

Public Research, Development & Innovation Sub-Committee

Tue 14 May 2024, 10:00 AM - 12:00 PM

Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff

Agenda

10:00 AM - 10:30 AM 30 min

1. PRESENTATION

1.1. Feasibility of measuring taste change recovery following radiotherapy for head and neck cancer: A successful service improvement project.

Led by Jane Mathlin, Consultant Therapeutic Radiographer

 1.1 Small Grant Presentation.pdf (10 pages)

10:30 AM - 10:35 AM 5 min

2. STANDARD BUSINESS

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

2.1. Apologies

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

2.2. In Attendance

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

- **Christopher Cotterill-Jones, Research Delivery Manager (Deputising for Sarah Townsend, Head of Research & Development)**
- **Jane Mathlin, Consultant Therapeutic Radiographer (Item 1.1)**
- **Professor Monica Busse, Director of HCRW Faculty (Item 4.1)**
- **Catherine Davies, RD&I Senior Finance Business Partner (Item 4.3)**
- **Amie Garwood-Pask, Deputy Head of Finance Business Partnering (Item 4.3)**
- **Helen Robertson, RD&I Communications & Engagement Officer (Observer)**

2.3. Declarations of Interest

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

2.4. Minutes from the Public Research, Development & Innovation Committee held on the 6th February 2024

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

 2.4 Public RDI Minutes 06.02.2024 FINAL.pdf (7 pages)

2.5. Review of Action Log

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

 2.5 Public RDI Action Log 06.02.2024.pdf (1 pages)

2.6. Matters Arising

Cusack-Sandra
10/05/2024 12:10:22

10:35 AM - 10:45 AM
10 min

3. MAIN AGENDA

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

3.1. Executive Medical Director Briefing

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

 3.1 Cover Report & Executive Briefing.pdf (10 pages)

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

Led by Christopher Cotterill-Jones, Research Delivery Manager

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

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

10:45 AM - 11:45 AM
60 min

4. STRATEGY, PERFORMANCE AND DELIVERY

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

4.1. H&CRW Faculty & Research Careers Pathways Programme ^TO FOLLOW

Led by Professor Monica Busse, Director of Heath & Care Research Wales Faculty

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

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

 4.2 Cover Report Research Development and Innovation Strategy for the Welsh Blood Service.pdf (4 pages)

 4.2 PPT for Research Development and Innovation Strategy for the Welsh Blood Service.pdf (10 pages)

 4.2 Research Development and Innovation Strategy for the Welsh Blood Service.pdf (16 pages)

4.3. TRUST Research, Development & Innovation Annual Performance Report 2023-24

Led by Christopher Cotterill-Jones, Research Delivery Manager and relevant leads as follows :

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

 4.3 Cover Report RDI Performance Report Annual Report FY2023-24.pdf (6 pages)

 4.3 RDI Integrated Performance Report Annual Incorporating Q4 FY2023-24.pdf (83 pages)

11:45 AM - 11:55 AM
10 min

5. CONSENT ITEMS

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

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

5.1. Consent - For Approval

Cusack Sandra
10/05/2024 12:10:29

5.1.1. Research, Development & Innovation Sub-Committee Cycle of Business & Terms of Reference 2024-25

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

- 📄 5.1.1 RDI ToRs_CoBs Cover Report 2024-25.pdf (6 pages)
- 📄 5.1.1 RDI Sub-Committee Cycle of Business 2024-2025v2 FINAL.pdf (2 pages)
- 📄 5.1.1 RDI Sub-Committee Terms of Reference 2022-2023.pdf (9 pages)
- 📄 5.1.1 RDI Sub-Committee Terms of Reference 2024-25 v2 FINAL with Tracked Changes.pdf (11 pages)

5.2. Consent - For Endorsement

There are currently no items for endorsement.

5.3. Consent - For Noting

5.3.1. Draft Summary of the Minutes from the Private Research, Development & Innovation Committee held on the 6th February 2024

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

- 📄 5.3.1 Summary of Private RDI Minutes 06.02.2024 FINAL.pdf (4 pages)

5.3.2. Advancing Radiotherapy Fund (ARF) Highlight / Close Out Report

Led by Libby Crumpton, Advancing Radiotherapy Fund Manager

- 📄 5.3.2 ARF Highlight Report May 2024 v2.pdf (4 pages)

11:55 AM - 12:00 PM 6. ANY OTHER BUSINESS

5 min

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

Prior Approval Required by the Chair.

12:00 PM - 12:00 PM 7. HIGHLIGHT REPORT

0 min

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

Members to identify items to include in the Highlight Report:

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

12:00 PM - 12:00 PM 8. DATE AND TIME OF THE NEXT MEETING

0 min

The Public Research, Development & Innovation Sub-Committee will next meet on the 17th September 2024 from 10:00-1.00pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.

12:00 PM - 12:00 PM 9. CLOSE

0 min

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

Cyberjack Sandra
17/05/2024 12:10:29

12:00 PM - 12:00 PM
0 min

10. PRIVATE / PART B SESSION

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

- Business Case : Magnetic Resonance Imaging assessment of tumour MicroStructure in Glioblastoma (The MIMOSA study)
- Business Case : PATHOS Consultant Leadership Sessions

Measuring taste changes following radiotherapy for head and neck cancer: a service improvement project

Dr Jane Mathlin

Cusack, Sandra
10/05/2024 12:10:29

Background

- ◆ Professional doctorate study investigated the impact of taste changes during radiotherapy for head and neck cancer
- ◆ All participants interviewed for this study asked how their taste would recover following radiotherapy indicating that they had not been given this information
- ◆ Previous research reports how taste is affected 2,6, 12 and 24 months after treatment
- ◆ No research was identified that had investigated taste changes in the first 8 weeks after RT

Cusack, Sandra
10/05/2024 12:10:29

Research Proposal

- ◆ A proposal was put forward to the Velindre Small Grants Fund to carry out a pilot study to assess the feasibility of asking patients to record their taste changes weekly following RT using an APP
- ◆ If this pilot was successful, then there was the potential to run a larger study including patients from all the radiotherapy centres in Wales
- ◆ Needed to test methodology
- ◆ Assess number of patients who may be excluded due to lack of access to technology
- ◆ Funding for research assistant to help with recruitment and research process

◆ C. Jack, Sandra
10/05/2024 12:10:29

Setbacks & Solutions

- ◆ This project coincided with the introduction of WCP and WPAS across the Trust so very limited support available from IT
- ◆ Found independent web App provider but VCC IT department did not have capacity to check credentials
- ◆ Developed our own questionnaire using the CIVICA patient experience portal
- ◆ Research assistant emailed questionnaire to participants weekly for 8 weeks
- ◆ Although this worked for the pilot could not be used for the main study
- ◆ As no money was spent on the App there was more money for a research assistant which proved invaluable at times when I was busy with clinical work

Cusack, Sandra
10/05/2024 12:10:29

Recruitment

- ◆ Potential participants were identified in the H&N review clinics and given the patient information leaflet
- ◆ Aimed to recruit 20 participants
- ◆ Recruited 19
- ◆ 2 patients could not take part as did not have email address
- ◆ 4 dropped out

Cusack, Sandra
10/05/2024 12:10:29

Questions

- ◆ Modified from MDASI-HN
- ◆ 1. I have had problems tasting my food 0-10
- ◆ 2. How much has this bothered you? 0-10
- ◆ 3. What are you able to eat currently:
 - ◆ Normal diet
 - ◆ Soft diet
 - ◆ Liquids only
 - ◆ I have my food through a feeding tube
- ◆ Do you think your sense of taste has improved since finishing radiotherapy?
Yes/no

Cusack-Saunders
10/05/2024 12:14:29

Results



Cusack, Sandra
10/05/2024 12:00:29

Key Findings

- ◆ Only 2 participants reported no improvement in sense of taste over the 8 weeks of the study
- ◆ The same 2 participants also reported no improvement in how much this bothered them however one was less bothered by this than the other
- ◆ Both participants reported eating a soft diet over the 8 weeks
- ◆ At the end of the 8 weeks only one participant was dependent upon tube feeding all others were either eating a normal or soft diet
- ◆ The methodology was a suitable way to collect data from patients following treatment and this has potential application to other areas of research and gathering toxicity data

Cusack, Sara
10/05/2024 12:10:29

Clinical Implications

- ◆ We are better able to advise our patients on when they might expect to see some improvement in their sense of taste
- ◆ This based on data collected from our patients
- ◆ Further research is needed to verify these results
- ◆ Larger scale studies should include looking at diagnosis and treatment field placement

Cusack, Sandra
10/05/2024 12:10:29

Thank you to the Velindre Small Grants Scheme
for funding this research

Cusack, Sandra
10/05/2024 12:10:29

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

Date 06/02/2024
Time 09:30-11:30am
Location Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff
Chair Professor Andrew Westwell, Independent Member

PRESENT		
Professor Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	AW
Vicky Morris	Independent Member	VM
ATTENDEES		
Matthew Bunce	Executive Director of Finance	MB
Professor Jane Hopkinson	Velindre Cancer Service Professor of Nursing and Interdisciplinary Cancer Care	JHop
Chloe George	Head of Component Development, Welsh Blood Service	CG
Jennet Holmes	Head of Innovation	JH
Sian James	RD&I Facilitation Lead, Welsh Blood Service	SJ
Alan Prosser	Director, Welsh Blood Service	AP
Professor Robert Jones	Associate Medical Director for RD&I	RJ
Dr Edwin Massey	Medical Director, Welsh Blood Service	EM
Sarah Townsend	Head of Research & Development	ST
Nicola Williams	Executive Director of Nursing, AHPs and Health Science	NW
SECRETARIAT		
Sandra Casack	Business Support Officer	SMC

1.0	PRESENTATIONS	
1.1	<p>A Partnership Approach to Establishing Serosurveillance in Wales <i>Presentation Led by Sian James, Head of Research, Development and Innovation Services, Welsh Blood Service & Sophie Harker, Senior Epidemiological Scientist, Public Health Wales</i></p> <p>Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee welcomed and introduced Sian James, Head of Research, Development and Innovation Services, Welsh Blood Service & Sophie Harker, Senior Epidemiological Scientist, Public Health Wales.</p> <p>The Committee received in advance of the meeting the presentation slides. The presentation was regarding the establishment of a surveillance system as Wales experienced some of the highest rates of confirmed COVID-19 cases in Europe.</p> <p>The presentation was very well received by the Research, Development & Innovation Sub-Committee who conveyed their sincere thanks to both Sian James and Sophie Harker for the informative presentation.</p>	
2.0	STANDARD BUSINESS	
	The Chair opened the meeting and welcomed everyone in attendance.	
2.1	<p>Apologies Received:</p> <ul style="list-style-type: none"> • Dr Jacinta Abraham, Executive Medical Director and R&D Lead • Steve Ham, Chief Executive Officer • Debbie Harvey, Life Sciences Hub (Observer) • Rachel Hennessy, Interim Director of Cancer Services • Professor Donna Mead, OBE, Trust Chair • Dr Carys Morgan, Clinical Director, Velindre Cancer Services • Emma Stephens, Head of Corporate Governance 	
2.2	<p>Additional Attendees: The Chair extended a warm welcome to the following attendees in support of specific agenda items:</p> <ul style="list-style-type: none"> • Sophie Harker, Public Health Wales (Item 1.1) • Christopher Cotterill-Jones, Research Delivery Manager (Item 4) • Catherine Davies, RD&I Senior Finance Business Partner (Item 4) • Amie Garwood-Pask, Deputy Head of Finance Business Partnering (Item 4) • Helen Robertson, RD&I Communications & Engagement Officer (Observer) 	
2.3	<p>Declarations of Interest <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i></p> <p>No declarations of interest were raised.</p>	

