income there remains an underachievement against income targets overall. The table in Appendix 1 demonstrates that 13% of the 2024/25 savings has not been delivered.

The underachievement against commercial income will need to be closely monitored throughout next year as there are additional savings targets that have been attributed to commercial trials income. This is a risk that will need to be carefully managed.

During the 2025/26 financial year, where it is anticipated that full delivery of savings is not possible, there is an expectation that mitigation will be identified as failure to manage this situation appropriately has the potential to have consequences; not only on the Divisional position but also the position reported to Trust Board.

### 13.4 IMTP

The Chief Executive has submitted their Accountable Officer Letter 2025/26 – 2027/28 to the Director General of Health and Social Services and Chief Executive of NHS Wales. The Accountable Officer is directly accountable for all financial performance issues (and all other performance issues) delegated to the organisation. The letter sets out the draft IMTP assumptions and risks and confirms that whilst the draft financial plan sets out achievement of a balanced budget over the IMTP three-year period, in order to achieve this the Trust will have to achieve as a minimum a challenging savings target of 2.8%.

The Velindre University NHS Trust draft IMTP was approved by Trust Board on the 27th of March 2025 and submitted to WG. Formal approval from WG is still awaited.

SMART action plans are being developed by Service Leads. These plans will be used to ensure savings are successfully delivered, and aid continued monitoring throughout the year.

### **13.5 Conclusion**

Budget holders have a delegated responsibility to ensure that they manage within their budgets.

Budget holders will/have been having key meetings with their finance business partners to agree their budgets for 2025/26 and if there are any areas of concern then this should be addressed prior to the budget upload that will take place at the end of April 2025.

13.6 RD&I Revenue Dashboard FY2024/25

Appendix 1 - Research, Development & Innovation 2024-25

Month 12 – March

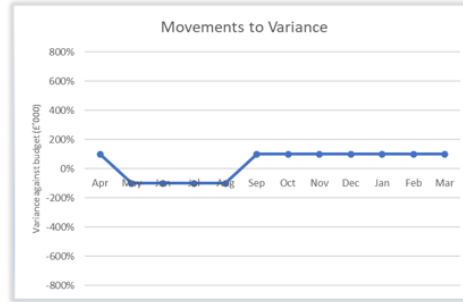
The following tables, charts and figures give an indication of the financial performance of the Directorate.

The figures and charts below highlight the performance against the 2024/25 targets.

Cumulative Position M12				
Subjective	Annual Budget (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Income	(5,045)	(5,045)	(5,010)	35
Pay	3,969	3,969	3,764	(205)
Non Pay	816	816	1,117	301
<b>Grand Total</b>	<b>(260)</b>	<b>(260)</b>	<b>(129)</b>	<b>131</b>

Income Summary

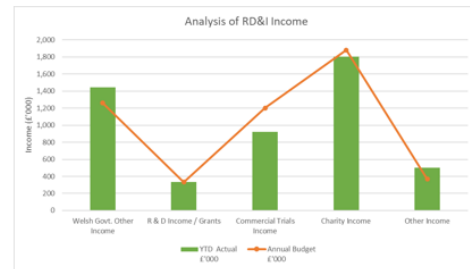
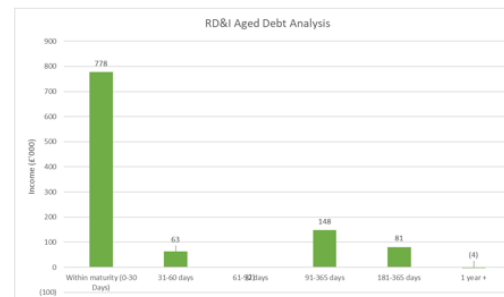
Subjective	Annual Budget (£'000)	YTD Budget (£'000)	YTD Actual (£'000)	YTD Var (£'000)
Welsh Govt. Other Inc	1,260	1,260	1,445	(185)
R & D Income / Grants	332	332	336	(5)
Commercial Trials Incr	1,203	1,203	922	281
Charity Income	1,882	1,882	1,804	78
Other Income	368	368	502	(135)
<b>Grand Total</b>	<b>5,045</b>	<b>5,045</b>	<b>5,010</b>	<b>35</b>



Payment of Invoices: to pay at least 95% of invoices within 30 days.

	Current Month	Year to Date	Forecast Outturn
% Compliance	98%	89%	>95%

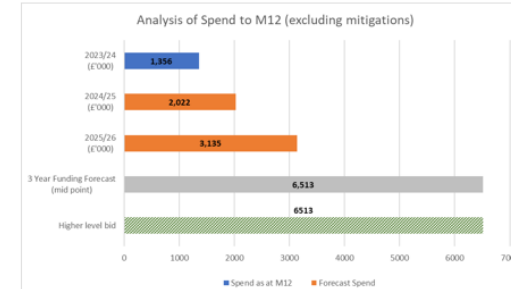
Aged Debtors



Recurring Budget Risks & Opportunities:

- Consider options to further explore commercial and other income in line with IMTP strategy
- Financial sustainability around level of posts funded via the charity – exit strategy to be developed
- Patient recruitment

Integrated Bid

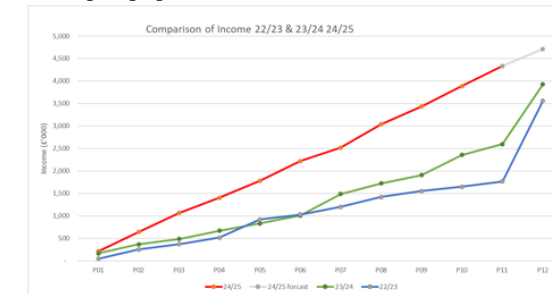


The figures and charts below highlight the medium-term position and will be key in determining a strategic approach to financial planning.

RD&I Saving Theme - Recurrent	Category	IMTP Target (£'000)	Savings Realised (£'000)	Variance (£'000)	Variation (%)
Commercial Income	Income	150	120	30	80%
Establishment Control	Pay	80	80	0	100%
<b>Sub Total</b>		<b>230</b>	<b>200</b>	<b>30</b>	

IMTP Considerations:

- Progress made against £150k increase in commercial trials income plus additional vacancy factor of £80k - £230k total. Overspending against commercial trials income budget highlights a risk



## Appendix A: Summary of RD&I Risk Profile

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 (Open Risks)

No	Risk ID	Risk Description	Date opened	Inherent Risk Score	Controls / Action Plan & Progress	Current / Target Risk Score	Status	Level of control	Lead
1.	2200	<p>The <b>RADIO THERAPY SERVICE</b> risk (Risk ID 2200) was made visible in Datix to the Research Service in March 2024. The risk has been assessed for impact on the Research Service's ability to continue service delivery:</p> <ol style="list-style-type: none"> <li>Capacity to meet the Trust's existing contractual requirements to deliver clinical trials requiring patients to receive radiotherapy treatment.</li> <li>Capacity to offer patients opportunity to take part new clinical trials where they would receive radiotherapy treatment.</li> </ol> <p>The controls / action plans put in place to address the Research Service's aspects of this risk, and their progress are described in the "<b>Controls / Action Plan &amp; Progress</b>" column.</p> <p>The RADIO THERAPY SERVICE risk has an inherent risk score of 20 and has previously been escalated to the Trust Executive Management Board. The RADIO THERAPY risk is owned by that service and is described below for reference:</p> <p><b>RADIO THERAPY CAPACITY</b> There is a risk to whole of Radiotherapy Performance and Service as a result of insufficient capacity within the current linear accelerator fleet, leading to the radiotherapy service being unable to meet the current and anticipated demand.</p> <p>The lack of sufficient capacity within the Radiotherapy service has had the following consequences:- Compliance risk</p> <ul style="list-style-type: none"> <li>An inability to maintain waiting times compliance.</li> <li>Creation of waiting lists.</li> <li>Inability to meet RCR clinical guidelines.</li> </ul> <p>Patient safety risk</p>	01 May 2011	12	<p><b>06 Aug 2024.</b></p> <ol style="list-style-type: none"> <li>The Research Service is in regular communication with the Radiotherapy Service to discuss their capacity in managing existing clinical trials with radiotherapy treatment and meet Trust contractual requirements. This is achieved through a number of mechanisms: <ol style="list-style-type: none"> <li>Trust R&amp;D Office representation on the Radiotherapy Trials Portfolio Group, which assess and discuss the impact of Radiotherapy Service changes on the delivery of existing clinical trials, allowing prioritisation discussions to take place.</li> <li>Regular meetings between the Head of R&amp;D, Research Delivery Manager, and Superintendent Radiographer – R&amp;D.</li> </ol> <p>Through these mechanisms, the existing clinical trials with radiotherapy have been assessed and the Trust is able to meet its contractual requirements.</p> </li> <li>The Research Service's Head of R&amp;D and Research Delivery Manager are part of the established Radiotherapy Trials Solutions Group chaired by Dr Paul Shaw (Consultant Clinical Oncologist) that has made recommendations to improve the situation. Work is underway to implement and monitor these recommendations made by the group, to ensure that the Trust is able to set-up and deliver new clinical trials with radiotherapy treatment within the capacity constraints alongside the existing portfolio of trials; and aligned with the Radiotherapy's service re-design as part of the Integrated Radiotherapy Solutions (IRS).</li> </ol> <p>The above actions will allow the Trust to continue to deliver its current contracted portfolio of trials with radiotherapy treatment and offer patients opportunities to take part new trials aligned with the IRS development.</p>	8	Open	Research / Trials = Adequate	Radiotherapy Services Manager

№	Risk ID	Risk Description	Date opened	Inherent Risk Score	Controls / Action Plan & Progress	Current / Target Risk Score	Status	Level of control	Lead
		<ul style="list-style-type: none"> <li>- Patients will wait longer to start treatments resulting in possible poorer clinical outcomes, lack of symptom control and poor patient experience.</li> </ul> Reputational risk <ul style="list-style-type: none"> <li>- Limited service developments with a corresponding delay or inability to meet IMTP objectives.</li> <li>- Restricted ability to participate in clinical trials or research projects.</li> <li>- Issues with recruitment and retention of staff.</li> </ul>			The Radiotherapy Service's IRS programme of work will see the implementation of a treatment and planning system supplied from a single vendor. Any changes resulting from the work that could affect the Trust's ability to deliver trials with radiotherapy treatment is considered through ongoing discussions with the Research Service and Clinical Teams.				
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>1. Continuing to set-up research studies where biopsies are optional or can be undertaken at Velindre Cancer Centre (VCC)</li> <li>2. Continuing to set-up research studies with mandatory biopsies using support requests to CVUHB on a case-by-case basis.</li> <li>3. Work ongoing with CVUHB Joint Research Office &amp; CVUHB Radiology to resolve issue.</li> <li>4. VUNHST R&amp;D commercial radiology sessions supporting the identification of radiological biopsy requirements as part of study set-up.</li> <li>5. VUNHST exploring support service agreements with other organisations.</li> </ol>	8	Open	Adequate	Head of R&D

**Risk Summary Table (Closed Risks)**

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	<p><b>15 Oct 2024</b></p> <ol style="list-style-type: none"> <li>All vacancies have been recruited into. Progress to be reviewed in December 2024 following all staff being onboarded and training completed.</li> <li>VCC Pharmacy and Trust R&amp;D Office are collaborating on the prioritisation of research studies for set up and recruitment.</li> </ol> <p><b>21 Aug 2024</b></p> <ol style="list-style-type: none"> <li>Additional Pharmacist resource in place (0.4WTE Band 7 from general Pharmacy budget); individual is new to trials and will take time to upskill.</li> <li>Principal Pharmacist for Clinical Trials recruited with a start date 4th November 2024.</li> <li>BioNTech funded posts in final stages of recruitment.</li> <li>No material reduction in risk as throughput of new trials remains restricted and a backlog has developed.</li> </ol> <p><b>23 Apr 2024</b></p> <ol style="list-style-type: none"> <li>VCC Pharmacy have made appointments to vacant posts, and staff have begun with the organisation during March/April 2024.</li> <li>VCC Pharmacy are in the process of training new appointments to support trial setup and delivery.</li> <li>VCC Pharmacy and Trust R&amp;D Office meet weekly to discuss the priority trials and the progress in returning the pharmacy service to full capacity.</li> <li>Trust R&amp;D Office continue to work with the site-specific teams to compile trial prioritisation list to aid prioritise the work for VCC Pharmacy.</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	Closed	Adequate	Chief Pharmacist
2.	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>Staff ceased transmission of data until secure electronic portal in place and working.</li> <li>Staff re-trained on Information Governance.</li> <li>Staff training on use of secure electronic portal and importance of use.</li> <li>Secure electronic transmission pathways to be set-up prior to recruitment of first participant for all future studies.</li> </ol>	3	Closed	Adequate	Senior Research Nurse Manager

No	Risk ID	Risk Description	Date opened	Inherent Risk Score	Controls / Action Plan & Progress	Current / Target Risk Score	Status	Level of control	Lead
					5. Sponsor organisation informed, corrective and preventive action (CAPA) log completed with study file note shared with Sponsor and entered into Investigator Site File.				
3.	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
4.	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

## Appendix B: Velindre Cancer Service

The following appendix lists **publications from 2024**, from the Velindre Cancer Service. This listing has been compiled by Velindre University NHS Trust's Library Service.

