

PUBLIC Research, Development & Innovation Sub-Committee

Thu 04 September 2025, 10:00 AM - 12:00 PM

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

Agenda

10:00 AM - 10:05 AM 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

10:05 AM - 10:10 AM 2. STANDARD BUSINESS 5 min

2.1. Minutes from the Public Research, Development & Innovation Committee held on the 16th June 2025

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


For Approval

 2.1 Public RDI Draft Minutes 16.06.2025 v2 FINAL.pdf (8 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 Action Log - September 2025.pdf (1 pages)

2.3. Matters Arising

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

10:10 AM - 10:40 AM 3. PRESENTATION AND GUEST ATTENDEES 30 min

3.1. Velindre Cancer Service RD&I Guest Presentation - The QuicDNA and QuicDNA Max

Studies

Dr Magdalena Meissner, Medical Oncology Consultant - Velindre University NHS Trust

For Noting

10:40 AM - 10:50 AM
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)

10:50 AM - 11:35 AM
45 min

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

5.1. Research, Development & Innovation Performance Report, Quarter 1, Financial Year 2025-26

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 Performance Report FY2526 Q1 Report.pdf (6 pages)

 5.1 _RDI_IntegratedPerformanceReport_FY2025_26_Q1.pdf (53 pages)

5.2. Update on the Cardiff Health Partners including Cardiff Cancer Research Hub

Led by Lauren Fear, Executive Director of Transformation (Interim)

For Noting

 5.2 CHP and CCRP Update -September 2025.pdf (9 pages)


11:35 AM - 11:40 AM
5 min

6. INTEGRATED GOVERNANCE


6.1. Research, Development & Innovation Sub-Committee Cycle of Business & Terms of Reference 2025-2026

Led by Llinos Madeley, Head of Corporate Governance / Non Gwilym, Director of Corporate Governance

For Approval

 6.1 Cover Paper_RDI Cycle of Business & Terms of Reference 2025-26.pdf (10 pages)

 6.1 APPENDIX 1 RDI Cycle of Business 2025-2026 v3.pdf (2 pages)

 6.1 APPENDIX 2 RDI Sub-Committee Terms of Reference 2025-26 v5 FINAL with Tracked Changes.pdf (11 pages)

 6.1 APPENDIX 3 RDI Sub-Committee Terms of Reference 2025-26 v5 FINAL 'Clean'.pdf (10 pages)

6.2. Research, Development & Innovation Sub-Committee Effectiveness Survey 2024-2025

6.3. Research, Development & Innovation Sub-Committee Annual Report 2024-2025

Oral Update by Llinos Madeley, Head of Corporate Governance / Non Gwilym, Director of Corporate Governance

11:40 AM - 11:50 AM
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 16th June 2025

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


For Noting

 7.2.1 Summary of Private RDI Draft Minutes 16.06.2025.pdf (4 pages)

7.2.2. Health and Care Research Wales : Publication of the Strategic action plan for building research capability for nursing, midwifery and allied health professions in Wales

Led by Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Science

For Noting

 7.2.2 Strategic-action-plan-building-research-capability-nursing-midwifery-allied-health-professions-in-wales.pdf (38 pages)

11:50 AM - 11:50 AM
0 min

8. ANY OTHER BUSINESS

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

Prior Agreement by the Committee Chair required

11:50 AM - 11:55 AM
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

11:55 AM - 11:55 AM
0 min

10. DATE AND TIME OF THE NEXT MEETING

The Public Research, Development & Innovation Sub-Committee will next meet on 11th December 2025 at 10.00am.

11:55 AM - 11:55 AM
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).

11:55 AM - 12:00 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 16th June 2025
- Business Case: Elekta Proknow
- Business Case: Clinical Fellowship to Support Development of SRS Service
- *Business Case: Sustaining and expanding world-class cancer research at Velindre University NHS Trust through charitable investment 2026/27 to 2028/29*
- FAKTION Investment Plan
- ARC Approved Projects from July Board Meeting

Minutes

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

Date 16/06/2025
Time 2.00-4.00pm
Location Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff
Chair Andrew Westwell, Independent Member

MEMBERS		
Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	AW
Vicky Morris	Independent Member	VM
ATTENDEES		
Jacinta Abraham	Executive Medical Director and R&D Lead	JA
Matthew Bunce	Executive Director of Finance	MB
Christopher Cotterill-Jones	Research Delivery Manager	CCJ
Amie Garwood-Pask	Deputy Head of Finance Business Partnering	AGP
Chloe George	Head of Component Development, Welsh Blood Service	CG
Sian James	Head of Research, Development & Innovation, Welsh Blood Service	SJ
Jennet Holmes	Head of Innovation	JH
Robert Jones	Associate Medical Director for Research, Development & Innovation	RJ
Llinos Madeley	Head of Corporate Governance (Interim)	LM
Rhydian Owen	Cancer R&D Strategy Lead	RO
Alan Prosser	Director, Welsh Blood Service	AP
Richard Skone	Deputy Medical Director	RS
Sarah Townsend	Head of Research & Development	ST
Tess Watts	Velindre Reader in Nursing and Interdisciplinary Cancer Care	TW
Emma Williams	Senior Research Nurse Manager	EW
Nicola Williams	Director of Nursing, AHP's & Healthcare Scientists	NW
SECRETARIAT		
Sandra Cusack	Business Support Officer	SMC

1.0	PRELIMINARY MATTERS	
1.1	<p>Welcome and Introduction <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>Professor Andrew Westwell, the Chair, extended a warm welcome to all attendees, with a special mention to Llinos Madeley, Richard Skone, and Tessa Watts, as it was their first time attending the meeting.</p>	
1.2	<p>Apologies received from:</p> <ul style="list-style-type: none"> • Matthew Bunce, Executive Director of Finance (apologies for first hour of meeting to attend an Audit Wales meeting for the CEO) • David Donegan, Chief Executive Officer • Edwin Massey, Medical Director, Welsh Blood Service • Carys Morgan, Divisional Clinical Director, Velindre Cancer Service 	
1.3	<p>In Attendance</p> <ul style="list-style-type: none"> • Dean Pym, PhD Student, Welsh Blood Service (Item 3.1) 	
1.4	<p>Declarations of Interest <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>The Chair requested any declarations of interest, no declarations of interest were raised.</p>	
2.0	STANDARD BUSINESS	
2.1	<p>Minutes from the Public Research, Development & Innovation Committee held on the 12th March 2025 <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i></p> <p>The Research, Development & Innovation Sub-Committee APPROVED the Minutes of the Public Meeting held on 12th March 2025 as an accurate reflection of proceedings.</p>	
2.2	<p>Review of Action Log <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>The Committee reviewed the action log and confirmed assurance that all actions marked as closed had been fully completed and could be formally closed. The remaining open action was discussed:</p>	

	<p>Action 6.2.1 [12.03.25] – Integrated Business Bid Update: It was noted that a draft report will be circulated in July, with final sign-off scheduled at September’s Charitable Funds Committee.</p> <p>The Research, Development & Innovation Sub-Committee APPROVED the closure of actions from the March 2025 Committee Meeting.</p>	RO
2.3	<p>Matters Arising <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i></p> <p>There were no matters arising.</p>	
3.0	PRESENTATION AND GUEST ATTENDEES	
3.1	<p>Investigating the Biophysical Cues Associated with Platelet Deterioration Over Storage <i>Led by Dean Pym, PhD Student, Welsh Blood Service</i></p> <p>Dean Pym presented his research on the biophysical factors influencing platelet deterioration during storage, aiming to extend the shelf life and enhance the quality of stored platelet concentrates. His work examines the roles of oxygen availability and shear stress, using a computational fluid dynamic model validated by experimental data.</p> <p>Dean’s research has resulted in:</p> <ul style="list-style-type: none"> • Published two peer-reviewed papers, with a third under review and two more in preparation • Awarded the Harold Gunship Fellowship by the International Society of Blood Transfusion and presented research findings internationally • Highlighted the benefits of collaboration between the Welsh Blood Service and Cardiff Metropolitan University, including access to specialized equipment, translational research opportunities, and enhanced implementation potential for clinical practice <p>The Committee found the presentation highly informative and expressed their appreciation to Dean and the team. Presentation slides to be circulated to the Committee.</p>	SMC
4.0	KEY REPORT(S)	
4.1	<p>Executive Medical Director Briefing <i>Led by Dr Jacinta Abraham, Executive Medical Director and R&D Lead</i></p> <p>JA provided an update on key RD&I activities for Quarter 4 of 2024/25 and recent developments in the RD&I landscape. Key highlights:</p>	

	<ul style="list-style-type: none"> • Annual Report Requirement: Health and Care Research Wales now mandates the publication of an annual report covering performance and financial data across funding streams, with the first report due in June 2026. Once the detailed requirements are received, share them with the Committee. • BioNTech Study: The study received extensive media attention, including a visit from the Cabinet Secretary. The first Welsh patient received the BioNTech colorectal cancer vaccine, generating further interest and potential new collaborations. • FAKTION Study: The study, now NICE-approved, was recognised for its achievements. The first patient in Wales received the FAKTION drug, with notable media coverage and acknowledgment from Julie Morgan, Member of the Senedd. • Clinical and Scientific Strategy: The inaugural clinical and scientific working together conference took place on 12th May 2025, launching the new strategy to advance research, development, and innovation within the organisation. <p>The Research, Development & Innovation Sub-Committee NOTED the briefing.</p>	
5.0	QUALITY, SAFETY AND PERFORMANCE / PLANNING AND STRATEGIC DEVELOPMENT	
5.1	<p>Research, Development & Innovation <u>Annual</u> Performance Report 2024-25 <i>Led by Sarah Townsend, Head of Research & Development</i></p> <p>ST and the team presented the Annual Performance Report, outlining major accomplishments, current initiatives, and future directions for research and development within the organisation. Key highlights:</p> <ul style="list-style-type: none"> • Major Achievements: Notable successes included recruiting over 100 participants for the TARGET National Study and treating the first patient in Wales with proton beam therapy through the APPROACH Study. • Current Initiatives: Ongoing work features the BioNTech collaboration, the BIC study and the expansion of a diverse trial portfolio covering oncology and solid tumour research. • Future Directions: Plans focus on refining research study prioritisation, strengthening portfolio management, and streamlining financial sign-off processes. The team is also preparing a programme development grant for a physical activity intervention targeting individuals with advanced disease. • Research Community Development: The Velindre Healthcare Research Support Team continues to foster research capacity and community, holding monthly meetings and launching the 2025 Fellows programme. • Financial Overview: The Division reported a £131,000 overspend, mainly from non-recurrent non-pay costs. Income 	

	<p>generation remains a key risk, with a target exceeding £5 million for the upcoming year.</p> <p>The Research, Development & Innovation Sub-Committee NOTED the RDI Annual Performance Report 2024-25.</p>	
5.2	<p>Health and Care Research Wales : Update on VPAG Funding & Tackling Cancer through Research <i>Led by Professor Robert Jones, Associate Medical Director for RD&I</i></p> <p>RJ delivered an update on VPAG funding, covering its objectives, the application process and anticipated benefits for the organisation's research capacity. Key points:</p> <ul style="list-style-type: none"> • Purpose: VPAG funding, provided by the ABPI, is intended to strengthen commercial infrastructure and support the delivery of commercial trials, with the aim of achieving cost recovery through increased trial income. • Application Process: Led by Sarah Townsend and Christopher Cotterill-Jones, the organisation secured significant funding through a successful application. The funds will be allocated to new posts and infrastructure to facilitate commercial trial activity. • Anticipated Impact: The funding is expected to greatly boost research capabilities, particularly by increasing patient recruitment into commercial trials. The target is a fourfold rise in cancer patient recruitment by 2028. • Next Steps: A meeting with HCRW and the ABPI is planned to review progress and clarify expectations. <p>The Research, Development & Innovation Sub-Committee NOTED the Update on VPAG Funding and Tackling Cancer through Research presentation. Presentation slides to be circulated to the Committee.</p>	SMC
6.0	INTEGRATED GOVERNANCE	
6.1	<p>Research, Development & Innovation Sub-Committee Cycle of Business 2025-26 & Terms of Reference 2025-26 <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>The Committee reviewed the cycle of business and terms of reference for the upcoming year, highlighting several improvement areas. Planned updates will reflect committee feedback and evolving requirements, including the following:</p> <ul style="list-style-type: none"> • Update the cycle of business and terms of reference to reflect new requirements, including the Health and Care Research Wales annual report and the oversight of the small grant scheme. • Incorporate references to OECl accreditation and related research infrastructure into both documents, aligning with the ambition for comprehensive cancer centre accreditation. 	

	<ul style="list-style-type: none"> • Develop and formalise a transformation plan for optimizing research delivery across all professional groups, especially nursing, and include this in the cycle of business and terms of reference. • Clarify and revise the membership structure in the terms of reference, specifically regarding independent members and attendees, and review the organogram to show links with the Clinical and Scientific Strategic Board. • Strengthen language around the growth of multi-professional research, especially in relation to nursing and interdisciplinary research, in the terms of reference. • Address compliance with the duty of quality legislation, ensuring the committee understands and demonstrates how it meets this requirement. • Align business case cycles and meeting dates with other committees for greater effectiveness and consider a development session to clarify strategic versus operational business cases and the application of quality impact assessments and assurance levels. <p>Action: Both documents will be revised per committee input, recirculated for further feedback and submitted for formal approval at a future meeting.</p>	LM/SMC
7.0	CONSENT AGENDA	
7.1	For Approval / Endorsement	
	The Research, Development & Innovation Sub-Committee NOTED there were no items for approval / endorsement.	
7.2	For Information / Noting	
7.2.1	<p>Summary from the Private Research, Development & Innovation Committee Meeting held on the 12th March 2025 <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>The Research, Development & Innovation Sub-Committee APPROVED the summary of the Private RD&I Sub-Committee minutes from the 12th March 2025.</p>	
7.2.2	<p>R&D Annual Review Meeting - Velindre University NHS Trust / HCRW - Feedback letter from Carys Thomas <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i></p> <p>The Research, Development & Innovation Sub-Committee NOTED the letter from Health and Care Research Wales, which emphasised the positive feedback provided.</p>	

8.0	ANY OTHER BUSINESS <i>(Prior Agreement by the Committee Chair required)</i>	
	The Chair had not received any prior requests for items to be considered under Any Other Business for today's meeting and did not propose to take any.	
9.0	MEETING REFLECTIONS	
	Members to determine items for inclusion in the Highlight / Assurance Report to the Quality, Safety and Performance Committee and Strategic Development Committee under the following categories: <ul style="list-style-type: none"> • For Escalation • For Assurance • For Advising • For Information <p>Action: AW/ST to confirm which items will be submitted to QSP and SDC in due course.</p>	AW/ST
11.0	DATE AND TIME OF THE NEXT MEETING	
	The next meeting of the Public Research, Development & Innovation Sub-Committee is scheduled for Thursday, 4th September 2025, 10:00-12.00pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff	
12.0	CLOSE	
	The Research, Development and Innovation Sub-Committee is asked to adopt the following resolution: <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>	
13.0	PRIVATE / PART B SESSION	

The following items 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

ACTION LOG

MEETING DATE	AGENDA ITEM	Action number	ACTION	LEAD	DEADLINE DATE	UPDATE (including date)	STATUS	IF CLOSED WHAT ACTION WAS TAKEN
12/03/2025	6.2.1		Integrated Business Case					
			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, provide a final draft in July for sign off at CFC in September.	PROPOSE TO CLOSE	Added as agenda item to September's RDI Committee Meeting.
16/06/2025	3.1		Guest Presentation					
			Circulate the presentation slides to committee members.	Head of Research & Development WBS	15/07/2025		PROPOSE TO CLOSE	Circulated 17/07/2025
16/06/2025	5.2		Presentation on Tackling Cancer through Research					
			Circulate the presentation slides to committee members.	Head of Research & Development	15/07/2025		PROPOSE TO CLOSE	Circulated 17/07/2025
16/06/2025	6.1		RDI Cycle of Business and Terms of Reference 2025-26					
			Revise reports as per committee feedback and recirculate to committee members for further comments and resubmit for formal approval at next meeting.	Head of Corporate Governance	04/09/2025	Update: After the meeting held on 12/08/25, the cycle of business and terms of reference were updated and will be presented at the next committee meeting.	PROPOSE TO CLOSE	Added as agenda item to September's RDI Committee Meeting.



RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE	
Executive Medical Director briefing to Research, Development, and Innovation Sub-Committee	
DATE OF MEETING	04 September 2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager
PRESENTED BY	Jacinta Abraham, Executive Medical Director
APPROVED BY	Jacinta Abraham, Executive Medical Director
EXECUTIVE SUMMARY	This is the Executive Medical Director's briefing to the Research, Development, and Innovation [RD&I] Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation activities taking place in Quarter [Q] 1 of Financial Year [FY] 2025/26, along with noteworthy items from the RD&I environment since the last meeting of the Sub-Committee.
RECOMMENDATION / ACTIONS	The RD&I Sub-Committee are requested to NOTE this Executive Medical Director's briefing summarising Research, Development & Innovation activity of FY2025/265, Q1 and noteworthy items occurring since the Sub-Committee's last meeting.

GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee.	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee.	
7 LEVELS OF ASSURANCE	
NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee.	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
APPENDICES	
None	

1. SITUATION

This is the Executive Medical Director's briefing to the RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation [RD&I] activities taking place in Quarter 1 of Financial Year 2025/26.

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 The Joint Commissioning Committee's consultation on CP164 Commissioning Policy (Clinical Trials, all ages).

The NHS Wales Joint Commissioning Committee [NWJCC] has launched a consultation on draft policy CP164, covering patient assessment for trial participation, funding of Excess Treatment Costs [ETCs], and post-trial access to treatments. The consultation runs until 30 September 2025 and seeks feedback from Wales NHS organisations, clinicians, and study principal investigators.

The policy confirms that referral for trial assessment should never be delayed by prior funding approval, with costs treated as research expenses. It also clarifies that ETCs for non-commercial trials will be met through Health and Care Research Wales, while post-trial funding must be agreed before enrolment. Commercial sponsors remain fully responsible for their trial costs.

This framework provides long-awaited clarity on referral, ETCs, and continuation of treatments, reducing financial uncertainty and safeguarding equitable access for Welsh patients. It reassures Principal Investigators and research staff that participation in non-commercial trials is supported by clear national funding routes.

Engaging fully in the consultation will allow the Trust to shape a commissioning policy that directly underpins its ability to deliver high-quality studies. Adoption of CP164 will strengthen Velindre's reputation as a fair, sustainable, and accessible research site, protecting against unfunded costs while enabling patients in Wales to access novel therapies through clinical trials.

2.2 UK Clinical Trials Regulations and the MHRA "Route B" substantial modification pilot.

The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025 were signed into law in April 2025 and will take effect from April 2026. The reforms introduce proportionate oversight, stronger transparency obligations, and new site responsibilities, aligning the UK more closely with international ICH standards.

Alongside this, the MHRA has introduced a “Route B” pilot for substantial modifications, designed to streamline approvals for lower-risk amendments and improve efficiency, though providing early exposure to regulatory changes and the chance to test governance processes before national rollout.

Participation is strategically important for Velindre University NHS Trust sponsored studies. It would allow early alignment of Standard Operating Procedures [SOPs], oversight, and governance with the new regulatory environment, while demonstrating to that Velindre is forward-looking and agile in adopting new standards. This reinforces confidence in processes and may reduce delays in study modifications.

By participating in the MHRA's Route B pilot for the appropriate Trust sponsored studies, Velindre positions itself as a leader in regulatory readiness within Wales and the wider UK. This strengthens inspection readiness, and ensures the Trust can use regulatory reform as a competitive advantage in generating and attracting future research.

2.3 Health and Care Research Wales’s project on “Measuring the Economic Value of Research”.

Health and Care Research Wales has commissioned a national project to assess the economic value of research, including workforce, service, and system-wide benefits. The project combines economic analysis with interviews of senior leaders, including Prof. Rob Jones, who has been invited to represent Velindre’s perspective.

For Velindre, this provides an opportunity to highlight the Trust’s contribution, including avoided drug costs in commercial trials, faster adoption of innovative treatments, and workforce development through research involvement. These benefits are often under-reported but are critical to demonstrating the value of research to NHS sustainability.

The Research Service will support Prof. Jones in collating data on Velindre’s research portfolio, that may be required for the project. Ensuring Velindre’s contributions are visible will help shape the findings of a report likely to inform future funding and policy.

Proactive engagement in this project ensures Velindre’s impact is recognised at a national level. Demonstrating tangible economic and system benefits will strengthen the Trust’s case for sustained investment in RD&I, reinforce its reputation as a research leader, and align with the Welsh Government’s emphasis on value-based healthcare.

2.4 OECl Designation data requirements and Velindre's systematic data collection.

The Organisation of European Cancer Institutes (OECl) Accreditation and Designation Programme sets rigorous standards for centres integrating clinical care and research. Criteria include publication outputs, trial numbers, interventional accrual, and proportion of newly treated patients in studies.

Velindre has identified OECl Designation as a strategic priority and is coordinating systematic data collection to evidence research capacity. The RD&I Integrated Performance Report for FY2025/26, Q1 highlights the current position of the Trust's cancer research portfolio, and a placeholder for future data collection to support the OECl designation is included.

Work is underway to strengthen the capture and reporting of the data that will underpin Velindre's designation application and also provide stronger benchmarking of its performance against European peers.

Preparing for OECl Designation provides Velindre with a pathway to international recognition as a Comprehensive Cancer Centre. Robust data collection not only supports accreditation but also positions the Trust as a high-intensity research centre, enhancing reputation, collaboration, and attractiveness to industry and academic partners.

2.5 Florence e-Binders implementation across Velindre.

Velindre University NHS Trust has recently confirmed it will be implementing FLORENCE eBinders, across its cancer research portfolio as the standard digital platform for electronic Investigator Site Files (eISF). The system will replace paper files and locally saved electronic files with a secure, cloud-based solution, enabling remote monitoring, greater version control, and full audit trails.

An implementation plan is to be developed and coordinated across the Research Service, Pharmacy, Radiotherapy, and other vital support services. The Research Service expect to start the implementation planning and delivery process in Autumn, with the aim to roll-out early 2026. Initial rollout will prioritise commercially sponsored studies, where sponsor demand for digital oversight is highest, before extension to non-commercially sponsored studies.

Benefits include enhanced inspection readiness for MHRA and ICH compliance, improved sponsor confidence, and greater efficiency for staff through reduced duplication and easier document management.

Florence eBinder implementation will be a key enabler of Velindre’s Research Service digital transformation, aligning the Trust with sponsor expectations and regulatory reform due in 2026. By moving to a modern, inspection-ready system, the Trust strengthens its competitiveness as a commercial research site and ensures staff and patients benefit from faster, more efficient study set-up and delivery.