2.4	<p>Draft Minutes from the Meeting of the Public Research, Development & Innovation Committee held on the 7th December 2023 <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i></p> <p>The Research, Development & Innovation Sub-Committee APPROVED the Minutes of the Public Meeting held on the 7th December 2023 as an accurate reflection of proceedings.</p>	
2.5	<p>Review of Action Log <i>Led by Dr Jacinta Abraham, Executive Medical Director and RD&I Lead</i></p> <p>The Research, Development & Innovation Sub-Committee reviewed all actions identified as completed since the previous meeting and APPROVED to CLOSE. The remaining OPEN action was reviewed and updated.</p> <p>The Research, Development & Innovation Sub-Committee APPROVED the Action Log.</p>	
3.0	MAIN AGENDA	
3.1	<p>Executive Medical Director Briefing <i>Led by Professor Robert Jones, Associate Medical Director for Research, Development & Innovation</i></p> <p>The Executive Summary Briefing reported high-level activities relating to Research, Development and Innovation during Quarter 3, Financial Year 2023/24 along with noteworthy items from the RD&I environment since the last meeting of the RD&I Sub-Committee.</p> <p>Key highlights included:</p> <ul style="list-style-type: none"> • Welsh Government / Health and Care Research Wales Annual Performance Review with Velindre University NHS Trust • Policy on the Use of Small Animals in Research • Moorhouse Consulting Workshops • Trust Board Development Session – RD&I • Welsh Blood Service – Improving Outcomes for Kidney Transplant Patients • Innovation Update <p>The Research, Development & Innovation Sub-Committee DISCUSSED and NOTED the contents of the Executive Medical Director Briefing.</p>	
3.2	<p>Trust Research, Development and Innovation Sub-Committee Risk Register Extract <i>Led by Sarah Townsend, Head of Research & Development</i></p> <p>Sarah Townsend reported that there were no open risks recorded on Datix for escalation to the February 2024 Research, Development & Innovation Sub-Committee, in-line with the Trust Board Risk Appetite.</p>	

	<p>As requested by the Committee, a Summary of the RD&I Risk Profile was presented, which shows that since the 1st April 2023 there are five risks recorded, three of which have been closed and two remain open. These risks are currently being adequately controlled with appropriate action plans and have not met the threshold for escalation.</p> <p>The Research & Development risks are recorded on the Trust R&D Office's risk register. Risks are reviewed through the RD&I governance route as appropriate and only escalated to a higher level where the Controls / Action Plan are unable to reduce the risk to an acceptable level.</p> <p>Sarah Townsend informed the Committee that the Radiotherapy resource issues as discussed at the last Committee Meeting, were being addressed through a Task and Finish Group and the risk register would be updated accordingly.</p> <p>The Research, Development & Innovation Sub-Committee DISCUSSED and NOTED the Risk Register Extract and Risk Profile Summary for RD&I.</p>	
4.0	STRATEGY, PERFORMANCE & DELIVERY	
4.1	<p>Welsh Blood Service Research, Development & Innovation Strategy Project Update</p> <p><i>Led by Dr Sian James, Head of Research, Development and Innovation Services, Welsh Blood Service</i></p> <p>The Committee requested an update on progress to date with timelines for the WBS RD&I Strategy. The project has been delayed somewhat due to capacity issues and is now likely that the final document will be ready for consideration in early Spring 2024.</p> <p>The Research, Development & Innovation Sub-Committee NOTED the WBS RD&I Strategy Project Update.</p>	
4.3	<p>Health & Care Research Wales / VUNHST Annual Review Meeting</p> <p><i>Led by Sarah Townsend, Head of Research & Development & Professor Robert Jones, Associate Medical Director for Research, Development & Innovation</i></p> <p>Formal feedback from Health and Care Research Wales was received by the Trust on the 2nd January 2024, describing the meeting as constructive, outlining the discussions and proposed next steps.</p> <p>A SMART action plan will now be developed to address the points raised as appropriate with timelines to be determined following further discussion within the RD&I Senior Core Team. The Trust will respond to HCRW feedback in due course as requested.</p> <p>The Research, Development & Innovation Sub-Committee NOTED the contents of the feedback letter and proposed next steps.</p>	

<p>4.4</p>	<p>Trust Research, Development, and Innovation Integrated Performance Report for Financial Year 2023/24, Quarter 2 <i>Led by Sarah Townsend, Head of Research & Development</i></p> <p>Sarah Townsend provided an update on activities of the Trust’s Research, Development and Innovation service during Quarter 3, Financial Year 2023/24. The newly revised report provides an update of activities against the Trust’s Research, Development, and Innovation service’s strategic priorities.</p> <p>Key highlights were reported by the respective leads as follows:</p> <ul style="list-style-type: none"> • Velindre Cancer Research & Development Strategic Ambitions <i>Led by Kate Cleary, Cancer R&D Strategy Programme Manager</i> <p>A brief update on the Cancer R&D Strategic Ambitions was reported and noted by the Committee as follows:</p> <ul style="list-style-type: none"> - Achieved key milestones for the Cardiff Cancer Research Hub (CCRH). - Funded key research posts in Palliative and Supportive Care for the first time via the R&D Integrated Bid. - Made greater use of local imaging expertise and the state-of-the-art imaging facilities at CUBRIC and PETIC to develop internationally competitive research in cancer imaging. <ul style="list-style-type: none"> • Nursing, Allied Health Professionals & Health Science <i>Led by Professor Jane Hopkinson, Velindre Cancer Service Professor of Nursing and Interdisciplinary Cancer Care</i> <p>A brief update on the progress of the Velindre Healthcare Cancer Research Fellowships was discussed, with challenges being presented with on-going pressures on the clinical services across healthcare disciplines within the Velindre Cancer Centre.</p> <p>Jane Hopkinson addressed the next steps of the Group was to develop bespoke education and training in cancer research for Velindre nurses, pharmacists, allied health professionals, and radiographers.</p> <p>It was requested by the Committee, with regards to Item 2.7 Velindre Healthcare Cancer Research Performance (page 91 of the Performance Report), that the baseline figure needs to be added into the table and this will be addressed in the next report.</p> <ul style="list-style-type: none"> • Performance Indicators <i>Led by Christopher Cotterill Jones, Research Delivery Manager</i> <p>The study performance rankings and key performance indicators was discussed and noted by the Committee.</p> <ul style="list-style-type: none"> • Welsh Blood Service <i>Led by Dr Edwin Massey, Medical Director</i> 	<p>JHop</p>
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Cusack-Samuel
10/05/2024 12:10:39

	<p>The WBS RD&I dashboard and project portfolio supported by Sian James was discussed and noted by the Committee.</p> <ul style="list-style-type: none"> • Innovation <i>Led by Jennet Holmes, Head of Innovation</i> <p>The Committee discussed and noted the Innovation Update and addressed the following points for noting:</p> <ul style="list-style-type: none"> - 7.2 ByYourSide – Localising Pfizer’s Global Patient Cancer App. A follow-up meeting with the Head of IG/Head of Innovation to have further ongoing discussions surrounding the app. - 7.3 All Wales, Rapid Access Palliative Radiotherapy Project. A request was noted to circulate the report to the Executive Director of Finance. - 7.6 Wheelchair Asset Tracking / Audit Software. The Committee noted that the innovation team will meet with digital services before moving forward to identify any potential barriers to implementing this software with current VCC infrastructure, and to avoid duplication with any similar audit or tracking software being considered for the new hospital build. <ul style="list-style-type: none"> • Financial Report <i>Led by Amie Garwood-Pask, Deputy Head of Finance Business Partners</i> <p>Catherine Davies was introduced as the new member of the RD&I Finance Team and was welcomed by the Committee.</p> <p>The Committee noted the Financial Report for Quarter 3 of Financial Year 2023/24 and that the format in the next report will include a finance dashboard.</p> <p>The Research, Development & Innovation Sub-Committee Sub-Committee DISCUSSED and NOTED the RD&I Integrated Performance Report for Quarter 3, Financial Year 2023-24.</p>	<p>JH</p> <p>JH</p> <p>JH</p> <p>AGP</p>
5.0	<p>CONSENT AGENDA The consent part of the agenda considers routine Committee business as a single agenda item. Members may ask for items to be moved to the main agenda if a fuller discussion is required.</p>	
5.1	<p>CONSENT - FOR APPROVAL</p>	
	<p>No Items for Approval.</p>	
5.2	<p>CONSENT - FOR ENDORSEMENT</p>	
	<p>No Items for Endorsement.</p>	
5.3	<p>CONSENT - FOR NOTING</p>	

	No Items for Noting.	
6.0	<p>ANY OTHER BUSINESS</p> <p><i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i></p> <p>No prior items have been raised for consideration under Any Other Business.</p>	
7.0	HIGHLIGHT REPORT TO THE TRUST QUALITY SAFETY & PERFORMANCE COMMITTEE	
	<p>Members to identify items to include in the Highlight Report to the Trust Board:</p> <ul style="list-style-type: none"> • For Escalation • For Advising • For Assurance For Information <p>ACTION: ST to support the development of a draft Highlight Report for approval by the Chair of the Research, Development & Innovation Sub-Committee.</p>	ST
8.0	DATE AND TIME OF THE NEXT MEETING:	
	The Public Research, Development & Innovation Sub-Committee will next meet on the 14th May 2024 from 10:00-12.00pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.	
9.0	CLOSE	

Cusack Sandra
10/05/2024 12:10:29

PUBLIC RESEARCH, DEVELOPMENT & INNOVATION SUB-COMMITTEE ACTION LOG

Minute Number	Action	Owner	Progress to Date	Target Date	Status (Open/Closed)
Actions agreed at the Committee on the 7th December 2023					
1.1	RD&I Communications & Engagement - Media Training to be arranged for the Exec Team to include standards & filming guidance for the Trust.	NG	Media training arranged by the Comms and Engagement Team and will contact the Exec Team/IMs with a confirmed date.		OPEN

RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

Executive Briefing to RD&I Sub-Committee

DATE OF MEETING	14 May 2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	DISCUSSION
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sarah Townsend, Head of 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 RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation activities taking place in Quarter 4 of Financial Year 2023/24, along with noteworthy items from the RD&I environment since the last meeting of the Sub-Committee.