During **2024**, there has been a total of 127 publications – 76 articles and 51 conference abstracts

### B1. Breast

#### Articles

J. E. Abraham, K. Pinilla, A. Dayimu, L. Grybowicz, N. Demiris, C. Harvey, L. M. Drewett, R. Lucey, A. Fulton, A. N. Roberts, J. R. Worley, A. Chhabra, W. Qian, A.-L. Vallier, R. M. Hardy, S. Chan, T. Hickish, D. Tripathi, R. Venkitaraman, M. Persic, S. Aslam, D. Glassman, S. Raj, **A. Borley**, J. P. Braybrooke, S. Sutherland, E. Staples, L. C. Scott, M. Davies, C. A. Palmer, M. Moody, M. J. Churn, J. C. Newby, M. B. Mukesh, A. Chakrabarti, R. R. Roylance, P. C. Schouten, N. C. Levitt, K. McAdam, A. C. Armstrong, E. R. Copson, E. McMurtry, M. Tischkowitz, E. Provenzano and H. M. Earl (2024). "The PARTNER trial of neoadjuvant olaparib with chemotherapy in triple-negative breast cancer." *Nature* **629**(8014): 1142-1148.

**J. D. Benitez Fuentes**, E. Morgan, **A. de Luna Aguilar**, A. Mafra, R. Shah, F. Giusti, J. Vignat, A. Znaor, C. Musetti, C.-H. Yip, L. Van Eycken, E. Jedy-Agba, M. Pineros and I. Soerjomataram (2024). "Global Stage Distribution of Breast Cancer at Diagnosis: A Systematic Review and Meta-Analysis." *JAMA oncology* **10**(1): 71-78.

**J. D. Benitez Fuentes**, E. Morgan and I. Soerjomataram (2024). "Clarification Regarding Breast Cancer Stage in France-Reply." *JAMA oncology* **10**(6): 832-833.

M. K. Bishr, J. Banks, M. S. Abdelaziz, M. Badawi, P. W. Crane, U. J. Donigiewicz, M. Elkorety, M. Girgis, A. Humphreys, J. Isherwood, **J. Kahan**, S. Keelan, E. K. Lindqvist, I. Nixon, H. Sackey, C. Sars, H. Soliman, N. Touqan, D. D. Remoundos and M. Ahmed (2024). "Multidisciplinary Management of Phyllodes Tumours and Breast Sarcoma: A Cross-sectional Survey of Clinical Practice across the UK and Ireland." *Clinical oncology (Royal College of Radiologists (Great Britain))* **36**(1): e31-e39.

M. Coakley, G. Villacampa, P. Sritharan, C. Swift, K. Dunne, L. Kilburn, K. Goddard, C. Pipinikas, P. Rojas, W. Emmett, P. Hall, C. Harper-Wynne, T. Hickish, I. Macpherson, A. Okines, A. Wardley, D. Wheatley, **S. Waters**, C. Palmieri, M. Winter, R. J. Cutts, I. Garcia-Murillas, J. Bliss and N. C. Turner (2024). "Comparison of Circulating Tumor DNA Assays for Molecular Residual Disease Detection in Early-Stage Triple-Negative Breast Cancer." *Clinical cancer research : an official journal of the American Association for Cancer Research* **30**(4): 895-903.

A. Glaviano, S. A. Wander, R. D. Baird, K. C. H. Yap, H. Y. Lam, M. Toi, D. Carbone, B. Georger, V. Serra, **R. H. Jones**, J. Ngeow, E. Toska, J. Stebbing, K. Crasta, R. S. Finn, P. Diana, K. Vuina, R. A. M. de Bruin, U. Surana, A. Bardia and A. P. Kumar (2024). "Mechanisms of sensitivity and resistance to CDK4/CDK6 inhibitors in hormone receptor-positive breast cancer treatment." *Drug resistance updates : reviews and commentaries in antimicrobial and anticancer chemotherapy* **76**: 101103.

D. Hanna, S. Merrick, A. Ghose, M. J. Devlin, D. D. Yang, E. Phillips, A. Okines, N. Chopra, E. Papadimatraki, K. Ross, I. Macpherson, Z. Y. Boh, C. O. Michie, A. Swampillai, S. Gupta, T. Robinson, L. Germain, C. Twelves, C. Atkinson, A. Konstantis, P. Riddle, N. Cresti, J. D. Naik, **A. Borley**, A. Guppy, P. Schmid and M. Phillips (2024). "Real world study of sacituzumab govitecan in metastatic triple-negative breast cancer in the United Kingdom." *British Journal of Cancer* **130**(12): 1916-1920.

D. Mahmoud, M. Yassa, L. Alvarado, C. Lambert, S. Meterissian, D. Anderson, F. Tremblay, N. Otaky, J. Keyserlingk, V. Panet-Raymond, N. Kopek, M. David, M. Duclos, **C. Pembroke**, D. Fleischer, A. N. Meguerditchian, A. Loutfi, D. Lavigne and T. Hijal (2024). "Single pre-operative radiation therapy (SPORT-CK) trial for low-risk breast cancer: Early results of a phase 2 study." *Radiotherapy & Oncology* **200**: 110510.

## B2. Colorectal

### Articles

**R. Adams**, K. Drinkwater, D. C. Gilbert, M. A. Hawkins, D. Sebag-Montefiore, N. Thorpe and R. Muirhead (2024). "The Impact of National Radiotherapy Guidelines: The UK Anal Cancer Story." Clinical Oncology (Royal College of Radiologists) **36**(10): 593-595.

A. Case, **F. Williams**, S. Prosser, H. Hutchings, **T. Crosby**, **R. Adams**, G. Jenkins and S. Gwynne (2024). "Reconsidering the Role of Radiotherapy for Inoperable Gastric Cancer: A Systematic Review of Gastric Radiotherapy Given With Definitive and Palliative Intent." Clinical Oncology (Royal College of Radiologists) **37**: 103693.

R. Cohen, M. Raeisi, B. Chibaudel, Q. Shi, T. Yoshino, J. R. Zalcborg, **R. Adams**, C. Cremolini, E. Van Cutsem, V. Heinemann, J. Tabernero, C. J. A. Punt, D. Arnold, H. I. Hurwitz, J.-Y. Douillard, A. P. Venook, L. B. Saltz, T. S. Maughan, F. Kabbinavar, C. Bokemeyer, A. Grothey, R. J. Mayer, R. Kaplan, N. C. Tebbutt, J. Randolph Hecht, B. J. Giantonio, E. Diaz-Rubio, A. F. Sobrero, M. Peeters, M. Koopman, R. M. Goldberg, T. Andre and A. de Gramont (2024). "Prognostic value of liver metastases in colorectal cancer treated by systemic therapy: An ARCAD pooled analysis." European journal of cancer (Oxford, England : 1990) **207**: 114160.

R. Cohen, M. Raeisi, B. Chibaudel, T. Yoshino, Q. Shi, J. R. Zalcborg, **R. Adams**, C. Cremolini, A. Grothey, R. J. Mayer, E. Van Cutsem, J. Tabernero, H. Bando, T. Misumi, M. J. Overman, T. Andre and A. de Gramont (2024). "Efficacy of immune checkpoint inhibitors for metastatic colorectal cancer with microsatellite instability in second or latter line using synthetic control arms: A non-randomised evaluation." European journal of cancer (Oxford, England : 1990) **199**: 113537.

A. Della Corte, M. Mori, F. Calabrese, D. Palumbo, F. Ratti, G. Palazzo, A. Pellegrini, D. Santangelo, M. Ronzoni, **E. Spezi**, A. Del Vecchio, C. Fiorino, L. Aldrighetti and F. De Cobelli (2024). "Preoperative MRI radiomic analysis for predicting local tumor progression in colorectal liver metastases before microwave ablation." International journal of hyperthermia : the official journal of European Society for Hyperthermic Oncology, North American Hyperthermia Group **41**(1): 2349059.

H. L. Gould, K. Amin, T. Karategos, S. Abbas, S. Olive, M. Sivananthan, A. Rela, H. Reed, C. Powell, J. Navaratnam, R. Ellis-Owen, P. Fielding, D. Mondal, S. Kihara, G. Williams, **C. Morgan**, J. Witczak, J. Cornish, S. Gwynne, J. Horwood, J. Torkington, R. Hargest, A. Christian, M. Davies, J. Ansell and M. S. Khan (2024). "Earlier diagnosis of small intestine neuroendocrine tumours (SI-NETs) through transformation of the South Wales NET service." Journal of Neuroendocrinology.

C. S. Karapetis, H. Liu, M. J. Sorich, L. D. Pederson, E. Van Cutsem, T. Maughan, J. Y. Douillard, C. J. O'Callaghan, D. Jonker, C. Bokemeyer, A. Sobrero, C. Cremolini, B. Chibaudel, J. Zalcborg, **R. Adams**, M. Buyse, M. Peeters, T. Yoshino, A. de Gramont and Q. Shi (2024). "Fluoropyrimidine type, patient age, tumour sidedness and mutation status as determinants of benefit in patients with metastatic colorectal cancer treated with EGFR monoclonal antibodies: individual patient data pooled analysis of randomised trials from the ARCAD database." British Journal of Cancer **130**(8): 1269-1278.

H. J. Lenz, T. Liu, E. Y. Chen, Z. Horvath, I. Bondarenko, I. Danielewicz, M. Ghidini, P. Garcia-Alfonso, **R. Jones**, M. Aapro, Y. Zhang, J. Wang, W. Wang, J. Adeleye, A. Beelen and J. Hubbard (2024). "Trilaciclib prior to FOLFOXIRI/bevacizumab for patients with untreated metastatic colorectal cancer: phase 3 PRESERVE 1 trial." JNCI Cancer Spectrum **23**: 23.

E. Robinson, R. Balasubramaniam, M. Hameed, C. Clarke, S. A. Taylor, D. Tolan and **K. G. Foley** (2024). "Survey of rectal cancer MRI technique and reporting tumour descriptors in the UK: a multi-centre British Society of Gastrointestinal and Abdominal Radiology (BSGAR) audit." Clinical Radiology **79**(2): 117-123.

### Conference Abstracts

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T. Andre, M. Raeisi, Q. Shi, T. Yoshino, J. R. Zalberg, **R. A. Adams**, C. Cremolini, A. Grothey, R. J. Mayer, J. Li, B. Chibaudel and A. De Gramont (2024). "Prognostic value of liver metastases, KRAS mutations and race in colorectal cancer patients: A pooled analysis of third-line placebo-controlled trials from the ARCAD database." *Annals of Oncology* **35(Supplement 2)**: S446-S447.

M. Raeisi, R. Cohen, B. Chibaudel, H. Hurwitz, L. Saltz, F. Kabbinavar, N. Tebbutt, T. Maughan, J. Y. Douillard, E. Van Cutsem, C. Bokemeyer, **R. A. Adams**, J. R. Zalberg, T. Yoshino, C. Cremolini, Q. Shi, T. Andre and A. De Gramont (2024). "7P Molecular targeted therapies based on metastatic site in first-line treatment for colorectal cancer patients: An ARCAD pooled analysis." *ESMO Open* **9(Supplement 1)**: 102262.

### B3. Gynecology

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## B6. Melanoma

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## B8. Sarcoma & Lymphoma

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## B12. Other

### B.12.1. Chemotherapy/Immunotherapy

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## B.12.2. Palliative Care

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## B.12.3. Radiotherapy & Proton Therapy

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**S. Keohane**, J. Potts and **M. Taubert** (2024). "Sunglasses for painful red eye." BMJ Supportive & Palliative Care.