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] 1 of the Financial Year [FY] 2025/26 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 the summarised information of the Research, Development, and Innovation service’s activity and other noteworthy items reported in this Executive Medical Director’s briefing to the RD&I Sub-Committee.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust’s strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established ‘University’ Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	02 - Partnership Alignment
	Select all relevant domains below

QUALITY AND SAFETY IMPLICATIONS / IMPACT	<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>	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"/>
	Safe	<input checked="" type="checkbox"/>											
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Patient Centred	<input checked="" type="checkbox"/>												
<p>The Key Quality & Safety related issues being impacted by the matters outlined in the report and how they are being monitored, reviewed and acted upon should be clearly summarised here and aligned with the Six Domains of Quality as defined within Welsh Government's Quality and Safety Framework: Learning and Improving (2021).</p> <p>[Please include narrative to explain the selected domain in no more than 3 succinct points].</p> <ul style="list-style-type: none"> a) The Executive Medical Director's briefing summarises key Research, Development, and Innovation activities and other noteworthy research related items, demonstrating the Trust being a research supportive organisation. b) The Executive Medical Director's briefing demonstrates the Trust's commitment to undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs. c) The briefing also displays the Trust's dedication to conducting research in a safe and effective manner, making the best use skills and resources available. 													
QUALITY IMPACT ASSESSMENT	<p>Not required - not a strategic decision</p> <p>The QIA tool should be completed to support any proposal for a strategic decision to be made and be presented with the proposal to the appropriate decision-making forum. The QIA tool does not replace the need for the proposal; it accompanies it.</p>												

<p><i>consider the impact of that decision on the Health and Care Quality Standards.</i></p>	<p>As a minimum, decisions made by the Board or by Committees of the Board are considered strategic and should be assessed for their impact on Quality through the lens of the Health and Care Quality Standards. This culture and discipline of quality-driven decision-making should also permeate the organisation to more broadly promote good decision-making practice.</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Not required</p> <hr/> <p>NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub Committee</p>
<p>TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT</p>	
<p>The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust’s Wellbeing goals: YES - Select Relevant Goals below</p>	
<p>If yes select the relevant goals:</p> <ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input checked="" type="checkbox"/> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input type="checkbox"/> 	
<p>FINANCIAL IMPLICATIONS / IMPACT</p>	<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>
<p>EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/E.aspx</p>	<p>Yes - please outline what, if any, actions were taken as a result</p> <p>The Equality Impact of this Executive Briefing has been considered and there are no matters of concern to raise.</p>
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p> <p>Click or tap here to enter text</p>

6. RISKS

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

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE	
Research, Development, and Innovation Integrated Performance Report Financial Year 2025/26, Quarter 1	
DATE OF MEETING	04 September 2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	<p>Sarah Townsend, Head of Research & Development. Christopher Cotterill-Jones, Research Delivery Manager.</p> <p>Rhydian Owen, Strategy Lead for Velindre Cancer R&D Strategy Kate Cleary, Velindre Cancer R&D Strategy Business Support Manager. Sian James, Welsh Blood Service Head of Research, Development, and Innovation Services. Jennet Holmes, Head of Innovation Ross McLeish, Advancing Radiotherapy Cymru (ARC) Project Manager. Emma Blow, Innovation Project Manager. Amie Garwood-Pask, Deputy Head of Finance Business Partnering.</p>
PRESENTED BY	Sarah Townsend, Head of Research & Development
APPROVED BY	Jacinta Abraham, Executive Medical Director
EXECUTIVE SUMMARY	The Trust Research, Development, and Innovation [RD&I] service prepare an integrated

	<p>performance report at the end of each financial year's quarter.</p> <p>This Financial Year [FY] 2025/26, Quarter 1 report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service during FY2025/26, Quarter 1.</p>
RECOMMENDATION / ACTIONS	<p>The Trust Research, Development, and Innovation Sub-Committee are requested to NOTE the Trust's Research, Development, and Innovation Integrated Performance Report for FY2025/26, Quarter 1.</p>
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Welsh Blood Service [WBS] Senior Leadership Team	13 Aug 2025
Velindre Cancer Service [VCS] Senior Leadership Team / Divisional Board	20 Aug 2025
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
<p>The governance cycle for the Trust RD&I Integrated Performance Report was planned as follows:</p>	
Meeting	Meeting Date
WBS Senior Leadership Team	13 Aug 2025
VCS Senior Leadership Team	20 Aug 2025
RD&I Operational Management Group	09 Sep 2025
Executive Management Board	26 Aug 2025
RD&I Sub-Committee	04 Sep 2025
<p>No feedback has been received from previous meetings prior to submission.</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 Integrated Performance Report Financial Year 2025/26, Quarter 1

1. SITUATION

The Executive Management Board 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 **FY2025/26, Quarter 1**.

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

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

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

4. SUMMARY OF MATTERS FOR CONSIDERATION

The Executive Management Board are requested to **NOTE** the RD&I Integrated Performance Report for **FY2025/26, Quarter 1**.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)													
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below													
If yes - please select all relevant goals:													
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 													
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	02 - Partnership Alignment												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply												
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Efficient	<input checked="" type="checkbox"/>												
Patient Centred	<input checked="" type="checkbox"/>												
<p>a) The Integrated Performance Report describes the Research, Development, and Innovation activities demonstrating the Trust being a research supportive organisation.</p> <p>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.</p>													

	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.
QUALITY IMPACT ASSESSMENT	Not required - not a strategic decision
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT	
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below	
If yes select the relevant goals:	
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FINANCIAL IMPLICATIONS / IMPACT	Yes - please Include further detail below, including funding stream
	There is a potential financial impact in not demonstrating the Trust's commitment to the strategic goal "A beacon for research, development, and innovation in our stated areas of priority" as it could jeopardise the

	<p>funding received from Health and Care Research Wales along with other non-commercial/commercial sources.</p> <p>No direct financial implications from this paper.</p>
<p>EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhswales365.sharepoint.com/sites/VEL_Intranet/Site/Pages/E.aspx</p>	<p>Yes - please outline what, if any, actions were taken as a result</p> <p><i>The Equality Impact of Trust RD&I Integrated Performance Report for FY2025/26, Quarter 1 has been considered and there are no matters of concern to raise.</i></p>
<p>ADDITIONAL LEGAL IMPLICATIONS / IMPACT</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>

6. RISKS

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



Welsh Blood Service
Gwasanaeth Gwaed Cymru



Canolfan Ganser Felindre
Velindre Cancer Centre

Velindre University NHS Trust
Research & Development
Velindre Cancer Centre
Velindre Road, Whitchurch
Cardiff, CF14 2TL

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

2025/26

Q1

April 2025 to
June 2025

Research, Development & Innovation

Integrated Performance Report

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Abbreviations.

Abbreviation	Definition
ANP	Advanced Nurse Practitioner
ARC	Advancing Radiotherapy Cymru
ARF	Advancing Radiotherapy Fund
BEST-C	Biomedical Excellence for Safer Transfusion Collaborative
BNT	BioNTech
C	Commercial
CCfLRI	Collaborative Centre for Learning, Research, and Innovation
CCRH	Cardiff Cancer Research Hub
CU	Cardiff University
CVUHB	Cardiff and Vale University Health Board
EMB	Executive Management Board
ESR	Electronic Staff Record
FY	Financial Year
GCP	Good Clinical Practice
HCRW	Health and Care Research Wales
HEIW	Health Education and Improvement Wales
IMTP	Integrated Medium Term Plan
ISO	International Organization for Standardization
KPI	Key Performance Indicator
LSH	Life Sciences Hub
MDT	Multi-Disciplinary Team
MHRA	Medicines and Healthcare products Regulatory Agency
NC	Non-commercial
NHS	National Health Service
NIHR	National Institute of Health and Care Research
OD	Organisational Development
PBT	Proton Beam Therapy
PhD	Doctor of Philosophy
PHW	Public Health Wales NHS Trust
Q	Quarter
R&D	Research and Development
RAG	Red, Amber, Green
RBC	Red Blood Cell
RD&I	Research, Development, and Innovation
RIC	Regional Innovation Coordination
SACT	Systemic Anti-Cancer Therapy
TIL	Tumour Infiltrating Lymphocyte
UK	United Kingdom
VCC	Velindre Cancer Centre
VCS	Velindre Cancer Service
VPAG	Voluntary scheme for branded medicines Pricing, Access, and Growth
VUNHST	Velindre University NHS Trust
WBS	Welsh Blood Service
WCLF	Welsh Clinical Leadership Fellowship

WG Welsh Government
WPM White Particulate Matter

INTRODUCTION

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

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

STRATEGIC PRIORTIES

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

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

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

STRATEGIC PRIORITY 1






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

1 Velindre Cancer Research & Development Strategic Ambitions.

Current focus is on the strategic direction of key projects: this includes a new R&D bid which will be going to Charitable Funds that will build on the success of a previous R&D bid 2023-2026. It will be structured to reflect a mature, financially mapped, and strategically aligned service. An Away Day is also being planned with the R&D Senior Core Team to collaborate on strategic planning following several developments. This will include the success of the Commercial Research Delivery Funding Requests VPAG investment for clinical trials.

2 Cardiff Cancer Research Hub.

In this period, we have:

	Increased the visibility of the CCRH with the wider community. Members of the team presented on CCRH and celebrated its successes at MediWales Connects, HCRW Support & Delivery day and an industry engagement session.				
	CCRH nurses visited Guys and St Thomas Hospital to observe processes for the TILS study. The team gained valuable insights for preparing and implementing the IOVANCE trial currently in set up.				
	The team are investigating ways of partnering with the Christie around education and training. The team are liaising with the Velindre and CVUHB leads to scope the current landscape and explore options.				
	The CCRH Data Strategy has been drafted. The data focus has been articulated to align with the CCRH aims and ambitions to improve clinical outcomes, deliver world-class research and to develop capabilities for the future.				
	Trial portfolio overview:				
	Stage	Study Name	Study Type	Funding	Cancer Type
	Open to recruitment	Monumental-6	Bi-specific	Commercial	Haem - Multiple Myeloma
		Protocol 75276617ALE1001 (Menin / Camelot)	Phase I/II First in Human	Commercial	Haem - Leukaemia
		BNT116 (LuCa-MERIT)	MRNA cancer vaccine, First In Human	Commercial (BioNTech Pipeline)	Lung
	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)
		ABBVIE M25-059	ABBV-383 - BCMA bispecific antibody (IV), Phase I/II	Commercial	Haem - Multiple Myeloma
		BNT323-03	Phase I/II	Commercial - BioNTech pipeline	Breast

3 Nursing & Interdisciplinary Research.

3.1 Research fellowship success enhances Systemic Anti-Cancer Therapy (SACT) training.



Fran Brown, Velindre Research Fello & SACT Clinical Trainer.

Research Fellowship Success Enhances SACT Training.

Velindre Research Fellow and Registered Nurse, Fran Brown, has successfully completed her study exploring the potential of simulation training to improve the knowledge and confidence of nurses in managing acute adverse reactions to systemic anti-cancer therapy (SACT).

The study compared simulation-based and classroom-based education for new SACT nurses, using confidence scales, knowledge questionnaires, and qualitative feedback. Both approaches increased confidence, with simulation showing a slightly greater improvement in knowledge. Participant feedback highlighted the value of scenario-based learning and the desire for more realistic training environments.

Fran's findings will inform future SACT education at Velindre, with plans to deliver simulation training in a Day Case Unit setting and, in future, within the dedicated simulation space at the new Velindre Cancer Centre. She also presented her work as a poster at the United Kingdom Oncology Nursing Society Conference in Manchester.

Reflecting on her Velindre Research Fellowship, Fran said:

“Carrying out simulation scenarios as part of training will help nurses gain experience in a safe environment, boosting confidence and competence, which will ultimately improve patient outcomes and experiences.”

Fran was supported by Dr Nichola Gale (Cardiff University) and colleagues from Velindre Cancer Centre. The fellowship was funded by Velindre Cancer Charity.

3.2 Nursing and Interdisciplinary Research Community: insights, inspiration, and what's next.



Nursing and Interdisciplinary Research Community: Insights, Inspiration, and What's Next.

The Velindre Healthcare Cancer Research Community's spring–summer 2025 programme has brought together national research leaders and local expertise, inspiring colleagues across all stages of their research careers.

In April, Professor Paul Gill, Dean and Head of the School of Health Science at the University of Nottingham, explored the topic of imposter syndrome in healthcare research. Drawing on personal experience, Paul highlighted its prevalence among both novice and experienced researchers and offered practical strategies to address it.

In May, Emma Williams, Senior Research Nurse Manager at Velindre, reflected on her experience as a Principal Investigator in haematology clinical trials, offering practical insights into leading research as a clinical nurse.

In June, the community welcomed Laura Collantes, Advanced Nurse Practitioner (SACT) and NIHR Pre-Doctoral Research Fellow at The Royal Marsden, who shared her journey towards doctoral study. She emphasised the importance of readiness, building support networks, refining research questions, and resilience – advice that resonated with both in-person and online attendees.

Looking ahead, the July meeting will feature Velindre PhD Research Fellows Alison Edwards and Sarah Owen. Alison will present her research on the needs of patients with advanced lung cancer receiving immunotherapy or targeted treatments, focusing on information and exercise support. Sarah will discuss barriers and enablers to embedding lessons learned from patient safety incidents in a regional cancer centre.

These hybrid sessions continue to strengthen Velindre's nursing and interdisciplinary research culture, fostering knowledge exchange, career development, and cross-specialty collaboration.

4 Velindre Cancer Service Research.

4.1 Full circle as first patient in Wales gets FAKTION treatment.



Gwen Buchan, first patient in Wales to receive new treatment



Professor Rob Jones, Co-Chief Investigator FAKTION trial and Associate Medical Director for RD&I at Velindre Cancer Centre

Full Circle as First Patient in Wales Received FAKTION Treatment.

Barry resident Gwen Buchan has become the first person in Wales to receive a new breast cancer treatment that originated from the FAKTION clinical trial at Velindre Cancer Centre a decade ago!

Gwen said:

"I was diagnosed with breast cancer in 2008... Last April I was diagnosed with secondary breast cancer and recently my first line of treatment has stopped working... My oncologist mentioned a new treatment... I couldn't quite believe it!"

Gwen's new treatment combines hormone therapy with AKT inhibitor capivasertib and was recently approved for use on the NHS in Wales. It is designed to reduce the growth and spread of advanced breast cancer, giving patients more time and a better quality of life.

Prof Rob Jones, Chief Investigator for the original trial, said:

"It is very rewarding to see the process come full circle... This treatment will give patients time – time with their families and time to enjoy their lives."

Dr Simon Waters, Gwen's oncologist, added:

"We now have another option for our patients... I am delighted to be able to offer this treatment to Gwen."

A former Art teacher, reflecting on what the treatment means to her, Gwen said:

"I recognise that without the pioneering clinical excellence of the oncology teams at Velindre, people like me would be facing much bleaker outcomes. Because of the dedication of the clinicians their research and ongoing trials, people like me with a primary or secondary cancer diagnosis can have a future ahead of us, we can have hope. If this was me last year it wouldn't have been available. But I need it now and it is available now and can hopefully make a world of difference to my prognosis. I'm really lucky because I've got the most supportive husband, children and their partners, extended family in Scotland and Wales, wonderful friends, and I am able to express my creativity with ceramics which is a massive passion for me. What this new treatment can do for me, it can let me see my youngest son married next year, it can allow me to make the pots for his wedding and then who knows what else I might live to see. But today I am concentrating on today. It's not about dying from; it's living with cancer and living well and that's why I concentrate on every day and today is a good day!"

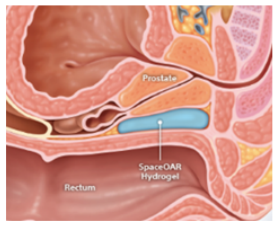
4.2 Velindre recruits second highest number of patients in the world for the SABRE trial.



Dr Nachi Palaniappan,
Principal Investigator



Matt Lazarus, Senior
Research Radiographer



Velindre recruits second highest number of patients in the world for SABRE trial

Fifty Velindre prostate cancer patients took part in this radiotherapy study of a spacer device aiming to reduce treatment side effects.

Prostate cancer is the most common cancer in men and curable when detected at an early stage. Radiotherapy is an effective treatment to cure but a proportion of patients receiving radiotherapy develop severe bowel side effects which include discomfort, altered bowel function and rarely bleeding and discharge.

The SABRE trial is designed to test the role of the SpaceOAR Vue system designed by Boston Scientific to reduce these long term bowel-related side effects in patients receiving radiotherapy for prostate cancer. This device is inserted in the perirectal space to increase the distance between the prostate and the rectum, thereby reducing the radiation dose delivered to the rectum during radiation therapy, aiming to reduce the possible long-term side effects in patients.

Dr Nachi Palaniappan, Principal Investigator of the study said:

"It's another example of team working, a great achievement to reach our target within the recruitment period. I would like to extend my thank you to all team members who have made this possible, in particular to the radiotherapy research team."

Matt Lazarus Senior Research Radiographer said:

"Fifteen months ago our target was to recruit 12 patients to the SABRE trial – we hit that target within a month and a half! When the study closed we had recruited a total of 50 patients, far exceeding our target and making Velindre the second highest recruiter in the world for SABRE. Our patients were very keen to be involved, recognising the possible long-term benefits to their quality of life after treatment. Another benefit to come from this research study was the opportunity to work alongside the theatre and anaesthesia teams at Velindre Cancer Centre to assist in the trial. It's a real positive to have established these relationships and experienced the work of teams from other parts of the cancer treatment pathway."

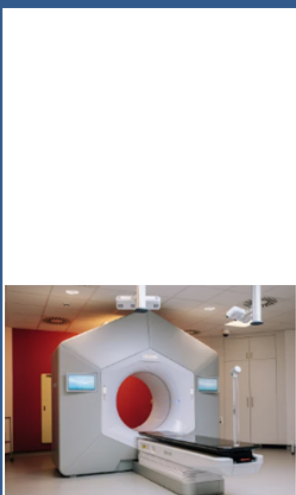
SABRE was the first commercial medical device trial delivered by the Radiotherapy Research team at Velindre.

The team at Velindre have recruited 50 patients to take part in this study over a period of 15 months since the study opened in November 2023.

The results from the SABRE trial are still a couple of years away but you can read more about the trial at:

https://nhs.wales365.sharepoint.com/sites/VEL_Intranet/SitePages/Radiotherapy-researchers-leading-the-way-with-first-commercial-device-trial.aspx

4.3 First research trial on our new Halcyon radiotherapy machine – PARABLE trial.



Halcyon radiotherapy machine



Some of the PARABLE team

First research trial on our new Halcyon radiotherapy machine

PARABLE trial compares proton beam therapy to high-standard radiotherapy for breast cancer patients.

Standard breast radiotherapy is very effective for the vast majority of people and the benefits far outweigh the small risk of side effects. However, in a very small group of patients, less than one per cent, there is a slightly higher risk of heart problems in later life due to pre-existing cardiac risk factors and the close proximity of treated breast and lymph node regions to the heart.

Proton beam therapy uses charged particles instead of x-rays to target tumours more precisely and the PARABLE study is investigating whether proton beam therapy allows doctors to deliver the required dose of radiotherapy but minimise radiation exposure to the heart.

Our part in the trial is to deliver high-quality standard radiotherapy treatment. This has only been possible because of installation of the new Halcyon radiotherapy machine which delivers state of the art radiotherapy allowing us to target the breast and nodal areas effectively with better avoidance of nearby lung and heart.

Dr Catherine Pembroke consultant clinical oncologist specialising in breast cancer said:

“It’s important that Velindre is part of UK radiotherapy research and this has been collaborative team effort involving all of our professional groups involved in delivery of radiotherapy. We have learnt how to optimise our own radiotherapy to ensure we’re delivering the very best, modern treatment to our patient population. Standard breast radiotherapy will be the most appropriate treatment for the vast majority of our patients. For a small group of patients, we hope the PARABLE trial will help inform us how proton radiotherapy may be beneficial for long-term cardiac health. We’re very excited to be part of this trial.”

PARABLE is the first UK trial to test the benefits of proton beam therapy for certain patients with breast cancer.

Patients will be selected at random into two treatment arms. One group will receive proton beam therapy at one of two centres in England (Christie NHS Foundation and University College London). The second group will receive standard radiotherapy at around 20 NHS hospitals across the UK including Velindre.

The trial is led by researchers at The Royal Marsden NHS Foundation Trust, The University of Cambridge and The Institute of Cancer Research, London.

4.4 First UK patient recruited into the BioNTech 327-06 trial.



First UK patient recruited into the BioNTech 327-06 trial.

Velindre University NHS Trust has become the first site in the UK to recruit a patient into the BioNTech-sponsored BNT327-06 clinical trial.

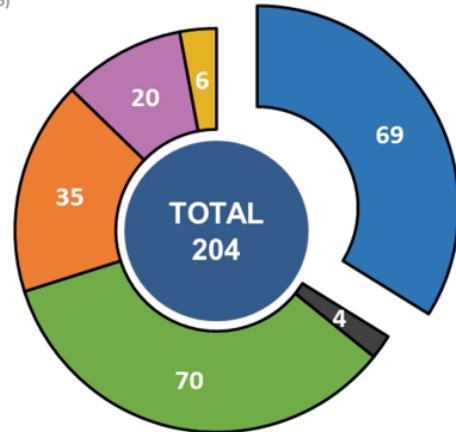
The study is evaluating two different doses (1400 mg or 2000 mg) of the investigational drug **BNT327** in combination with chemotherapy (carboplatin with either pemetrexed or paclitaxel) for patients with certain cancers. The trial aims to assess the treatment's safety, tolerability, and potential to improve patient outcomes.

This achievement underscores Velindre's role in bringing cutting-edge therapies to patients in Wales and supports the Welsh Government's priority focus on BioNTech studies.