This briefing includes summarised updates on the following items:



	<ul style="list-style-type: none"> • Integrated Medium-Term Plan. • Trust Integrated Quality Planning and Delivery meeting with Welsh Government. • Cancer Research and Development Strategy Lead. • Velindre spotlight in ITV programme about clinical trials. • Radiotherapy researchers leading the way with the first commercial device trial. • BioNTech All-Wales Partnership. • Bevan Commission support for Welsh Blood Service innovation project. • Innovate UK funding awarded to Welsh Health Drone Innovation Partnership.
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RECOMMENDATION / ACTIONS	The RD&I Sub-Committee are requested to note for DISCUSSION this Executive Medical Director’s briefing summarising Research, Development & Innovation activity of Q4, FY2023/24 and noteworthy items occurring since the Sub-Committee’s last meeting.
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GOVERNANCE ROUTE	
List the Name(s) of Committee / Group who have previously received and considered this report:	Date
NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee.	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS	
NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee.	

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

Cusack Sandra
10/05/2024 12:10:29

APPENDICES	
None	

1. SITUATION

This is the Executive Medical Director’s briefing to the RD&I Sub-Committee. This briefing provides a summary and high-level update on the Research, Development, & Innovation (RD&I) activities taking place in Quarter 4 of Financial Year 2023/24.

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

2. BACKGROUND

2.1 Integrated Medium-Term Plan

The Trust’s Integrated Medium-Term Plan was updated during Q4 of FY2023/24 demonstrating Velindre’s continuing commitment to delivering our strategic goal “A beacon for research, development, and innovation in our stated areas of priority” and University Status programmes of work, including the linked work for achieving the following priorities:

Priority 1 – The Trust will drive forward the implementation of its Cancer Research and Development Ambitions.

Priority 2 – The Trust will maximise the RD&I 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 update included a review of the priority work packages for Research, Development, and Innovation, their progress and assessing further prioritisation during the financial years of 2023/24 through to 2025/26.

2.2 Trust Integrated Quality Planning and Delivery meeting with Welsh Government

The Trust’s Integrated Quality Planning and Delivery (IPQD) meeting took place with Welsh Government on 01 March 2024. As part of the meeting , the Trust presented RD&I

successes, progress on Trust's Implementation of the Cancer R&D ambitions, and maximising collaborative opportunities through the Cardiff Cancer Research Hub.

The successes presented included the following:

- FDA approval of Capivasertib for use in combination with the hormone therapy drug Faslodex® for use in breast cancer patients.
- European Blood Alliance Funding to Welsh Blood Service to investigate a new method to manufacture platelet concentrates for transfusion.
- The Velindre University NHS Trust was top ranked recruiting site for eleven clinical trials in the UK
- The results of the INTERLACE trial, that Velindre was part of, being hailed as the biggest cervical cancer advance in twenty years, improving outcomes for cervical cancer patients.

The Trust also presented on the implementation of Velindre's Innovation Plan, including work on enhancing the Trust's Innovation infrastructure and strengthening of partnerships with industry, academia, and other NHS organisations.

Welsh Government recognised the excellent work being carried out by the Trust and complemented Velindre on the well-structured approach being taken to the work.

2.3 Cancer Research and Development Strategy Lead

The new Cancer Research and Development Strategy Lead, Rhydian Owen, will be joining the Trust on 10 June 2024, from Swansea Bay University Health Board, where he was Principal Programme Manager for the ARCH NHS Regional Pathology Programme.

Rhydian will take the lead on the implementing the Trust's Cancer Research and Development strategy – "Overarching Cancer Research and Development Ambitions 2021-31".

2.4 Velindre spotlight in ITV Programme about clinical trials

Wales this Week looked at the state of clinical trials in Wales, spotlighting our successful FAKTION trial.

The Programme aired on ITV Wales on 05 March 2024 and explored the world of clinical trials in Wales, with our successful FAKTION trial shown as a positive example of the impact of research on future treatments. ITV interviewed Professor Rob Jones who explained the

importance of clinical trials, talked about how the FAKTION trial has resulted in improved outcomes for patients, and how patient involvement in trials can benefit the NHS.

Our patient, Farhana Badat and her husband welcomed the film crew into their home and shared what being on the trial has meant to their family. Initially given six months to live, Farhana has been on the trial for seven years, seen four new grandchildren born and is loving life!

The programme also talked to patients who were asking for more trials to advance their treatment as well as Dr Nicola Williams, National Director of Support and Delivery at Health and Care Research Wales, who gave the big picture view of clinical trials in Wales.

The programme can be watched at, [Wales This Week : Clinical Trials: Life in the Waiting Room on ITVX](https://www.itv.com/walesprogrammes/articles/wales-this-week-clinical-trials-life-in-the-waiting-room). [https://www.itv.com/walesprogrammes/articles/wales-this-week-clinical-trials-life-in-the-waiting-room].

There is also a news story about Farhana's experience on the trial on the [ITV website](https://www.itv.com/news/wales/2024-03-05/woman-given-six-months-to-live-still-here-seven-years-on-thanks-to-drug-trial). [https://www.itv.com/news/wales/2024-03-05/woman-given-six-months-to-live-still-here-seven-years-on-thanks-to-drug-trial].

2.5 Radiotherapy researchers leading the way with the first commercial device trial

A new research trial opened recently marking the first commercial medical device trial lead by the Radiotherapy Research team at Velindre Cancer Centre. The SABRE trial involves the use of the SpaceOAR Vue system designed by Boston Scientific in patients being treated with radiotherapy for prostate cancer.

Radiation therapy is extremely effective in targeting and treating prostate cancer. Side effects can be mild and go away on their own but for some patients they can last for years after treatment and can impact on quality of life.

Velindre is one of only two centres in the UK taking part in this trial which combines the use of the spacer with a five-fraction regime of radiotherapy, something the radiotherapy service has experience in.

2.6 BioNTech All-Wales Partnership

An All-Wales partnership has been negotiated with BioNTech and Health and Care Research Wales (HCRW) to deliver the BioNTech clinical trial portfolio, including Advanced

Therapy Medicinal Products (ATMPs) such as mRNA cancer vaccine studies and immunotherapeutic Clinical Trials of Investigational Medicinal Products (CTIMPs).

The Trust will be delivering this BioNTech pipeline of new cancer therapies in Cardiff through Velindre Cancer Centre and the Cardiff Cancer Research Hub, also working at an all-Wales level to ensure the agreed recruitment numbers are met. This initiative will be managed and reported through the RD&I governance structure of the Trust via our quarterly RD&I performance reports.

An Investment Delivery Plan was developed and negotiated collaboratively between BioNTech, HCRW and the Trust to establish the infrastructure required to deliver this pipeline of studies and financial investment committed including Clinician time, Research Nurse posts, as well as investment for Pharmacy, Radiology and Pathology posts.

Investment from BioNTech and HCRW into the Trust's research workforce ensures the additional capacity required to successfully deliver against this exciting initiative, further building the Trust's reputation with industry as a centre of research excellence.

2.7 Bevan Commission support for Welsh Blood Service innovation project

Towards the end 2023, Welsh Blood Service's (WBS) research scientist, Michael Cahillane, was selected to take part in the Bevan Commission's Innovation Intensive Learning Week. The week, made up of lectures and group work, gave Michael the opportunity to discuss his project with people from all over the health and care system in Wales, with support and advice from Bevan Commission exemplars and other experienced experts.

The project is looking at a plasma component called pooled cryoprecipitate, which is rich in clotting factors and is transfused into patients to speed up clotting mechanisms during bleeding.

Manufacturing pooled cryoprecipitate is time consuming and Michael has identified a part of the process where waste is essentially built-in to try and best manage the time during the manufacturing process.

The project will investigate if it is possible to refreeze these clinically suitable cryoprecipitate singles instead of discarding them, and then thaw and pool them through a supplementary manufacturing procedure when sufficient ABO-matched singles are available. This innovation in cryoprecipitate production could enhance its yield and stability, maximising its impact on patient care in clinical settings, saving lives and enhancing quality of life.

This new procedure and any units manufactured from it will need to be rigorously tested, with quality assurance key to ensuring component integrity fulfils the relevant UK component specification guidelines. If project results demonstrate the process produces clinically viable components, the next step will be to incorporate the procedure into current operations as routine manufacturing process.

2.8 Innovate UK funding awarded to Welsh Health Drone Innovation Partnership

The Welsh Health Drone Innovation Partnership project is one of five UK projects awarded an “Innovate UK” funding in partnership with the UK Department of Health and Social Care’s Future Flight Challenge programme.

The programme uses drones to help build resilience in UK medical supply chains and help connect patients with healthcare services more quickly.

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

The project seeks to:

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

The programme’s kick off meeting will take place in May 2024, followed by engagement workshop events across partner organisations, Wales, and other NHS Wales organisations. A demonstration flight is expected to take place in July 2024 with invitations being extended to Welsh Government’s First Minister and other officials.

3. ASSESSMENT

This briefing to the RD&I Sub-Committee summarises and provides an update of the activities of the Trust’s Research, Development, and Innovation service for Quarter (Q) 4 of the Financial Year (FY) 2023/24 and other noteworthy items that the Executive Medical Director wishes to highlight to the RD&I Sub-Committee.

4. SUMMARY OF MATTERS FOR CONSIDERATION

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

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust’s strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<ul style="list-style-type: none"> • Outstanding for quality, safety, and experience <input type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input type="checkbox"/> • A beacon for research, development, and innovation in our stated areas of priority <input checked="" type="checkbox"/> • An established ‘University’ Trust which provides highly valued knowledge for learning for all. <input type="checkbox"/> • A sustainable organisation that plays its part in creating a better future for people across the globe <input type="checkbox"/> 	
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	10 - Governance
QUALITY AND SAFETY IMPLICATIONS / IMPACT	Select all relevant domains below
	<ul style="list-style-type: none"> Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>
	<p>a) The Executive Medical Director’s briefing summarises key Research, Development, and Innovation activities and other noteworthy research related items, demonstrating the Trust being a research supportive organisation.</p> <p>b) The Executive Medical Director’s briefing demonstrates the Trust’s commitment to</p>

Cusack-Sandra
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	<p>undertaking research that is evidence based and appropriate, offering equal opportunities to all patients that is respectful and responsive to their treatment needs.</p> <p>c) The briefing also displays the Trust’s dedication to conducting research in a safe and effective manner, making the best use skills and resources available.</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Not required</p> <p>NOT APPLICABLE – This is the Executive Medical Director’s briefing to the RD&I Sub-Committee.</p>
<p>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</p>	<p>A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health</p> <p>If more than one Well-being Goal applies, please list below:</p> <p>If more than one wellbeing goal applies, please list below:</p> <p>Click or tap here to enter text</p>
<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</p>	<p>Yes - please outline what, if any, actions were taken as a result</p>

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<p>For more information: https://nhs.wales365.sharepoint.com/sites/VEL/_layouts/15/Default.aspx</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

<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>	

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RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

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

DATE OF MEETING	14 May 2024
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
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REPORT PURPOSE	DISCUSSION
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IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
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PREPARED BY	Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager
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PRESENTED BY	Jacinta Abraham, Executive Medical Director
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APPROVED BY	Jacinta Abraham, Executive Medical Director
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EXECUTIVE SUMMARY	This report summarises the risks and controls of the Trust Research Service during the financial year.
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RECOMMENDATION / ACTIONS	RD&I Sub-Committee are requested to note for DISCUSSION the Summary of RD&I Risk Profile. The RD&I Sub-Committee are also requested to accept future Summaries of the RD&I Risk Profile as appendices to the annual RD&I Integrated Performance Report.
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GOVERNANCE ROUTE

List the Name(s) of Committee / Group who have previously received and considered this report:	Date
RD&I Operational Management Group	30 April 2024

Summary and outcome of previous governance discussions

The open and assessed RD&I risks were discussed at the RD&I Operational Management Group on 30 April 2024 prior to submission to the RD&I Sub-Committee’s meeting of 14 May 2024.