E. Mantzourani, H. Ahmed, J. Bethel, S. Turner, A. Akbari, A. Evans, **M. Prettyjohns**, G. John, R. Gunnarsson and R. Cannings-John (2024). "Clinical outcomes following acute sore throat assessment at community pharmacy versus general practice: a retrospective, longitudinal, data linkage study." The Journal of Antimicrobial Chemotherapy. **11**.

G. C. M. Siontis, **B. Coles**, J. D. Haner, L. McGovern, J. Bartkowiak, J. J. Coughlan, A. Spirito, R. Galea, A. Haeberlin, F. Praz, D. Tomii, T. Melvin, A. Frenk, R. A. Byrne, A. G. Fraser and S. Windecker (2024). "Quality and transparency of evidence for implantable cardiovascular medical devices assessed by the CORE-MD consortium." European Heart Journal **45**(3): 161-177.

M. Vasileva-Slaveva, D. Morales-Espinosa, A. Puccini, **M. Meissner**, M. Milic, G. Lamberti and R. Altena (2024). "Tackling hurdles in front of young clinical investigators in oncology - Results from an international survey." European journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology **50**(6): 108031.

### **Conference Abstracts**

P. Gallardo Melo, F. Bosma, A. Uruena, J. Garrillo Cepeda, J. Aguilar-Company, **J. C. Tapia**, J. Serna i Mont-Ros, L. Maciel Bravo, B. Martin Cullell, O. Mirallas, C. Gianella Blanco, C. Salva de Torres, S. Martinez Peralta, M. Aguado Sorolla, B. Alonso Martinez, S. Eremiev, M. Roca, S. Serradell, J. C. Galceran and P. Gomez Pardo (2024). "1479P Use of rescue opioids and pain control after ketamine initiation in refractory cancer pain: A multicentric observational study." Annals of Oncology **35**(Supplement 2): S913-S914.

**K. Williams**, **K. Baker** and F. Rawlinson (2024). "Improving the documentation of mobility status for patients with Metastatic Spinal Cord Compression: a quality improvement project." Physiotherapy (United Kingdom) **123**(Supplement 1): e85-e86.

**K. Williams** and **J. Choi** (2024). "Developing holistic management in Oncology Same Day Emergency Care (SDEC)." Physiotherapy (United Kingdom) **123**(Supplement 1): e43.

## Appendix C: Welsh Blood Service

The following appendix lists **publications from 2024**, from the Welsh Blood Service. This listing has been compiled by Velindre University NHS Trust's Library Service.

During **2024**, there has been a total of 14 publications – 11 articles and 3 conference abstracts. Additionally, there were 26 conference posters and theses.

### Articles

K. Dowling, J. Davies, S. Narayan, V. Tuckley, C. Robbie, C. Ward, C. Subramaniam, C. Whitham, T. Tomlinson, **G. Stephens**, A. Thomson, S. Carty, A. Capps-Jenner and D. Willis (2024). "UK Transfusion Laboratory Collaborative: Minimum standards for staff qualifications, training, competency and the use of information technology in hospital transfusion laboratories 2023." *Transfusion Medicine* 34(1): 3-10.

H. M. Faddy, C. Osiowy, B. Custer, M. Busch, S. L. Stramer, O. Adesina, T. van de Laar, W. C. Tsoi, C. Styles, P. Kiely, A. Margaritis, S. Y. Kwon, Y. Qiu, X. Deng, A. Lewin, S. W. Jorgensen, C. Erikstrup, D. Juhl, S. Sauleda, B. A. Camacho Rodriguez, L. Coral, P. A. Gavia Garcia, S. Oota, S. F. O'Brien, S. Wendel, E. Castro, L. Navarro Perez, H. Harvala, K. Davison, C. Reynolds, L. Jarvis, P. Grabarczyk, A. Kopacz, M. Letowska, N. O'Flaherty, F. Young, P. Williams, L. Burke, S. S. Chua, A. Muylaert, I. Page, **A. Jones**, C. Niederhauser, M. Vermeulen, S. Laperche, P. Gallian, S. Sawadogo, M. Satake, A. Gharehbaghian, M. Addas-Carvalho, S. Blanco, S. V. Gallego, A. Seltsam, M. Weber-Schehl, A. Z. Al-Riyami, K. Al Maamari, F. B. Alawi, H. C. Pandey, D. Mbanya, R. A. Franca and R. Charlewood (2024). "International review of blood donation nucleic acid amplification testing." *Vox Sanguinis* 119(4): 315-325.

H. M. Faddy, C. Osiowy, B. Custer, M. Busch, S. L. Stramer, M. M. Dean, J. Acutt, E. Viennet, T. van de Laar, W. C. Tsoi, C. Styles, P. Kiely, A. Margaritis, S. Y. Kwon, Y. Qiu, X. Deng, A. Lewin, S. W. Jorgensen, C. Erikstrup, D. Juhl, S. Sauleda, B. A. Camacho Rodriguez, L. J. C. Soto Coral, P. A. Gavia Garcia, S. Oota, S. F. O'Brien, S. Wendel, E. Castro, L. Navarro Perez, H. Harvala, K. Davison, C. Reynolds, L. Jarvis, P. Grabarczyk, A. Kopacz, M. Letowska, N. O'Flaherty, F. Young, P. Williams, L. Burke, S. S. Chua, A. Muylaert, I. Page, **A. Jones**, C. Niederhauser, M. Vermeulen, S. Laperche, P. Gallian, M. Satake, M. Addas-Carvalho, S. Blanco, S. V. Gallego, A. Seltsam, M. Weber-Schehl, A. Z. Al-Riyami, K. Al Maamari, F. B. Alawi, H. C. Pandey, R. A. Franca and R. Charlewood (2024). "An international review of the characteristics of viral nucleic acid-amplification testing (NAT) reveals a trend towards the use of smaller pool sizes and individual donation NAT." *Vox Sanguinis* 119(7): 745-751.

M. X. Fu, H. M. Faddy, D. Candotti, J. Groves, P. Saa, C. Styles, O. Adesina, J. P. Carrillo, A. Seltsam, M. Weber-Schehl, S. F. O'Brien, S. J. Drews, N. B. Aidoo, A. L. Pajares, L. N. Perez, X. Deng, T. van de Laar, S. Laperche, R. Lehtisalo, S. Yilmaz, W. C. Tsoi, D. Juhl, C. Niederhauser, N. Chenarsabz, N. O'Flaherty, N. Goto, M. Satake, C. Renaud, A. Lewin, M. Cloutier, S. Sawadogo, C. Reynolds, E. Zhiburt, A. Muylaert, V. Van Gaever, M. A. Garcia-Otalora, L. Jarvis, M. Vermeulen, M. Busch, **S. Blackmore**, **A. Jones**, S. Brailsford, W. L. Irving, M. Andersson, P. Simmonds and H. Harvala (2024). "International review of blood donation screening for anti-HBc and occult hepatitis B virus infection." *Transfusion* 64(11): 2144-2156.

C. G. A. Horwood, N. D. Patel, J. D. Walker and **C. R. Evans** (2024). "Nonanemic Iron Deficiency in Cardiac Surgery: A Retrospective Observational Study." *Journal of Cardiothoracic & Vascular Anesthesia* 38(9): 1899-1906.

**J. Nash**, D. Pym, A. Davies, **C. Saunders**, **C. George**, J.O. Williams, O.Y. Grinberg, P.E. James. (2024) "Enhanced oxygen availability and preserved aggregative function in platelet concentrates stored at reduced platelet concentration." *Transfusion*. Epub 14 December 2024.

M. M. Kumar, F. Choksey, A. Jones, C. Carroll, B. Brownhill, E. Cairns, J. Bark, K. Coffey, **L. Webster**, L. Wood, M. Chambers, S. Haynes and S. Gormley (2024). "Intraoperative cell salvage: a survey of UK practice." *British Journal of Anaesthesia* 132(5): 995-997.

**D. Pritchard**, A. Anand, **A. De'Ath**, H. Lee and M. T. Rees (2024). "UK NEQAS and BSHI guideline: Laboratory testing and clinical interpretation of HLA genotyping results supporting the diagnosis of coeliac disease." International Journal of Immunogenetics 51 Suppl 1: 3-20.

**D. Pym**, A. J. Davies, J. O. Williams, **C. Saunders**, **C. E. George** and P. E. James (2024). "Small volume platelet concentrates for neonatal use are more susceptible to shear-induced storage lesion." Platelets 35(1): 2389967.

J. Staves, P. Ashford, T. Bullock, T. Coates, L. Lodge, N. Patel, M. Rowley, N. Sargant and **C. E. George** (2024). "Guidelines for the specification, implementation and management of IT systems in hospital transfusion laboratories: A British Society for Haematology Guideline." Transfusion Medicine 34(2): 83-111.

J. Wolf, I. Blais-Normandin, A. Bathla, H. Keshavarz, S.T. Chou, A.Z. Al-Riyami, C.D. Josephson, **E. Massey**, H. A. Hume, J. Pendergrast, G. Denomme, R. M. Grubovic Rastvorceva, S. Trompeter, S.J. Stanworth; International Collaboration for Transfusion Medicine Guidelines (ICTMG). (2024). "Red cell specifications for blood group matching in patients with haemoglobinopathies: An updated systematic review and clinical practice guideline from the International Collaboration for Transfusion Medicine Guidelines." Br J Haematol. Epub 13 Nov 2024.

### **Conference Abstracts**

**C. Evans**, **K. Towell**, **S. Ditcham**, **J. Gregory** and **C. Jones** (2024). "National implementation of the All-Wales Perioperative Anaemia Pathway: focus on cardiac services." British Journal of Anaesthesia Conference: Association for Cardiothoracic Anaesthesia & Critical Care Annual Scientific Meeting. Cardiff United Kingdom. 133(133) (pp 714-715).

M. Kumar, F. Choksey, A. Jones, C. Carroll and K. Coffey (2024). "Intra-operative cell salvage: survey of UK practice." Anaesthesia 79: 83-83.

D. Marks, M. Cloutier, F. Cognasse, **C. George**, T. Jimenez-Marco, L. Johnson, S. Marschner, M. Stolla and P. van der Meer (2024). "Platelet Components With Persistent Aggregates Are More Activated, Which Does Not Change Following Pre-transfusion Filtration: The BEST Collaborative Study." Transfusion 64: 65A-65A.

**Conference Posters & Theses**Extracted from *WILLA Welsh Blood Service Institutional Library*.

<b>WBS's Lead Author</b>	<b>Type</b>	<b>Title</b>	<b>Date</b>	<b>PubMed</b>	<b>Journal Title</b>	<b>Conference</b>
Kalinga Perera	Conference Poster	Donor-led administration of Granulocyte-Colony Stimulating Factor (GCSF) in the Welsh Blood Service Bone Marrow Donor Registry (WBMDR)	25-Oct-24			RCPATH Wales Symposium 2024
Chloe George	Conference Poster	Platelet Components With Persistent Aggregates Are More Activated, Which Does Not Change Following Pre-transfusion Filtration: The BEST Collaborative study	19-Oct-24		Transfusion	AABB 2024
Chloe George	Conference Poster	An International Reference Protocol for Hemolysis Measurement: A BEST Collaborative Study	19-Oct-24		Transfusion	AABB 2024
Laura Williams	Conference Poster	Challenges detecting anti-CD36 antibodies using the Monoclonal Antibody Immobilisation of Platelet Antigen (MAIPA) assay.	27-Sep-24			ESPGI 2024
Amy De'ath	Conference Poster	UK NEQAS for H&I Schemes to Support Platelet Investigations – An Analysis of Errors in HPA Genotyping and HPA Antibody Detection / Specification over the Past 5 Years (2019-2023)	27-Sep-24			ESPGI 2024
Stephanie Ditcham	Conference Poster	Delivery of a National Patient Blood Management Education Session to Junior Doctors in Wales	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024
Alister Jones	Conference Poster	Review of Transfusion eLearning: a United Kingdom and Ireland 2023 survey	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024