5 Velindre Research Performance Indicators.

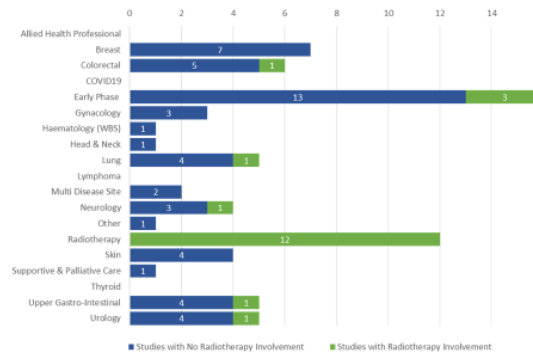
VUNHST Research Portfolio Dashboard

VUNHST Research Portfolio: No of research studies by category
(Data cut = 28 Jul 2025)

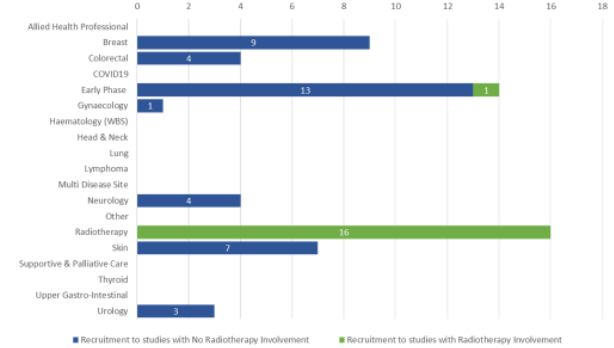


	Active (studies requiring participant consent)
	Active (support service provision or data collection only studies)
	Closed to recruitment, in follow up
	Closed to recruitment, no follow up
	In setup
	Suspended

VUNHST Research Portfolio: No of research studies by category
(Data cut = 28 Jul 2025)



VUNHST Research Portfolio: Recruitment by category
(Data cut = 28 Jul 2025)



2025/26	CUMULATIVE	9	Quarter 1 9	Quarter 2 TBC	Quarter 3 TBC	Quarter 4 TBC
		NC=5 C=4	NC=5 C=4	NC= C=	NC= C=	NC= C=
No of studies opened	CUMULATIVE	33	Quarter 1 7	Quarter 2 4	Quarter 3 11	Quarter 4 11
		NC=17 C=14	NC=6 C=1	NC=2 C=2	NC=4 C=7	NC=6 C=5
2023/24	CUMULATIVE	31	Quarter 1 7	Quarter 2 9	Quarter 3 7	Quarter 4 8
		NC=19 C=16	NC=3 C=4	NC=4 C=5	NC=3 C=4	NC=7 C=1
2025/26	CUMULATIVE	58	Quarter 1 58	Quarter 2 TBC	Quarter 3 TBC	Quarter 4 TBC
		NC=43 C=15	NC=43 C=15	NC=0 C=0	NC=0 C=0	NC=0 C=0
No of participants recruited	CUMULATIVE	358	Quarter 1 88	Quarter 2 88	Quarter 3 59	Quarter 4 123
		NC=238 C=120	NC=55 C=33	NC=87 C=31	NC=41 C=18	NC=85 C=38
2023/24	CUMULATIVE	432	Quarter 1 77	Quarter 2 151	Quarter 3 113	Quarter 4 91
		NC=358 C=74	NC=64 C=13	NC=128 C=23	NC=97 C=16	NC=65 C=22

Key: NC = Non-Commercial; C = Commercial

6 Health and Care Research Wales key indicators for Velindre University NHS Trust.

Health & Care Research Wales calculate the percentage of open studies recruiting to time and target as Red, Amber, Green (RAG).

The RAG rating is calculated as follows:

RAG rating = % recruitment - % time elapsed

Where % **recruitment** = $\frac{\text{Total recruitment (at site)}}{\text{Site recruitment target}}$

and % **time elapsed** = $\frac{\text{Number of days open (at site)}}{\text{Number of days planned to be open}}$










“RED” = % recruitment is 30% behind the % time elapsed (i.e. RAG rating = -30% or less).

“AMBER” = % recruitment is up to and including 30% behind % time elapsed (i.e. RAG rating = < -1% ≥ -29%).

“GREEN” = % recruitment is equal to or is greater than % time elapsed (i.e. RAG rating = ≥ 0%).










Health & Care Research Wales calculate the percentage of closed studies recruiting to target as Red, Green. Where, “Red” indicates the recruitment target was not met and “Green” indicates the recruitment target was met.

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

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = “RED”
C3 Open: % of Open non-commercial HCRW Portfolio Studies Recruiting to Time & Target		52% 23 studies			<p>The studies that are hosted by VUNHST are often of small number recruitment targets or long study duration. Therefore, it is possible for studies to be RAG rated “RED” for several years or fluctuate in RAG rating for the duration of the study.</p> <p>List of studies with RAG rating = “RED”</p> <ul style="list-style-type: none"> • ACTOv [IRAS 1003954], target = 10; planned study end date = 01 Apr 2028. • ADAPT-P [IRAS 319805], target = 17; planned study end date = 01 Sep 2024 • ARTEMIS [IRAS 1004319], target = 3; planned study end date =24 Mar 2026. • BICCC [IRAS 1004377], target = 50; planned study end date = 03 Jun 2025. • Brain Matrix [IRAS 269228], target = 50; planned study end date = 01 Oct 2025. • DECIPHER [IRAS 1006810], target = 6; planned study end date = 30 Nov 2025. • DOMENICA [IRAS 1006901], target = 20; planned study end date = 01 Apr 2026. • Dynamic [IRAS 1004759], target = 5; planned study end date = 30 June 2027. • Heptares [IRAS 1006164], target = 12; planned study end date = 30 Jun 2026. • HER2-RADICAL [IRAS 292122], target =5; planned study end date = 01 Nov 2027. • MOLGEN [IRAS N/A], target = 5; planned study end date = 30 Apr 2026. • MIMOSA [IRAS 345971], target = 40; planned study end date = 01 Oct 2027. • Cancer Vaccine Launchpad [IRAS 325291], target = 1; planned study end date = no end date. • PemOla [IRAS 1004744], target = 1; planned study end date = 01 Jun 2027. • PRINCE [IRAS 334993], target = 6; planned study end date = 30 Jun 2027.
		11% 5 studies			
		36% 16 studies			







	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
					<ul style="list-style-type: none"> • PROTIEUS [IRAS], target = 4; planned study end date = 01 Oct 2026. • SCC-AFTER [IRAS 331136], target = 48; planned study end date = 31 Dec 2028. • The role of the marrow macroenvironment in the pathogenesis of AML [IRAS 231974], target = 50; planned study end date = 30 Nov 2024. <i>Study currently suspended.</i> • TRAK-ER [IRAS 286505], target = 20; planned study end date = 01 May 2024. • UKP3BEP Trial [IRAS 182633], target = 5; planned study end date = 30 Nov 2024. • Virtual reality for advanced cancer pain [IRAS 342158], target = 10; planned study end date = 01 Aug 2025. • VISON [IRAS 335269], target = 100; planned study end date = 30 Nov 2026.

6.2 Open studies – recruitment to time and target (commercial)







	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
C4 Open: % of Open Commercial Studies Recruiting to Time & Target		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>List of studies with RAG rating = "RED"</p> <ul style="list-style-type: none"> • BI-1607-02 [IRAS 1010696], target =2; planned study end date = 31 Apr 2026. • ATTEST/ ATTR-01 [IRAS 1010660], target =5; planned study end date = 31 Mar 2026. • D6900C00001 (BlueStar) (AZD8205) [IRAS 1007820], target = 12; planned study end date = 31 Mar 2026. • BNT327-03 [IRAS 1011017], target = 2; planned study end date =30 Jun 2026. • BNT327-06 [IRAS 1010867], target = 2; planned study end date =14 Nov 2026.
		10 studies			
		5%			
		1 study			
		45%			
		9 studies			

					<ul style="list-style-type: none"> • BNT327-07 [IRAS 1010972], target =2; planned study end date = 31 Sept 2026. • DYNASTY-Breast02 [IRAS 1009062], target = 1; planned study end date = 01Jun 2025. • LuCa-MERIT-1 [IRAS 1008928], target =1; planned study end date = 31 May 2026. • ROSALIND [IRAS 340201], target = 5; planned study end date =01 Nov 2025. • Tropion 05 [IRAS 1007219], target = 3; planned study end date = 06 Feb 2025.
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6.3 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		25% 1 study			<u>List of studies with RAG rating = “RED”</u> <ul style="list-style-type: none"> • FAIM [IRAS 284870], target = 14; planned study end date = 30 Dec 2025. Note: Sponsor decided to close the study early across the UK due to slow accrual nationally.
		75% 3 studies			

6.4 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		50% 1 study			<u>List of studies with RAG rating = "RED"</u> <ul style="list-style-type: none"> Krascendo 1 [IRAS 1009611], target =3; planned study end date =Sept 2025. Note: Sponsor filled all their recruitment slots early and closed the trial to recruitment almost a year earlier than anticipated.
		50% 1 study			

7 Organisation for European Cancer Institutes [OECI] designation criteria for Velindre University NHS Trust cancer research.

The Organisation for European Cancer Institutes [OECI] states their mission as:

"Our mission is to provide cancer patients equal access to a high quality of cancer care in multidisciplinary teams; to ensure that cancer research and innovation are fully integrated into patient care pathways; and to put patients at the centre of their care."

Organisation for European Cancer Institutes

Accessed at: <https://accreditation.oeci.eu/the-ad-programme/>
on 18 August 2025.

7.1 OECI Accreditation and Designation Programme.

To achieve these aims within cancer centres, the OECI Accreditation and Designation [A&D] Programme is designed to enable a complete quality system for cancer diagnosis, care, education, and research by using OECI standards and indicators and peer review.

The OECI A&D Programme is the only cancer accreditation programme globally which evaluates comprehensive cancer care and translational research in a seamless process. Many quality assessment programmes are part of regulatory measures imposed by an external authority.

In contrast, the OECI A&D Programme is a supportive voluntary measure for cancer centres.

The OECI A&D Programme has been developed over more than 15 years by a wide range of experts from European cancer centres, professional societies and patient organisations, building upon the most impactful quality standards worldwide. Peer review is performed by experts in cancer care and research from OECI cancer centres, and site visits are chaired by a director of an OECI cancer centre.

7.2 OECI Designation Types.

OECI distinguishes three types of designation. They all require a high degree of multi-disciplinarity and high-quality cancer care.

The three types are:

- OECI Cancer Centre [CC]
- OECI Comprehensive Cancer Centre [CCC]
- OECI Comprehensive Cancer Network [CCN]

All OECI accredited cancer centres are required to have:

- An identifiable organisational entity with a clear governance.
- A direct provision of an extensive variety range of high-quality cancer diagnostics and care tailored to the individual patient's needs.
- A culture of learning and improving the professional and organisational quality of care.

In addition, OECI Comprehensive Cancer Centres are required to demonstrate:

- High level of infrastructure, expertise and innovation in cancer research, especially in translational and clinical research, but also in many cases including basic science.
- Either strong University and Research Institute links, or a University partnership as part of the Comprehensive Cancer Centre.
- Extensive international networking.

7.3 OECI Designation Criteria.

The OECI designation criteria relating to research capacity and capabilities are used to decide the designation of the cancer centre.

The OECI designation criteria are as follows:

	Criteria OECI Cancer Centre	Criteria OECI Comprehensive Cancer Centre
General Criteria		
Presence of surgical oncology, radiotherapy and medical oncology; research and education	Qualitative/quantitative assessment through accreditation	Qualitative/quantitative assessment through accreditation
Annual budget for cancer care (1.1.5)*	> 25 million Euro	> 50 million Euro
Annual budget for cancer research (1.1.5)*		> 8 million Euro
Number of cancer care inpatient beds plus the number of beds/chairs in the ambulatory day unit (2.2.1)	> 100	> 150
Number of FTE physicians dedicated to cancer (2.3.1)	> 30	> 50
Number of patients newly treated in the cancer centre/institute in the index year (2.1.1.2)	> 1500	> 2500
Extra Research Criteria		
Number of peer-reviewed scientific publications (8.4.2)	> 35	> 125
Number of scientific publications with an impact factor (IF) over 10 (8.4.2)		> 17
Number of scientific publications with an impact factor (IF) between 5 and 10 (8.4.2)		> 50
Number of studies active - currently open for patient accrual (8.5.1 - Subtotal for Designation (A))	> 20	> 75
Do the above studies include Phase I trials?		Yes
The total number of patients recruited to prospective interventional clinical trials in the index year as a percentage of patients newly treated in the cancer centre/institute**		> 10%

Preliminary designation: OECI Cancer Centre / OECI Comprehensive Cancer Centre

To be designated as an OECI CCC the Centre/Institute needs to fulfil all the General Criteria and 4 out of 6 Research Criteria (at least 2 for publications and 2 for trials).

The numbers in bold should normally be fulfilled. Taking the extra research criteria in the round, centres/institutes with a low percentage of patient accrual to clinical trials are unlikely to be designated as an OECI Comprehensive Cancer Centre.

- * Purchasing power parity measure (PPP) will be used to calculate the budget for cancer care and research (1.1.5).
- ** The Definition should be changed into:
The number of patients with a cancer diagnosis included in prospective Phase 1, 2 and 3 clinical trials containing one or more interventions in diagnosis, treatment, follow-up or rehabilitation. Interventional means that the study contains one or more defined actions aiming to improve diagnosis, care or outcome. Studies may be single arm or multi-arm.
Patients included in clinical quality or registry studies are excluded from the Designation percentage. Participants in cohort-based observational biomarker-driven studies are NOT included in the number forming the percentage for Designation. We do ask for the data of cohort-based observational studies (see question 8.5.1.4), provided that they concern studies with a formal PI role from the centre, and approved by scientific and ethical review committees

Source: Organisation of European Cancer Institutes. (2019) Accreditation and Designation User Manual V. 3.2. Accessed at: https://www.oeci.eu/Attachments/OECI_AD_MANUAL_3_2_2022.pdf on 18 Aug 2025.¹

¹ The Organisation of European Cancer Institutes, Accreditation and Designation User Manual 4.0 is currently in its final stages of design. <https://accreditation.oeci.eu/the-ad-programme/#ad-manual>

7.4 OECI Clinical Research Activity indicators

The following is a place holder for capturing the OECI Clinical Research Activity indicators.

7.4.1 Research output: Peer reviewed publications

The following information will present publication data from the **calendar year 2025**, for the Velindre Cancer Service. This information will be compiled by the Velindre University NHS Trust's Library Service.

YEAR	2025
Indicator	Total (in the year specified)
Number of international peer-reviewed publications (in the year specified) with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust.	
Total Number of international peer-reviewed publications per year (in the year specified) for Velindre Cancer Services, Velindre University NHS Trust.	
Number of publications with impact factor 5-10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust.	
Total number of publications with impact factor 5-10 from Velindre Cancer Services, Velindre University NHS Trust.	
Number of publications with impact factor >10 with first, second or last author from Velindre Cancer Services, Velindre University NHS Trust.	
Total number of publications with impact factor >10 from Velindre Cancer Services, Velindre University NHS Trust.	
Impact factor cumulative	

7.4.2 Clinical Research Activity

7.4.2.1 Clinical Trials

Indicator		FY2025/26 Q1	FY2025/26 Q2	FY2025/26 Q3	FY2025/26 Q4	FY2025/26 Cumulative Total
Activity						
	Total number of accruing multi-centre trials with international participation at Velindre University NHS Trust.					
	Total number of multi-centre trials with Principal Investigator (co-ordinating) from Velindre University NHS Trust.					
	Number of new investigator-initiated multi-centre trials started in the year with PI co-ordination from Velindre University NHS Trust.					
	Number of accruing prospective studies sponsored by industry.					
	Number of accruing prospective studies academically initiated.					
	Total number of trials in follow up (closed to recruitment).					
Number of Accruing Studies						
Prospective interventional trials	Phase I and Phase IIa trials.					
	Phase IIb trials.					
	Phase III trials.					
	Subtotal for Designation (A).					
	Observational or cohort studies testing with biomarker-based patient selection (see definition).					
Other trials	Phase IV "real life" trials.					
	Retrospective registry or quality studies.					
	Other studies (e.g. population or GWAS studies).					
	Grand total					
Number of patients included in the year						
Prospective interventional trials	Phase I and Phase IIa trials.					
	Phase IIb trials.					
	Phase III trials.					

Indicator		FY2025/26 Q1	FY2025/26 Q2	FY2025/26 Q3	FY2025/26 Q4	FY2025/26 Cumulative Total
	Subtotal for Designation (A).					
	Observational or cohort studies testing with biomarker-based patient selection (see definition).					
Other trials	Phase IV "real life" trials.					
	Retrospective registry or quality studies.					
	Other studies (e.g. population or GWAS studies).					
	Grand total					
	Percentage of newly-treated patients included in prospective interventional clinical trials in index year (A) / Cancer patients newly treated in the index year.					

Definitions	
Accrual into prospective interventional clinical trials.	<p>The number of patients with a cancer diagnosis included in prospective Phase 1, 2 and 3 clinical trials containing one or more interventions in diagnosis, treatment, follow-up or rehabilitation. Interventional means that the study contains one or more defined actions aiming to improve diagnosis, care or outcome. Studies may be single arm or multi-arm.</p> <p>Patients included in clinical quality or registry studies are excluded from the Designation percentage.</p> <p>Participants in cohort-based observational biomarker-driven studies are NOT included in the number forming the percentage for Designation. We do ask for the data of cohort-based observational studies, provided that they concern studies with a formal PI role from the centre, and approved by scientific and ethical review committees.</p>
Percentage of patients included into clinical trials.	Number of included patients as defined above as a percentage of number of newly treated cancer patients in the index year.
Cancer patients newly treated in the index year.	<p>The number of patients with a diagnosis of cancer who are treated for the first time in the cancer centre/institute in the index year for a particular cancer, regardless of the date and place of the initial diagnosis.</p> <p>Treated means that the patient has gone through cancer directed treatment, regardless of type.</p>

Definitions	
	<p>Newly treated means the patient has never been treated before in the cancer centre/institute for the same cancer. According to this definition: a patient with a new (second or subsequent) cancer should be counted again; but a patient with a recurrent disease previously treated in the centre/institute should not be counted.</p> <p>The number of patients is counted, not the number of visits.</p>

7.4.2.2 *Clinical Trials Unit*

YEAR	FY2025/26
Indicator	Total (in the year specified)
Total FTE [Full Time Equivalent] of study nurses.	
Total FTE [Full Time Equivalent] of study co-ordinators.	
Total FTE [Full Time Equivalent] of bioinformaticians and statisticians.	
Other (please specify in notes) Please specify FTE [Full Time Equivalent].	

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

8 Welsh Blood Service Research.

8.1 HCRW funding award is the first step on the road to a clinical trial at the Welsh Blood Service

Dr Chloë George, Head of Blood Component Development at the Welsh Blood Service has been awarded a **Health and Care Research Wales Trials Development Award**. This is the first for the blood service as Chloë is planning to move into the clinical research space and develop a randomised controlled trial for the use of cold-stored platelets in the pre-hospital environment.



"While I am an experienced researcher, I have not developed and run a clinical trial before. This award will support me to learn about setting up a trial, from study design, statistical methods, and cost-effectiveness analysis to negotiating the trials' approval processes and obtaining funding.

I will be working with a very experienced mentor, Dr Kym Carter from the Swansea Trials Unit. The unit has also worked previously with the Emergency Medical Retrieval and Transfer Service, which are key collaborators for this trial.

This means that my mentoring and training can be specifically tailored to the demands of conducting clinical trials in these complex emergency environments, accommodating the realities of providing urgent care while ensuring compliance with the regulatory standards around clinical trials".

Dr Chloë George

Our research has shown that cold-stored platelets maintain their haemostatic function when transported with blood in the passive refrigerated cool boxes used by Welsh Air Ambulance. The next step is to develop a clinical trial to assess their use in patients with major traumatic haemorrhage in the pre-hospital environment.

"The trial we are proposing would be the first novel blood component clinical trial in patients designed and run from WBS and the first trial using cold-stored platelets in the UK.

The aim is to establish if pre-hospital transfusion of cold-stored platelets with the standard of care treatment is better than standard of care alone when patients have life-threatening bleeding events.

I would like to thank Health and Care Research Wales for awarding me this funding. The support will enable me to dedicate two days a week to focus on developing the trial protocol and allow me to immerse myself in the process."


Michael Bowdery, Head of Programmes and Joint Interim Director at Health and Care Research Wales, said: "We are once again pleased to be able to provide funding for a range of personal and project awards that will support the development of our researchers while addressing important areas of health and care need."



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales

Professor Monica Busse, Director of the Health and Care Research Wales Faculty added: "Applications submitted to the latest round of personal awards were once again compelling and diverse. We look forward to welcoming them to the All-Wales Faculty community of researchers and hope this funding will enable them to make meaningful progress in advancing their research careers in their chosen fields."

8.2 Welsh Blood Service's role in global blood research: Our work with the BEST-Collaborative



Mission 6 Serve the people of Wales by supporting international initiatives.

Mission 6 in our new RD&I Strategy says we will serve the people of Wales by supporting international initiatives. One of the ways we achieve this is through our membership of the BEST-Collaborative.

What is the BEST-Collaborative?

The Biomedical Excellence for Safer Transfusion Collaborative (BEST-C) is an international group of leaders in transfusion medicine and cellular therapies. Its aim is to develop the best products and practices for donors and patients. It brings together experts and organisations from around the world to share knowledge and work on Cellular Therapy, Conventional Components, Clinical Transfusion and Donor Studies.



BEST-C creates a space where leaders can exchange ideas, learn from each other, and develop studies that tackle our shared global challenges. By working together, members can share insight and needs, data and tissue samples.

The collaboration helps shape the future of blood donation and transfusion and transplantation, ensuring we are maintaining the highest standards of safety, quality and effectiveness for both donors and patients globally.

The Welsh Blood Service's role



The Welsh Blood Service is a member of BEST-C as an organisation. Through two nominated leads, we represent both the Welsh Blood Service and the transfusion ecosystem of NHS Wales. We lead on coordination across Wales to support hospital transfusion teams to participate in relevant BEST-C initiatives, broaden the reach of BEST-C and deliver international best practice and research locally.

We have been members of BEST-C for more than 10 years, contributing to vital projects with global impact. We have participated in an average of five studies each year.

Here are some of the initiatives we support



Understanding Platelet Clumping to Reduce Waste

Led by **Nicola Pearce** in partnership with the Australian Red Cross, this study looked at why some platelet donations form clumps, making them unusable. These clumps, known as aggregates, lead to wasted donations and fewer available platelets. The study examined whether some donors were more likely to produce clumped platelets and whether filtering them before transfusion could improve their quality.



Rare Donor Reactions and ongoing work

In 2021, we contributed to this international study investigating rare and severe donor reactions using data from more than 22 million donations across six countries. Findings showed vasovagal reactions with injury occurred at 1.53 per 100,000 donations, with higher rates in females and first-time donors. The study also identified data gaps, prompting BEST-C to continue examining these issues with a global perspective to enhance donor wellbeing. By collaborating globally, WBS helps improve donor safety and refine care protocols. Ongoing efforts have recently been led by **Julie Curry** in Clinical Services, who continues to support this.



Infectious markers

As blood safety testing technologies continue to evolve, the Welsh Blood Service remains committed to understanding and evaluating their impact on donor and patient safety and on the quality of the blood products we produce.