There is an open Radiotherapy Service capacity risk that was made visible to Research & Development in DATIX during March 2024. This risk is currently being reviewed and assessed, through the RD&I governance structure, for impact on the delivery of clinical trials involving radiotherapy treatment. This will be added to the summary of Research & Development risks once the assessment is completed.

The RD&I Sub-Committee are being asked to note this paper for **DISCUSSION**.

7 LEVELS OF ASSURANCE

NOT APPLICABLE

ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Select Current Level of Assurance
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APPENDICES

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

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

2. BACKGROUND

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

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

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

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

3. ASSESSMENT

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

There is an open Radiotherapy Service capacity risk that was made visible to Research & Development in DATIX during March 2024. This risk is currently being reviewed and assessed, through the RD&I governance structure, for impact on the delivery of clinical trials involving radiotherapy treatment. This will be added to the summary of Research & Development risks once the assessment is completed.

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

4. SUMMARY OF MATTERS FOR CONSIDERATION

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

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

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)	
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below	
If yes - please select all relevant goals:	
<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	Yes -select the relevant domain/domains from the list below. Please select all that apply
	Safe <input checked="" type="checkbox"/> Timely <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Equitable <input checked="" type="checkbox"/> Efficient <input checked="" type="checkbox"/> Patient Centred <input checked="" type="checkbox"/>

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	<p>a) The Summary of the RD&I Risk Profile describes the risks since the beginning of the financial year demonstrating the Trust R&D Office maintains oversight of research related risks.</p> <p>b) The Summary of the RD&I Risk Profile shows Trust’s commitment to ensuring that research and development risks are appropriately managed with adequate controls and actions, and escalated as necessary where the threshold is met.</p> <p>c) The report also displays the Trust’s dedication to conducting research in a safe and effective manner, by ensuring risks are adequately controlled and escalated as appropriate.</p>
<p>SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: For more information: https://www.gov.wales/socio-economic-duty-overview</p>	<p>Not required</p>
<p>TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT</p>	<p>A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health</p> <p>If more than one Well-being Goal applies, please list below:</p> <p>If more than one wellbeing goal applies, please list below:</p>
<p>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” should a research risk affect the Trust’s ability to undertake research or jeopardise the Trust’s reputation. This could lead to the loss of funding received from Health and Care Research</p>

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	Wales along with other non-commercial / commercial sources. No direct financial implications from this paper.
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL/Intranet/SitePages/E.aspx	Yes - please outline what, if any, actions were taken as a result The Equality Impact of the Summary of the RD&I Risk Profile has been considered and there are no matters of concern to raise.
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report. Click or tap here to enter text

6. RISKS

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

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Summary of Research & Development Risks

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

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

Risk Summary Table.

No	Risk ID	Risk Description	Date opened	Inherent Risk Score	Controls / Action Plan & Progress	Current / Target Risk Score	Status	Level of control	Lead
1.	3186	Recent vacancies in Velindre Cancer Centre's (VCC) means a possible slowing of research study set-up and patient recruitment is required, meaning a reduction in new studies opened and recruitment numbers. May also delay VCC Pharmacy's ability to support studies/service at Cardiff Cancer Research Hub (CCRH).	22 Aug 2023	15	<p>23 Apr 2024</p> <ol style="list-style-type: none"> VCC Pharmacy have made appointments to vacant posts, and staff have begun with the organisation during March/April 2024. VCC Pharmacy are in the process of training new appointments to support trial setup and delivery. VCC Pharmacy and Trust R&D Office meet weekly to discuss the priority trials and the progress in returning the pharmacy service to full capacity. Trust R&D Office continue to work with the site-specific teams to compile trial prioritisation list to aid prioritise the work for VCC Pharmacy. VCC Pharmacy and Trust R&D Office to review the core pharmacy team staffing to support study set up and recruitment at a future time point. 	8	Open	Adequate	Chief Pharmacist
2.	3252	Cardiff & Vale University Health Board (CVUHB) unable to keep up with Velindre University NHS Trust's (VUNHST) support requests for research study radiological biopsies.	09 Nov 2023	20	<ol style="list-style-type: none"> Continuing to set-up research studies where biopsies are optional or can be undertaken at Velindre Cancer Centre (VCC) Continuing to set-up research studies with mandatory biopsies using support requests to CVUHB on a case-by-case basis. Work ongoing with CVUHB Joint Research Office & CVUHB Radiology to resolve issue. 	8	Open	Adequate	Head of R&D

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

Cusack-Sandra
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RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

Research, Development and Innovation Strategy for the Welsh Blood Service

DATE OF MEETING	14 May 2024
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
REPORT PURPOSE	APPROVAL
IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
PREPARED BY	Sian James, Head of Research, Development and Innovation Services
PRESENTED BY	Sian James, Head of Research, Development and Innovation Services
APPROVED BY	Jacinta Abraham, Executive Medical Director

EXECUTIVE SUMMARY	<p>The strategy is designed to guide the Welsh Blood Service's research activities and partnerships with academia, NHS organisations, funders, industry partners, and educational leaders to improve the lives of people in Wales. The strategy builds on the Welsh Blood Service's first formal research strategy published in 2017 and considers the challenges faced by the service.</p> <p>The document outlines the key goals, measures of success, accountability, and leadership responsibilities for achieving the strategy's objectives. The strategy aligns with the Welsh Blood Service's 5 Year Strategy and Velindre University NHS Trust Destination 2033.</p> <p>The strategy aligns our processes and systems with the areas we wish to specialise in, scientific points of exploration, how we are to integrate with the RD&I infrastructure organisational and nationally, how we are to accelerate implementation and establishing systematic approaches to horizon scanning, prioritising research that is clinically relevant and patient and donor-centred and developing research capacity.</p>
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RECOMMENDATION / ACTIONS	The RD&I Sub-Committee is requested to Approve this strategy.	
GOVERNANCE ROUTE		
List the Name(s) of Committee / Group who have previously received and considered this report:	Date	
Welsh Blood Service Senior Leadership Team	10/04/2024	
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS		
The presentation of the strategy to the WBS Senior Leadership Team (SLT) was met with enthusiasm and support.		

7 LEVELS OF ASSURANCE	
Not applicable	
ASSURANCE RATING ASSESSED BY BOARD DIRECTOR/SPONSOR	Not applicable

APPENDICES	
1	Research, Development and Innovation strategy for the Welsh Blood Service
2	PowerPoint Presentation Slides to introduce the “Research, Development and Innovation strategy for the Welsh Blood Service”

1. SITUATION

We have finalised the Research, Development, and Innovation (RD&I) strategy document after extensive stakeholder engagement and analysis. The strategy outlines our vision, objectives, and proposed initiatives to drive innovation and advancement within the Welsh Blood Service for the coming years.

2. BACKGROUND

The RD&I strategy has been developed in alignment with our organizational goals and mission. It incorporates feedback and insights from various stakeholders and has been reviewed and endorsed by the WBS Senior Leadership Team (SLT).

3. ASSESSMENT

The RD&I strategy represents a comprehensive roadmap for guiding our future initiatives in Research, development, and innovation. It outlines clear objectives and actionable steps to enhance our competitiveness and meet the evolving needs of our stakeholders.

Cusack-Sandra
10/05/2024 12:10:29

4. SUMMARY OF MATTERS FOR CONSIDERATION

I recommend that the committee approves the RD&I strategy document for implementation. Approval from the committee will signify our commitment to fostering a culture of innovation and driving forward-thinking initiatives within our organization.

5. IMPACT ASSESSMENT

TRUST STRATEGIC GOAL(S)												
Please indicate whether any of the matters outlined in this report impact the Trust's strategic goals: YES - Select Relevant Goals below												
If yes - please select all relevant goals:												
<ul style="list-style-type: none"> • Outstanding for quality, safety, and experience <input checked="" type="checkbox"/> • An internationally renowned provider of exceptional clinical services that always meet, and routinely exceed expectations <input 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"/> 												
RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) <i>For more information: STRATEGIC RISK DESCRIPTIONS</i>	09 - Future Direction of Travel											
QUALITY AND SAFETY IMPLICATIONS / IMPACT	There are no specific quality and safety implications related to the activity outlined in this report.											
	<table border="0"> <tr><td>Safe</td><td><input type="checkbox"/></td></tr> <tr><td>Timely</td><td><input type="checkbox"/></td></tr> <tr><td>Effective</td><td><input type="checkbox"/></td></tr> <tr><td>Equitable</td><td><input type="checkbox"/></td></tr> <tr><td>Efficient</td><td><input type="checkbox"/></td></tr> <tr><td>Patient Centred</td><td><input type="checkbox"/></td></tr> </table>	Safe	<input type="checkbox"/>	Timely	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Equitable	<input type="checkbox"/>	Efficient	<input type="checkbox"/>	Patient Centred
Safe	<input type="checkbox"/>											
Timely	<input type="checkbox"/>											
Effective	<input type="checkbox"/>											
Equitable	<input type="checkbox"/>											
Efficient	<input type="checkbox"/>											
Patient Centred	<input type="checkbox"/>											
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information: https://www.gov.wales/socio-economic-duty-overview</i>	Not required											
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Resilient Wales - Maintaining and enhancing a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience.											
	If more than one Well-being Goal applies please list below:											



	A Prosperous Wales
FINANCIAL IMPLICATIONS / IMPACT	There is no direct impact on resources as a result of the activity outlined in this report.
	<p>Source of Funding: Divisional Budget Allocation</p> <p>Please explain if 'other' source of funding selected: This is a continuation of utilising the existing budgets for RD&I services and projects within the Welsh Blood Service.</p> <p>Type of Funding: Revenue</p> <p>Scale of Change Please detail the value of revenue and/or capital impact: None</p> <p>Type of Change Business as Usual Improvement Please explain if 'other' source of funding selected: N/A</p>
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL_Itranet/SitePages/E.aspx	Not yet completed - Include further detail below why
	Unknown - This requirement has not been communicated to the authors yet.