WBS's Lead Author	Type	Title	Date	PubMed	Journal Title	Conference
Lowri Kadelka-Williams	Conference Poster	A Review of Welsh Blood Service Transfusion Laboratories 'Emergency Preparedness' Following a Welsh Ambulance Service Trust Declared Major Incident	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024
Carol Ann Beer	Conference Poster	Comparison of Typing Methods for S, s, Fya and Fyb Antigens in the Welsh Blood Service	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024
Sarah Goatson	Conference Poster	Effects of a Rapid Blood Warmer on Cold Stored Buffy-Coat Derived Platelet Concentrate Quality	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024
James Nash	Conference Poster	Red Cells and Plasma Component: A Welsh Blood Service Perspective	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024
Chloe George	Conference Poster	Blood transfusion safety: differences in perspective	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024
Chloe George	Conference Poster	Removing the harmful molecules that accumulate in blood during storage	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024
Michael Cahillane	Conference Poster	Manually washed red cells: Local evaluation of a double washed manufacturing method when comparing different blood pack types	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024
Lynne Porter	Conference Poster	Evaluating the impact of current guidelines on fetomaternal haemorrhage testing and prophylaxis in the UK blood services	19-Sep-24	39267493	Transfusion Medicine	BBTS 2024
Laura Pillinger	Thesis	An Evaluation of Red Blood Cell Storage Haemolysis and the Impact of Donor Variables on this.	05-Aug-24		Cardiff Metropolitan Univeristy	
Erin Goodwin	Thesis	An Investigation into the Impact of High Titre Donations on the Tested High Titre Haemolysis Status of Pooled Platelets	18-Jul-24		Cardiff Metropolitan Univeristy	

WBS's Lead Author	Type	Title	Date	PubMed	Journal Title	Conference
Stephanie Ditcham	Conference Poster	National incident reporting: a proactive approach to addressing SHOT reportable incidents in Wales	09-Jul-24			SHOT 2024
Stephanie Ditcham	Conference Poster	National Implementation of the All-Wales Perioperative Anaemia Pathway: Focus on Cardiac Services.	04-Jul-24		British Journal of Anaesthesia	Association for Cardiothoracic Anaesthesia & Critical Care Annual
Lauren Anthony-Payne	Thesis	Manually washed red cells: Local evaluation of a double-washed manufacturing method when comparing different blood pack types	01-Jul-24		University of West of England	
Stephanie Ditcham	Conference Poster	Development of a National Dashboard and Evidencing Effective Anaemia Management on Patient Outcomes – The Journey so Far	25-Jun-24		Vox Sanguinis	ISBT 2024
Stephanie Ditcham	Conference Poster	Preoperative Anaemia Pathway: Ensuring Equitable Patient Management Across Wales	25-Jun-24		Vox Sanguinis	ISBT 2024
Chloe George	Conference Poster	Application of successful PBM measures to manage a patient with a rare anti Cr a antibody	25-Jun-24		Vox Sanguinis	ISBT 2024
Elisabeth Davies	Conference Poster	Transfusion reactions in IgA deficient patients: red flags or red herrings?	25-Jun-24		Vox Sanguinis	ISBT 2024
Andrew Harries	Conference Poster	Influencing First Time Donors to Return	25-Jun-24		Vox Sanguinis	ISBT 2024
Chloe George	Conference Poster	Management of Rh incompatibilities in Stem Cell Transplant patients	25-Jun-24			International Donor Registry Conference

**RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE**

**RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE  
CYCLE OF BUSINESS & TERMS OF REFERENCE & 2025-26**

<b>DATE OF MEETING</b>	16/06/2025
<b>PUBLIC OR PRIVATE REPORT</b>	Public
<b>IF PRIVATE PLEASE INDICATE REASON</b>	NOT APPLICABLE - PUBLIC REPORT
<b>REPORT PURPOSE</b>	APPROVAL
<b>IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?</b>	NO
<b>PREPARED BY</b>	Sandra Cusack, Business Support Officer
<b>PRESENTED BY</b>	Non Gwilym, Head of Corporate Governance
<b>APPROVED BY</b>	Jacinta Abraham, Executive Medical Director
<b>EXECUTIVE SUMMARY</b>	In accordance with the Research, Development & Innovation Sub-Committee Cycle of Business, the proposed changes to the Committee Terms of Reference which are part of Schedule 3 of the Trust Standing Orders are for review and consideration.
<b>RECOMMENDATION / ACTIONS</b>	The Research, Development & Innovation Sub-Committee is asked to: <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Cycle of Business</li> </ul>



	<ul style="list-style-type: none"> <li>• <b>ENDORSE FOR APPROVAL</b> the Terms of Reference for onward submission to Trust Board.</li> </ul>
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	

7 LEVELS OF ASSURANCE
NOT APPLICABLE

APPENDICES	
Appendix 1	Research, Development & Innovation Sub-Committee Cycle of Business 2025-26
Appendix 2	Revised Research, Development & Innovation Sub-Committee Terms of Reference Terms of Reference 2025-26 with Track Changes

## 1. SITUATION

The Velindre University NHS Trust Standing Orders form the basis upon which the Trust’s governance and accountability framework is developed and, together with the adoption of the Trust’s Standards of Behaviour Framework Policy, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

## 2. BACKGROUND

### 2.1 Research, Development & Innovation Sub-Committee Cycle of Business

The purpose of this paper is to outline the Research, Development & Innovation Sub-Committee Work Plan for the next 18 months (**Appendix 1**).

The Research, Development & Innovation Sub-Committee should, on an annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in

ensuring that the Research, Development & Innovation Sub-Committee is effectively carrying out its role.

The Research, Development & Innovation Sub-Committee Cycle of Business covers the period **April 2025 to September 2026**.

The Research, Development & Innovation Sub-Committee Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of Agendas and Committee business.

## 2.2 Research, Development & Innovation Sub-Committee Terms of Reference

The Trust Board approved the current Research, Development & Innovation Sub-Committee Terms of Reference in May 2024 and, at that time, the Committee agreed that the annual review cycle for the Terms of Reference will be in March each year, in line with the full annual reporting cycle.

In accordance with the Research, Development & Innovation Sub-Committee Cycle of Business, the proposed changes to the Committee Terms of Reference which are part of Schedule 3 of the Trust Standing Orders are for review and consideration (**Appendix 2**).

## 2 ASSESSMENT / SUMMARY OF MATTERS FOR CONSIDERATION

The final amendments detailed in the Research, Development & Innovation Sub-Committee Terms of Reference have been agreed via the Executive Lead and Chair of the Research, Development & Innovation Sub-Committee and are set out in **Appendix 2**.

The proposed amendments include the following changes:

Terms of Reference & Operating Arrangements	Summary of Amendments
Research, Development & Innovation Sub-Committee	<p><b>1.0 INTRODUCTION</b></p> <p><b>1.4 Research, Development and Innovation are defined as follows:</b></p> <p>Addition to the following bullet point:</p> <ul style="list-style-type: none"> <li>• Research and Development, from a healthcare perspective - refers to systematic investigation and</li> </ul>

	<p>study to generate new knowledge and insight to drive improved patient <b><i>and donor</i></b> care.</p> <ul style="list-style-type: none"> <li>• Innovation, from a healthcare perspective - refers to the application of original research into new or improved health policies, practices, systems, products and technologies, services or delivery methods for improved patient <b><i>and donor</i></b> outcomes.</li> </ul>
<p>Research, Development &amp; Innovation Sub-Committee</p>	<p><b>2.0 PURPOSE</b></p> <p><b>2.1 The purpose of the RD&amp;I Sub-Committee is to:</b></p> <p>Addition of the following bullet point:</p> <ul style="list-style-type: none"> <li>• <b><i><u>Compliance with Duty of Quality legislation</u></i></b></li> </ul>
<p>Research, Development &amp; Innovation Sub-Committee</p>	<p><b>3.0 DELEGATED POWERS AND AUTHORITY</b></p> <p><b>3.2 Strategy &amp; Policy Approval</b></p> <p>Amendment to the following bullet point:</p> <ul style="list-style-type: none"> <li>• Scrutinise RD&amp;I Business cases for any legal and / or ethical implications that need to be considered, accessed or financed: <b><i><u>and to provide assurance on the quality and safety of RD&amp;I related activity.</u></i></b> Ensure alignment of business cases with the Trust overarching ten-year strategy 'Destination 2032' including the benefit / impact it will make for patients / donors / staff and service users. The Committee is also supported by the <b><i>Advancing Radiotherapy Fund (ARF) / Advancing Radiotherapy Cymru (ARC) Programme BoardsBoard</i></b> in scrutinising radiotherapy-based business case proposals and will assess, review and advise as appropriate.</li> </ul> <p><b>3.3 Monitoring and Review</b></p> <p>Amendment to the following bullet points:</p> <ul style="list-style-type: none"> <li>• The safety, rights, dignity and wellbeing of participants in <b><i><u>Innovation and Research developmentRD&amp;I</u></i></b> projects is above all other considerations.</li> <li>• The diversity of the organisation's patients, service users, donors and staff are valued in the active development of</li> </ul>



	<p><b><i>Research, Development and Innovation RD&amp;I</i></b> activities as appropriate.</p> <ul style="list-style-type: none"> <li>• There is close collaboration with partner <b><i>NHWNHS</i></b> Wales and higher education organisations to improve quality, promote joint working for best RD&amp;I outcomes and avoid unnecessary duplication of functions. In this respect, the work of RD&amp;I Sub-Committee will be reflected in the agenda and priorities of the Trust’s Academic Partnership Board.</li> <li>• <b><i>Research—and—Innovation RD&amp;I</i></b> investment and expenditure is accounted for and complies with audit requirements as well as the requirements of external funders or sponsors as appropriate.</li> <li>• The Committee will scrutinise research and/or innovation proposals and/or business cases that are seeking charitable funding PRIOR to submission to the Charitable Funds Committee, <del>in order to provide assurance on the quality and safety of RD&amp;I related activity. (see 3.2 above).</del></li> <li>• When <del>research—or—inno</del><b><i>RD&amp;I</i></b> findings have commercial potential, the Trust takes action to protect intellectual property (in accordance with <b><i>Trust IP/commercialisation policy RD&amp;I Policy</i></b>); and exploit research and innovation in collaboration with its <del>Research and Innovation</del> <b><i>RD&amp;I</i></b> partners and, where appropriate, commercial Organisations.</li> </ul>
<p>Research, Development &amp; Innovation Sub-Committee</p>	<p><b>4.0 MEMBERSHIP</b></p> <p><b>4.2 In attendance</b></p> <p>Amendment to the following:</p> <ul style="list-style-type: none"> <li>• Executive Director with responsibility for RD&amp;I currently Medical Director</li> <li>• Executive Director of Finance or nominated officer with RD&amp;I funding responsibilities</li> <li>• Associate Medical Director with responsibility for <b><i>R&amp;DRD&amp;I</i></b></li> <li>• Clinical Director (or Nominated Deputy) – Velindre Cancer <b><i>CentreService</i></b></li> </ul>



	<ul style="list-style-type: none"> <li>• Executive Director of Nursing AHP and Health <del>Sciences</del><u>Science</u></li> <li>• Director of Corporate Governance</li> <li>• Trust Head of Innovation</li> <li>• Head of Velindre Cancer Research Strategy</li> <li>• Trust Head of Research &amp; Development</li> <li>• Research Delivery Manager</li> <li>• Research, Development and Innovation Finance Business Partner</li> <li>• <u>Senior Research Nurse Manager</u></li> <li>• <u>Velindre Cancer Centre</u><u>Service</u> <u>Strategic Leadership Team Lead</u></li> <li>• <del>Representative</del>—<u>Welsh Blood Service SMT Senior Leadership Team Lead for RD&amp;I</u></li> <li>• <del>Representative</del>—<u>Chair of the Welsh Blood Service Lead Clinician for RD&amp;I Group</u></li> <li>• <del>WBS RD&amp;I Facilitation Lead</del></li> <li>• <u>Head of WBS Research, Development and Innovation Services</u></li> <li>• Service User/Lay Representatives</li> </ul> <p><b>4.6 Support to Committee Members</b></p> <p>Amendment to the following bullet point:</p> <ul style="list-style-type: none"> <li>• Ensure the provision of a programme of Organisational <del>development</del><u>Development</u> for Committee members as part of the Trust’s overall OD programme developed by the Director of Workforce and <del>Organisational Development</del><u>OD</u>.</li> </ul>
<p>Research, Development &amp; Innovation Sub-Committee</p>	<p><b>5.0 SUB-COMMITTEE MEETINGS</b></p> <p><b>5.1 The Committee has, with approval of the Trust Board, established the:</b></p> <p>Amendment to the following bullet point:</p> <ul style="list-style-type: none"> <li>• The Research, Development &amp; Innovation Sub-Committee is also accountable to the Trust Charitable Funds Committee in relation to <del>ensuring business cases are aligned with RD&amp;I strategy and Trust’s strategic objectives</del><u>RD&amp;I business cases (see 3.2 above)</u>. Further details are set out in each of the respective Terms of Reference. In addition, the wider</li> </ul>