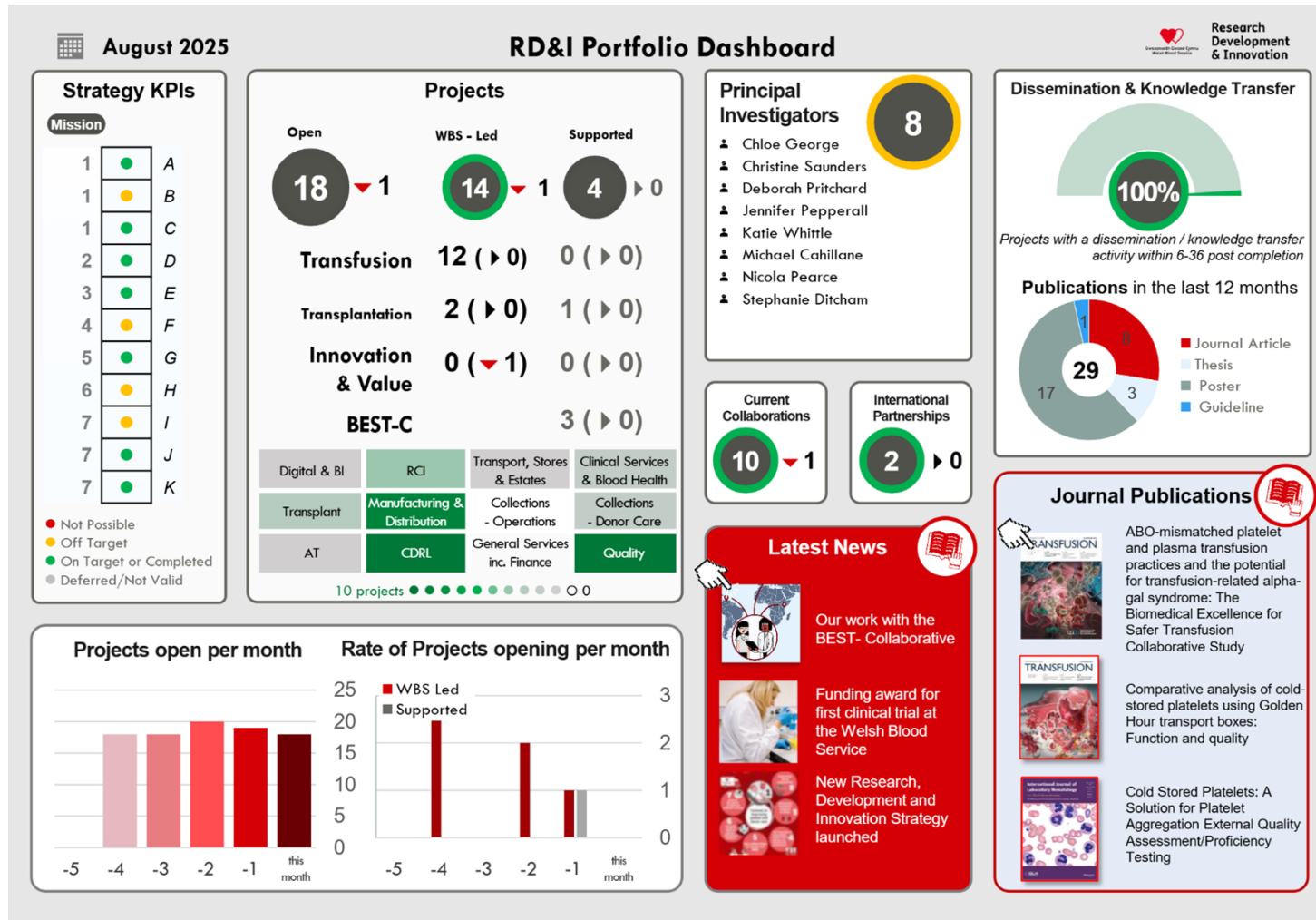
Ann Jones and our Automated Testing department actively monitor and report on our performance, contributing data for comparison with other services.

In collaboration with BEST-C and other international initiatives, our contributions reflect a sustained commitment to ensuring that our testing strategies are optimised and robust and continuously monitored, scrutinised, and constructively challenged to drive ongoing improvement.

Looking ahead: Our commitment to blood research

The Welsh Blood Service remains committed to international research that enhances the safety and quality of blood transfusions. Through our continued work with BEST-C, we will help shape better testing methods, improve blood component quality, and contribute to scientific advancements that benefit patients worldwide. Our involvement ensures that we stay at the forefront of innovation, supporting life-saving treatments with the highest standards of care.

9 Welsh Blood Service Research Performance Indicators.



Current Collaborations

10 ▼ 1

International Partnerships

2 ▶ 0

Journal Publications

TRANSFUSION

ABO-mismatched platelet and plasma transfusion practices and the potential for transfusion-related alpha-gal syndrome: The Biomedical Excellence for Safer Transfusion Collaborative Study

TRANSFUSION

Comparative analysis of cold-stored platelets using Golden Hour transport boxes: Function and quality

International Journal of Laboratory Hematology

Cold Stored Platelets: A Solution for Platelet Aggregation External Quality Assessment/Proficiency Testing

Latest News

Our work with the BEST- Collaborative

Funding award for first clinical trial at the Welsh Blood Service

New Research, Development and Innovation Strategy launched

Projects open per month

Rate of Projects opening per month

9.1 Open projects portfolio.

Project Name	WBS Project ID	Strategic Mission Link	WBS PI	Level of Involvement
Human Platelet Lysate: Human Perspectives	203	Transfusion	Michael Cahillane	WBS RD&I
Investigation of Platelet Receptor Expression on Cold Stored Buffy Coat Derived Platelet Concentrates	210	Transfusion	Chloe George	WBS RD&I
Human Platelet Lysate Scientific	195	Transfusion	Michael Cahillane	WBS RD&I
Impact of cold temperature storage on bacterial growth in cold stored platelets.	205	Transfusion	Nicola Pearce	WBS RD&I
Improving Platelet Storage (PhD Cardiff Metropolitan University)	168	Transfusion	Christine Saunders	WBS RD&I
Investigation of Platelet Function by Microfluidics on 21-Day Cold Stored Buffy Coat Derived Platelet Concentrates	211	Transfusion	Chloe George	WBS RD&I
Evaluation of Albumin as a Cryoprotectant for the Long-term Storage of RBC Units	199	Transfusion	Chloe George	WBS RD&I
Phase 0 Evaluation of non-DEHP Red Cell Storage Packs	194	Transfusion	Chloe George	WBS RD&I
Development of an effective cryopreservation for long-term preservation of rare red cells.	200	Transfusion	Chloe George	WBS RD&I
Data insights on Intraoperative Cell Salvage - Cardiff University partnership	208	Transfusion	Stephanie Ditcham	WBS RD&I
Novel Cryoprotectants for Advancing Long-term Red Blood Cell and Platelet Storage	192	Transfusion	Chloe George	WBS RD&I
Understanding and Investigating White Particulate Matter (WPM)	175	Transfusion	Michael Cahillane	WBS RD&I
Real-World Evaluation of Cytokine Dynamics using a Novel Flow Cytometry Assay	197	Transplant	Katie Whittle	WBS RD&I
Methodology Evaluation for Measuring Regulatory Cells in Kidney Transplant Recipients	178	Transplant	Deborah Pritchard	WBS RD&I

Project Name	WBS Project ID	Strategic Mission Link	WBS PI	Level of Involvement
Service Support of BiVISTA Study at Cardiff and Vale UHB	213	Transplant	Jennifer Pepperall	Service Support of others

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.

✓	KPI On track
⚠	KPI requires attention

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

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

Mission 7 – Enhance the Impact of RD&I and Celebrate Success												
Number of research papers published	Publish at least 10 papers	✓	⚠	⚠	⚠							
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 WBS RD&I Key Performance Indicator [KPI] Narrative

Number of Researchers: The number of active researchers has decreased by one. We currently have nine researchers, against a target to sustain ten annually.

Number of Innovation Projects Successfully Implemented: No innovation projects have been implemented during the current reporting period, against a target of five projects over 12 months. Discussions at the WBS RD&I Group are ongoing to address this KPI, and a dedicated innovation-focused project workstream is being established to support improvement in this area.

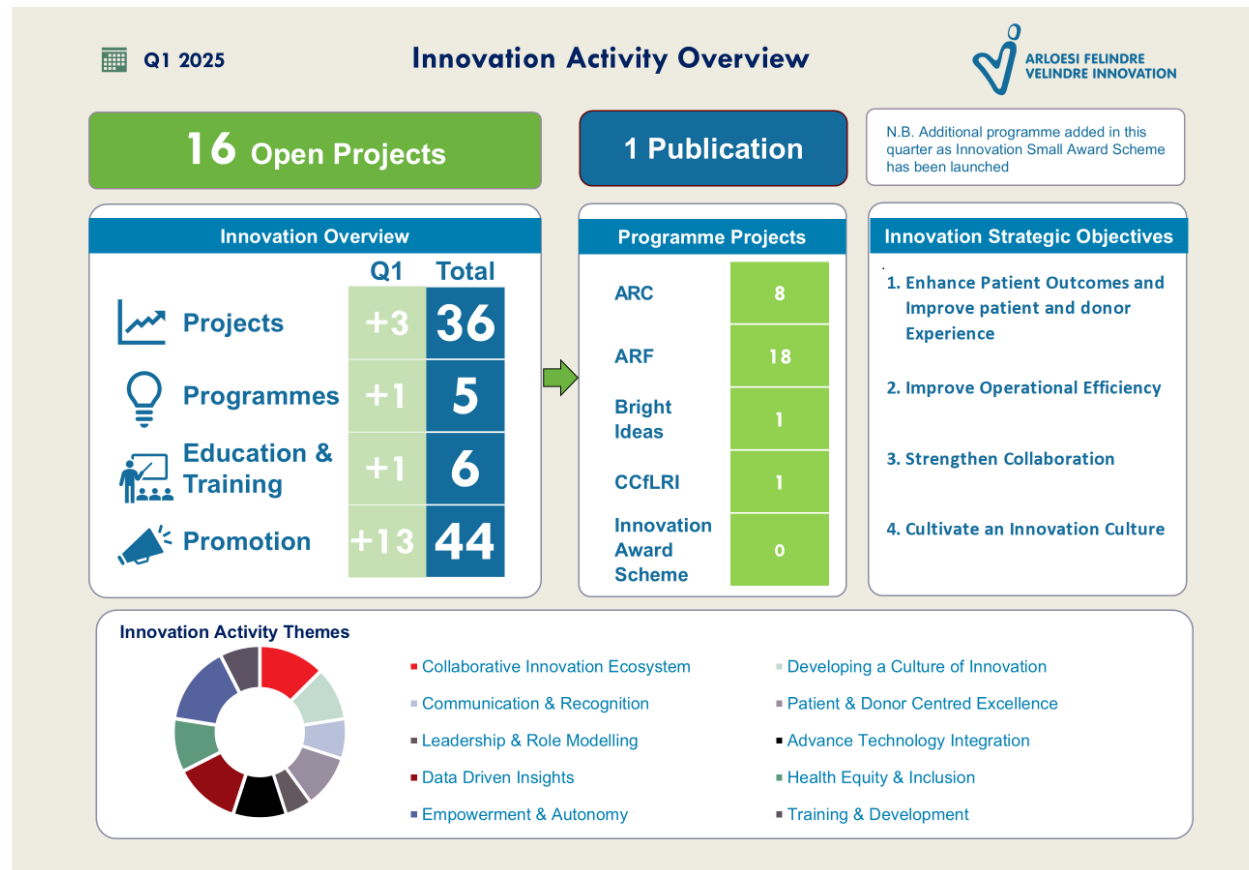
Number of International Projects Participated In : The number of international projects has fallen to two as of April 2025, with a brief increase to three in May 2025. This remains below the annual target of five international projects per year.


Number of Research Papers Published: Eight journal articles and/or one guideline have been produced year to date (as of 30 July 2025). An additional three articles are currently in the pre-publication stage. While progress is being made, this remains below the annual target of ten published outputs.

STRATEGIC PRIORITY 3

The Trust will implement the Velindre Innovation Plan.


10 Velindre Innovation Service.




Q1 2025

Innovation Activity Overview





Innovation Highlight Programmes (Active)

- **Bright Ideas** - The Bright Ideas campaign, launched in December 2024, engaged the Outpatients Team to explore innovative solutions, this was successfully concluded in June 2025 with a review of lessons learned. These insights are now informing the development of the next challenge, with planning underway for the next challenge with the Velindre Cancer Centre Psychology Team, aimed at fostering creative solutions within psychological care. This initiative is set to launch in August 2025 (Q2).
- **Advancing Radiotherapy Cymru (ARC)** - Continuing to run successfully as an all-Wales initiative, with the innovation team refining processes for governance and applications to ensure efficient and effective oversight. There are 8 approved projects under the programme, with 1 provisionally approved contingent on addressing concerns and feedback raised by the board.
- **Advancing Radiotherapy Fund (ARF)** – The fund was a precursor to the ARC programme and has enabled Velindre Cancer Centre to advance stereotactic and other radiotherapy technologies for patients across Wales, with a showcase of project achievements planned for September 2025 (Q2).
- **Collaborative Centre for Learning, Research, and Innovation** – Presentation was delivered to the Patient Engagement Board to introduce the team and outline the proposed approach for the Collaborative Centre. Board members were invited to provide input to help shape the Centre's activities and were encouraged to actively participate in informing the initial workstreams. Their input will support the upcoming Project Nexus: Workstream 1 simulation and collaboration workshop scheduled for July (Q2).
- **Innovation Small Award Scheme** - Grant scheme has been developed and launched in Q1 aimed to support and fund innovation activity within VUNHST. Five applications were submitted in Q1, one has been successfully funded and is set to begin in Q2, marking the first steps in building momentum. The remaining four applications are currently under review.

Dashboard

Programmes

Funding

Education

Promotion

Goals

Risks

 Q1 2025

Innovation Activity Overview



Funding

- **RIC funding application** submitted to Welsh Government for Trust programme and national role.
- **WCLF – HEIW funding application** - Submitted joint application with Mick Button Clinical oncologist at Velindre Cancer Centre for a WCIF Welsh Clinical Leadership Fellow (50% funded by HEIW) to support benchmark for the collaborative centre for learning, research and innovation as part of the new Cancer Centre and to undertake baseline work for innovation
- **Charitable Funds bid** - another bid was developed and submitted to the Velindre Charity for the remaining 50% of the funding post.
- **Sustainability projects** – working collaboratively with sustainability lead at Velindre Trust and leads at Cwm Taf Morgannwg to assess the feasibility of funding applications to support sustainability and innovation programme of work.
- **Business case to WG for attendance at Expo/Japan Health and various visits** – Developed business case for Japan Expo to Welsh Government to support visit /knowledge exchange and build networks overseas and with new partners.
- **Submitted Horizon bid in Q4** for a programme addressing inequities for patients with Cancer and serious mental illness – unfortunately, this round was very competitive, and the bid was not successful.

[Dashboard](#) [Programmes](#) [Funding](#) [Education](#) [Promotion](#) [Goals](#) [Risks](#)

 Q1 2025

Innovation Activity Overview



Education and Training

- Contributed to the development of the NHS Wales ESR innovation training module which went live in April 2025, with uptake being actively monitored. Targeted communications are in development to enhance engagement and raise awareness.
- Induction training materials have also been updated, with new slides incorporating innovation content to be introduced from August (Q2).
- ISO 56001 training session held at LSH Wales, Velindre innovation Team and PHW RIC Hub attended joint training session on the Introduction to innovation management systems.
- Work continuing with University of Wales Trinity St. David to accredit the course and exploring opportunities for inclusion in broader strategic training programme with the Velindre Oncology Academy (micro-credentials).
- Engagement with Workforce and OD has progressed to incorporate innovation throughout the recruitment process including job descriptions and the Manager's Toolkit.

[Dashboard](#) [Programmes](#) [Funding](#) [Education](#) [Promotion](#) [Goals](#) [Risks](#)

Q1 2025

Innovation Activity Overview

Promotion and Publications

Promotion	Publications
RIC Hub network meeting each quarter.	MediWales Connects conference programme
Meeting with lead for Social Innovation (SI) at University Trinity St Davids - early discussion on collaborative opportunities in SI.	
Participated in the Scientific Trust Strategy Launch event.	
MediWales Connects Conference – CCFLRI workshop, attended conference and hosted Trust exhibition stand.	
Attended Wales/Japan Expo in Osaka, Japan Health and site visits.	
Visit to SUSIM to review facility and provision to inform workstreams for the CCFLRI.	
Engagement meetings with industry partners have been held to explore potential collaborations in areas such as medical drones, biotech innovation, and simulation technologies. These discussions were focused on identifying opportunities for technology integration, empowerment, and patient-centred excellence.	
Attended HEIW Annual Simulation Conference – June 2025. The conference focused on 'Building Bridges in Simulation Practice', promoting collaborative working and learning across Wales.	
Branded banners have been produced to enhance visibility at workshops and conference events.	
Participated in the Velindre Cancer Charity Victory over Cancer Walk to help raise funds and build relationships with staff across the Trust. – Link: Victory over Cancer Walk	
Took part in the Velindre Cancer Charity Mile a Day in May challenge – the team scheduled weekly walks from VCC and invited colleagues across the Trust to participate. – Link: Innovation Team walk a Mile a Day	
ARC funding application call launched for radiotherapy-based projects that aim to improve treatment for cancer patients across Wales. Link: ARC funding call	
NHS Wales ESR Innovation Training module launched in April 2025. The 15-minute module introduces Health Innovation with existing examples, available support, and guidance on developing and delivering new ideas. Link: NHS ESR Innovation Training module	

Dashboard

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Risks

 **Q1 2025**

Innovation Activity Overview

 **Short-Medium Term Goals** 

- Implement ISO56001 system and seek costs and plan for external verification
- Trained auditors in ISO system
- Funding sustainability
- Roll out induction training and promotion of innovation
- Accreditation of training course
- Launch next innovation challenge on the Bright Ideas platform, with the Velindre Cancer Centre Psychology Team (Q2)
- Develop a project plan for CCfLRI workstreams and associated resource requirements
- Develop blueprint for collaborating with industry as an outcome of the workshops
- Gather case study content to showcase progress and formally recognise the outstanding work taking place throughout the Trust
- Participation in Welsh Government led Innovation Management training (Amplify) (Q2/3)
- Update website and content ensuring engagement accessibility and Welsh language requirements
- Research and Innovation Showcase event September 2025 and project highlight report
- Case study content is being gathered to showcase progress and formally recognise the outstanding work taking place throughout the Trust

Dashboard **Programmes** **Funding** **Education** **Promotion** **Goals** **Risks**

Q1 2025

Innovation Activity Overview

Risk Register

Risk	Comment	RAG	Mitigation
Finance	Without continued Welsh Government RIIC funding beyond 2025, the innovation team will face a significant shortfall in revenue, jeopardising staffing and limiting the Trust's capacity to deliver innovation activities.	G	Innovation award fund is being developed through an application to the Velindre Charity, providing resources for staff to engage in innovation activity and projects across the Trust. <i>Confirmation of funding received by Welsh Government for continued RIIC funding for period 25/26</i>
Finance	Charity funding for Project Manager is at risk the innovation department will be unable to continue to fund the post.	R	<ul style="list-style-type: none"> Alternative sources of funding are being sought through grants or charitable funds e.g. Moondance / CCFLRI SBAR to include funding for Project Manager.
Operational	Sufficient resources to support the implementation of the CCFLRI programme.	R	Bid is being prepared for review by relevant boards and SRO to ensure sufficient resources are secured.
Recruitment	The time taken to recruit into posts poses a risk that vacancies will not be filled in an adequate timeframe needed to support the department, affecting the impact and frequency of projects.	O	Utilising secondments and expressions of interests for fixed term posts to speed up recruitment process.
Governance	Timely expedition of project ideas/projects due to unclear governance /contracting process.	O	Recruitment exercises now undertaken and employees in post. This will be mitigated through the execution of the Velindre innovation MDT and the development of a standardised contracting template.

Dashboard

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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	0			
Number of Studies Opened	1			
Scope of Studies Opened	National			
Number of Sites Opened	2			
Number of Publications	0			
Number of Abstracts	0			
Number of Articles	0			
Recruitment	1			

11.2 VUNHST sponsored studies publications

There have been no publications resulting from VUNHST sponsored studies during Quarter 1 of Financial Year 2025/26.

CROSS-CUTTING THEMES

12 Cross-cutting themes: progress.

Cross-cutting themes across Strategic Priorities 1 to 4														
Cross cutting theme	Objective & Expected benefit	FY2025/26				FY2026/27				FY2027/28				Progress / Comments
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Research workforce development / training	<p>Continue to develop and implement an RD&/Trials training programme to that aligns to the forthcoming implementation in April 2026, of the:</p> <ul style="list-style-type: none"> - The Medicines for Human Use (Clinical Trials) Regulations 2024. - ICH Good Clinical Practice E6(R3) guidelines. <p>ensuring that all sponsored and hosted clinical trials are conducted to the highest standards of patient safety, data integrity, and regulatory readiness.</p> <p>This should draw on as appropriate:</p> <ol style="list-style-type: none"> (1) Trust-developed internal training. (2) Health and Care Research Wales training. (3) Training from specialist non-commercial and commercial providers <p>Expected benefit: Increased capability and confidence across Trust staff to develop, set up, deliver and manage clinical trials/research studies.</p>				x									<p>During Q1, preparatory work began to develop a Trust-wide set of research standard operating procedures and training programme aligned to the forthcoming April 2026 implementation of the Medicines for Human Use (Clinical Trials) Regulations 2024 and ICH GCP E6(R3) guidelines.</p> <p>Initial mapping of standard operating procedure refreshment and training requirements has been undertaken, and a draft framework for the programme is in progress.</p> <p>The plan will draw on Trust-led content, Health and Care Research Wales provision, and specialist external providers, as appropriate.</p>
Investment in Research Delivery & Governance team infrastructure development	Strengthen staffing capacity and capability within the Research Delivery & Governance teams to support delivery of complex and high-volume clinical trial portfolios,													<p>In Q1, the RD&I service began planning for the recruitment of additional roles within the Research Delivery and Governance teams.</p>

RD&I - Integrated Performance Report

	<p>ensuring timely set-up, delivery, and regulatory compliance.</p> <p>Expected benefit: Improved study initiation timelines, sustained recruitment performance, and enhanced regulatory readiness.</p>													<p>These posts, supported by VPAG funding, are designed to increase capacity for site feasibility, contracting, and trial set-up, delivery and ongoing management, particularly for high-complexity and early-phase studies.</p> <p>Recruitment processes are scheduled to progress in the next quarter.</p>
<p>Digital infrastructure development and enablement</p>	<p>Develop and implement digital systems to streamline research management, documentation, and reporting, including phased roll-out of Florence eBinders and integration with existing Trust systems.</p> <p>Expected benefit: Improved efficiency, accuracy, and accessibility of research records, supporting compliance and reducing administrative burden.</p>													<p>Preparatory steps for the phased implementation of the Florence e-Binder system commenced in Q1 but were paused due to contractual issues.</p> <p>Work to configure the system for adoption across non-commercial and commercial studies will recommence in Q2 and is expected to continue through Q3.</p> <p>Standardised filing conventions are being drafted to align with MHRA inspection readiness requirements.</p> <p>Roll-out will be prioritised to commercial studies and planning for integration into sponsored and non-commercial hosted trials will follow.</p> <p>This will support the Trust's move towards a fully digital trial documentation environment.</p>
<p>Partnership engagement and collaboration</p>	<p>Strengthen cross-organisational collaborations (local, regional, and national) to expand research opportunities, share expertise, and improve patient access to clinical trials.</p> <p>Expected benefit: Increased number and diversity of research studies available to patients, stronger external partnerships, and enhanced profile of Velindre University NHS Trust in research delivery.</p>													<p>The Trust continued to progress engagement with local, regional, and national partners during Q1, with a focus on planning future joint activity. This includes ongoing collaboration with the Cardiff Cancer Research Hub on upcoming BioNTech vaccine and TIL therapy studies, as well as participation in industry engagement events to raise the Trust's research profile.</p> <p>Discussions with The Clatterbridge Cancer Centre NHS Foundation Trust on their research delivery, training and financial models are expected to advance in the coming months.</p>

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 June 2025 (Month 3 2025/26). The dashboard included within Appendix 1 provides an overview of the position.