ADDITIONAL LEGAL IMPLICATIONS / IMPACT	There are no specific legal implications related to the activity outlined in this report.
	No Legal aspects have been has not been communicated to the authors.

6. RISKS

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

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Research, Development and Innovation



Gwasanaeth Gwaed Cymru
Welsh Blood Service

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Basic Research

Discovery

Clinical Studies

Clinical Trials

Applied Research

Development

Service
Development and
Improvement

Standard Care

WBS Service Support of other RD&I

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

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10/05/2024 12:10:29





Strategic Theme 5:

Achieving excellence in research, development and innovation to improve outcomes for our donors and patients.

Our Objectives

- Utilise research, development and innovation to support the evolution of existing services and the development of new services and products.
- Develop our research, development and innovation **capacity and capability**.
- Develop our research, development and innovation **infrastructure** to support increased activity.

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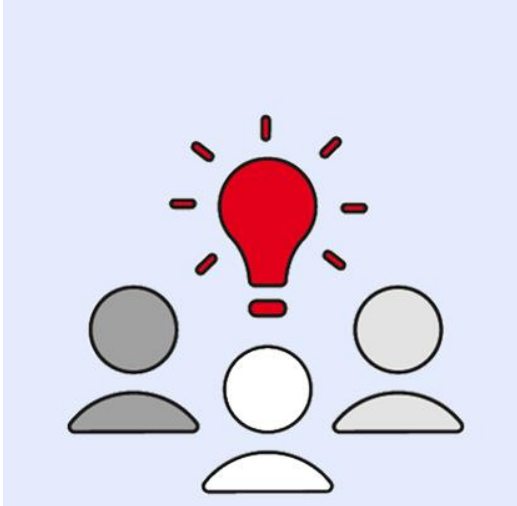


Strategic Theme 5:

Achieving excellence in research, development and innovation to improve outcomes for our donors and patients.

- Develop a research, development and innovation strategy.
- Align our processes and systems with major scientific, infrastructure, technology and informatics developments.
- Establish systematic approaches to horizon scanning and integrate them into our research programme.
- Integrate system wide data sets to develop insights.
- Develop our research capacity by increasing the number of staff actively involved in research, development and innovation.
- Increase the number of staff undertaking formal research programmes e.g. MSc; PhDs etc.
- Actively identify and partner a range of NHS, commercial and academic institutions to develop an exciting programme for Research Development and Innovation which supports transformational service change and improved outcomes.

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WBS Strategy



Destination 2033



Our strengths



Stakeholders

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Mission 1

Our strengths

Advancing Blood Components

Mission 2

Our strengths

Leading Transplant Research in Wales

Mission 3

Destination 2033

WBS Futures

Centred on improving patient care or improving our core services

Mission 4

Destination 2033

WBS Futures

We will use innovation and value-based healthcare to improve our services and performance

Mission 5

Destination 2033

WBS Futures

Our strengths

Stakeholders

Growing Collaboration to sustain our RD&I

Destination 2033

WBS Futures

Stakeholders

Mission 6

As a service to the people of Wales, we will play a national and international role

Destination 2033

WBS Futures

Stakeholders

Mission 7

Expand and coordinate our RD&I operations and celebrate our success

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Research, Development and Innovation strategy for the Welsh Blood Service

How we will perform research to improve the lives of
people in Wales.

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A new WBS Research Development and Innovation Strategy

🔑 Deliverable 1

A written document in English and Welsh

🔑 Deliverable 2

Key Performance Indicators to evidence the progress of this strategy

🔑 Deliverable 3

Update of the relevant electronic webpages

The WBS performs this strategy

🔑 Deliverable 4

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

🔑 Deliverable 5

The KPI statuses are reached and monitored.

Focus on patient outcomes, and financial governance is robust.

🔑 Deliverable 6

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

🔑 Deliverable 7

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

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Gwasanaeth Gwaed Cymru
Welsh Blood Service

Research, Development and Innovation strategy for the Welsh Blood Service

How we will perform research to improve the lives of people in Wales.

Executive Summary

The strategy is designed to guide the Welsh Blood Service's research activities and partnerships with academia, NHS organisations, funders, industry partners, and educational leaders to improve the lives of people in Wales.

The strategy builds on the Welsh Blood Service's first formal research strategy published in 2017 and considers the challenges faced by the service.

The document outlines the key goals, measures of success, accountability, and leadership responsibilities for achieving the strategy's objectives. The strategy aligns with the Welsh Blood Service's 5 Year Strategy and Velindre University NHS Trust Destination 2033.

The strategy aligns our processes and systems with the areas we wish to specialise in, scientific points of exploration, how we are to integrate with the RD&I infrastructure organisational and nationally, how we are to accelerate implementation and establishing systematic approaches to horizon scanning, prioritising research that is clinically relevant and patient and donor-centred, and developing research capacity.

Forward

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What this strategy is about

Who is this strategy for?

This strategy is for all colleagues, collaborators, donors, patients, and the people of Wales, to show how Welsh Blood Service will lead and provide resources for research, development and Innovation activities both within healthcare and other areas.

It is designed to focus how the Welsh Blood Service and our NHS Wales partners will work with academia and NHS organisations, link to the funders, industry partners, and educational leaders in the supporting infrastructure to perform research, development and innovation.

The Welsh Blood Service published its first formal strategy regarding research in 2017. Over the succeeding years, we have completed over 100 add-in projects in this time while evolving and being shaped by factors such as leadership and personnel changes, the 2020 pandemic, and evolving directions and influences. We learned where our strengths are (**SWOT analysis**), where targeted areas have progressed well, and where we have gaps in activity, capacity, and drive.

Where we have great success has been cemented here and change our approach in areas where our results have not met our expectations.

The success of this strategy will be measured in both implementation and performance goals. The implementation will ensure the research, development and innovation objectives of the Welsh Blood Service 5 Year Strategy and Velindre University NHS Trust Destination 2033 are defined and met. Performance indicators will be chosen and monitored to ensure the goals of this strategy are also performed well.

Accountability and leadership

While the Welsh Blood Service¹ is primarily responsible for performing the task of meeting this strategy, there are some elements of corporate support of Velindre University NHS Trust that will be required to achieve the ambitions of this strategy.

The Welsh Blood Service will ensure that we have the necessary expertise, capacity, project performance management in place. We will also maintain relationships with blood service partners, groups and networks to achieve this strategy.

Simultaneously **Velindre University NHS Trust** will deliver this strategy through specific management actions described in our missions. The corporate support is crucial for maintaining relationships within NHS Wales and its government funders to ensure and that the Welsh Blood Services interests are included in all necessary

¹ The Welsh Blood Service is a division of Velindre University NHS Trust.

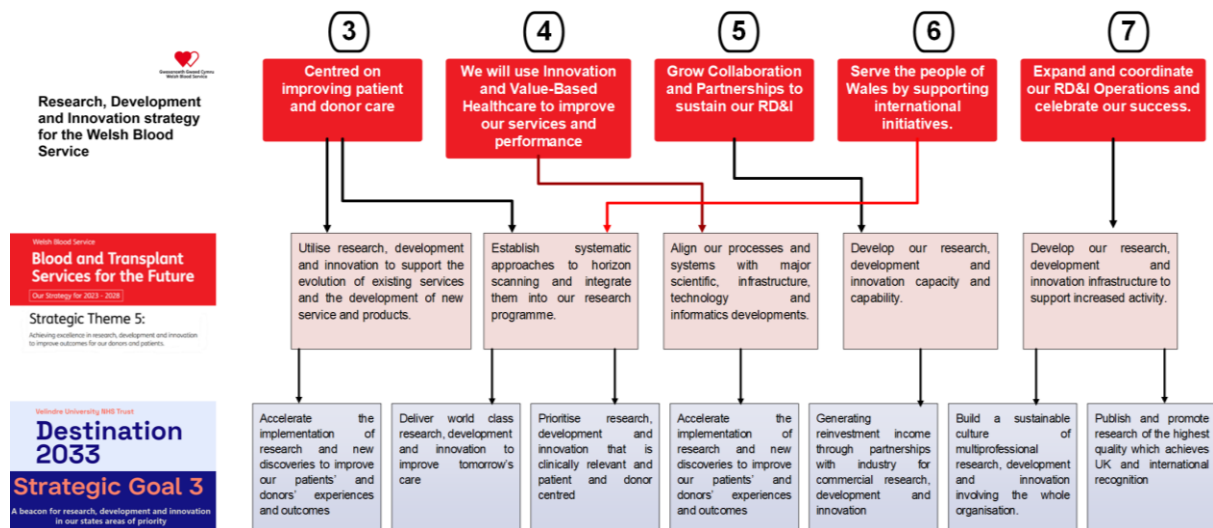
corporate interactions to ensure adequate funding, profile, and inclusion in all relevant governmental procedures and programs.

As an NHS Wales body, we have a part to play in supporting the overall care delivery NHS Wales's Heath Boards. We must draw on the services of ancillary organisations such as **Health Education and Improvement Wales** and **Health and Care Research Wales** to adequately fulfil this strategy's ambition and bring about measurable and sustainable change in government policy and influence change.

Mapping this to Corporate Strategies

We set out how we have taken the ambition outlined in both the Welsh Blood Service 5 Year Strategy and Velindre University NHS Trust Destination 2033 into this defined strategy.

The link to Strategic Theme 5 of the Welsh Blood Service's 5 Year Strategy and Strategic Theme 3 of Velindre University NHS Trust Destination 2033 is shown here.



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Our approach

In developing this strategy, we engaged broadly with various stakeholder groups and forums, including our colleagues, the organisation's leaders and external partners. The wide-ranging dialogue has shown that our vision and ambitions are generally well supported but that we are keen for change and improvements. We appreciate the diverse comments and perspectives we received during the engagement events.

We have identified seven missions in this strategy. We will adopt a delivery-focused approach to turn this plan into a reality. This strategy will drive the production of an annual delivery plan, outlining the specific actions required to achieve the vision. Many outcomes will only be achieved over the long term. Our annual delivery plan will, therefore, be a pragmatic way to deliver in the short term while progressing alongside long-term ambitions alongside some change and adjustment of our culture.

Our Strengths and Weaknesses

- External stakeholders reported that our collaborative approach is well regarded and our expertise and knowledge is viewed positively.
- We have mutually supportive relations with local clinicians built on the clinical research ambitions.
- The positive reputation of the Welsh Blood Service within NHS Wales.
- Due to the fact our operations involve scientific means that staff have the benefit of understand the importance of research for evidence generation very well.
- Our stakeholders identified that externally, the Welsh Blood Service is not known as being research-active, and we have not been reaching the best levels of disseminating our findings. Stakeholders reported that the reach of that dissemination has not been adequate.
- In stakeholder feedback, many staff, even in senior positions, reported that they are not expected or able to perform RD&I, despite it being within the role's responsibilities and stating that research, development and Innovation should be performed.
- Internally, we were asked whether we were monitoring our diversity and inclusion well.
- The NHS's focus on clinical outcomes can leave the Welsh Blood Service's RD&I activity to be excluded. A considerable proportion of Welsh Blood Service endeavours are not counted in as performance of research and this often leads to feelings of disenfranchisement for those performing RD&I.