	<p>governance and accountability reporting arrangements in place at a divisional level that feed upwards into the RD&amp;I Sub-Committee structure are also summarised.</p> <p><b>5.1 Quorum</b></p> <p>Amendment to the following bullet point:</p> <ul style="list-style-type: none"> <li>• <u>At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair. If the Chair is <b>not present</b> <del>anunable to perform their duty</del> an agreement as to who will Chair from the Independent Members <b>will be made</b> in their absence.</u></li> </ul>
Research, Development & Innovation Sub-Committee	<p><b>7.0 REPORTING AND ASSURANCE ARRANGEMENTS</b></p> <p><b>7.2 The Sub-Committee shall receive:</b></p> <p>Amendment to the following bullet point:</p> <ul style="list-style-type: none"> <li>• A quarterly Highlight Report from <b>the Advancing Radiotherapy Fund (ARF) and Advancing Radiotherapy Cymru (ARC) Boards</b> <del>Board</del> on the activity of the programme.</li> </ul>
Research, Development & Innovation Sub-Committee	<p><b>APPENDIX 1</b></p> <ul style="list-style-type: none"> <li>• <b>Delete the RD&amp;I Meeting Structure</b></li> </ul>

## 6.0 IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report directly support the achievement of 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> </ul>	



<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>													
<p><b>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF)</b> For more information: <a href="#">STRATEGIC RISK DESCRIPTIONS</a></p>	10 - Governance												
<p><b>QUALITY AND SAFETY IMPLICATIONS / IMPACT</b></p>	<p>Yes -select the relevant domain/domains from the list below. Please select all that apply</p> <table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Timely</td><td><input checked="" 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> <p>Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore, ending good governance within the Trust can support quality care.</p>	Safe	<input checked="" type="checkbox"/>	Timely	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Equitable	<input checked="" type="checkbox"/>	Efficient	<input checked="" type="checkbox"/>	Patient Centred	<input checked="" type="checkbox"/>
Safe	<input checked="" type="checkbox"/>												
Timely	<input checked="" type="checkbox"/>												
Effective	<input checked="" type="checkbox"/>												
Equitable	<input checked="" type="checkbox"/>												
Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
<p><b>EQUALITY IMPACT ASSESSMENT</b> For more information: <a href="https://nhs.wales365.sharepoint.com/sites/VEL_Itranet/SitePages/E.aspx">https://nhs.wales365.sharepoint.com/sites/VEL_Itranet/SitePages/E.aspx</a></p>	<p>Not required - please outline why this is not required</p> <p><i>There is no direct equality impact in respect of this report.</i></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 - please outline why this is not required</p> <p><i>There are no socio-economic impacts linked directly to the activity outlined in this report.</i></p>												
<p><b>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</b></p>	<p>N/A</p> <p><i>There are no Trust Well-Being goal implications or impact linked directly to the activity outlined in this report.</i></p>												
<p><b>FINANCIAL IMPLICATIONS / IMPACT</b></p>	<p><i>There is no direct impact on resources as a result of the activity outlined in this report.</i></p>												



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

Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust

<b>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</b>	<i>There are no specific legal implications related to the activity outlined in this report.</i>
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## 7.0 RISKS

<b>ARE THERE RELATED RISK(S) FOR THIS MATTER</b>	<b>No</b>
<b>All risks must be evidenced and consistent with those recorded in Datix</b>	

## RESEARCH, DEVELOPMENT & INNOVATION SUB-COMMITTEE CYCLE OF BUSINESS 2025 – 2026

Key: ■ = Annual Report  
■ = Highlight Report  
■ = Exception Report  
■ = Assurance Report

Item of Business	Exec. Lead	Author	Session	Reporting Frequency	Jun 2025	Sept 2025	Dec 2025	Mar 2025	Jun 2026	Sept 2026
<b>GUEST PRESENTATION</b>										
Welsh Blood Service / Velindre Cancer Service RD&I Guest Presentation (Programme as agreed by Divisions)	Executive Medical Director	Welsh Blood Service / Velindre Cancer Service RD&I	Public	Each Meeting	✓	✓	✓	✓	✓	✓
<b>KEY REPORTS</b>										
Executive Medical Director Briefing	Executive Medical Director	Head of Research & Development	Public	Each Meeting	✓	✓	✓	✓	✓	✓
<b>QUALITY, SAFETY AND PERFORMANCE / PLANNING AND STRATEGIC DEVELOPMENT</b>										
Research, Development & Innovation Performance Report incorporating the following:										
Velindre Cancer Research & Development Strategic Ambitions	Executive Medical Director	Cancer R&D Strategy Lead	Public	Each Meeting	✓	✓	✓	✓	✓	✓
Nursing & Interdisciplinary Research	Director of Nursing, AHP's & Healthcare Scientists	Velindre Reader in Nursing and Interdisciplinary Cancer Care	Public	Each Meeting	✓	✓	✓	✓	✓	✓
Velindre Cancer Service Research Velindre Research Performance Indicators Health & Care Research Wales key indicators for Velindre University NHS Trust	Executive Medical Director	Head of Research & Development	Public	Each Meeting	✓	✓	✓	✓	✓	✓
Welsh Blood Service Research	Executive Medical Director	Welsh Blood Service Medical Director	Public	Each Meeting	✓	✓	✓	✓	✓	✓
Velindre Innovation Service	Executive Medical Director	Head of Innovation	Public	Each Meeting	✓	✓	✓	✓	✓	✓
Research, Development, and Innovation Finances	Executive Director of Finance	Deputy Head of Finance Business Partnering	Public	Each Meeting	✓	✓	✓	✓	✓	✓
Advancing Radiotherapy Cymru (ARC) Board Highlight Report	Executive Medical Director	Head of Innovation	Public	Each Meeting	✓	✓	✓	✓	✓	✓
Summary of RD&I Risk Profile	Executive Medical Director	Head of Research & Development	Public	Each Meeting	✓	✓	✓	✓	✓	✓

## RESEARCH, DEVELOPMENT & INNOVATION SUB-COMMITTEE CYCLE OF BUSINESS 2025 – 2026

Key: ■ = Annual Report  
■ = Highlight Report  
■ = Exception Report  
■ = Assurance Report

INTEGRATED GOVERNANCE										
NHS R&D Finance Policy	Executive Director of Finance	Deputy Head of Finance Business Partnering	Public	As Required						
Trust RD&I Policy for Use of Small Animals in Research	Executive Medical Director	Head of Research & Development	Public	As Required						
Trust Intellectual (IP) Property Policy	Executive Medical Director	Head of Research & Development	Public	As Required						
WBS RD&I Strategy	Executive Medical Director	Welsh Blood Service Medical Director	Public	As Required						
COMMITTEE EFFECTIVENESS										
RD&I Sub-Committee Cycle of Business	Director of Corporate Governance & Chief of Staff	Head of Corporate Governance	Public	Annually	✓					
RD&I Sub-Committee Terms of Reference and Operating Arrangements	Director of Corporate Governance & Chief of Staff	Head of Corporate Governance	Public	Annually	✓					
RD&I Sub-Committee Annual Report	Director of Corporate Governance & Chief of Staff	Head of Corporate Governance	Public	Annually	✓					
RD&I Sub-Committee Annual Effectiveness Survey Report	Director of Corporate Governance & Chief of Staff	Head of Corporate Governance	Public	Annually	✓					
BUSINESS CASE AND EXPENDITURE PROPOSALS										
Review and Approve Business Cases : Review & Recommend RD&I related Activity Business Cases to the relevant funder e.g. Charitable Funds Committee, ARC Advancing Radiotherapy Cymru Academy Board	Executive Medical Director		Private	All Meetings	✓	✓	✓	✓	✓	✓
Cancer Research & Development Ambitions – An Integrated Business Case	Executive Medical Director		Private	3 Yearly						

# Research, Development & Innovation (RD&I) Sub-Committee

## Terms of Reference & Operating Arrangements

Reviewed:	<del>29/04/2024</del> <u>16/06/2025</u>
Approved:	<u>14/05/2024</u>
Next Review Due:	<u>29/05/2025</u>

## 1. INTRODUCTION

- 1.1 The Trust's standing orders provide that "The Board may and, where directed by the Assembly Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees".
- 1.2 The Quality, Safety & Performance Committee, Strategic Development Committee and Charitable Funds Committee have been established by the Board to assist in discharging its functions and meeting its responsibilities with regards to the quality, safety and performance of healthcare, strategic and organisational development and to make and monitor arrangements for the control and management of the Trust's charitable funds.
- 1.3 As part of the aforementioned Committee functions, the **Research, Development & Innovation (RD&I) Sub-Committee** has been established to act as the "front door" for all RD&I business at Board level and will perform the following functions on their behalf:
- oversee and maintains oversight of the RD&I Strategy on behalf of the Strategic Development Committee.
  - oversee the development of an annual implementation plan that operationalises the Strategy and monitor the Division's performance and delivery on behalf of the Quality, Safety & Performance Committee.
  - review and approve business cases for alignment with strategy and funding on behalf of the Charitable Funds Committee.
- 1.4 Research, Development and Innovation are defined as follows:
- **Research and Development**, from a healthcare perspective - refers to systematic investigation and study to generate new knowledge and insight to drive improved patient and donor care.
  - **Innovation**, from a healthcare perspective - refers to the application of original research into new or improved health policies, practices, systems, products and technologies, services or delivery methods for improved patient and donor outcomes.

## 2. PURPOSE

- 2.1 The purpose of the RD&I Sub-Committee is to:
- Provide strategy and policy oversight for RD&I activities undertaken by the Trust reporting to the Strategic Development Committee.
  - Provide assurance on the performance of RD&I activity reporting to the Quality, Safety & Performance Committee.

- Promote and encourage a RD&I ethos and culture which is integral to the Trusts vision, mission and values including the identification of new and enhanced funding opportunities to grow the significance and reach of the Trust's RDI activities.
- Provide assurance to the Board in relation to the Trust's arrangements for ensuring compliance with the UK Policy Frameworks for Health & Social Care Research as amended from time to time.
- Consider relevant matters with reference to the parameters identified for risk appetite in relation to RD&I as set by the Board.
- The RD&I Sub-Committee is underpinned and informed through the work of a number of Management Groups and Assurance Processes ~~as set out in~~ **Appendix 1**.

### 3. DELEGATED POWERS AND AUTHORITY

With regards to its role in providing advice to the Board, the Committee will fulfil the following functions:

#### 3.1 Strategy & Policy Development

- Promote and encourage a RD&I ethos and culture within the Trust.
- Oversee the development of all RD&I strategies and implementation plans ensuring the conduct of good quality projects within the Trust's portfolio of RD&I activity.
- Consider the strategic implications for the Trust from the findings arising from national developments, review, audit and/or inspection, and monitor the successful implementation of any actions required resulting from these findings.
- Ensure that matters of strategic development are escalated as appropriate to the Trust Strategic Development Committee and on to Trust Board for assurance and approval as required.

#### 3.2 Strategy & Policy Approval

- Approve policies relevant to the business of the Committee as delegated by the Board.
- Scrutinise RD&I Business cases for any legal and / or ethical implications that need to be considered, accessed or financed- and to provide assurance on the quality and safety of RD&I related activity. Ensure alignment of business cases with the Trust overarching ten-year strategy '**Destination 2032**' including the benefit / impact it will make for patients / donors / staff and service users. The Committee is also supported by the Advancing Radiotherapy ~~Fund (ARF) / Advancing Radiotherapy~~ Cymru (ARC) Programme ~~Boards~~**Board** in scrutinising radiotherapy-based business case proposals and will assess, review and advise as appropriate.

#### 3.3 Monitoring and Review

- The Sub-Committee will, in respect of its assurance role, seek assurance that research governance and innovation arrangements are appropriately designed, implemented and are operating appropriately to ensure the provision of a high-quality RD&I service.