13.2 Financial Performance to June 2025

The reported financial position for RD&I at the end of June 2025 was an overspend of £70k. The high-level position by category is shown below with a detailed breakdown by Directorate shown in Appendix 2.

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

Subjective	Annual	Cumulative Position		
	Budget (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Pay	4,151	1,042	1,067	25
Non Pay	634	177	204	26
Income	(5,225)	(1,248)	(1,229)	18
Grand Total	(440)	(28)	42	70

Key Variances:

- **Pay** – As the Division is operating as close to full establishment, vacancy control savings are not being achieved in full. As a result, the overall pay budget is showing a small overspend (£25k).
- **Non-Pay** – Non recurrent overspending against non-pay budgets which has led to a £26k overspend. This relates mainly to computer software/ license and other clinical costs.
- **Income** – The greatest area of risk across the division is income. There is a significant income target of £5.2m for the 2025/26 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.

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	1,164	276	272	4
R & D Income / Grants	132	119	120	(1)
Commercial Trials Income	1,374	317	310	7
Charity Income	2,262	463	461	2
Other Income	293	73	67	6
Grand Total	5,225	1,248	1,229	18

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

	Current Month	Year to Date	Forecast Outturn
% Compliance	86%	91%	>95%

The PPP compliance target is to pay 95% of invoices within 30 days. Whilst the year-to-date position falls slightly short of the target, it is expected that this will improve in the coming months as recruitment into the vacant posts is currently underway.

13.3 Delivery of savings

The current position suggests that both establishment control savings and increased commercial trial income is on track to deliver in full by the end of the financial year. Whilst the year-to-date position is challenging in respect of establishment control, it is hoped that the position can be mitigated between now and the end of the financial year.

It should be noted that where there is a risk of deviation away from planned full delivery there is an expectation that the Division will identify appropriate mitigation to offset whilst working through remedial action. Failure to manage appropriately has consequences; not only on the Divisional position but also the position reported to Trust Board. Performance against commercial income targets will continue to be closely monitored throughout the year.

13.4 Conclusion

Budget holders have a delegated responsibility to ensure that they manage within their budgets. 2025/26 continues to be a challenging year in that the Divisional Leadership Team will be required to deliver a package of savings proposals, mitigate evolving budgetary challenges, and maximise income opportunities to balance the budget.

13.5 Key Actions

2025/26 delegation of revenue expenditure budget (DECL) letters to be circulated and signed by Divisional Leads.

Appendix 1 - Research, Development & Innovation 2025-26

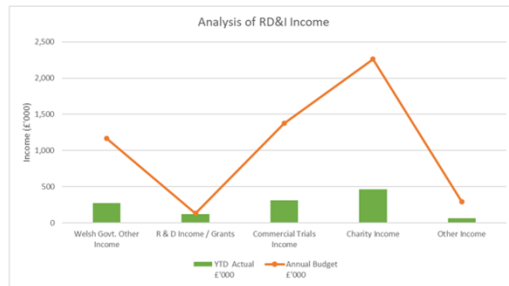
Month 3 – June

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

Subjective	Cumulative Position M3			
	Annual Budget (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Pay	4,151	1,042	1,067	25
Non Pay	634	177	204	26
Income	(5,225)	(1,248)	(1,229)	18
Grand Total	(440)	(28)	42	70

Income Summary

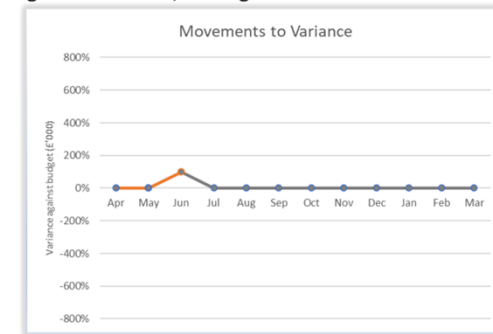
Subjective	Annual Budget (£'000)	YTD Budget (£'000)	YTD Actual (£'000)	YTD Var (£'000)
Welsh Govt. Other Income	1,164	276	272	4
R & D Income / Grants	132	119	120	(1)
Commercial Trials Income	1,374	317	310	7
Charity Income	2,262	463	461	2
Other Income	293	73	67	6
Grand Total	5,225	1,248	1,229	18



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

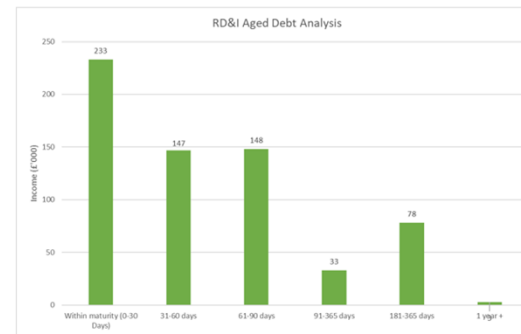
The figures and charts below highlight the performance against the 2025/26 targets.



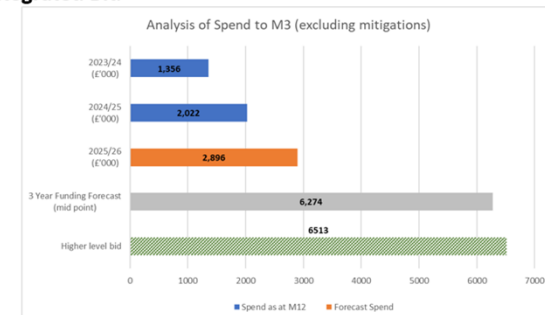
Payment of Invoices: to pay at least 95% of invoices within 30 days.

	Current Month	Year to Date	Forecast Outturn
% Compliance	86%	91%	>95%

Aged Debtors



Integrated Bid

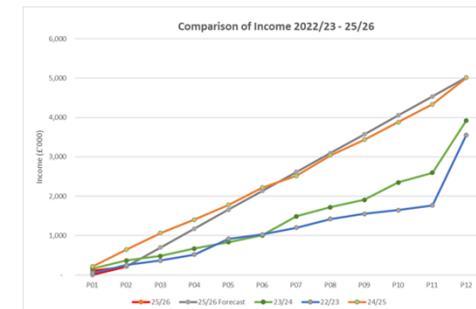


The figures and charts below highlight the medium-term position and will be key in determining a strategic approach to financial planning.

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

IMTP Considerations:

- Progress made against £150k increase in commercial trials income plus additional vacancy factor of £80k - £230k total. Currently anticipate to deliver in full, finding mitigation where appropriate.



Appendix 2 – Financial Performance by Directorate

Row Labels		Sum of Annual Budget		Sum of YTD Budget		Sum of YTD Actual		Sum of YTD Variance
RAA1-R&D Office	-	608,006	-	86,241	-	27,465		58,776
Income	-	4,001,622	-	1,028,900	-	1,019,353		9,547
Non Pay		307,331		165,218		169,817		4,599
Pay		3,086,285		777,440		822,071		44,631
RAAS-Strategic IB		15,624		23,408		31,939		8,531
Income	-	1,009,235	-	179,773	-	171,189		8,584
Non Pay		239,488		8,123		25,725		17,602
Pay		785,371		195,058		177,402	-	17,656
RINV-Innovations		152,614		35,043		37,290		2,247
Income	-	214,105	-	38,926	-	38,632		294
Non Pay		87,443		4,150		8,325		4,175
Pay		279,276		69,819		67,598	-	2,221
Grand Total	-	439,768	-	27,791		41,764		69,555

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) – From 01 April 2025.

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 RADIOTHERAPY SERVICE 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"> Capacity to meet the Trust’s existing contractual requirements to deliver clinical trials requiring patients to receive radiotherapy treatment. Capacity to offer patients opportunity to take part new clinical trials where they would receive radiotherapy treatment. <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 “Controls / Action Plan & Progress” column.</p> <p>The RADIOTHERAPY SERVICE risk has an inherent risk score of 20 and has previously been escalated to the Trust Executive Management Board. The RADIOTHERAPY risk is owned by that service and is described below for reference:</p> <p>RADIOTHERAPY CAPACITY 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"> An inability to maintain waiting times compliance. Creation of waiting lists. Inability to meet RCR clinical guidelines. <p>Patient safety risk</p>	01 May 2011	12	<p>06 Aug 2024.</p> <ol style="list-style-type: none"> 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"> Trust R&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. Regular meetings between the Head of R&D, Research Delivery Manager, and Superintendent Radiographer – R&D. Through these mechanisms, the existing clinical trials with radiotherapy have been assessed and the Trust is able to meet its contractual requirements. The Research Service’s Head of R&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). <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

No	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"> - Patients will wait longer to start treatments resulting in possible poorer clinical outcomes, lack of symptom control and poor patient experience. <p>Reputational risk</p> <ul style="list-style-type: none"> - Limited service developments with a corresponding delay or inability to meet IMTP objectives. - Restricted ability to participate in clinical trials or research projects. - Issues with recruitment and retention of staff. 			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"> 1. Continuing to set-up research studies where biopsies are optional or can be undertaken at Velindre Cancer Centre (VCC) 2. Continuing to set-up research studies with mandatory biopsies using support requests to CVUHB on a case-by-case basis. 3. Work ongoing with CVUHB Joint Research Office & CVUHB Radiology to resolve issue. 4. VUNHST R&D commercial radiology sessions supporting the identification of radiological biopsy requirements as part of study set-up. 5. VUNHST exploring support service agreements with other organisations. 	8	Open	Adequate	Head of R&D

Risk Summary Table (Closed Risks) – From 01 April 2025.

There have been no closed risks from 01 April 2025.

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE	
Cardiff Health Partners and Cardiff Cancer Research Partnership Update	
DATE OF MEETING	4 September 2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	INFORMATION / NOTING
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Rhydian Owen, Cancer Research and Development Cancer Lead Lauren Fear, Director of Place, Portfolio and Partnerships
PRESENTED BY	Lauren Fear, Director of Place, Portfolio and Partnerships
APPROVED BY	Jacinta Abraham, Executive Medical Director Lauren Fear, Director of Place, Portfolio and Partnerships
EXECUTIVE SUMMARY	<p>Cardiff Health Partners The Trust, Cardiff and Vale University Health Board and Cardiff University are establishing a "Cardiff Health Partners" as a strategic partnership. This paper provides an introductory update.</p> <p>The next key milestone is to create a Prospectus to support a formal launch of the Partnership, including at the Welsh International Investment Summit in December. This will be shared through the next governance cycle in November.</p> <p>Cardiff Cancer Research Partnership The Cardiff Cancer Research Partnership (previously Hub) is one of the flagship projects forming part of Cardiff Health Partners. This paper</p>

	provides an update on recent progress, the Partnership Agreement, the financial model and the internal launch.
RECOMMENDATION / ACTIONS	To NOTE the update provided in this paper and to NOTE the next steps for the November governance cycle.
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
Executive Management Board	26/08/2025
Research, Development and Innovation Sub-Committee	04/09/2025
Strategic Development Committee	09/09/2025
Trust Board	25/09/2025
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
Executive Management Board – <i>Noted</i>	
7 LEVELS OF ASSURANCE	
NOT APPLICABLE	

Section 1 - Cardiff Health Partners

- 1.1 Trust, Cardiff and Vale University Health Board and Cardiff University are establishing a "Cardiff Health Partners" as a strategic partnership.
- 1.2 Its purpose is to pioneer collaborative health science Innovation today to make Wales fairer, healthier and more prosperous

Context

- 1.3 The context and motivation for the establishment of the Partnership includes:
 - **Purposeful Catalytic Cross-Sector Collaboration**
Leveraging regional co-location between Cardiff University, the Trust, and Cardiff and Vale University Health Board to build a connected health innovation ecosystem for Wales.
 - **Focussed Enabler of Integrated Impact**
Aligning discovery, innovation, and care around pre-clinical science, diagnostics, and precision medicine with cancer into a seamless pathway to

real-world benefits by integrating research, clinical care, education and industry.

- **Regional and National Asset**

Driving health improvement, research excellence, and economic growth for Wales anchored around the Cardiff Cancer Innovation District including Cardiff Edge and Velindre Cancer Centre (Campus).

- **Strategic Investment Vehicle**

Creating opportunities for new partners and investment from public, private, and third sectors to accelerate discovery-to-impact while growing high-value jobs and capabilities in Wales.

- **Proven Academic-led Model**

Inspired by and learning from models at King's Health Partners, Bristol, and Edinburgh BioQuarter.

Structure

1.4 Cardiff Health Partners operates through a collaborative governance structure, underpinned by an Executive Programme Board with representation from each founding organisation. Reporting into this Board is the Cardiff Health Partners Management and Development Group which plays a central operational role in ensuring the successful delivery, coordination, and progression of the Cardiff Health Partners strategic objectives.

1.5 There are currently three projects and two enabling projects underway which are forming part of Cardiff Health Partners initially:

- Cardiff Cancer Research Partnership – led by the Trust
- Intercranial Therapies Hub – led by Cardiff University
- Babies, Children and Young People – led by Cardiff and Vale University Health Board

Enabling Projects:

- Joint Research Office
- Data and sample sharing

1.6 The first action is for the Cardiff Health Partners to create a Prospectus, which will have a platform at the Wales International Investment Summit in December. This will be shared through the November governance cycle in the Trust.

- 1.7 There is a Trust Cardiff Health Partners Coordination Group being established in order to provide a vehicle for a collaborative approach in developing this work.

Objectives

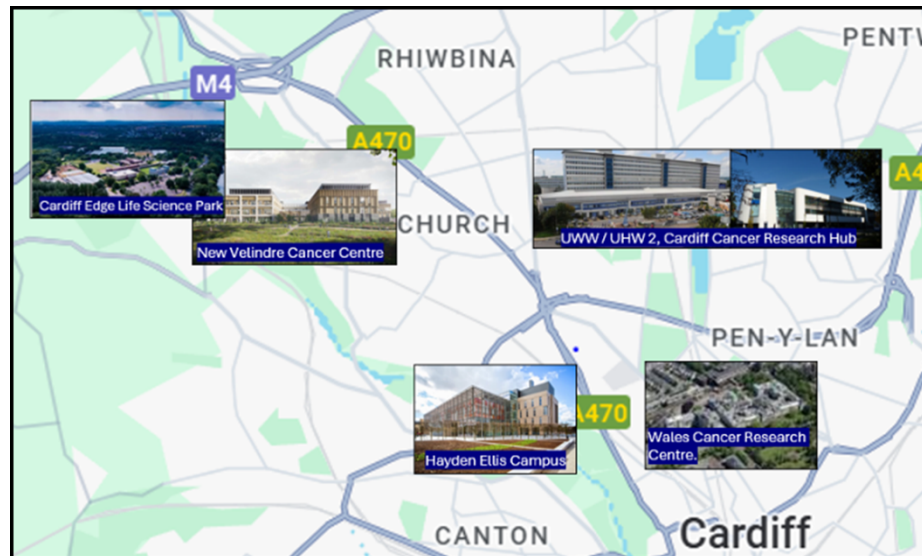
- 1.8 The aims of the Partnership are being shaped and will further developed over the course of the work in September and October. The working draft includes:

- **Accelerate Innovation to impact**
Accelerate precision diagnostics, early detection, prevention, and advanced treatments.
- **Improve Health outcomes and advance equity**
Tackle inequalities and enable fairer access to innovative care across communities.
- **Drive Economic Regeneration**
Stimulate high-value employment, support SME and life science sector growth, attract inward investment and position Wales as a world-class hub for health and life sciences.
- **Enable Translational Research**
Bridge discovery and clinical practice to get new therapies to patients faster.
- **Develop a Future-Ready Workforce**
Build an interdisciplinary, skilled workforce through integrated education, collaborative training, and professional development programmes that attract and retain global talent.
- **Foster Regional Collaboration**
Strengthen partnerships, maximise resources, and build shared centres of excellence across Wales.

Cardiff Innovation District

- 1.9 The development of a Cardiff Innovation District will further anchor and enable the place-based Partnership. The Innovation District includes the five-mile corridor linking Cardiff Edge, Heath Park, Velindre Cancer Centre, and Cardiff University. It therefore combines advanced imaging, genomics, biobanking, ATMP

manufacturing and clinical trials and it creates further opportunities for critical mass for breakthroughs in prevention, diagnosis, treatment, and survivorship.



Investment Strategy

- 1.10** The upcoming work will include the development of an investment strategy for Cardiff Health Partners. The approach to funding will be deliberately aligned to the UK's science and technology investment to scale regional Research and Development. This is part of the UK Modern Industrial Strategy, including the Life Sciences sector Plan, launched in July 2025. The investment strategy is being designed to face into the Regional Innovation Fund mechanism. The leverage principles of the fund are to target a 1:3 public–private co-investment ratio to crowd in substantial private capital. The development of the investment strategy will be progressed in close collaboration with Welsh Government and the Life Sciences Hub.

Section 2 - Cardiff Cancer Research Partnership

- 2.1** The Cardiff Cancer Research Partnership is a partnership between the Trust, Cardiff and Vale University Health Board and Cardiff University which aims to:
- Improve clinical outcomes for its population by increasing patient access to research.
 - Deliver world class cancer research in Wales.
 - Develop a structured pipeline to bring new discoveries from the lab to the clinic.
 - Develop the foundations for the delivery of advanced therapies.

Recent Progress

- 2.2** To date, the Cardiff Cancer Research Partnership has opened three commercially sponsored trials with a further 11 currently in setup or pre-setup. The forecasted patient number in the trial portfolio is 72% solid tumour, 28% haematology and therefore in line with the 2:1 ratio anticipated in the Strategic Investment Case. The trial activity is tracked and managed through the joint governance of the Partnership.
- 2.3** As set out in the Strategic Investment Case, the revenue model is intended to include income from both clinical trials and discovery and translational research grant awards. The Discovery Translation Research function was established in late 2024 and one of its key aims is to increase the number of Discovery Translation Research grant applications developed in partnership between the three organisations, and with industry and other collaborators. This bid development and support function launched in early 2025 and to date, one large bid has been developed by the partnership. In addition, a number of clinicians and academics are being supported to develop new grant applications and studies (e.g. via organising workshops, speeding up applications for data and patient sample use).

Partnership Agreement

- 2.4** A Heads of Terms agreement was reached in September 2024 between the three partners, which included approval at the Trust Board. This has subsequently been developed into a triparty legally binding agreement by a workstream within the Cardiff Cancer Research Partnership programme structure, which includes representation from the three partner organisations and NWSSP Legal & Risk.
- 2.5** The Trust's final comments are being coordinated to feed into a final draft by end of September. This will include engagement with the Independent Members for Legal and Research and Development. It is then intended to bring the Partnership Agreement for consideration for approval through the November governance cycle.
- 2.6** The Partnership Agreement provides an overarching framework for how the three partner organisations operate jointly as the Cardiff Cancer Research Partnership. Individual project-specific agreements will then agree responsibility, income share and intellectual property on an individual clinical trial or academic research study.

Financial Model

- 2.7** The final substantive matter to enable the completion of the Partnership Agreement was the financial model. This was agreed in principle through the joint executive governance in August. It was agreed that each partner will also continue to provide its staff time and facilities to undertake agreed Cardiff Cancer Research Partnership activities, but that the Project Management Office will be jointly funded by the three partners from 2026/7 onwards. This team is made up of three roles, 1.7FTE, at total cost of £125k.
- 2.8** In 2022/23, VUNHST provided £1.04 in charitable funds to pump prime a core Cardiff Cancer Research Partnership workforce during 2022/23–2025/26, alongside staff provided by Cardiff and Vale University Health Board and Cardiff University. The intention is to increase the trials portfolio to the point where external commercial income from trials can entirely sustain this workforce. Current modelling suggests that, if future income is at the more ambitious end of the forecasted range, then this should occur within the next three years. However, should future income fall at the more conservative end of that forecasted, there is a risk of a shortfall of up to £400k p.a. beyond this three-year period, with additional funding required up to that point. Plans to mitigate these risks are in place, including funding via Health and Care Research Wales' Voluntary Scheme for Branded Medicines Pricing, Access, and Growth (VPAG) scheme has been obtained, which significantly reduces the funding required over the next two-three years. A new Integrated Bid is being submitted to charitable funds committee to support Trust Research and Development activities during 2026-2029 and this includes the current Trust-funded Cardiff Cancer Research Partnership posts not covered by other sources.

Name, Website and Internal Launch Event

- 2.9** The change from "Hub" to "Partnership" is to reflect the fact that Cardiff Cancer Research Partnership activities (and patients and staff) flow across multiple sites rather than being primarily located at a single 'Hub'.
- 2.10** A website is currently being finalised, and an event scheduled on 17th September to formally 'launch' the Cardiff Cancer Research Partnership internally within the three organisations. Once these and the Partnership Agreement are in place, the Cardiff Cancer Research Partnership will then move from its 'setup' phase to 'fully operational' status.

3. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input checked="" type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input checked="" type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input checked="" type="checkbox"/> 	
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	<ul style="list-style-type: none"> 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"/>
QUALITY IMPACT ASSESSMENT	Will be finalised to bring alongside decision making in November governance cycle.
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED	Will be finalised to bring alongside decision making in November governance cycle.
TRUST WELL-BEING GOAL(S) IMPLICATIONS / IMPACT	
The Trust Well-being goals being impacted by the matters outlined in this report should be clearly indicated. Please indicate whether any of the matters outlined in this report impact the Trust's Wellbeing goals: YES - Select Relevant Goals below	
If yes select the relevant goals:	
<ul style="list-style-type: none"> • A Prosperous Wales - An innovative society that develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities. <input checked="" type="checkbox"/> • A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience. <input checked="" type="checkbox"/> • A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health <input checked="" type="checkbox"/> 	

<ul style="list-style-type: none"> • A More Equal Wales - A society that enables people to fulfil their potential no matter what their background or circumstances <input checked="" type="checkbox"/> • A Wales of more Cohesive Communities - Attractive, viable, safe and well-connected communities. <input checked="" type="checkbox"/> • A Wales of Vibrant Culture and Thriving Welsh Language -Promoting and protecting culture, heritage and the Welsh language, encouraging people to participate in the arts, and sports and recreation. <input checked="" type="checkbox"/> • A Globally Responsible Wales – Consideration of whether an action may make a positive contribution to global well-being <input checked="" type="checkbox"/> 	
FINANCIAL IMPLICATIONS / IMPACT	Financial model update Included
EQUALITY IMPACT ASSESSMENT	Will be finalised to bring alongside decision making in November governance cycle.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	Partnership Agreement update included

4. RISKS

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



RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE	
RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE CYCLE OF BUSINESS & TERMS OF REFERENCE 2025-26	
DATE OF MEETING	04/09/2025
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	ENDORSE FOR APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sandra Cusack, Business Support Officer
PRESENTED BY	Llinos Madeley, Head of Corporate Governance (Interim) Non Gwilym, Director of Corporate Governance (Interim)
APPROVED BY	Jacinta Abraham, Executive Medical Director
EXECUTIVE SUMMARY	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.
RECOMMENDATION / ACTIONS	The Research, Development & Innovation Sub-Committee is asked to: <ul style="list-style-type: none"> • APPROVE the Cycle of Business • ENDORSE FOR APPROVAL the Terms of Reference for onward submission to Trust Board.
GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date

RD&I Sub-Committee		16/06/2025
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	Research, Development & Innovation Sub-Committee Terms of Reference Terms of Reference 2025-26 with 'Track Changes'	
Appendix 3	Research, Development & Innovation Sub-Committee Terms of Reference Terms of Reference 2025-26 'Clean' Copy	

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. At that time, the Committee agreed an annual review cycle for the Terms of Reference. The Committee considered a paper at its meeting in June 2025 and agreed to return to discuss further at its next meeting (September 2025).