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- Historically there appears to have been a lack of clarity of the impact and expectations of RD&I in the Operational and Support Functions, that is, departments such as quality, finance, and stores facilities.
- Communicating a longer-term research agenda becomes challenging when business operations are focused on daily or short-term deadlines. This results in missing out on research opportunities which could, in the medium to longer term, result in a more rewarding environment.

Opportunities and Threats

- A potential area for improvement lies in fostering a deeper understanding of evidence-based approaches by incorporating lessons learned from comparable organisations and integrating “best practice” into the RD&I work processes and deliverables.
- Nevertheless, we can make independent decisions that drive our outcomes in some areas. In these areas, we can act as a niche research avenue, collaborating with other experts and partners to move quickly without being burdened by national expectations or existing programs.
- Our modest size allows for short to medium-term commitments, typically less than two years, shaping opportunities appropriately and enabling agility.
- Increasing the R&D structure of NHS focused on patient outcomes leaves the Welsh Blood Service in the translation space deprived of funding opportunities.
- NHS Blood and Transplant (the NHSBT) and other organisations internationally, and we believe it would be more efficient and effective to avoid duplicating the efforts of others. This would allow us to focus our resources on other areas to make a more significant impact.
- We must ensure corporate activities are working towards the RD&I goals in the fields of transfusion, transplantation and cancer care proportionately as these are the areas of expertise of the organisation. There is a risk that the organisation may skew its resources to one area or another. Any such disparity would need to be scrutinised and justified.
- There is potential for the government's funding approach to research in the NHS to evolve.
- As a small organisation having a separate “corporate” entity risks ambiguity regarding the level of support and supervision provided to each of the two divisions. There is also a risk of in clarity of responsibility and ownership.

It appears that there may be some hesitation to develop to clinical and translational research agendas. This could be due to potential challenges in obtaining the necessary support for this type of research.

Future Generations

In line with the wellbeing of future generations Act 2015, research should be patient-centric aiming to improve the physical health and well-being of people in Wales. This strategy encompasses this requirement.

Our new outlook on Research is that the apparent link for future enablement of patient-centric care will improve the physical health and well-being of people in Wales. We know that embracing innovation can lead to more significant economic opportunities and interest for the workforces we will be working in, bringing in cutting-edge components and working at the forefront of technologies.

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Our Vision

The Welsh Blood Service will perform research and innovate improve the outcomes for the people of Wales.

In Welsh Blood Service Futures

Achieving excellence in research, development and innovation to improve outcomes for our donors and patients.

The missions that support our vision are

Mission One: Advancing Blood Components

Developing blood components that are safe, sufficient and effective in meeting the needs of patients.

Mission Two: Leading Transplant Research in Wales

To stand as a cornerstone for the provision of organs and stem cells for patients in Wales.

Mission Three: Centred on improving patient and donor care

To creates a culture where the patient's voice is at the centre of everything we do.

Mission Four: We will use Innovation and Value-Based Healthcare to improve our services and performance

To focus on Innovation and Value-Based Healthcare infrastructure to enable improvements that will translate to better services for patients and donors.

Mission Five: Using Collaboration to sustain our RD&I

We will prioritise collaborative opportunities in areas of organisational importance nationally and internationally.

Mission Six: Serve the people of Wales by supporting international initiatives.

The Welsh Blood Service aims to maintain a close relationship with public health bodies to respond to global health needs and increase sustainability goals. We will involve NHS Wales in international transfusion and transplantation opportunities for the benefit of patients and donors.

Mission Seven: Expand and coordinate our RD&I Operations and celebrate our success

The performance with RD&I to support operational efficiency in achieving goals for patients by ensuring that transfer and development of resources and skills to support this effort, celebrating success along the way.

Mission One: Advancing Blood Components

Developing blood components that are safe, sufficient and effective and ensuring the needs of patients.

Blood components are typically seen as standardised and stable; however, we have the expertise and desire to design and produce novel components better suited to specific clinical scenarios where possible. We also need to be able to respond with practical solutions if changes are required. These novel components will improve the recipients' lives.

in 2018, we launched a first standalone facility to address this ambition. The Component Development and Research Laboratory ("CDRL") is fundamental to our plans to deliver this mission by providing dedicated capacity with embedded innovative methods of investigation.

CDRL has taken a new approach to resourcing research in the Welsh Blood Service. Dedicated posts have been put in place to deliver this ambition, allowed by funding awards and grant success. CDRL have also developed rotational posts and visiting placements from academia and the military, in line with our other mission statements.

CDRL has performed over 20 projects in this time and has seen an increase in grant generation to £75,000+ in 2023-24. The future ambition lies in translation of laboratory advances into the clinical area. In 2023 CDRL won Health and Care Research Wales funding to move towards this goal for cold stored platelets. We are already taking a leading role in the activities for Wales in forging links with the armed forces, the NHS and academia in the field of emergency medicine and intensive care.

We will

- Expand our experimental expertise into advanced technologies such as microfluidics and facilitate collaborator access to support this.
- Create environments to attract talent and build capacity through creating rotational posts and enabling visiting external researchers.
- Educate the public and funders to understand how our ambitions will benefit them.
- Ensure we influence industry and regulatory changes that affect operations challenges and prepare for change by testing solutions through our RD&I.
- Welsh Blood Service will be known as a leader in the field of cold-stored platelets through the continued income generation to facilitate the performance and publication of high impact research.
- Researchers and innovators will choose to work with Welsh Blood Service in because of our reputation

Mission Two: Leading Transplant Research in Wales

The Welsh Transplantation and Immunogenetics Laboratory is the cornerstone in the provision of organ and stem cell transplants in Wales.

Patients requiring or living with an organ or stem cell transplant are directly affected by services we perform.

Since 2017, these scientists have completed several projects of to find more and innovative solution to clinical challenges, lately focused on biomarker detection to predict post-transplant function and detect rejection, paving the to improve clinical care pathways.

The capacity to perform research development and innovation here been achieved through clinical scientists augment their registration training by means of placements and project work.

While the achievements of the individuals who have done this have been significant, they have been in relatively small numbers of the individuals who have accomplished research by this means. Therefore we aim to expand the potential learning and development opportunities to other scientists and look at other modes of capacity provision, allowing a flow of staff to perform research through dedicated protected time, rotational placements or even secondment elsewhere.

We will

- Work towards ensuring a sustainable research development and innovation output in transplantation that enhances patient care. We will try to progress way to increase this capacity to do this.
- Build on existing relationships and actively seeking out new opportunities of collaborative working between the Welsh Blood Service and the renal clinicians at [Cardiff and Vale University Health Board](#) and the [Wales Kidney Research Unit](#).
- Continue to support scientific- and clinically-led projects.

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Mission Three: Centred on improving patient and donor care

We need to provide robust research leadership for NHS Wales, bringing together clinical opinion leaders and patients in achieve this.

We must provide a culture for our colleagues ensure the patient's voice is clearly heard, underpinning everything we do We will continue to use our patient and public engagement board as a sounding board for activity annually, checking their assessment of how we are meeting expectations.

We will continue to support the professional development of our researchers.

We will take steps to improve the research culture across the organisation, complementing and enhancing the existing organisational culture in the Welsh Blood Service. This mission touches upon our culture in the Welsh Blood Service. We need to be a positive lead for the NHS on issues relating to transfusion and transplantation, increasing our leadership role via the support of external parties such as the **Blood Health National Advisory Group** and every part of the NHS Wales infrastructure. On the national stage, we must ensure that we deliver for NHS Wales internationally, in such as the Biomedical Excellence for Safer Transfusion Collaborative.

We will

- identify ways to reinforce research development and innovation as a key partner and exemplar working in our leadership culture.
- Continue with our active participation in the public and patient involvement boards to ensure that the input of the patient public is made at all stages of our research planning and delivery.
- Explore how we can champion the patients of Wales. Engage them and know how we can represent them on the world stage in publication and publicity.
- Introduce elements of external scrutiny when formulating our plans to ensure that the avenues we explore respect the patient-centric goal.
- Here, we reiterate that the heart of the strategy is patient care. In addition, we will collaborate with donors to support patients.

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Mission Four: We will use Innovation and Value-Based Healthcare to improve our services and performance

We will focus on promoting innovation in areas where we provide services and can potentially make changes to improve their quality, safety and efficiency.

VUNHST has two dedicated service teams in place to manage these endeavours linking into national infrastructure. The **Velindre Innovation** and **Velindre Value-Based Healthcare** teams. We will directly integrate with these teams to build a portfolio of Welsh Blood Service innovation activity that spans core activity and supporting functions.

To enable this, we will ensure the spread of this aspiration and agenda into the supporting functions and departments of the Welsh Blood Service. This will require focusing on areas to make the RD&I agenda relevant , such as digital, stores and facilities, to bring about innovation in these areas.

At the same time, we will horizon scanning for these specialised areas. We will involve Digital more closely in Welsh Blood Service RD&I; we will explore using data analytics, artificial intelligence, and digital health technologies to improve operational efficiency, traceability, and decision-making within the blood service.

We will

- Commence a dedicated subcommittee that will manage a portfolio of innovation-ready areas and promote an exploratory mindset among all staff.
- We will utilise capabilities in innovation in support services are found using innovation-based funding schemes. We expect to support the production of plans for RD&I in these departments providing support functions. We would also oversee the subsequent RD&I activity and outcome dissemination.
- Provide an annual plan to focus on innovation delivery.
- Utilise Velindre University NHS Trust Teams to perform innovation activities in operational and support services of the Welsh Blood Service, promoting a culture shift to bring innovation into the workflow as an integral part of these areas.

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Mission Five: Using Collaboration to sustain our RD&I

The entire RD&I ambition of Welsh Blood Service is underscored by collaboration. This not only ensures robustness of approaches to RD&I but also reduces risks in the event of personnel or capacity changes. Since 2017, this approach has sustained the majority of research performed here over 95% of project having a collaborative element. Strategic Point 5 of **WBS 5 Year Strategy** also states that we must enhance collaboration with academic institutions, healthcare organisations, and research centres to leverage collective expertise and resources for impactful research.

Here, we describe our approach to collaboration, and, importantly, to finding the funding to sustain our approach.

By collaborating with academics, we have discovered that our funding sources become more diverse, accessible and receptive to our initiatives. Therefore, we consider academic partnerships crucial for developing sustainability in our activities.

We should prioritise forming partnerships with academic institutions, and while focusing on the benefits for Wales, we must also recognise that we should not limit ourselves to our geographical borders. We will pursue mutually beneficial partnerships with academic bodies across the UK and, where possible, in other parts of the world.