- To achieve this, the Sub-Committee will need assurance that the following aspects of RD&I are being effectively managed:
  - The safety, rights, dignity and wellbeing of participants in ~~Innovation and Research development~~RD&I projects is above all other considerations.
  - There is clear, consistent strategic direction, strong leadership and transparent lines of accountability
  - The diversity of the organisation's patients, service users, donors and staff are valued in the active development of ~~Research, Development and Innovation~~RD&I activities as appropriate.
  - There is close collaboration with partner ~~NHWNHS~~ Wales and higher education organisations to improve quality, promote joint working for best RD&I outcomes and avoid unnecessary duplication of functions. In this respect, the work of RD&I Sub-Committee will be reflected in the agenda and priorities of the Trust's Academic Partnership Board.
  - The organisation ensures compliance with appropriate legislation and regulation such as the UK Policy Framework for Health and Social Care Research 2017; the EU Clinical Trials Directive 2004 as amended; Good Laboratory Practice; Good Manufacturing Practice in manufacturing products for clinical trials; and Good Clinical Practice; in the conduct of all clinical Research and Innovation activities as appropriate.
  - Systems are in place to monitor compliance with regulatory requirements of the Trust as well as organisational standards and to investigate complaints and deal with irregular or inappropriate behaviour in the conduct of Research and Innovation activity.
  - ~~Research and Innovation~~RD&I investment and expenditure is accounted for and complies with audit requirements as well as the requirements of external funders or sponsors as appropriate.
  - The Committee will scrutinise research and/or innovation proposals and/or business cases that are seeking charitable funding PRIOR to submission to the Charitable Funds Committee, ~~in order to provide assurance on the quality and safety of RD&I related activity. (see 3.2 above).~~
  - When ~~research or innovation~~ RD&I findings have commercial potential, the Trust takes action to protect intellectual property (in accordance with Trust ~~IP/commercialisation policy~~RD&I Policy); and exploit research and innovation in collaboration with its ~~Research and Innovation~~ RD&I partners and, where appropriate, commercial Organisations.

### 3.4 Access

The Chair of the RD&I Sub-Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## 4. MEMBERSHIP

### Members

4.1 A minimum of two members to include:

Chair                      Independent member of the Board (University) or delegated Independent Board member

Two Independent Members of the Board

### Attendees

4.2 In attendance

- Executive Director with responsibility for RD&I currently Medical Director
- Executive Director of Finance or nominated officer with RD&I funding responsibilities
- Associate Medical Director with responsibility for ~~R&D~~RD&I
- Clinical Director (or Nominated Deputy) – Velindre Cancer ~~Centre~~Service
- Executive Director of Nursing AHP and Health ~~Sciences~~Science
- Director of Corporate Governance
- Trust Head of Innovation
- Head of Velindre Cancer Research Strategy
- Trust Head of Research & Development
- Research Delivery Manager
- ~~Senior Research Nurse Manager~~
- Research, Development and Innovation Finance Business Partner
- Representative - Velindre Cancer ~~Centre~~Service Strategic Leadership Team
- ~~Representative~~ – Welsh Blood Service ~~SMT~~ Senior Leadership Team Lead for RD&I
- ~~Representative~~ – ~~Chair of the~~ Welsh Blood Service ~~Lead Clinician for~~ RD&I ~~Group~~
- ~~WBS RD&I Facilitation Lead~~
- ~~\_\_\_\_\_~~
- ~~Head of WBS Research, Development and Innovation Services~~
- Service User/Lay Representatives

4.3 **By invitation**

The Sub-Committee Chair may extend invitations as required to the following:

- Head of Information Governance (in advisory capacity)
- Divisional Directors
- Representatives of stakeholder organisations

As well as others internal or external to the Organisation who the Sub-Committee consider should be in attendance, taking account of the matters under consideration at each meeting.

4.4 **Secretariat**

As determined by the Director of Corporate Governance.



## 5.1 Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair. If the Chair is ~~not present~~ unable to perform their duty an agreement as to who will Chair from the Independent Members will be made in their absence.

## 5.2 Frequency of Meetings

Meetings shall be held no less than four times a year and otherwise as the Chair of the Committee deems necessary – consistent with the Trust’s annual plan of Board Business.

## 5.3 Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

# 6. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its citizens through the effective governance of the Organisation.

6.2 The Sub-Committee is directly accountable to the Quality, Safety and Performance Committee, Strategic Development Committee and Charitable Funds Committee for its performance in exercising the functions set out in these terms of reference.

6.3 The Sub-Committee shall embed the Trust’s corporate objectives, priorities, and requirements, e.g., equality and human rights through the conduct of its business.

# 7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

Report formally, to the:

- i. Quality, Safety & Performance Committee on the performance and delivery of RD&I quarterly.
- ii. Strategic Development Committee Board on strategic development and updates to the RD&I Strategy quarterly report and
- iii. Charitable Funds Committee to recommend for approval business cases aligned with the RD&I Strategy and Trust’s overarching strategic objectives.

7.2 The Sub-Committee shall receive:

- i. A briefing from the Executive Medical Director with responsibility for RD&I
- ii. A quarterly RD&I Integrated Performance Report (following presentation at EMB)
- iii. A quarterly Highlight Report from the Advancing Radiotherapy ~~Fund (ARF)~~ and ~~Advancing Radiotherapy~~ Cymru (ARC) Boards Board on the activity of the programme.

- 7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any Sub Committees established.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Sub-Committee.

## **9. REVIEW**

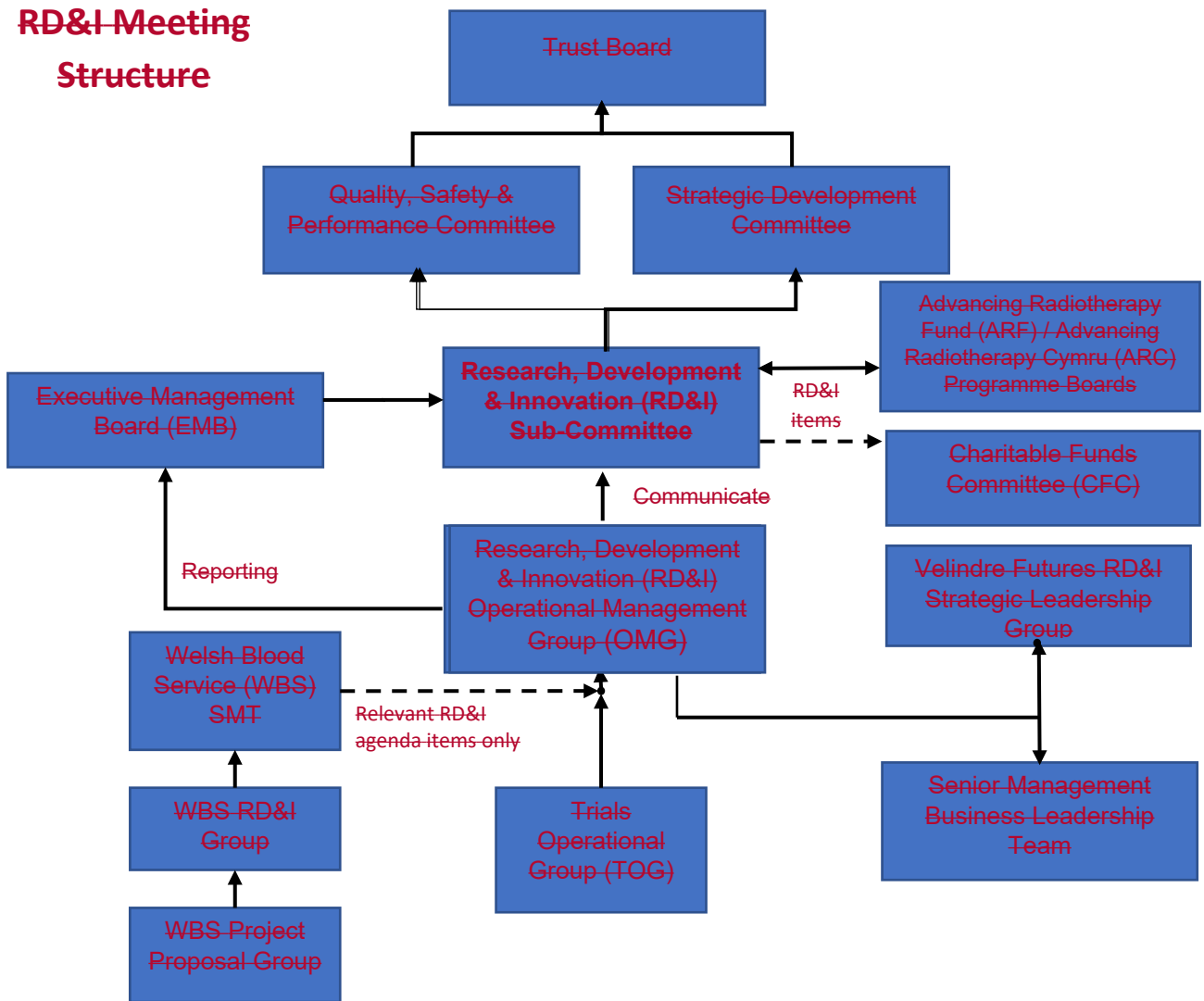
- 9.1 These terms of reference and operating arrangements shall be reviewed annually by the Sub-Committee with reference to the Board.

## **10. CHAIR'S ACTION ON URGENT MATTERS**

- 10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with two other Members of the Sub-Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Sub-Committee for consideration and ratification.
- 10.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

**APPENDIX 1**

**RD&I Meeting Structure**



# Research, Development & Innovation (RD&I) Sub-Committee

## Terms of Reference & Operating Arrangements

Reviewed:	16/06/2025
Approved:	
Next Review Due:	

## 1. INTRODUCTION

- 1.1 The Trust's standing orders provide that "The Board may and, where directed by the Assembly Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees".
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## 2. PURPOSE

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  - Promote and encourage a RD&I ethos and culture which is integral to the Trusts vision, mission and values including the identification of new and enhanced funding opportunities to grow the significance and reach of the Trust's RDI activities.

- Provide assurance to the Board in relation to the Trust's arrangements for ensuring compliance with the UK Policy Frameworks for Health & Social Care Research as amended from time to time.
- Consider relevant matters with reference to the parameters identified for risk appetite in relation to RD&I as set by the Board.
- The RD&I Sub-Committee is underpinned and informed through the work of a number of Management Groups and Assurance Processes.

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#### 3.3 Monitoring and Review

- The Sub-Committee will, in respect of its assurance role, seek assurance that research governance and innovation arrangements are appropriately designed, implemented and are operating appropriately to ensure the provision of a high-quality RD&I service.
- To achieve this, the Sub-Committee will need assurance that the following aspects of RD&I are being effectively managed:
  - The safety, rights, dignity and wellbeing of participants in RD&I projects is above all other considerations.

- There is clear, consistent strategic direction, strong leadership and transparent lines of accountability
- The diversity of the organisation's patients, service users, donors and staff are valued in the active development of RD&I activities as appropriate.
- There is close collaboration with partner NHS Wales and higher education organisations to improve quality, promote joint working for best RD&I outcomes and avoid unnecessary duplication of functions. In this respect, the work of RD&I Sub-Committee will be reflected in the agenda and priorities of the Trust's Academic Partnership Board.
- The organisation ensures compliance with appropriate legislation and regulation such as the UK Policy Framework for Health and Social Care Research 2017; the EU Clinical Trials Directive 2004 as amended; Good Laboratory Practice; Good Manufacturing Practice in manufacturing products for clinical trials; and Good Clinical Practice; in the conduct of all clinical Research and Innovation activities as appropriate.
- Systems are in place to monitor compliance with regulatory requirements of the Trust as well as organisational standards and to investigate complaints and deal with irregular or inappropriate behaviour in the conduct of Research and Innovation activity.
- RD&I investment and expenditure is accounted for and complies with audit requirements as well as the requirements of external funders or sponsors as appropriate.
- The Committee will scrutinise research and/or innovation proposals and/or business cases that are seeking charitable funding PRIOR to submission to the Charitable Funds Committee (see 3.2 above),
- When RD&I findings have commercial potential, the Trust takes action to protect intellectual property (in accordance with Trust RD&I Policy); and exploit research and innovation in collaboration with its RD&I partners and, where appropriate, commercial Organisations.

### 3.4 Access

The Chair of the RD&I Sub-Committee shall have reasonable access to Executive Directors and other relevant senior staff.

## 4. MEMBERSHIP

### Members

#### 4.1 A minimum of two members to include:

Chair                      Independent member of the Board (University) or delegated Independent Board member

Two Independent Members of the Board

## **Attendees**

### **4.2 In attendance**

- Executive Director with responsibility for RD&I currently Medical Director
- Executive Director of Finance or nominated officer with RD&I funding responsibilities
- Associate Medical Director with responsibility for RD&I
- Clinical Director (or Nominated Deputy) – Velindre Cancer Service
- Executive Director of Nursing AHP and Health Science
- Director of Corporate Governance
- Trust Head of Innovation
- Head of Velindre Cancer Research Strategy
- Trust Head of Research & Development
- Research Delivery Manager
- Senior Research Nurse Manager
- Research, Development and Innovation Finance Business Partner
- Representative - Velindre Cancer Service Strategic Leadership Team
- Welsh Blood Service Senior Leadership Team Lead for RD&I
- Chair of the Welsh Blood Service RD&I Group
- Head of WBS Research, Development and Innovation Services
- Service User / Lay Representative

### **4.3 By invitation**

The Sub-Committee Chair may extend invitations as required to the following:

- Head of Information Governance (in advisory capacity)
- Divisional Directors
- Representatives of stakeholder organisations

As well as others internal or external to the Organisation who the Sub-Committee consider should be in attendance, taking account of the matters under consideration at each meeting.