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**).

3. 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>1.0 INTRODUCTION</p> <p>1.4 Research, Development and Innovation are defined as follows:</p> <p>Addition to the following bullet point:</p> <ul style="list-style-type: none"> • 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.

<p>Research, Development & Innovation Sub-Committee</p>	<p>2.0 PURPOSE</p> <p>2.1 The purpose of the RD&I Sub-Committee is to:</p> <p>Addition of the following bullet points:</p> <ul style="list-style-type: none"> • Provide strategy and policy oversight for RD&I activities undertaken by the Trust reporting to the Strategic Development Committee <u>including compliance with Duty of Quality legislation.</u> • <u>Provide oversight of workforce transformation, ensuring alignment with the organisation’s strategic intent for RD&I and the Clinical and Scientific Board Strategy, and will explicitly address both general and specific workforce development priorities.</u>
<p>Research, Development & Innovation Sub-Committee</p>	<p>3.0 DELEGATED POWERS AND AUTHORITY</p> <p>3.2 Strategy & Policy Approval</p> <p>Amendment to the following bullet point:</p> <ul style="list-style-type: none"> • Scrutinise RD&I Business cases for any legal and / or ethical implications that need to be considered, accessed or financed- <u>and to provide assurance on the quality and safety of RD&I related activity.</u> 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 <u>Advancing Radiotherapy Fund (ARF) / Advancing Radiotherapy Cymru (ARC) Programme BoardsBoard</u> in scrutinising radiotherapy-based business case proposals and will assess, review and advise as appropriate. <p>3.3 Monitoring and Review</p> <p>Amendment to the following bullet points:</p> <ul style="list-style-type: none"> • The safety, rights, dignity and wellbeing of participants in <u>Innovation and Research development RD&I</u> projects is above all other considerations. • The diversity of the organisation’s patients, service users, donors and staff are valued in the active development of



	<p><i>Research, Development and Innovation RD&I</i> activities as appropriate.</p> <ul style="list-style-type: none"> • There is close collaboration with partner <i>NHWNHS</i> 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. • <i>Research—and—Innovation RD&I</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—inno<i>RD&I</i> findings have commercial potential, the Trust takes action to protect intellectual property (in accordance with <i>Trust IP/commercialisation policy RD&I Policy</i>); and exploit research and innovation in collaboration with its <i>Research and Innovation RD&I</i> partners and, where appropriate, commercial Organisations.
<p>Research, Development & Innovation Sub-Committee</p>	<p>4.0 MEMBERSHIP</p> <p>4.1 A minimum of two <u>(2)</u> members, comprising to include:</p> <p>Chair _____ Independent member of the Board _____ _____ One independent (University) or delegated Independent Board member</p> <p>_____ Two Independent Members of the Board</p> <p><u>The Committee may also co-opt additional independent ‘external’ members from</u></p>



outside the organisation to provide specialist skills, knowledge and expertise.

4.2 In attendance

Amendment to the following:

- 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&DRD&I
- ~~Clinical Director (or Nominated Deputy) — Velindre Cancer Centre~~
- 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
- Clinical Representative — Velindre Cancer Centre Strategic Leadership Team from VCS Divisional Board
- 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~~
- ~~Service User/Lay Representatives~~
- Head of WBS Research, Development and Innovation Services
- Patient & Donor Representative

As a minimum, there must be at least 2 Executive/Board Directors in attendance from the following:

- Executive Medical Director
- Executive Director of Nursing, Allied Health Professionals and Health Science
- Executive Director of Finance



	<ul style="list-style-type: none"> <u>Executive Director of Organisational Development & Workforce</u> <p><u>Should any Executive/Board Director be unavailable to attend, they may nominate a Deputy with the agreement of the Chair, however these deputies will not count towards the quorum.</u></p> <p>4.6 Support to Committee Members</p> <p>Amendment to the following bullet point:</p> <ul style="list-style-type: none"> Ensure the provision of a programme of Organisational developmentDevelopment for Committee members as part of the Trust’s overall OD programme developed by the Director of Workforce and Organisational DevelopmentOD.
<p>Research, Development & Innovation Sub-Committee</p>	<p>5.0 SUB-COMMITTEE MEETINGS</p> <p>5.1 The Committee has, with approval of the Trust Board, established the:</p> <p>Amendment to the following bullet point:</p> <ul style="list-style-type: none"> The Research, Development & Innovation Sub-Committee is also accountable to the Trust Charitable Funds Committee in relation to ensuring business cases are aligned with RD&I strategy and Trust’s strategic objectives.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 are also summarised. <p>5.12 Quorum</p> <p>At least two <u>independent</u> members must be present to ensure the quorum of the Committee, one of whom should be. <u>If the Committee Chair.</u> If the Chair is not present an agreement as to who will Chairchair from the Independent Membersindependent members in their absence.</p>



	<p><u>As a minimum, there must be at least 2 Executive/Board Directors in attendance from the following:</u></p> <ul style="list-style-type: none"> • <u>Executive Medical Director</u> • <u>Executive Director of Nursing, Allied Health Professionals and Health Science</u> • <u>Executive Director of Finance</u> • <u>Executive Director of Organisational Development & Workforce</u> <p><u>Should any Executive/Board Director be unavailable to attend, they may nominate a Deputy with the agreement of the Chair, however these deputies will not count towards the quorum.</u></p>
<p>Research, Development & Innovation Sub-Committee</p>	<p>7.0 REPORTING AND ASSURANCE ARRANGEMENTS</p> <p>7.2 The Sub-Committee shall receive:</p> <p>Amendment to the following bullet point:</p> <ul style="list-style-type: none"> • A quarterly Highlight Report from <i>the Advancing Radiotherapy Fund (ARF) and Advancing Radiotherapy Cymru (ARC) BoardsBoard</i> on the activity of the programme.

6.0 IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
<p>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</p>	
<p>If yes - please select all relevant goals:</p> <ul style="list-style-type: none"> • Outstanding for quality, safety and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established 'University' Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	

RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	10 - Governance												
QUALITY AND SAFETY IMPLICATIONS / IMPACT	<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"/>												
EQUALITY IMPACT ASSESSMENT <i>For more information: https://nhs.wales365.sharepoint.com/sites/VEL_Itranet/SitePages/E.aspx</i>	<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>												
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information: https://www.gov.wales/socio-economic-duty-overview</i>	<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>												
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	<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>												
FINANCIAL IMPLICATIONS / IMPACT	<p><i>There is no direct impact on resources as a result of the activity outlined in this report.</i></p>												
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	<p><i>There are no specific legal implications related to the activity outlined in this report.</i></p>												

7.0 RISKS

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

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
GUEST PRESENTATION										
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	✓	✓	✓	✓	✓	✓
KEY REPORTS										
Executive Medical Director Briefing	Executive Medical Director	Head of Research & Development	Public	Each Meeting	✓	✓	✓	✓	✓	✓
QUALITY, SAFETY AND PERFORMANCE / PLANNING AND STRATEGIC DEVELOPMENT										
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 Summary of OECl Accreditation Metrics	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
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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, Advancing Radiotherapy Cymru (ARC) 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:	09/09/2025 29/04/2024
Approved:	14/05/2024
Next Review Due:	29/05/2025

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 including compliance with Duty of Quality legislation.
 - 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.
- Provide oversight of workforce transformation, ensuring alignment with the organisation's strategic intent for RD&I and the Clinical and Scientific Board Strategy, and will explicitly address both general and specific workforce development priorities.
- 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 BoardBoards 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 ~~RD&I Innovation and Research development~~ 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 Research, Development and Innovation~~ activities as appropriate.
 - There is close collaboration with partner ~~NHSNHW~~ 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 Research and Innovation~~ 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), ~~in order to provide assurance on the quality and safety of RD&I related activity.~~
 - When ~~RD&I research or innovation~~ findings have commercial potential, the Trust takes action to protect intellectual property (in accordance with Trust ~~RD&I Policy/IP/commercialisation policy~~); and exploit research and innovation in collaboration with its ~~RD&I Research and Innovation~~ 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 (2) members, comprising to include:

Chair _____ Independent member of the Board _____
One independent (University) or delegated Independent Board member

~~Two Independent Members~~ of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

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&IR&D
- ~~Clinical Director (or Nominated Deputy) – Velindre Cancer Centre~~
- Executive Director of Nursing AHP and Health ScienceSciences
- 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
- Clinical Representative from VCS Divisional Board – Velindre Cancer Centre Strategic Leadership Team
- ~~Representative – Welsh Blood Service~~ Senior Leadership Team SMT Lead for RD&I
- ~~Chair of the Representative – Welsh Blood Service~~ Lead Clinician for RD&I Group
- Head of WBS Research, Development and Innovation Services ~~WBS RD&I Facilitation Lead~~
- Patient & Donor Representative ~~Service User/Lay Representatives~~

As a minimum, there must be at least 2 Executive/Board Directors in attendance from the following:

- Executive Medical Director
- Executive Director of Nursing, Allied Health Professionals and Health Science
- Executive Director of Finance
- Executive Director of Organisational Development & Workforce

Should any Executive/Board Director be unavailable to attend, they may nominate a Deputy with the agreement of the Chair, however these deputies will not count towards the quorum.

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:

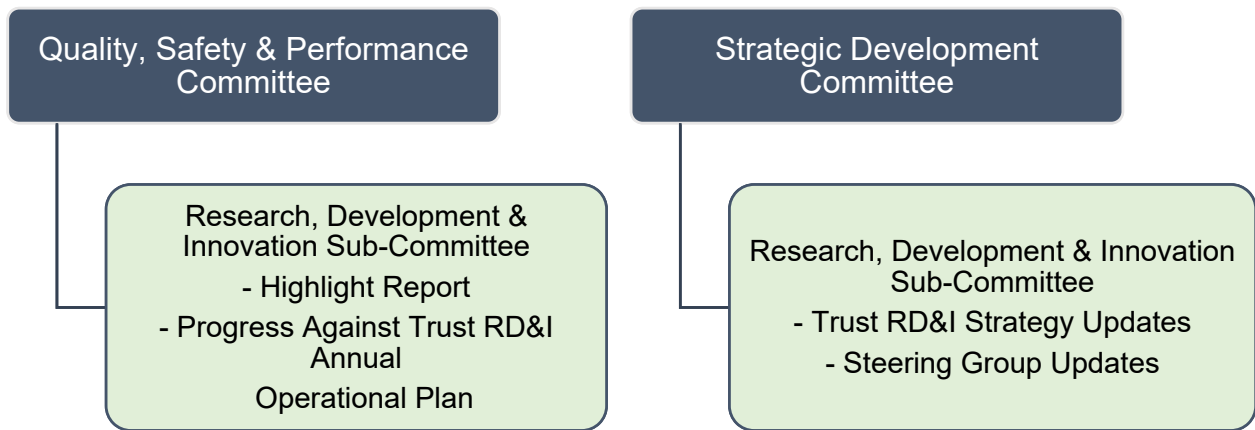
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role: and
- Ensure the provision of a programme of Organisational ~~Development~~development for Committee members as part of the Trust's overall OD programme developed by the Director of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

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 ensuring business cases (see 3.2 above) are aligned with RD&I strategy and Trust's strategic objectives. 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 are also summarised at **Appendix 1**.

5.24 Quorum

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

As a minimum, there must be at least 2 Executive/Board Directors in attendance from the following:

- Executive Medical Director
- Executive Director of Nursing, Allied Health Professionals and Health Science
- Executive Director of Finance
- Executive Director of Organisational Development & Workforce

Should any Executive/Board Director be unavailable to attend, they may nominate a Deputy with the agreement of the Chair, however these deputies will not count towards the quorum.

5.32 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.

5.43 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) ~~Board~~Boards 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.

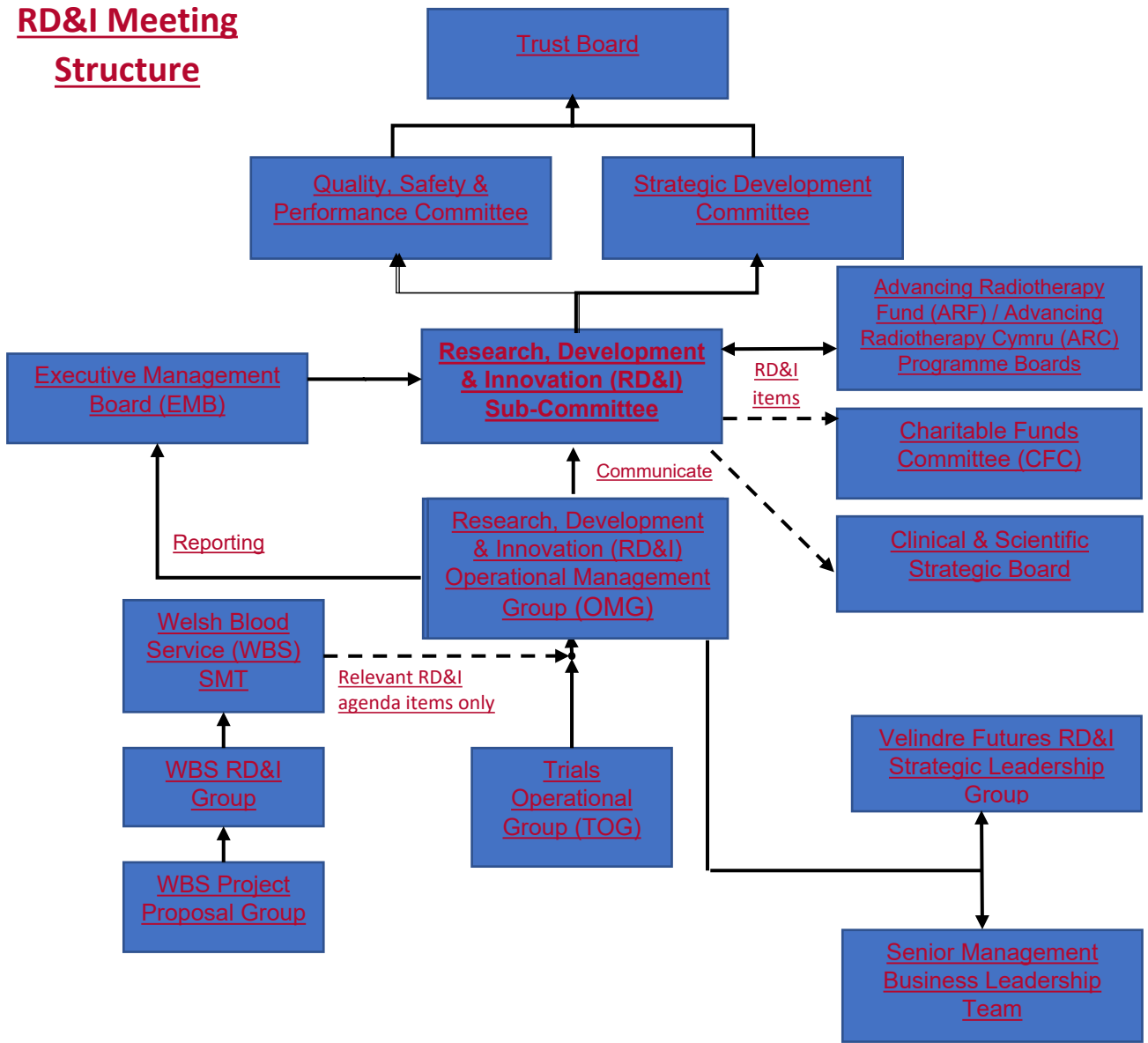
9. REVIEW

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

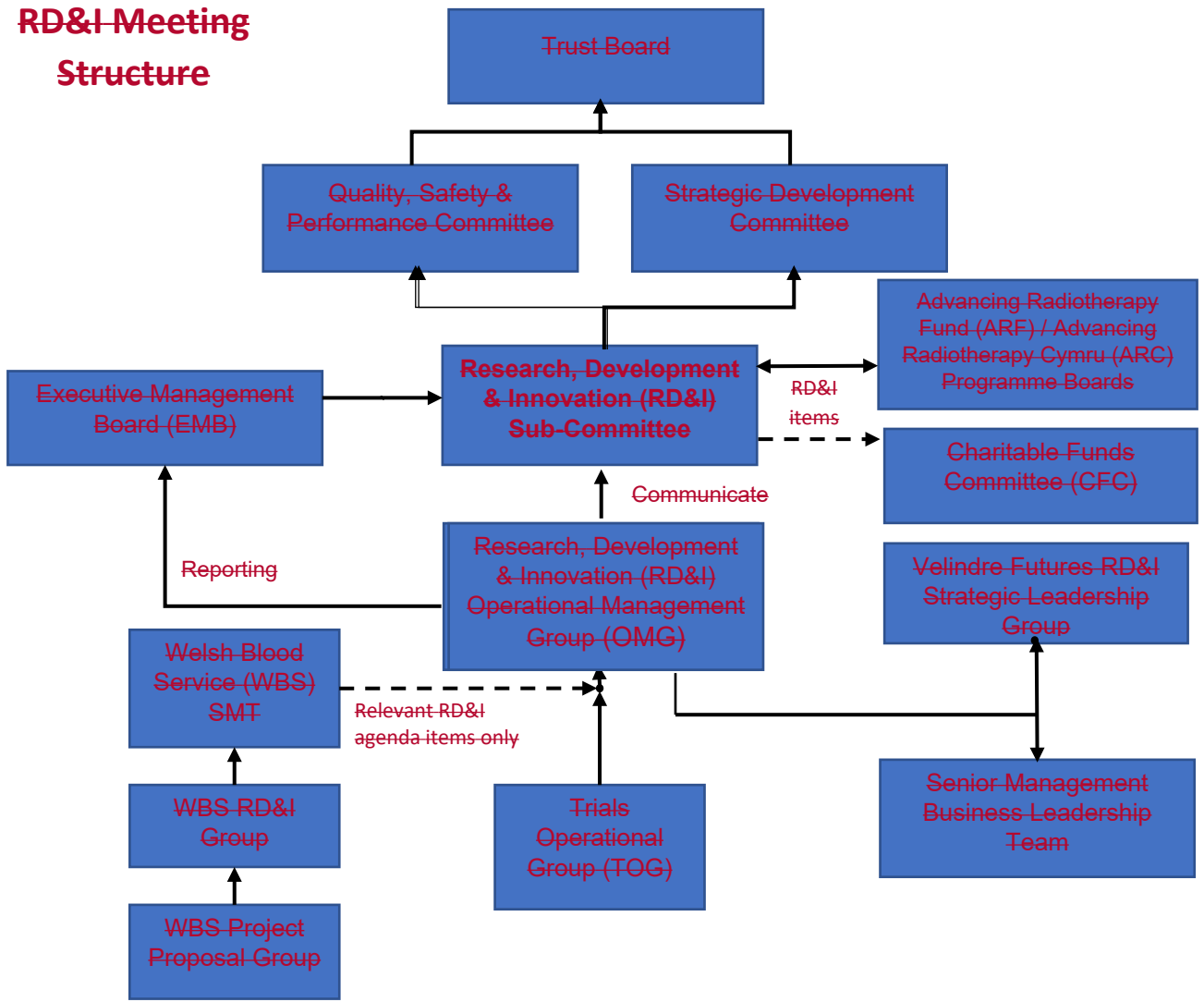
10. CHAIR'S ACTION ON URGENT MATTERS

- 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.

RD&I Meeting Structure



RD&I Meeting Structure



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

Terms of Reference & Operating Arrangements

Reviewed:	09/09/2025
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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 - 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.
- Provide oversight of workforce transformation, ensuring alignment with the organisation's strategic intent for RD&I and the Clinical and Scientific Board Strategy, and will explicitly address both general and specific workforce development priorities.
- 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**.

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- 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 Cymru (ARC) Programme 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.
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 - 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 (2) members, comprising:

Chair	Independent member of the Board One independent member of the Board
-------	--

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

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
- 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
- Clinical Representative from VCS Divisional Board
- 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
- Patient & Donor Representative

As a minimum, there must be at least 2 Executive/Board Directors in attendance from the following:

- Executive Medical Director
- Executive Director of Nursing, Allied Health Professionals and Health Science
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Should any Executive/Board Director be unavailable to attend, they may nominate a Deputy with the agreement of the Chair, however these deputies will not count towards the quorum.

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:

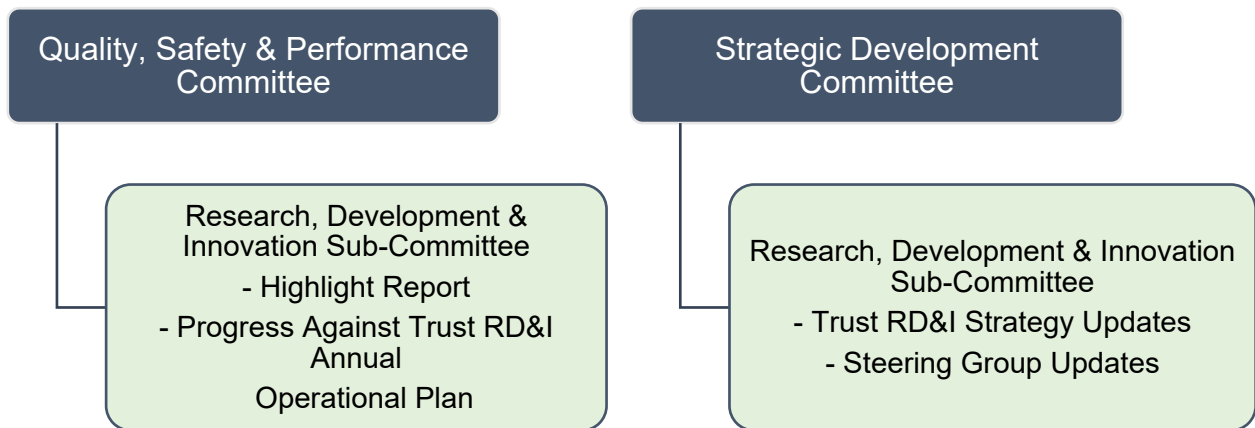
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role: and
- Ensure the provision of a programme of Organisational Development for Committee members as part of the Trust's overall OD programme developed by the Director of Workforce and OD.

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 are also summarised at **Appendix 1**.

5.2 Quorum

At least two independent members must be present to ensure the quorum of the Committee. If the Committee Chair is not present an agreement as to who will chair from the independent members in their absence.

As a minimum, there must be at least 2 Executive/Board Directors in attendance from the following:

- Executive Medical Director
- Executive Director of Nursing, Allied Health Professionals and Health Science
- Executive Director of Finance
- Executive Director of Organisational Development & Workforce

Should any Executive/Board Director be unavailable to attend, they may nominate a Deputy with the agreement of the Chair, however these deputies will not count towards the quorum.