We are aware that certain military partnerships are important to this aim. Often active in extreme conditions, the military are literally at the cutting edge of much research in this area of transfusion. This area of advancement is key in novel blood-component use applications.

As we mature, we recognise that some areas of collaboration are appropriate to be developed into fully commercial relationships, and we have recently introduced the contractual frameworks to support the researchers in setting up such commercial partnerships. We will continue to support this approach and are keen for this to sustain our RD&I activity.

We will

- Consider secondments that allow for external researchers to be placed in Welsh Blood Service to provide the capacity to address gaps in the Welsh Blood Service capabilities, allowing collaboration and swifter translation of research findings into practice.
- Work with Leaders in our organisation to ensure processes are in place for timely placements. contracting and negotiation stances defined in advance where possible with clear lines of responsibility for making these arrangements.
- Continue to provide opportunities for collaboration, playing an active role in international networks. In areas where it is feasible, we will pursue grant funding

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and collaborations that facilitate grant reimbursement and maximise our income streams.

- We will make it a priority to look for commercial collaborative opportunities in areas which are suitable, allowing full reimbursement and capacity building. We will seek to increasing the amount of commercial collection we perform, reducing waste and deriving income will maintain the cost neutrality to the service.
- We will work with Welsh Blood Service researchers and partner organisations such as but not limited to partner universities to achieve either honorary or otherwise joint academic positions.
- Integrate with government programmes to successfully deliver the strategy through funding workforce capacity. We will continue to work with the [Health Education Improvement Wales Healthcare Scientist Strategy Programme](#).

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Mission Six: Serve the people of Wales by supporting international initiatives.

The Welsh Blood Service will maintain a close relationship with public health bodies to ensuring the nation's health and ensure readiness and an appropriate response to global health needs We will maintain the close relationship with Public Health Wales which emerged during the Covid-19 pandemic.

There are additional environmental factors which are emerging as of particular and ever more urgent importance, notably climate change. For future generations, sustainability and carbon footprints are emerging as neglected areas of scientific research. We will commence a portfolio of projects to explore a target increase in our sustainability goal, leading to a greener and more sustainable Wales.

We will

- Support health impacts such as individual risk assessment. We will respond to global needs within our area of expertise as subject matter experts.
- Continue to support sample provision to **Public Health Wales** for virus surveillance purposes and to support public health initiatives. Continue our partnership with the **Communicable Disease Surveillance Centre** of Public Health Wales on matters ensuring that the sustained ability to support each other in a mutually beneficial manner is always open and that the avenues to perform this are always open.
- Senior and Executive leaders may benefit from greater exposure and involvement in research programmes and practices to better understand the nuance in the operating background, skills and knowledge.
- Facilitate the involvement of NHS Wales organisations in international blood services opportunities and lead NHS Wales involvement in **BEST-Collaborative** and **European Blood Alliance**, using opportunities and look to foster a network that allows Welsh Blood Service to use these and other international networks to further research.

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Mission Seven: Expand and coordinate our RD&I Operations and celebrate our success

This strategy is a part of **WBS 5 Year Strategy**. With that in mind, we will adjust the oversight of RD&I to ensure the reporting of the progress of delivering this strategy is adapted to the Welsh Blood Service's overall strategic oversight.

Around one-third of all research, development, and innovation activities require digital and data components, as well as skills from our **Digital** department or other areas. It is crucial that we ensure timely access to these resources to support our strategy and manage the fluctuating demands that come with it.

We will explore opportunities to ensure that individual staff members have the support in terms of resource, protected research time, funding, and workload capacity, with input and strategic support from senior leaders in the organisation. This leadership input and support will enhance the reputation of the organisation. In addition, this approach is highly likely to be instrumental in minimising risks of staff attrition and acknowledging the role of RD&I as a proven source of new funding and discrete income streams while drawing new staff and partnerships to the organisation.

As we rely on external programs and educational institutions to provide novice researchers with the necessary training we need to ensure equality and inclusion for researchers, so we will introduce a metric to monitoring this access.

We will provide input into the development of the **Velindre Clinical and Scientific Strategy** to include this issue.

We will

- Produce a detailed communication plan to enhance visibility accessibility and dissemination of research outcomes. This will ensure that staff of the Welsh Blood Service are aware of the research portfolio through outreach and celebratory communications.
- Commit to being an organisation that leads change by through evidence, that champions research, development, and innovation activity and disseminating our new knowledge well.
- Further develop our performance framework to help us keep track of project progress and of obstacles that may arise. Our strategy delivery will be analysed regularly, and any skill gaps or obstacles will be addressed as needed. The RD&I committee will be responsible for monitoring this performance, overseen by the Senior Leadership Team.
- Put in place measures to monitor diversity and inclusion, ensuring that RD&I opportunities are representative and accessible to all staff members, taking expert advice from the organisational team.

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- Ensure that leaders in our organisation are briefed appropriately in good time to allow them to champion the RD&I programme in their day-to-day networking. Leaders in our organisation will also be instrumental in championing the Welsh Blood Service to our funders and government sponsors.
- Ensure that the resources and skills to support RD&I activity are in place through our Senior Leadership Team. we will ensure that opportunities are delivered with equity, whether divisional or corporate. Senior and executive leadership will be asked for their expectations annually and receive feedback on progress so that we may measure the service effectively.
- Ensure our staff and colleagues in Wales are aware of the impact of RD&I on improving outcomes for patients and enabling donors to support patients.
- Donors will be kept informed of progress against milestones and may take pride in the work their donations not only directly through the direct impact of their donations provide but also through their contribution to research support. This will be achieved through public engagement and communication.
- Support staff in presenting their research through attending conferences and producing publications. We will also ensure that their achievement is formally recognised through messages of thanks and acknowledgment from senior leaders and dissemination internally and externally.
- We will ensure that colleagues with operational roles are given the time to perform RD&I activity to benefit patients, donors and the staff members careers. This will contribute to making the Welsh Blood Service a great place to work.

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RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

**Research, Development, and Innovation -
Financial Year 2023/24 Annual Integrated Performance Report**

DATE OF MEETING	14 May 2024
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
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REPORT PURPOSE	INFORMATION / NOTING
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IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
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PREPARED BY	Sarah Townsend, Head of Research & Development Christopher Cotterill-Jones, Research Delivery Manager Kate Cleary, Velindre Cancer R&D Strategy Business Support Manager Jane Hopkinson, Velindre Professor of Nursing and Interdisciplinary Cancer Care Sian James, Welsh Blood Service Head of Research, Development, and Innovation Services Ross McLeish, Innovation Project Manager Helen Robertson, RD&I Communications and Engagement Officer
PRESENTED BY	Sarah Townsend, Head of Research & Development
APPROVED BY	Jacinta Abraham, Executive Medical Director

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EXECUTIVE SUMMARY	<p>Trust Research, Development, & Innovation (RD&I) prepare an integrated performance report at the end of each financial year's quarter.</p> <p>This report summarises and provides an update of the activities of the Trust's Research, Development, and Innovation service during the financial year.</p>
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RECOMMENDATION / ACTIONS	The RD&I Sub-Committee are requested to note for INFORMATION the draft annual RD&I Integrated Performance Report for Financial Year 2023/24.
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GOVERNANCE ROUTE																			
List the Name(s) of Committee / Group who have previously received and considered this report:	Date																		
Welsh Blood Service Senior Leadership Team	10 April 2024																		
Velindre Cancer Centre Senior Leadership Team	17 April 2024																		
Executive Management Board	29 April 2024																		
Research, Development, and Innovation Operational Management Group	30 April 2024																		
SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS																			
<p>The governance cycle for this RD&I Integrated Performance Report was planned as follows:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Meeting</th> <th>Meeting Date</th> <th>Paper Deadline</th> </tr> </thead> <tbody> <tr> <td>WBS Senior Leadership Team</td> <td>10 April 2024</td> <td>05 April 2024</td> </tr> <tr> <td>VCC Senior Leadership Team</td> <td>17 April 2024</td> <td>10 April 2024</td> </tr> <tr> <td>RD&I Operational Management Group</td> <td>30 April 2024</td> <td>16 April 2024</td> </tr> <tr> <td>Executive Management Board</td> <td>13 May 2024</td> <td>08 May 2024</td> </tr> <tr> <td>RD&I Sub-Committee</td> <td>14 May 2024</td> <td>30 April 2024</td> </tr> </tbody> </table> <p>The report has been noted for information at the WBS Senior Leadership Team and VCC Senior Leadership Team meetings.</p> <p>The RD&I Sub-Committee meeting is the last meeting of the governance cycle.</p> <p>The RD&I Integrated Performance Report has been received and noted at those meetings in the governance route to RD&I Sub-Committee, with corrections being raised and the report updated prior to submission.</p>		Meeting	Meeting Date	Paper Deadline	WBS Senior Leadership Team	10 April 2024	05 April 2024	VCC Senior Leadership Team	17 April 2024	10 April 2024	RD&I Operational Management Group	30 April 2024	16 April 2024	Executive Management Board	13 May 2024	08 May 2024	RD&I Sub-Committee	14 May 2024	30 April 2024
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Executive Management Board	13 May 2024	08 May 2024																	
RD&I Sub-Committee	14 May 2024	30 April 2024																	



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

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

1. SITUATION

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

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

For Quarter 4, an annual report incorporating Q1 through Q3 previously reported, plus Q4 activities, is provided covering the activities Trust’s Research, Development, and Innovation service for the whole financial year.

2. BACKGROUND

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

- Welsh Blood Service Senior Leadership Team.
- Velindre Cancer Centre Senior Leadership Team.
- Research, Development, and Innovation Operational Management Group.
- Executive Management Board.
- Research, Development, and Innovation Sub-Committee.

3. ASSESSMENT

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

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

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

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

4. SUMMARY OF MATTERS FOR CONSIDERATION

The RD&I Sub-Committee are requested to note for **INFORMATION** the draft annual RD&I Integrated Performance Report for Financial Year 2023/24.

5. IMPACT ASSESSMENT

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

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 10/05/2024 10:29



QUALITY AND SAFETY IMPLICATIONS / IMPACT	Yes -select the relevant domain/domains from the list below. Please select all that apply
	<p>Safe <input checked="" type="checkbox"/></p> <p>Timely <input type="checkbox"/></p> <p>Effective <input checked="" type="checkbox"/></p> <p>Equitable <input checked="" type="checkbox"/></p> <p>Efficient <input checked="" type="checkbox"/></p> <p>Patient Centred <input checked="" type="checkbox"/></p> <p>a) The Integrated Performance Report describes the Research, Development, and Innovation activities demonstrating the Trust being a research supportive organisation.</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> <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.</p>
SOCIO ECONOMIC DUTY ASSESSMENT COMPLETED: <i>For more information:</i> https://www.gov.wales/socio-economic-duty-overview	Not required
TRUST WELL-BEING GOAL IMPLICATIONS / IMPACT	A Healthier Wales - Physical and mental well-being are maximised and in which choices and behaviours that benefit future health
	If more than one Well-being Goal applies, please list below:
FINANCIAL IMPLICATIONS / IMPACT	If more than one wellbeing goal applies, please list below:
	Yes - please Include further detail below, including funding stream
	There is a potential financial impact in not demonstrating the Trust’s commitment to the

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	<p>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 For more information: https://nhs.wales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx</p>	<p>Yes - please outline what, if any, actions were taken as a result</p> <p>The Equality Impact of Trust RD&I Integrated Performance Report for FY2023/24 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

<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>	

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

2023/24

ANNUAL
(Incorporating Q4)

April 2023 to
March 2024

Research, Development &
Innovation

Integrated Performance Report

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Abbreviations.