### **4.4 Secretariat**

As determined by the Director of Corporate Governance.

### **4.5 Member Appointments**

Members shall be appointed for a maximum of 3 consecutive years before formally reviewing their role on the Committee. During this time a member may resign or be removed by the Board.

### **4.6 Support to Committee Members**

The Director of Corporate Governance on behalf of the Committee Chair shall:

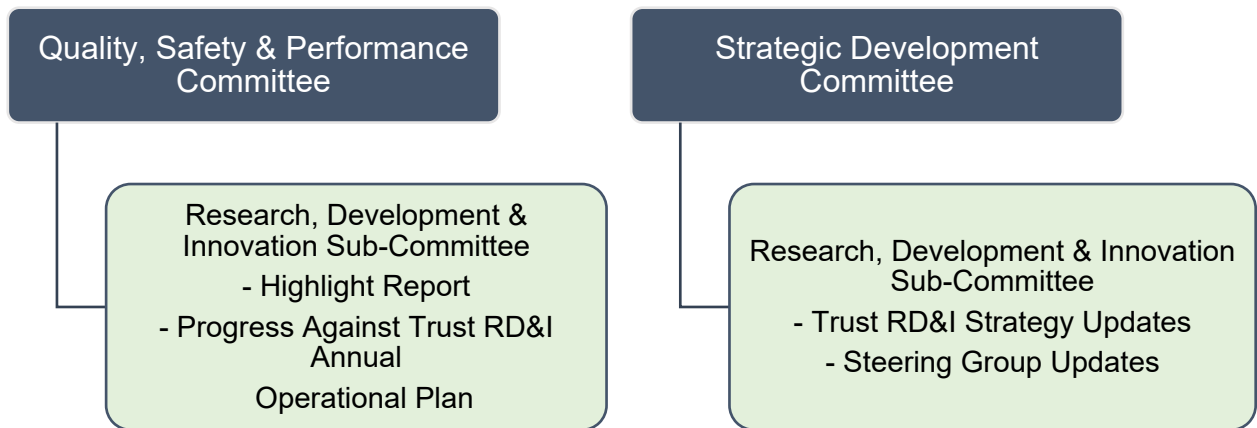
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role: and
- Ensure the provision of a programme of Organisational Development for Committee members as part of the Trust's overall OD programme developed by the Director of Workforce and OD.

## 5. SUB-COMMITTEE MEETINGS

5.1 The Committee has, with approval of the Trust Board, established the:

- Research, Development & Innovation Sub-Committee

The Sub-Committee will have a dual reporting line to both the Quality, Safety and Performance Committee and the Strategic Development Committee as follows :



Although the Research, Development & Innovation Sub-Committee, is a sub-committee with dual reporting lines, it will both retain the delegated authority for decision making granted to the current committee by Trust Board. Further details regarding delegated powers and authority are set out in each of the Sub-Committee Terms of Reference.

The Research, Development & Innovation Sub-Committee is also accountable to the Trust Charitable Funds Committee in relation to RD&I business cases (see 3.2 above) Further details are set out in each of the respective Terms of Reference. In addition, the wider governance and accountability reporting arrangements in place at a divisional level that feed upwards into the RD&I Sub-Committee structure.

### 5.1 Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair. If the Chair is unable to perform their duty an agreement as to who will Chair from the Independent Members will be made in their absence.

### 5.2 Frequency of Meetings

Meetings shall be held no less than four times a year and otherwise as the Chair of the Committee deems necessary – consistent with the Trust's annual plan of Board Business.

### 5.3 Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **6. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the Board has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its citizens through the effective governance of the Organisation.
- 6.2 The Sub-Committee is directly accountable to the Quality, Safety and Performance Committee, Strategic Development Committee and Charitable Funds Committee for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Sub-Committee shall embed the Trust's corporate objectives, priorities, and requirements, e.g., equality and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:

Report formally, to the:

- i. Quality, Safety & Performance Committee on the performance and delivery of RD&I quarterly.
- ii. Strategic Development Committee Board on strategic development and updates to the RD&I Strategy quarterly report and
- iii. Charitable Funds Committee to recommend for approval business cases aligned with the RD&I Strategy and Trust's overarching strategic objectives.

- 7.2 The Sub-Committee shall receive:

- i. A briefing from the Executive Medical Director with responsibility for RD&I
- ii. A quarterly RD&I Integrated Performance Report (following presentation at EMB)
- iii. A quarterly Highlight Report from the Advancing Radiotherapy Cymru (ARC) Board on the activity of the programme.

- 7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any Sub Committees established.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Sub-Committee.

## **9. REVIEW**

- 9.1 These terms of reference and operating arrangements shall be reviewed annually by the Sub-Committee with reference to the Board.

## **10. CHAIR'S ACTION ON URGENT MATTERS**

- 10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Sub-Committee need to be taken between scheduled meetings. In these

circumstances, the Sub-Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board, after first consulting with two other Members of the Sub-Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Sub-Committee for consideration and ratification.

- 10.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

## Minutes

### Private Research, Development & Innovation Sub-Committee Velindre University NHS Trust

**Date** 12/03/2025  
**Time** 4:00 – 5:00pm  
**Location** Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff  
**Chair** Professor Andrew Westwell, Independent Member

<b>PRESENT</b>		
Professor Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	<b>AW</b>
Vicky Morris	Independent Member	<b>VM</b>
<b>ATTENDEES</b>		
Dr Jacinta Abraham	Executive Medical Director and R&D Lead	<b>JA</b>
Matthew Bunce	Executive Director of Finance	<b>MB</b>
Christopher Cotterill-Jones	Research Delivery Manager	<b>CCJ</b>
Dr Edwin Massy	Medical Director, Welsh Blood Service	<b>EM</b>
Amie Garwood-Pask	Deputy Head of Finance Business Partnering	<b>AGP</b>
Dr Chloe George	Head of Component Development, Welsh Blood Service	<b>CG</b>
Sian James	Head of Research, Development & Innovation, Welsh Blood Service	<b>SJ</b>
Rhydian Owen	R&D Cancer Strategy Lead	<b>RO</b>
Professor Robert Jones	Associate Medical Director for Research, Development & Innovation	<b>RJ</b>
Sarah Townsend	Head of Research & Development	<b>ST</b>
Nicola Williams	Director of Nursing, AHP's & Healthcare Scientists	<b>NW</b>

<b>1.0</b>	<b>PRELIMINARY MATTERS</b>	
<b>1.1</b>	<b>Welcome and Introduction</b> <i>Led by Professor Andrew Westwell, Research, Development &amp; Innovation Sub-Committee Chair</i>	
<b>1.2</b>	<b>Apologies Received From:</b> <ul style="list-style-type: none"> <li>• Jennet Holmes, Head of Innovation</li> <li>• Edwin Massey, Medical Director, Welsh Blood Service</li> <li>• Professor Donna Mead, Trust Chair</li> <li>• Non Gwilym, Director of Corporate Governance (Interim)</li> <li>• Dr Carys Morgan, Clinical Director, Velindre Cancer Services</li> <li>• Alan Prosser, Director Welsh Blood Service</li> </ul>	
<b>1.3</b>	<b>In Attendance</b> <ul style="list-style-type: none"> <li>• Dr James Powell, Clinical Consultant Oncologist (for Item 3.3)</li> <li>• Ross McLeish, ARC Programme (Observer)</li> <li>• Kate Cleary, Cancer R&amp;D Programme Manager (Observer)</li> <li>• Helen Robertson, RD&amp;I Communications &amp; Engagement Officer (Observer)</li> </ul>	
<b>1.4</b>	<b>Declarations of Interest</b> <i>Led by Professor Andrew Westwell, Chair of the Research, Development &amp; Innovation Sub-Committee</i>  No declarations of interest were raised.	
<b>2.0</b>	<b>STANDARD BUSINESS</b>	
<b>2.1</b>	<b>Minutes from the Private Research, Development &amp; Innovation Committee held on the 10th December 2024</b> <i>Led by Professor Andrew Westwell, Chair of the Research, Development &amp; Innovation Sub-Committee</i>  The Research, Development & Innovation Sub-Committee <b>APPROVED</b> the Minutes of the Private Meeting held on 10th December 2024 as an accurate reflection of proceedings.	
<b>2.2</b>	<b>Review of Action Log</b> <i>Led by Dr Jacinta Abraham, Executive Medical Director and RD&amp;I Lead</i>  There were no outstanding actions for review.	
<b>2.3</b>	<b>Matters Arising</b> <i>Led by Professor Andrew Westwell, Chair of the Research, Development &amp; Innovation Sub-Committee</i>	

	There were no matters arising.	
<b>3.0</b>	<b>PRESENTATION AND GUEST ATTENDEES</b>	
<b>3.1</b>	<p><b>Business Case: Innovating Platelet Transfusion: HLA-Depleted Platelets to Overcome Refractoriness in Cancer Care</b>  <i>Led by Dr Chloe George, Head of Component Development, Welsh Blood Service &amp; Dr Edwin Massey, Medical Director, Welsh Blood Service</i></p> <p>The business case for developing universal platelets for hemo-oncology patients was presented by Chloe George. The Committee discussed the strategic alignment with Velindre's priorities and agreed to <b>ENDORSE</b> option 3, which involves collaboration with Cardiff University.</p>	
<b>3.2</b>	<p><b>Business Case: ARC Academy - "Prime-Pull" Immunotherapy: A Study in Cancer Patients Receiving Radiotherapy</b>  <i>Led by Dr James Powell, Clinical Consultant Oncologist</i></p> <p>The business case for evaluating a novel immunotherapy for head and neck cancer patients was presented by Dr James Powell. The Research, Development &amp; Innovation Sub-Committee agreed to <b>ENDORSE</b> the project with the clarification on IP handling to be addressed by the project team.</p>	
<b>4.0</b>	<b>CONSENT AGENDA</b>	
<b>4.1</b>	<b>Consent - For Approval / Endorsement</b>	
	There are currently no items for approval / endorsement.	
<b>4.2</b>	<b>Consent - For Information / Noting</b>	
4.2.1	<b>Business Case: ARC Academy - Radiography Training Posts</b>	
4.2.2	<b>Business Case: ARC Academy - Multi-Professional Radiotherapy Target Definition Education &amp; Training Program</b>	
4.2.3	<b>Business Case: ARC Academy - Support of Radiotherapy Physics Trial QA</b>	
	The Research, Development & Innovation Sub-Committee agreed to <b>ENDORSE</b> the above three ARC business cases, noting that the decision-making committee was ARC Academy. The Committee emphasised the importance of aligning the projects with Velindre's strategic priorities and ensuring proper collaboration and IP agreements.	
<b>5.0</b>	<b>ANY OTHER BUSINESS</b>	
	Prior approval by the Chair required.	

<b>6.0</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>	
	The Private Research, Development & Innovation Sub-Committee will next meet on the <b>24<sup>th</sup> June 2025 from 12:00 – 12:30pm</b> at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.	
<b>7.0</b>	<b>CLOSE</b>	



Ymchwil Iechyd  
a Gofal Cymru  
Health and Care  
Research Wales



Llywodraeth Cymru  
Welsh Government

Velindre University NHS Trust

22 April 2025

Dear Jacinta and Rob,

Thank you for meeting with me and colleagues from Health and Care Research Wales (HCRW) to discuss progress particularly against the implementation of the NHS R&D Framework, share challenges and identify actions that need to be taken to improve health and care research across Velindre University NHS Trust (VUNHST), and discuss where the wider Health and Care Research Wales system can help.

We felt that the meeting was very constructive, and your presentation, which was clearly aligned to the NHS R&D Framework, provided a helpful overview and outlined the broad range of activities underway across the cancer services and Welsh Blood Service.