5.3 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.

5.4 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

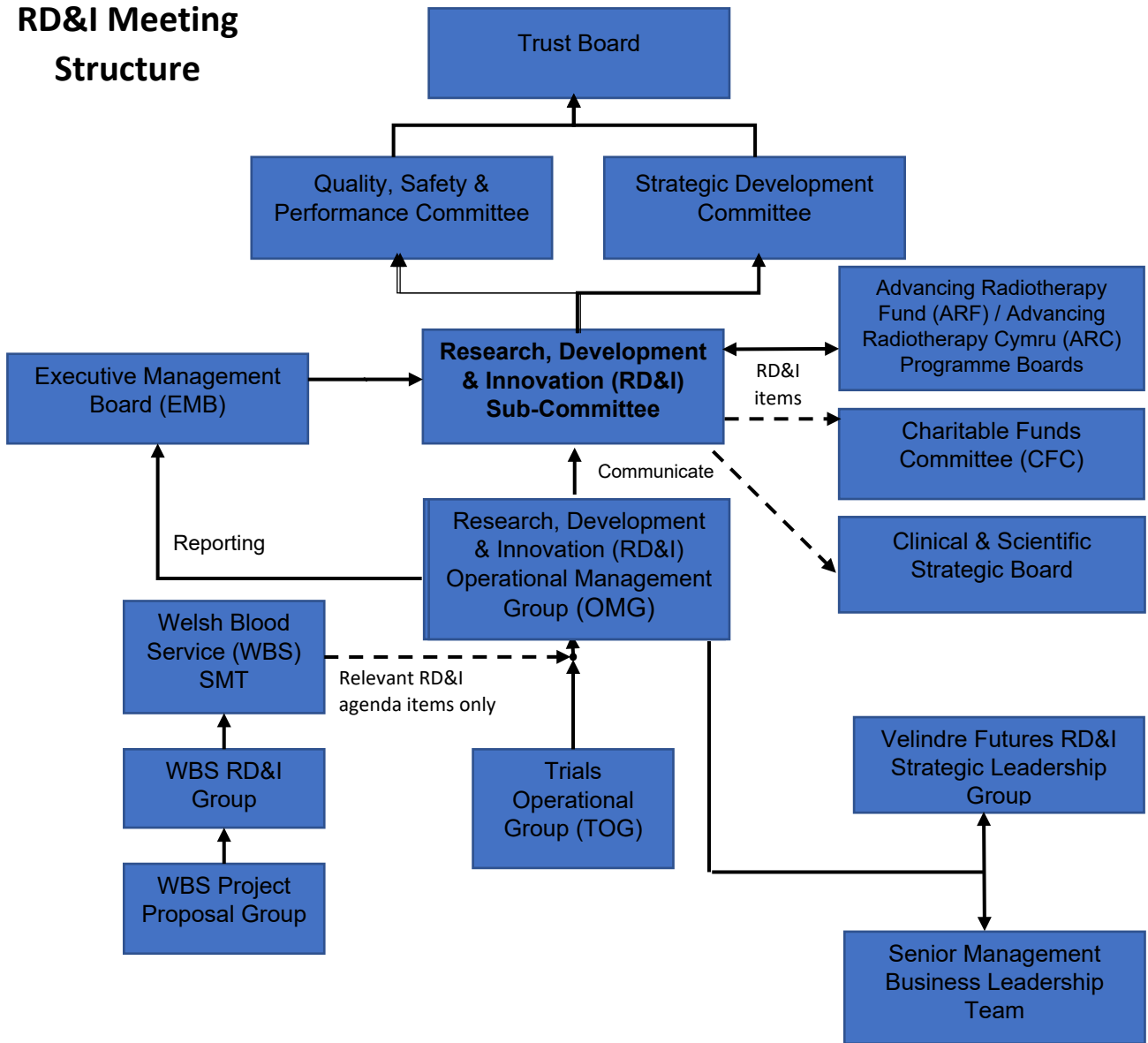
- 9.1 These terms of reference and operating arrangements shall be reviewed annually by the Sub-Committee with reference to the Board.

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.

APPENDIX 1

RD&I Meeting Structure



Minutes

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

Date 16/06/2025
Time 4.15-5.30pm
Location Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff
Chair Andrew Westwell, Independent Member

MEMBERS		
Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	AW
Vicky Morris	Independent Member	VM
ATTENDEES		
Jacinta Abraham	Executive Medical Director and R&D Lead	JA
Matthew Bunce	Executive Director of Finance	MB
Christopher Cotterill-Jones	Research Delivery Manager	CCJ
Chloe George	Head of Component Development, Welsh Blood Service	CG
Sian James	Head of Research, Development & Innovation, Welsh Blood Service	SJ
Jennet Holmes	Head of Innovation	JH
Robert Jones	Associate Medical Director for Research, Development & Innovation	RJ
Rhydian Owen	Cancer R&D Strategy Lead	RO
Alan Prosser	Director, Welsh Blood Service	AP
Sarah Townsend	Head of Research & Development	ST
Tess Watts	Velindre Reader in Nursing and Interdisciplinary Cancer Care	TW
Emma Williams	Senior Research Nurse Manager	EW
Nicola Williams	Director of Nursing, AHP's & Healthcare Scientists	NW
SECRETARIAT		
Sandra Cusack	Business Support Officer	SMC

1.0	PRELIMINARY MATTERS	
1.1	Welcome and Introduction <i>Led by Professor Andrew Westwell, Research, Development & Innovation Sub-Committee Chair</i>	
1.2	Apologies Received From: <ul style="list-style-type: none"> • David Donegan, Chief Executive Officer • Edwin Massey, Medical Director, Welsh Blood Service • Carys Morgan, Divisional Clinical Director, Velindre Cancer Service 	
1.3	In Attendance <ul style="list-style-type: none"> • Professor Robert Jones, Associate Medical Director for RD&I (Item 3.1) • Dr Chloe George, Head of Component Development, Welsh Blood Service and Edward Leech-Sayers, Component Development, Welsh Blood Service (Item 3.2) • Deborah Pritchard, Head of Transplantation Services, Welsh Blood Service (Item 3.3) • Dr Tony Millin, Director of Medical Physics and Clinical Engineering (Item 3.4) 	
1.4	Declarations of Interest <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i> No declarations of interest were raised.	
2.0	STANDARD BUSINESS	
2.1	Minutes from the Private Research, Development & Innovation Committee held on the 12th March 2025 <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i> The Research, Development & Innovation Sub-Committee APPROVED the Minutes of the Private Meeting held on 12th March 2025 as an accurate reflection of proceedings.	
2.2	Review of Action Log <i>Led by Dr Jacinta Abraham, Executive Medical Director and RD&I Lead</i> There were no outstanding actions for review.	
2.3	Matters Arising <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i>	

	There were no matters arising.	
3.0	PRESENTATION AND GUEST ATTENDEES	
3.1	<p>Business Case: Use of a Charitable legacy to fund a Clinical Research Fellow <i>Led by Professor Robert Jones, Associate Medical Director for RD&I</i></p> <p>RJ presented a proposal to use a ring-fenced charitable legacy to fund a Clinical Research Fellow in the Phase One Unit, enabling early-phase clinical trials beyond standard NHS care. The Committee discussed the strategic alignment with Velindre's priorities and agreed to ENDORSE the proposal, subject to completion of the QIA and further review by the Charitable Funds Committee.</p>	
3.2	<p>Business Case: Overcoming Refractoriness in Cancer Care Via Generation of HLA I-Depleted Platelets <i>Led by Chloe George, Head of Component Development, Welsh Blood Service</i></p> <p>CG presented the revised business case for overcoming refractoriness in cancer care through the generation of HLA-depleted platelets. The resubmission incorporated peer review feedback and addressed previous committee recommendations, including the addition of an exit strategy and further research on HLA antigen removal techniques. The Committee found the peer reviews valuable, noting they provided strong assurance of the project's scientific merit, with high scores and positive remarks reflected in the updated case and agreed to ENDORSE the proposal, subject to completion of the QIA and further review by the Charitable Funds Committee.</p>	
3.3	<p>Business Case: Regulatory Cells as a Biomarker in Kidney Transplant Recipients <i>Led by Deborah Pritchard, Head of Transplantation Services, Welsh Blood Service</i></p> <p>DP presented a business case requesting funds for laboratory consumables to support research on regulatory cells, particularly B regulatory cells, as biomarkers in kidney transplant recipients. The project aims to develop improved methods for monitoring the immune system after transplantation to help reduce transplant failure rates. The Committee agreed to ENDORSE the proposal, subject to completion of the QIA and revisions to address patient benefits and potential funding questions prior to submission to the Charitable Funds Committee.</p>	
3.4	<p>Business Case: Development of Online Adaptive Radiotherapy <i>Led by Dr Tony Millin, Director of Medical Physics and Clinical Engineering</i></p>	

	<p>TM presented the business case to advance online adaptive radiotherapy, emphasising the need for comprehensive staff training and development. TM outlined that online adaptive radiotherapy enables real-time modification of treatment plans based on the patient's current anatomy, improving precision and patient outcomes. The Committee agreed to ENDORSE the proposal, subject to completion of the QIA prior to submission to the Charitable Funds Committee.</p>	
4.0	CONSENT AGENDA	
4.1	For Approval / Endorsement	
	There are currently no items for approval / endorsement.	
4.2	For Information / Noting	
	There are currently no items for information / noting.	
5.0	ANY OTHER BUSINESS	
5.1	<p>SBAR for Augmenting Collaborative Research, Development, Innovation and Education <i>Led by Jennet Holmes, Head of Innovation</i></p> <p>JH provided an overview on Project Nexus which aims to improve collaboration and partnership across NHS research, innovation, training, and education. The project will leverage the new cancer centre's physical space and extend beyond it to foster broader collaboration. The Committee expressed strong support for the proposal, noting its alignment with the university designation pillars and the potential to enhance collaboration and innovation in cancer care. The Committee agreed to ENDORSE FOR APPROVAL the preparation of a bid for funding to support the project's early development.</p>	
6.0	DATE AND TIME OF THE NEXT MEETING	
	The next meeting of the Private Research, Development & Innovation Sub-Committee is scheduled for Thursday, 4th September 2025, at 12:00pm . It will be held at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.	
7.0	CLOSE	



Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

Strategic action plan for building research capability for nursing, midwifery and allied health professions in Wales

June 2025

Foreword

Cabinet Secretary for Health and Social Care

As a government, we are aware that improving health and social care services in Wales using evidence-based approaches is fundamental to improving the quality of care. Research is key in generating that evidence base, to drive improvements in health and social care services and to lay the foundations for better outcomes for patients, people and communities.

Nurses, midwives and allied health professionals play a major role in achieving my goals to improve population health, caring for people across the lifespan; during illness and through to recovery and at the end of life, as well as through preventing illness, protecting health and promoting wellbeing. I recognise that they do so by working in very different ways, adapting to new models of service delivery, and ensuring provision of high quality, safe and effective care in pressurised, complex and high acuity environments across all the sectors.

'Research is for everyone', whether it is about using best evidence, developing projects that are addressing pressing needs for our services or delivering new and innovative treatments. I recognise research provides opportunities for workforce development and enhanced job roles, which helps with recruitment and retention, as well as developing leaders and critical thinkers.

I am therefore delighted that this research action plan commissioned by Wales' Chief Nursing Officer and Chief Allied Health Professions Adviser outlines tangible actions to improve practice, build capacity and capability, ultimately leading to better outcomes for patients.

I look forward to seeing the community working together to implement this research action plan. As a valued workforce, harnessing the collective capacity of nurses, midwives and allied health professionals to create impact through research and innovation is key to a A Healthier Wales.

Chief Nursing Officer and Chief Allied Health Professions Adviser

As Welsh Government's head of professions for nursing, midwifery and the allied health professions (AHPs) in Wales, we are proud to present this Research Action Plan for building research capability across our professions.

This plan is both timely and transformational. In a health and care system that is evolving rapidly in response to demographic, technological, societal and workforce challenges, the role of research has never been more important. Research is not an optional extra, it is a fundamental enabler of high-quality, person-centred care and a driver of innovation and improvement.

Allied Health Professionals, Nurses and midwives are a critical part of the wider health and social care workforce in Wales. Every day, across every part of health and care services, they deliver care that improves lives. But they also seek to continually improve and modernise that care. To do so they ask questions, seek out

evidence, test ideas, lead change and innovate to meet the needs of individuals and communities. This plan recognises and champions that contribution and sets out a clear direction to ensure that research becomes a core and valued part of every professional role, from student to senior leader, in clinical, academic, public health, social care and policy contexts.

What makes this plan particularly powerful is the way it has been created. The PRIORITY project has listened closely to the voices of those in practice, education, research and leadership at all levels, using inclusive and participatory methods to surface ideas, identify barriers, and co-design solutions. It reflects our real-world context and shared ambition, shaped by those who will take it forward. It is not a top-down blueprint but a collective, dynamic action plan for change.

Through this plan, we are committing to:

- embedding a culture where research is everyone's business
- supporting infrastructure and leadership that enables participation and progression
- aligning education, workforce development and service priorities with research goals
- building capability and confidence across all levels of the professions
- valuing and celebrating the impact of research on patients, practice and policy

This is a plan not just for research leaders, but for all who use, generate, or are inspired by evidence to improve care. It supports a vision of an agile, informed and empowered workforce, one that delivers the ambitions of A Healthier Wales through professional curiosity, courage and collective endeavour.

We extend our sincere thanks to all those who contributed to the PRIORITY project. Your insights, experience and aspirations have shaped this plan, and your continued leadership will be essential in delivering it.

We are confident that this strategic research action plan will be a catalyst for sustainable, system-wide change, placing research at the core of what it means to be a nurse, midwife or allied health professional in Wales.

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Strategic action plan for building research capability for nursing, midwifery and allied health professions in Wales

1. Purpose

Why the PRIORITY project?

This project has delivered a strategic research action plan which will be implemented to harness the collective capacity of nurses, midwives and allied health professionals (AHP) for optimal impact on research development and delivery.

Delivering an integrated strategy aligns with current policy in Wales and values innovation in all areas of practice. The realisation of this action plan and its related implementation plans, will empower all health and care staff to use, participate in, deliver and lead research as part of their roles, and feel valued in doing so.

The ambition of the action plan is to promote the concept of 'research for everyone' and outline tangible actions to improve practice, build capacity and capability, ultimately leading to better outcomes for patients.

Wales's approach to supporting and developing nursing, midwifery and allied health professionals in research is innovative and the integrated strategic plan reflects multi-professional practice. Wales requires nurses, midwives and allied health professionals with diverse research skills and roles including:

- nurses, midwives and allied health professionals who can critically appraise and implement guidelines and evidence
- nurses, midwives and allied health professionals who can support the delivery of research projects in their clinical area
- research-informed nurse, midwife and allied health professional leaders who can drive and champion research
- chief investigators who secure competitive research funding and deliver evidence syntheses, clinical evaluations, and primary research projects

Nurses, midwives and allied health professionals are well placed to drive and lead strategic innovation and priorities in research across the professions, the health and

social care context and global community in which they lead and practice. Through research, nurses, midwives and Allied Health Professionals can:

- bridge the theory-to-practice gap, generate evidence and implement best practice in Wales
- work multi-professionally to solve wicked problems with innovative solutions that meet the needs of Welsh communities
- lead and deliver research that is cost effective, sustainable, innovative, and person-centred for Wales

The PRIORITY project is timely given the wider strategic context in the UK (Department of Health and Social Care [DHSC], 2021; The Association of the British Pharmaceutical Industry [ABPI], 2023; Medical Research Council [MRC], 2025) and related implementation plans and programmes of work. It has also learned valuable lessons from UK counterparts. As the actions from the PRIORITY project are implemented, it will help embed and normalise research within the professions. The tangible benefits are aligned with the UK clinical research strategy (DHSC, 2021) and include improvements and better outcomes in health and social care interventions, as well as the economic and societal benefits that research brings (National Institute for Health and Care Research [NIHR], 2021).

The action plan presents an opportunity to focus ambitions for nurses, midwives and allied health professionals in Wales within this broader context but also considering a uniquely Welsh perspective. It is firmly embedded within the refreshed A Healthier Wales actions (Welsh Government [WG] 2024), and integral to the vision for developing research capacity and capability among health and social care professionals, as described in the NHS R&D framework in Wales (Health and Care Research Wales [Health and Care Research Wales], 2023). It also builds on the findings of Making research careers work (Health and Care Research Wales [Health and Care Research Wales], 2022).

2. Background

Issues for our professions

We do not have a specific research strategy in Wales for this group of professions or for any of the individual professions. Despite the UK strategic context, it was clear from the outset of the project, that significant barriers still exist in making research accessible to everyone regardless of their profession, grade, gender, ethnicity, clinical specialty and service setting.

The high-pressure and complex context of health and social care service delivery presents significant barriers to both the development and delivery of research (Bahadori et al, 2016) and research roles (Cleaver, 2020) across professions. However, those barriers can also serve as drivers for questions in professional practice and for the improvement of services and related careers.

It is acknowledged that, whilst research is firmly embedded within the training and roles of some professionals, such as doctors (Royal College of Physicians, 2020), this is not consistently the case for nurses, midwives and allied health professionals (Council of Deans of Health [CoDH], 2019). All health care professionals should be able to critically assess and use evidence to underpin their practice. However, the journey of practitioner development occurs in a landscape of pre-registration curricula, which vary considerably in how they introduce and expose students to research (CoDH, 2019a). Additionally, a practice culture and context exist where engagement of registered healthcare professionals in research is inconsistent at best and absent at worst (Chalmers et al, 2023). Since the benefits to organisations that are research active are now well documented (Bennett et al, 2012; Boaz et al, 2015; Ozdemir et al, 2015; Downing et al, 2017; Jonker and Fisher, 2018; Chalmers et al, 2023), we need to be ambitious and bold about the research talent and opportunities within the workforce (Jones and Keenan, 2021).

Nurses, midwives and allied health professionals' participation and leadership in research continues to lag behind that of other healthcare professionals. The Office for the Strategic Co-ordination of Health Research (OSCHR) has commissioned a report to identify possible solutions to the decline in the nursing, midwifery and allied health professional clinical academic workforce to be published soon.

3. Summary of project: methodology and engagement

3.1 Scope

The scope of the PRIORITY project included:

- nurses, midwives and the 13 allied health professions, defined in Wales as art therapists, music therapists, drama therapists, dietitians, occupational therapists, orthoptists, orthotists, paramedics, physiotherapists, podiatrists, practitioner psychologists, prosthetists, speech and language therapists, across the range of health and social care settings and services, including primary, secondary, community and social care
- support worker roles across nursing, midwifery and allied health professions in Wales

3.2 Objectives

Throughout the project there is a commitment to fair access to research exposure, participation and careers and is committed to removing structural and institutional barriers. Key objectives were to:

- promote fair and equitable access to, appreciation of, and integration of evidence, ensuring the consistent use of research in practice to establish and sustain high-quality, evidence-based care
- support and conduct inclusive health and social care research across diverse settings within the NHS and social care sectors to foster innovation, drive improvements, and enhance overall outcomes
- identify and cultivate research leaders and emerging talent from diverse backgrounds to strengthen capacity and capability, enabling the effective resolution of complex, multifaceted challenges in health and social care

3.3 Project key deliverables

- investigate and report on the current landscape and trends in the utilisation, development and practice of research within nursing, midwifery and allied health professions
- identify gaps, barriers and enablers to research utilisation, development and practice offering a broader perception of these challenges
- co-develop actions to address identified gaps and barriers

- foster collaboration amongst professionals, researchers, education providers and health and social care organisations to share and advance the vision for better research outcomes

3.4 Commissioning and governance

The project was commissioned by the Wales Chief Nursing Officer for Wales and the Chief Allied Health Professions Advisor and Welsh Government led a project board which provided oversight. A steering group with membership from clinical, academic and policy backgrounds representing NHS, health and care professions, community agencies, academia, patient and public groups provided expert guidance for the project. Terms of Reference, based on published guidance (NIHR, 2023), were agreed by the steering group.

3.5 Stakeholders

Stakeholders were mapped and confirmed with the project steering group. Multiple evaluation approaches and methods grounded within the principles of Participatory Learning and Action (PLA) informed approaches to engagement with these stakeholders. Key stakeholders continue to be as follows:

- Education commissioners, Health Education and Improvement Wales (HEIW)
- NHS Wales including primary, community and secondary care services; Social Care Wales (SCW) and all-Wales services such as Digital Health Care Wales (DHCW), Public Health Wales (PHW)
- NHS England, NHS Scotland, Health and Social Care Northern Ireland (HSCNI)
- Higher Education Institutions (HEIs) in Wales
- UK research infrastructure and research funders for example Health and Care Research Wales (Health and Care Research Wales), National Institute of Health and Care Research (NIHR), NHS Research Scotland (NRS)
- Regulatory and professional bodies, for example, The Health Care Professions Council (HCPC), Nursing and Midwifery Council (NMC), Royal College of Occupational Therapists, Royal College of Nursing (RCN)

- Councils and professional networks for example, Council of Deans of Health (CoDH); Council for Allied Health Professions Research (CAPHR); Clinical Academic Roles Implementation Network (CARIN)
- Stakeholder communities included patients and the public; health and social care service executive leaders, managers; students, support workers, advanced practitioners, researchers, research delivery professionals, research leaders from nursing, midwifery and the 13 allied health professions, nurses; midwives
- Although out of scope of the project plan, colleagues in HealthCare Science and Pharmacy were considered key stakeholders within the multi-disciplinary practice environment. These professions are also leading development of their own strategic research plans in Wales and representatives were therefore invited as members of the project steering group to ensure shared learning and best practice

3.6 Consultation and engagement

Acknowledging the established strategic context and the well-documented barriers and challenges in research within the professions, the PRIORITY project aimed to gain rich understanding and insight into research in Wales from a stakeholder perspective. It was agreed that subsequent action planning should not only build on existing evidence but also deep dive into the specific perspectives of nurses, midwives and allied health professionals. This approach would help inform actions while fostering engagement and ownership of those actions within the community.

The following approaches were adopted to facilitate diverse and inclusive engagement:

- conversation cafés
- ethical dilemma café (EDC) workshops
- citizens juries

A comprehensive communications and engagement plan was developed, reviewed by the steering group and approved by the project board.

3.7 Methods adopted

The PRIORITY project adopted multiple evaluation approaches and methods grounded within the principles of Participatory Learning and Action (PLA). This facilitated a dialogue across the diverse stakeholder groups to identify and discuss, in a democratic manner, positive solutions to shared problems, thereby achieving agreed goals (O'Reilly-de Brun, 2015). Narrative and thematic analysis approaches were used to identify emergent areas and themes throughout the engagement work and subsequently supported the action planning.

4. Key findings and themes

4.1 Existing evidence: the case for change

Profession and practice specific policies, strategies and frameworks promote research and related skills and activity, emphasising the importance of research-informed and evidence-based practice. They set clear ambitions for developing research careers, ensuring that nurses, midwives and allied health professionals can both lead and or engage in research (Welsh Government [WG], 2019; NHS England [NHSE], 2021; Welsh Government [WG], 2022; Health Education England [HEE], 2022; Royal College of Midwives [RCM], 2021; Royal College of Nursing [RCN], 2024).