During the meeting, we noted and were particularly interested to hear of:

- The embeddedness of research across the Trust to drive patient care and service improvement and is evidenced in several of the Trust's ambitious strategies.
- How the profile of RD&I continues to be prominent, led by a committed Executive Medical Director, supported by a RD&I Team, with clear governance structures.
- Your plans for a workshop in April as part of wider divisional restructuring of cancer services which focuses on embedding RD&I across the directorates. A focus on taking a similar approach with the Welsh Blood Service will follow.
- Your strong partnership working with Cardiff University and Cardiff & Vale University Health Board (CVUHB) in establishing the Cardiff Cancer Research Hub (CCRH), which aims to provide an enhanced, integrated and multi-disciplinary clinical academic workforce, responsible for designing and delivering cancer research led from Wales.
- Your key leadership role in *Cardiff Health Partners* as the research lead for cancer.
- The ongoing collaborations between the Welsh Blood Service, UK Armed Forces and academic groups overseas to generate better evidence in the use, storage and functionality of platelets following emergency trauma. In addition, we were interested to hear about the work of the BEST collaborative (Biomedical Excellence for Safer Transfusion) - an international group which generates several studies a year.



BUDDSODDWR | INVESTORS  
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Gwefan / Website:  
www.gov.wales/healthandcareresearch

- The significant increase in showcasing RD&I activities both internally and externally, following the appointment of the RD&I communications officer and the positive impact this is having across the Trust.
- Your approach to increasing clinical research capacity and career structures through job planning and the inclusion of research in job descriptions. You highlighted the employment of two nurse consultants - a first for the Trust, with sessional time for research in their job plans, and that this is a real area of transformation for VUNHST. The new Professional Framework for Enhanced, Advanced and Consultant Clinical Practice is also supporting and assisting growth in this space, and we welcomed your approach to promoting multi-disciplinary research across the professions. You also noted that All Wales guidance on job planning for research would be helpful – as planned through the nationally led Embedding Research in the NHS project.
- The positive relationship between the Trust and the HCRW Faculty and the successful grants and fellowships that have been awarded.
- How the Trust has been the first UK site to recruit to the BICCC Trial and how via the APPROACH Trial, the first Welsh patient has been treated with Proton Beam Therapy - a key development in brain cancer treatment using precision radiotherapy and advanced technology research.
- The new Chief Executive providing constructive challenge to the RD&I team to deliver more advanced and complex treatments.

In terms of challenges:

- You advised that the Velindre Cancer Centre recognises that it needs to be at the forefront of delivering groundbreaking trials, but that there is limited physical capacity for complex trial delivery and a lack of new capital funding. However, you highlighted there are opportunities ahead with both the development of the CCRH and the new hospital to strengthen the clinical model moving forward.
- We were pleased to learn that the Trust is now open to responding to Expressions of Interest as part of the study feasibility process, which had previously been on hold due to organisational change and service pressures. We highlighted that Expressions of Interest should be related to capability, not capacity at this stage, and given the reputational risk of pausing the response to Expressions of Interest, we would welcome discussion if the situation arises again.
- You advised that there are issues concerning infrastructure bottlenecks in radiotherapy and CT-guided biopsy access with Cardiff & Vale University Health Board and it was agreed to escalate to the National Director of Support and Delivery should the issues not be resolved soon.
- We discussed the challenge with engaging Principal Investigators (PIs) across the Trust due to clinical and service pressures and a better need to define PI time across the multi-disciplinary workforce and approaches to PI training - noting the opportunities now provided through the NIHR Associate PI scheme.
- You highlighted the ongoing commitment within VUNHST and the Welsh Blood Service in developing staff via fellowships, Faculty awards and job planning and you highlighted that the RD&I team are instrumental, alongside the Velindre Oncology Academy, the CCRH and the Trust's community of practice in supporting and developing future researchers. Some of this support for developing researchers is funded through charitable funds so the long-term nature of this is being carefully considered through future funding bids. You also noted that much of VUNHST's research support is funded through charitable funds and managing the sustainability of these arrangements remains on your radar.

There are a few areas where we think Velindre University NHS Trust should consider following the meeting and activities we can progress together. We have noted these below.

- Clarifying oversight for VPAG investment. We noted you are working through the financial plan to finalise the investment to the Velindre Cancer Centre, and you are developing a business plan that links the CCRH and VPAG investment funding. You advised that the governance and oversight of VPAG funding needs to be discussed at the RD&I sub-committee to ensure the Board are sighted, and this was welcomed. We are keen to understand how the local arrangements will then best align with the Wales Commercial Research Delivery Centre governance and accountability arrangements and look forward to further discussions.
- Alignment of the Clinical and Scientific Strategy implementation plan with the NHS R&D Framework and Embedding research in the NHS programme – You highlighted that the Clinical and Scientific Strategy will be the vehicle for implementing and monitoring the NHS R&D Framework. An implementation plan, in draft, has been developed, which includes a pillar on RD&I as one of the key priorities, and links with the Welsh Government's IMTP process and Duty of Quality. We strongly encourage you to use the opportunity in the development of the implementation plan to cross reference with the framework to ensure that all aspects are considered. We look forward to receiving a copy of the implementation plan once it has been approved and advised that Helen Grindell could link in with your colleague who is leading on the implementation.
- Developing shared metrics for the Cardiff Cancer Research Hub to capture VUNHST research activity – We discussed the best approach for capturing research activity and agreed that you will work with the HCRW performance and business intelligence team to develop a shared metrics approach for VUNHST led studies that are being delivered via the CCRH, and explore how the Local Portfolio Management System can assist in capturing activity data transparently and fairly.
- Recognising research supported by the Welsh Blood Service – We note your request to discuss raising the visibility of the research supported by the Welsh Blood Service as some of this work is not portfolio eligible yet has high impact. We advised that our Communications, Engagement and Involvement team would welcome the opportunity to work with the Welsh Blood Service to showcase the research you are supporting, with a view to continuing to expand your activity. We also noted your desire to increase the visibility of the collaborative research undertaken between Cardiff University, VUNHST and CVUHB.
- Tackling Cancer through Research programme – We highlighted that VUNHST colleagues are well connected into this national programme of work however as a key players in the system, it would be useful for VTUHB to have a more visible role and play a key role in the implementation plan. We will reshare the working document with colleagues at the meeting and ensure that the newly appointed National Clinical R&D lead for Cancer links with the Medical Director once in post. We also advised that a series of cancer research delivery metrics are being developed as part of the initiative and NHS organisations will be expected to report against these. To test the integrity of the metrics, all NHS Wales organisations will shadow report for one year (from 1 April 2025). Technical work is underway to explore how to capture patient referral data across NHS organisations. It is anticipated that the metrics will be published in the 2026/27 planning framework and associated delivery framework.

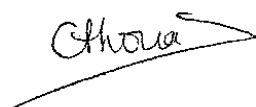
- Note the letter from Judith Paget and Suzanne Rankin. We have attached the letter on the Embedding Research in the NHS Programme which you received in February for ease so that you can consider when progressing developments over the year.

We highlighted that the Research Delivery Funding Stream within Welsh Government could be selected for an internal audit in the forthcoming financial year, therefore work will be undertaken to ensure NHS organisations are compliant with the terms and conditions set out in the Research Delivery Funding Grant Award Letter.

We also informed you that a self-assessment against the NHS R&D Framework will be requested in readiness for the next annual review meeting likely to held in March 2026.

Finally, we would like to thank you for a positive meeting. Please continue to keep up the good work on supporting and delivering health and care research and supporting your staff. We look forward to working with you further to maximise research opportunities in Velindre University NHS Trust

Best wishes



Carys Thomas

Interim Joint Head of Research and Development Division, Welsh Government  
Interim Joint Director of Health and Care Research Wales

<b>Attendees</b>	
Jacinta Abraham	Executive Medical Director, VUNHST
Mererid Evans	Clinical Strategic Lead for the Velindre Cancer Research Ambitions, VUNHST
Nicky Williams	Executive Director of Nursing, Allied Health Professionals and Health Science, VUNHST
Rob Jones	Associate Medical Director of RD&I, VUNHST
Rhydian Owen	Cancer R&D Strategy Lead, VUNHST
Sarah Townsend	Head of R&D, VUNHST
Andrew Westwell	Independent Board Champion, VUNHST
Edwin Massey	Medical Director, Welsh Blood Service
Matthew Bunce	Executive Director of Finance, VUNHST
Amie Garwood-Pask	Deputy Head of Finance Business Partnering, VUNHST
Carys Thomas	Head of R&D Policy, Research and Development Division, Welsh Government
Claire Bond	Senior Manager, NHS R&D Funding and Performance, Research and Development Division, Welsh Government
Nicola Williams	National Director of Support and Delivery, Health and Care Research Wales
Helen Grindell	Head of Research Support & Operations, Health and Care Research Wales

26 February 2025

Dear NHS Executive Leads for Research

As the Board member responsible for research in your NHS organisation, we are writing to ask for your continued support to integrate research into healthcare services as a key part of patient care, whilst embedding research as a core part of your organisation's culture.

We know that research provides the opportunity for patients and service users to access new treatments and services, that will improve their health and well-being and contribute to reducing health inequalities. We also know that NHS organisations that are actively involved in research see improved health outcomes and lower mortality rates, not just for those patients participating in research, but for everyone.

Research and Development is included in the NHS Wales Technical Planning Guidance 2025-2028, through the supplementary policy information section, which highlights that the use of the research evidence base in health and social care is as crucial as ever, as research and development continues to play an important role in improving outcomes. A thriving Research and Development (R&D) culture is vital to transform NHS Wales and is part of the solution to many of the challenges it faces.

The Duty of Quality means that all NHS organisations have a legal responsibility to continually improve the quality of the services they provide. It also reinforces the importance for research supportive organisations to adopt a system-wide way of working to provide safe, effective, person-centred, timely, efficient, and equitable health care in the context of a learning culture.

In July 2023, Health and Care Research Wales launched the **NHS R&D Framework**: [Health and Care Research Wales publishes new Framework to embed and integrate research in the NHS | Health Care Research Wales](#) and local implementation is the responsibility of the NHS organisations in Wales. Health and Care Research Wales leads on the **Embedding Research into the NHS Programme** to provide national support.

We recently established a national Embedding Research in the NHS Programme steering group and we are hearing some reflections that we wanted to share, to outline how you can support implementation to ensure that the framework is a key part of your organisation's strategy, service delivery and business planning. These are:

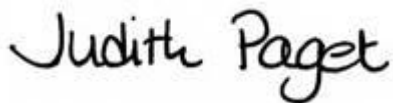
- Ensuring that **R&D and clinical research features in your organisational strategies** and that you have an up-to-date research strategy, aligned to the framework
- Assuring yourself that **Integrated Medium-Term Plans and operational teams reflect the organisational commitment and plans to enable research**
- **Supporting the R&D Director/ lead in your organisation** to work closely with Health and Care Research Wales to implement the NHS R&D Framework and support the Embedding Research in the NHS Programme
- **Regularly discussing research on the agenda at your NHS organisation's Board** meetings to facilitate self-assessment against the Framework
- Ensuring that you and your R&D Director/ lead **are working closely with your organisation's Board champion to embed research in your organisation**
- **Discussing research at your national peer support meetings** (e.g. the Medical Director's meetings) to ensure national support for this work, including peer review and sharing areas of good practice
- **Supporting the ongoing national project to identify and support clinical academics in Wales**, which will lead to the development and adoption of national guidelines for NHS Wales and higher education institutions for hosting and supporting clinical academics

- **Facilitating your organisation's contribution to the national project to quantify the economic value and impact of health care research** by facilitating the provision of your organisation's data on research and the identification of case studies
- **Facilitating your organisation's contribution to the forthcoming national project to embed research in the NHS workforce** which will lead to the development of national good practice guidelines for embedding research into NHS workforce plans
- **Supporting national representation on the Embedding Research in the NHS Programme national steering group**, chaired by Suzanne Rankin, who is the CEO Research Champion for Wales.

You can find out more about the programme here: [Embedding research in the NHS | Health Care Research Wales](#). Please share this letter with your executive board and relevant departments within your organisation.

We would like to thank you for your commitment to implementing the framework so that it is visibly seen as embedded in your organisation's quality and improvement plans. The Health and Care Research Wales team look forward to discussing your NHS organisation's progress in implementing the NHS R&D Framework at the forthcoming annual review meetings.

Yours Sincerely



**Judith Paget, Director General  
Health, Social Care & Early Years /  
NHS Wales Chief Executive**



**Suzanne Rankin, CEO Research Champion for Wales**

cc: R&D Directors  
R&D Board Champions