Professional bodies play an important role in disseminating research findings, advocating for evidence-based practice, and supporting the development of research skills. Many of the professional bodies provide professional development opportunities and profession specific grants to help members engage in research activities. However, disparities exist between the different professions in terms of the level of support made available (Atwal and Sharma 2023).

Leadership is widely recognised as essential for promoting research and developing research careers (Welsh Government [WG], 2019; NHS England [NHSE], 2021; Health Education England [HEE], 2022; Royal College of Midwives [RCM], 2021; Welsh Government [WG], (2022) Royal College of Nursing [RCN], 2024). Effective managerial behaviour in promoting research among nurses, midwives and allied health professionals involves demonstrating both conceptual and operational commitment to research-based practices (Gifford et al., 2018). Additionally, a systematic review of research capacity frameworks for allied health professionals highlights that fostering collaboration is important for advancing research (Matus et al., 2018).

There is widespread support for developing an inclusive research culture with recommendations emphasising the prioritisation, promotion and normalisation of research practice. However, the Health Education and Improvement Wales (HEIW) 10-year workforce plan makes only nominal reference to research and only in the context of education. This presents a disconnect, not only with strategies outlined in this report, but also with the policy drivers within A Healthier Wales (Welsh

Government [WG], 2024) which calls for a more integrated and comprehensive approach to research across the health and social care workforce.

Across the UK, there is widespread recognition of the role Higher Education Institutions (HEIs) play in promoting research careers. However, these institutions are under considerable pressure to balance competing priorities (Farquharson et al, 2024). The Royal College of Midwives (RCM) specifically highlights research placements for learners, a concept also emphasised in Making Research Careers Work in Wales (Health and Care Research Wales [Health and Care Research Wales], 2022) and the Public Health Wales Research and Evaluation Strategy (2023-2026) (Public Health Wales [PHW], 2023). Both documents emphasise the need for a workforce equipped with the right research skills to provide better patient outcomes.

In Wales, NHS organisations have a legal obligation under the Duty of Quality (Welsh Government [WG], 2023) to provide evidence-based and high-quality care and treatments to patients. However, it is often the case that staff prioritise clinical care over allocating time for research which is at odds with meeting quality and safety standards.

The moral and ethical dilemmas faced by nurses, midwives and allied health professionals in prioritising patient care over research activities offer some explanation. A narrative review of nurses conducting studies in primary care found that they experienced conflicts between their roles, balancing loyalty to patients, meeting practice demands and contributing to research (Ballintine and Potter, 2023). Similar conflicting work roles have also been identified as factors influencing the research culture among allied health professionals (Borkowski et al., 2016). Additionally, there is a perceived disconnect between the research that is needed and implemented in practice, and the research nurses, midwives and allied health professionals believe is necessary. To build research capacity in healthcare settings, professionals must feel that their engagement in research is valued and directly impacts service delivery (Matus et al., 2018). One UK survey found that 69% of allied health professionals dissertation ideas were predominantly sourced from individual concepts, highlighting the need for more structured and collaborative research efforts (Cordrey et al., 2024)

The strategic context for research and the existing evidence indicates a rich yet complex environment for research across the professions. The PRIORITY project

aimed to identify and explore opportunities for leveraging existing strategic direction whilst gaining a deeper understanding of the reasons for persistent challenges in delivering this strategic vision.

4.2 PRIORITY project findings

The PRIORITY project identified a strong alignment with the existing evidence base regarding research engagement, delivery and leadership. It also identified specific contexts and nuances through mapping the Welsh nursing, midwifery and allied health professional academic landscape, as well as through analysis of data from stakeholder engagement. These findings have been utilised to inform actions that are both tangible and deliverable and drive change where it is needed.

4.2.1 Conversation cafés and ethical dilemma workshops

Three main areas and six themes (Figure 1) emerged from analysis of stakeholder engagement through conversation cafés and these were explored further through ethical dilemma (EDC) workshops. The emergent areas and themes broadly aligned with the existing literature but also provided additional, valuable insights to guide the development of targeted, actions for addressing challenges and driving improvements.



Figure 1: Areas and themes identified through stakeholder engagement

4.2.2 Analysis by Agenda for Change (A4C) band

Separate conversation cafés were held for nurses, midwives and allied health professionals according to A4C band. This marks the first time in Wales that such an inclusive approach has been taken to capture the specific nuances experienced by nurses, midwives and allied health professionals regardless of their band or position within an organisation. The individual needs associated with each band underscore the importance of addressing specific concerns, issues, and development areas through an inclusive, all-Wales approach that builds upon existing skills.

4.2.3 Citizens juries action development

Actions proposed by the citizens' juries were organised within the six themes identified through conversation cafés and the ethical dilemma workshops namely: exposure, inclusion, careers, culture, infrastructure and collaboration. Between 9 and 17 actions were identified for each theme. Narrative analysis identified repeatedly that it is essential these actions are underpinned with better communication and optimal use of the existing infrastructure.

Further thematic analysis allowed more specific categorisation of the actions to include:

- professional and educational standards
- undergraduate curriculum delivery
- confidence and skills building
- visibility of research and evidence of impact
- access to and expectation of research in practice
- partnerships for research development
- leadership for research culture and value
- research infrastructure
- research career development

4.2.4 Emergent findings and action development

The PRIORITY project received strong support for the need for consistent and accessible information about research with an emphasis on how early and sustained exposure to research would benefit nurses, midwives and allied health professionals. From an evidence-based perspective, an integrative review suggests that we do not

yet fully understand how early exposure to research influences career plans (Capper et al., 2023). Although the review focused on midwifery, its findings are believed to be transferable across professions. Although there is support for early exposure to research in Wales, any such intervention must be carefully designed and evaluated to ensure its effectiveness.

While studies have found that research nurses value research for its perceived improvements in patient care (Ballintine & Potter, 2023), the PRIORITY project found that, nurses, midwives, and allied health professionals did not recognise research as a key mechanism for improving patient outcomes. Nurses, midwives and allied health professionals expressed a strong interest in learning about research, as they perceived it to be beneficial for advancing their careers. Literature supports this view, suggesting that career advancement is a primary motivator for allied health professionals engaging in research (Borkowski et al., 2016). It should be noted that in Wales, Master of Science (MSc) programs in advanced practice vary in the extent of research exposure and the types of assessments across commissioned courses. This inconsistency can affect the level of research knowledge and skills developed by nurses, midwives and allied health professionals, potentially limiting the effectiveness of these programs in building research capacity and capability.

Investing in staff through training and development to influence decisions, and providing them with the necessary tools, systems, and environment to work safely and effectively, is a core value in the NHS. In Wales, there has been a focus on developing research-focused clinical roles, such as nurse, midwife, or therapist consultants, rather than clinical academic roles (Carrick-Sen et al., 2019). To date, there is a need for more evidence to demonstrate how these roles improve research capacity and capability. Further research is required to assess the impact of these roles on fostering a stronger research culture.

The PRIORITY project also identified tensions and confusion related to practice and research roles, including relevance of academic training and qualifications. There was anxiety about career progression following the completion of a PhD. This mirrors findings from a survey evaluating the impact of PhDs, where the doctorate was valued in academic contexts but not in clinical roles (Watson et al., 2024). It should be noted that achieving a PhD is foundation training for a research career, yet there was a lack of understanding about the role of researcher training in the development of high-quality research to improve patient outcomes. Salaried PhDs, which exist in

England via the NIHR, were highlighted as more accessible due to the financial support, though post-doctorate career challenges are still encountered (NIHR, 2023a). Additionally, findings from a systematic review suggest that nurses with postgraduate qualifications have better career opportunities, leading to greater job satisfaction (Abu-Qamar et al., 2020).

There was also a perception among the PRIORITY project stakeholders, that research projects undertaken did not align with research priorities in Wales. This could help explain the view that research was neither visible nor impactful within the NHS. Findings from the CARIN (Clinical Academic Roles Implementation Network) survey (Council of Deans of Health [CoDOH] 2023) revealed that very few respondents routinely collected data on research impact. This should be considered when developing proposed actions to increase the visibility of research and demonstrate its tangible impact.

The PRIORITY project specifically considered the undergraduate training offer in Wales, and a mapping exercise across Higher Education Institutions (HEIs) revealed differences in both the exposure to research and the design of the curriculum, highlighting inconsistencies in how research is integrated into undergraduate programs. Additionally, disparities were found between different professional groups, which may affect the development of research skills among students. This, in turn, creates challenges for promoting a vibrant research culture and for the early identification of research talent within the workforce.

A separate exercise which mapped nursing, midwifery and allied health professional academics in Wales, highlighted that academics employed to teach undergraduate learners may themselves be early-career researchers who have not yet established their own program of work. This can limit their ability to provide learners with mentorship in research or to fully integrate research into the teaching curriculum, potentially affecting the development of research skills and the cultivation of a research-focused mindset among learners.

The PRIORITY project identified confusion between research and quality improvement methodologies, which may be exacerbated by HEIs' approaches to teaching research and/or quality improvement in Wales. Similarly, a systematic review found a loose distinction between research and service improvement (Chalmers et al., 2023).

Respondents in the PRIORITY project frequently cited protected time for research as a solution, but broader issues remain unaddressed. More time for research was the most popular solution in a Welsh survey (Senedd Cross-Party Group, 2021; Health and Care Research Wales [Health and Care Research Wales], 2022a; Morrison et al., 2022). However, key questions remain unanswered: How much time? How will it be funded? What will the impact be? Will it be available to everyone? Without addressing these questions, integrating research into practice, a core value for Wales, becomes challenging to achieve.

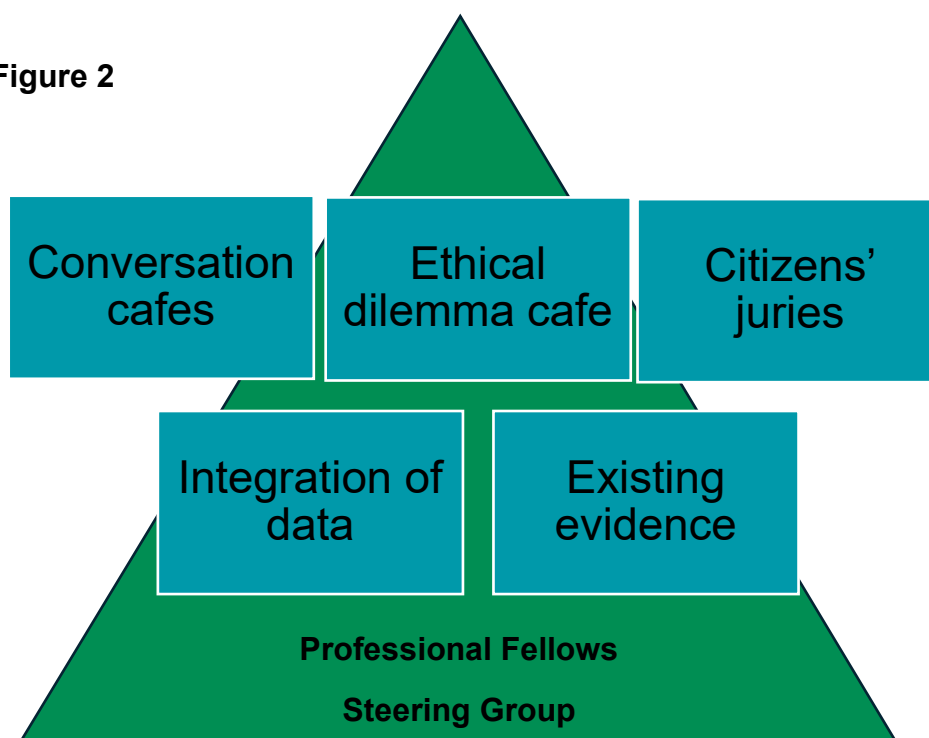
Accessing research support is a known barrier to research utilisation in nursing (Morrison et al., 2022). In the PRIORITY project, nurses, midwives, and allied health professionals also consistently cited this as a concern, with HEIs and, more commonly, Research and Development (R&D) departments facing scrutiny. Key factors identified were accessibility, role clarity, and function. A review of R&D support, particularly in terms of consistency and accessibility, could potentially ensure more equitable support for the professions. In the PRIORITY project, visible role models, not just role models, were seen as critical (Health and Care Research Wales [Health and Care Research Wales], 2022; Morrison et al., 2022). Mentoring is often cited to promote careers (Farquharson et al., 2024), but there is limited evidence supporting its effectiveness in practice (Atwal et al., 2023, Sriram et al 2024).

5. Recommended actions

Twelve over-arching actions were developed through triangulation (Figure 2) of:

- existing evidence identified and reviewed through the PRIORITY project
- evidence and stakeholder insights from consultation and engagement within the PRIORITY project
- evidence and insight from expert opinion including the professional fellows and the PRIORITY project steering group

Figure 2



The PRIORITY project action plan (see 5.2) makes recommendations for actions, and it is emphasised that a number of actions relate to refreshing existing approaches or scaling best practice across professions, organisations and settings. It is intended that all professions and practitioners within the scope of the PRIORITY project see themselves within this action plan and that the action plan captures the practice career trajectory for these professions.

Where the action plan refers to 'research', this relates to knowledge, skills and activities that are commensurate with the expectations of the individual's role:

- nurses, midwives and allied health professionals who can critically appraise evidence and implement clinical guidelines

- nurses, midwives and allied health professionals who can support the delivery of research projects in their clinical area
- research informed nurse, midwife and allied health professional leaders who can drive and champion research
- chief investigators who secure competitive research funding and deliver evidence syntheses, clinical evaluations, and primary research projects

5.1 Implementation plans

The implementation of the action plan will be system-wide and collaborative and many stakeholders have already indicated areas of alignment.

Delivery of actions and the evaluation of outcomes will be overseen by a lead sponsor owner. Sponsors have been identified based on engagement to date, organisational alignment with the action areas, and existing leadership in relevant programmes. This is not about additional or isolated work but rather integrating research as a core and visible part of what our workforce does in health and social care, at all levels, in all settings.

Sponsors will provide strategic oversight and support implementation activity both within their organisation and across partner organisations and relevant networks.

In addition, an implementation group will be established to provide oversight and ensure the actions are delivered through a coordinated and collaborative process.

5.2 Strategic action plan for building research capability for nursing, midwifery and allied health professions in Wales

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
Exposure	<p>1. Establish a taskforce comprising of regulators, professional bodies, NHS education commissioners, and higher education institutions (HEIs) to explore and report on minimum standards for pre-registration curriculum content related to audit, evaluation, quality and service improvement, and research skills, for all health professions trained in Wales</p>	<p>Sponsoring owner: Council of Deans of Health</p> <p>What do we expect to achieve? A single minimum standard for pre-registration curriculum content for all professions related to audit, evaluation, quality and service improvement, and research skills</p> <p>Examples of what good looks like A shared, minimum, research-related skill set for our multi professional trainees in Wales Increased and equitable access to research placements embedded as a minimum standard in the curriculum</p>
Exposure	<p>2. Work with the regulator to strengthen the emphasis on research skills and experience within revalidation and professional accreditation processes</p>	<p>Sponsoring owner Chief Professional Leads</p> <p>What do we expect to achieve? Collaborative working with the regulator to raise the expectation of research related activities as evidence in professional revalidation and accreditation</p> <p>Examples of what good looks like</p>

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
		<p>Increased reference to research and research related activity in the expectations of the regulator</p> <p>Nurses, midwives and AHPs frequently providing evidence of research activities to support professional regulation</p>
Exposure	3. Support practice-related exposure to research throughout the lifespan of practice careers	<p>Sponsor owner</p> <p>Health and Care Research Wales</p> <p>What do we expect to achieve?</p> <p>Increased pre-registration learners' engagement with research delivery in academic and practice-based settings</p> <p>A 'Skills for Research' training programme aligned with career development pathways</p> <p>Collaborative working with higher education institutions (HEIs) to increase the teaching contribution of research delivery staff within academic programmes</p> <p>Examples of what good looks like</p> <p>Nurses, midwives and AHPs can describe 'Skills for Research' commensurate to their role and have access to related training</p> <p>Increased numbers of pre-registration learners experience research delivery in clinical practice with patients and clients</p> <p>Research delivery staff in Wales have joint teaching or practice facilitator roles</p>

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
Inclusion	4. Design and implement a nationally consistent approach to raise awareness of research activity, support, training, and opportunities within practice settings across Wales	<p>Sponsor owner Health and Care Research Wales</p> <p>What do we expect to achieve?</p> <p>Enhanced promotion of Health and Care Research Wales, UK research infrastructure and funding opportunities, through a refreshed communication plan and approach, to increase awareness and equitable access across the workforce</p> <p>A consistent, minimum NHS Research & Development (R&D) department offer of support to enable equitable access to research related opportunities, activities and support</p> <p>Expansion of current research awareness initiatives and models of working, to increase the visibility of research delivery staff within clinical practice</p> <p>Examples of what good looks like</p> <p>Increased awareness and engagement in research- related activities among nurses, midwives and AHPs</p> <p>Increased participation of NHS R&D and research delivery staff in organisational inductions, training and staff development events</p>

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
Inclusion	5. Collaborate with system partners to review access to and the impact of protected time for continuing professional development (CPD), ensuring alignment with the HEIW CPD strategy and the PRIORITY project strategic research action plan	<p>Sponsor owner Health Education and Improvement Wales</p> <p>What do we expect to achieve? Informed and justified approaches to CPD protected time for nurses, midwives and AHPs in Wales</p> <p>Understanding of how protected time for CPD could be more prescriptive and include research activity opportunity aligned to HEIW CPD strategy</p> <p>Example of what good looks like Equitable application of CPD strategy and provision of protected CPD time for nurses, midwives and AHPs in Wales</p>
Inclusion	6. Establish a national (virtual) nursing, midwifery and allied health professionals Research Community of Practice to connect, coordinate, and strengthen research collaboration, capacity and visibility across practice settings	<p>Sponsor owner Health Education and Improvement Wales</p> <p>What do we expect to achieve? A thriving inclusive community of practice, fully integrated with the research infrastructure in Wales, that promotes research awareness, supports its use in practice, and enhances opportunities for participation and leadership</p> <p>Examples of what good looks like</p>

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
		<p>Expanded, inclusive research mentorship opportunities across the workforce</p> <p>Embedded research champions within practice settings to promote a culture of inclusive research.</p> <p>Funded, early experience fellowships that are connected to existing research infrastructure and aligned with professional research priorities</p>
Inclusion	7. Embed research and associated skills within job descriptions and appraisal processes to promote engagement and recognise research as a core element of professional development	<p>Sponsor owner</p> <p>Welsh Government Workforce Directors, NHS employers</p> <p>What do we expect to achieve?</p> <p>Workforce participation in research related activity across all job roles is reported by managers</p> <p>Personal development reviews include practice-related examples of research activities relevant to job roles</p> <p>Examples of what good looks like</p> <p>Job plans and job descriptions clearly describe research related knowledge, skills and expectations at each A4C band. These may be audit, evaluation, improvement and research skills</p> <p>Practice-related examples of research activities relevant to job role. are collated by individuals and managers to inform NHS R&D framework reporting</p>

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
Inclusion	8. Develop a national blueprint to increase the participation of under-represented professional groups in research practice	<p>Sponsor owner Health and Care Research Wales</p> <p>What do we expect to achieve? Targeted support to groups that are underrepresented and/or have unique challenges to research participation in practice Increased workforce participation in research- related activity for underrepresented groups</p> <p>Examples of what good looks like Under-represented professional groups actively participate in and lead research activity Exemplar case studies, demonstrating good practice and impact are captured to inform and drive continuous improvement in research inclusivity</p>
Culture	9. Strengthen visible and effective multi - professional partnerships between research and health and social care organisations and institutions at the national level	<p>Sponsor owner Health and Care Research Wales</p> <p>What do we expect to achieve? Increased visibility and dissemination of all-Wales nursing, midwifery and allied health professional research priorities, opportunities and funding, aligned with policy drivers and population and practice needs and led by the Wales research centres and units infrastructure</p>

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
		<p>Increased partnership and collaborative working between organisations to raise awareness of research-related opportunities for practice and foster early engagement to progress research ideas</p> <p>Examples of what good looks like</p> <p>Wider use of current best practice exemplars to facilitate NHS collaboration with universities, social care and research-active third sector organisations, to support practice-relevant research and research skills development</p> <p>Reported access to seed funding in HEIs, social care and research active third sector organisations for practitioners</p>
		<p>Sponsor owner</p> <p>Executive peer groups</p> <p>What do we expect to achieve?</p> <p>All executive nursing, midwifery and allied health professional leadership roles report evidence of research activity in practice to their respective professional communities</p> <p>Integrated Medium Term Plans (IMTP) include the development of research culture, capability and capacity building within nursing, midwifery and AHPs</p>
Culture	10. Enhance the visibility of research by expanding and strengthening mechanisms for reporting nursing, midwifery, and allied health professional research activity at organisational level	

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
		<p>Examples of what good looks like</p> <p>Executive and Deputy Directors of the professions use the NHS R&D Framework to drive expectations and report research activity across services and professional communities</p> <p>Organisational reporting collating evidence of:</p> <ul style="list-style-type: none"> • Student research placements; roles in research delivery; advanced practice role, and consultant role research activity • Fellowships, research funding awards secured and supported • Portfolio of research • Clinical impact examples • Research leadership
Careers and infrastructure	<p>11. Work with the national (virtual) nursing, midwifery and allied health professional Research Community of Practice to develop and promote a visual research career pathway for the professions in Wales</p>	<p>Sponsor owner</p> <p>Health Education and Improvement Wales</p> <p>What do we expect to achieve?</p> <p>Clearly described knowledge, skills, training, and academic qualifications, required for development and advancement in research delivery roles and career researcher pathways, presented in an accessible format</p>

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
		<p>Example of what good looks like</p> <p>An online research career route map identifying career pathways in research</p>
Careers and infrastructure	12. Strengthen nurse, midwife and allied health professional research leadership in Wales	<p>Sponsor owner</p> <p>Health Education and Improvement Wales</p> <p>What do we expect to achieve?</p> <p>Established, clear definitions of clinical academic and clinical researcher roles ensuring consistent access to career opportunities across the professions</p> <p>Capability to identify research talent during pre-registration programmes across the professions</p> <p>A clear strategy to develop research leadership in the advanced practice and consultant practice workforce supported by the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice</p>

PRIORITY action plan theme	Recommended priority actions	Proposed sponsor owner providing oversight of implementation Expected outcomes Examples of what good looks like
		<p>Collaborate to develop, support and implement profession specific recommendations and reporting (e.g. Office for Strategic Coordination of Health Research [OSCHR]) to advance the clinical academic workforce</p> <p>Example of what good looks like</p> <p>Increased number of nurses, midwives and AHPs leading and developing research in health and social care organisations and in higher education institutions in Wales</p>

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- Jane Lewis, Podiatry Research Lead Reader in Podiatry and Circulatory Medicine, Cardiff Metropolitan University
- Joanne Cooper, Deputy Director of Nursing Research for System Transformation, NHS England
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An extended version of this report is available on the Health and Care Research Wales website with all analysis and appendices.

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