Abbreviation	Definition
ACTAH	Acute Cancer Treat at Home
AHP	Allied Health Professionals
ANP	Advanced Nurse Practitioner
ATMP	Advanced Therapy Medicinal Product
ATW	Advanced Therapies Wales
BAU	Business As Usual
BBC	British Broadcasting Corporation
B BTS	British Blood Transfusion Society
BEST	Biomedical Excellence for Safer Transfusion
CAHPR	Council for Allied Health Professions Research
CARIN	Clinical Academic Roles Implementation Network
CAR-T	Chimeric Antigen Receptor T-cell
CCLI	Collaboarative Centre for Learning and Innovation
CCRH	Cardiff Cancer Research Hub
CI	Chief Investigator
CRest	Cancer Research Strategy for Wales
CTR	Cantre for Trials Research
CU	Cardiff University
CVUHB	Cardiff and Vale University Health Board
DPIA	Data Protection Impact Assessment
DVT	Deep Vein Thrombosis
ECMC	Experimental Cancer Medicine Centre
EMRTS	Emergency Medical Retrieval and Transfer Service
ER	Estrogen receptor
FDA	Food and Drug Administration
FiR	First into Research
FoRRM	Formal Radiography Research Mentoring
FY	Financial Year
HCARE	School of Healthcare Sciences, Cardiff University
HCRW	Health and Care Research Wales
HER	Human Epidermal growth factor Receptor
IMTP	Integrated Medium-Term Plan
ITV	Independent Television
KPI	Key Performance Indicator
LIP	Local Information Pack
MASCC	Multinational Association of Supportive Care in Cancer
MD	Doctor of Medicine
MRI	Magnetic Resonance Imaging
mRNA	Messenger Ribonucleic acid
MSc	Master of Science
n	Number
NHS	National Health Service
nVCC	New Velindre Cancer Centre
PhD	Doctor of Philosophy
PI	Principal Investigator

Q	Quarter
QL	Quality of Life
QR	Quick Response
R&D	Research and Development
RAG	Red, Amber, Green
RCBC	Research Capacity Building Collaboration
RD&I	Research, Development, and Innovation
RICH	Regional Innovation Coordination Hubs
RT	Radiotherapy
SABR	Stereotactic Ablative Radiotherapy
SAC	Snowdonia Aerospace
SACT	Systemic Anti-Cancer Therapy
SBRI	Small Business Research Initiative
SOC	Strategic Outline Case
TILS	Tumour Infiltrating Lymphocytes
UCL	Univeristy College London
UCLH	University College London Hospitals NHS Foundation Trust
UK	United Kingdom
UKRI	UK Research and Innovation
USA	United States of America
VBHC	Value Based Healthcare
VCC	Velindre Cancer Centre
VHCR	Velindre Healthcare Cancer Research
VIR	Velindre Introduction to Research
VUNHST	Velindre University NHS Trust
WAST	Welsh Ambulance Service NHS Trust
WBMDR	Welsh Bone Marrow Donor Registry
WBS	Welsh Blood Service
WCN	Wales Cancer Network
WIDI	Wales Institute of Digital Information
WTE	Whole Time Equivalent

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INTRODUCTION

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

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

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

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

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

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STRATEGIC PRIORITY 1

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

1 Velindre Cancer Research & Development Strategic Ambitions.





1.1 Build research capacity and capability at Velindre and across South-East Wales.

From the Overarching Cancer Research and Development Ambitions Strategy 2021-31, **we said we would:** *‘Build research capacity and capability at Velindre and across South East Wales’*

And **we have:**

Welcomed new team members via the Implementing the Cancer R&D Ambitions – An Integrated Business Case 2023-2026.

The successful bid to Velindre Charitable Funds brought in 49.9WTE new posts (this includes co-funded posts) over three years. The focus of the bid is to expand and balance the cancer research portfolio to increase recruitment into research studies led or supported by Velindre. As well as funding the Velindre Healthcare Cancer Research Fellowship Scheme (see section 2.2. Velindre Healthcare Cancer Research Fellowships.), other newly funded areas meant that we are:

	Developing the next generation of researchers by giving our research interested trainees the opportunity to gain higher degrees (MDs and PhDs). This meant match funding for 3xWTE Clinical Research Fellows and 2xWTE PhD posts.
	Funding key research posts in Palliative and Supportive Care for the first time. A newly funded Clinical Research Fellow and a non-clinical Research Fellow post will also work together closely with the consultant on key projects on patient experience.
	Funding sessional time for research with the aim to enhance research capacity, capability, and leadership at Velindre. There are ongoing conversations about how these sessions can be filled due to existing clinical commitments. These sessional times represent key leadership roles within research that would drive momentum in achieving the Trust’s objectives.
	Demonstrating the impact of our research with the new RD&I Communications & Engagement Officer. Internally, R&D specific news stories on our intranet has increased dramatically since having a dedicated R&D Communications Officer: there has been a 1400% increase in R&D related news stories on the intranet (August 2022 – March 2023 compared to August 2023 – March 2024). Externally has also seen a rise in activity with news stories on the BBC and ITV. All this will contribute to raising awareness of the research we’re involved in.

1.2 Advance new treatments, intervention, and care.








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

And **we have:**

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

The Cardiff Cancer Research Hub (CCRH) will bring bolder, more innovative approaches to solid tumour and haematology research to Wales. In the last 12 months, there have been significant steps made to position the CCRH to be the new front door for cancer research in Wales:

	The first Hub patient was treated in December which is a real pivotal moment and shows that the Hub is already bringing new treatments to patients in Wales.																																																	
	The Strategic Outline Case (SOC) was submitted to Welsh Government in July. This identifies the infrastructure for the Hub and was led by Cardiff & Vale University Health board (CVUHB) with key input by Velindre colleagues. We have received initial positive feedback and await further details from Welsh Government.																																																	
	The Strategic Investment Case was finalised. This document is building towards a Full Business Case for the Hub. It provides an estimate of the level of pump-priming investment required to get the Hub up and running and where this investment could be sought.																																																	
	Following on from this work, we have focused in on a market engagement exercise which includes prioritising potential investors, collating key messages and drafting an investor pack.																																																	
	Branding for the Hub has now been signed off by the Tripartite Partnership Board and will play a key role in creating a shared identity for the Hub.																																																	
	ATMP & Translational Research Training Package went live with nine training videos on Cardiff University (CU) learning platform. The Senior Research Nurse for the Hub also organised an advanced therapies training day focusing on cell therapies in cancer disease, supported by Advanced Therapies Wales (ATW) and Experimental Cancer Medicine Centres (ECMC). The training was really successful and contributes to upskilling the workforce .																																																	
	<p>Trial portfolio overview:</p> <table border="1" data-bbox="331 1216 1436 1809"> <thead> <tr> <th>Stage</th> <th>Study Name</th> <th>Study Type</th> <th>Funding</th> <th>Cancer Type</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Open to recruitment</td> <td>MORAb-202</td> <td>First in Human</td> <td>Commercial</td> <td>Solid – multi-site</td> </tr> <tr> <td>Monumental-6</td> <td>Bi-specific</td> <td>Commercial</td> <td>Haematology</td> </tr> <tr> <td rowspan="3">Trials in set-up</td> <td>SOTIO</td> <td>ATMP, CAR-T Therapy</td> <td>Commercial</td> <td>Solid – multi-site</td> </tr> <tr> <td>MAGE-A3</td> <td>ATMP, Gene Therapy - Vaccine</td> <td>Non-Commercial</td> <td>Solid – Lung, Upper GI</td> </tr> <tr> <td>BNT116</td> <td>First in Human – ATMP, mRNA vaccine</td> <td>Commercial</td> <td>Solid – Lung</td> </tr> <tr> <td rowspan="4">Potential studies</td> <td>TILVANCE301</td> <td>ATMP, TILS</td> <td>Commercial</td> <td>Solid – Melanoma</td> </tr> <tr> <td>TG4050</td> <td>Immunotherapy</td> <td>Commercial</td> <td>Solid – Head & Neck</td> </tr> <tr> <td>ATTR 01</td> <td>ATMP, Oncolytic virus vaccine</td> <td>Commercial</td> <td>Solid – Melanoma</td> </tr> <tr> <td>TCD17796</td> <td>Bi-specific</td> <td>Commercial</td> <td>Haematology</td> </tr> <tr> <td>Closed</td> <td>MOAT</td> <td>ATMP, Vaccine</td> <td>Commercial</td> <td>Solid – Head & Neck</td> </tr> </tbody> </table>	Stage	Study Name	Study Type	Funding	Cancer Type	Open to recruitment	MORAb-202	First in Human	Commercial	Solid – multi-site	Monumental-6	Bi-specific	Commercial	Haematology	Trials in set-up	SOTIO	ATMP, CAR-T Therapy	Commercial	Solid – multi-site	MAGE-A3	ATMP, Gene Therapy - Vaccine	Non-Commercial	Solid – Lung, Upper GI	BNT116	First in Human – ATMP, mRNA vaccine	Commercial	Solid – Lung	Potential studies	TILVANCE301	ATMP, TILS	Commercial	Solid – Melanoma	TG4050	Immunotherapy	Commercial	Solid – Head & Neck	ATTR 01	ATMP, Oncolytic virus vaccine	Commercial	Solid – Melanoma	TCD17796	Bi-specific	Commercial	Haematology	Closed	MOAT	ATMP, Vaccine	Commercial	Solid – Head & Neck
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2 Nursing & Interdisciplinary Research (Velindre Healthcare Cancer Research).

Velindre Healthcare Cancer Research

HIGHLIGHTS:

Velindre Healthcare Cancer Research Fellowships in progress.

Velindre Introduction to Research (VIR) Awards 2023

Barbara Wilson is studying the preparation of newly appointed Velindre nurses for safe SACT delivery.

Francis Brown is studying the management of acute toxicity by nurses in the SACT day unit.

Velindre PhD Fellowship Award 2023:

Ceri Stubbs is investigating delay in help seeking by patients with SACT toxicities.

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

The **Velindre Healthcare Cancer Research Community** meet bi-monthly

Research funding database holds information on funding opportunities communicated via the Velindre staff newsletter.

CHALLENGE:

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

NEXT STEPS:

To progress delivery of an education and training programme in cancer research for Velindre nurses, pharmacists, allied health professionals, and radiographers.

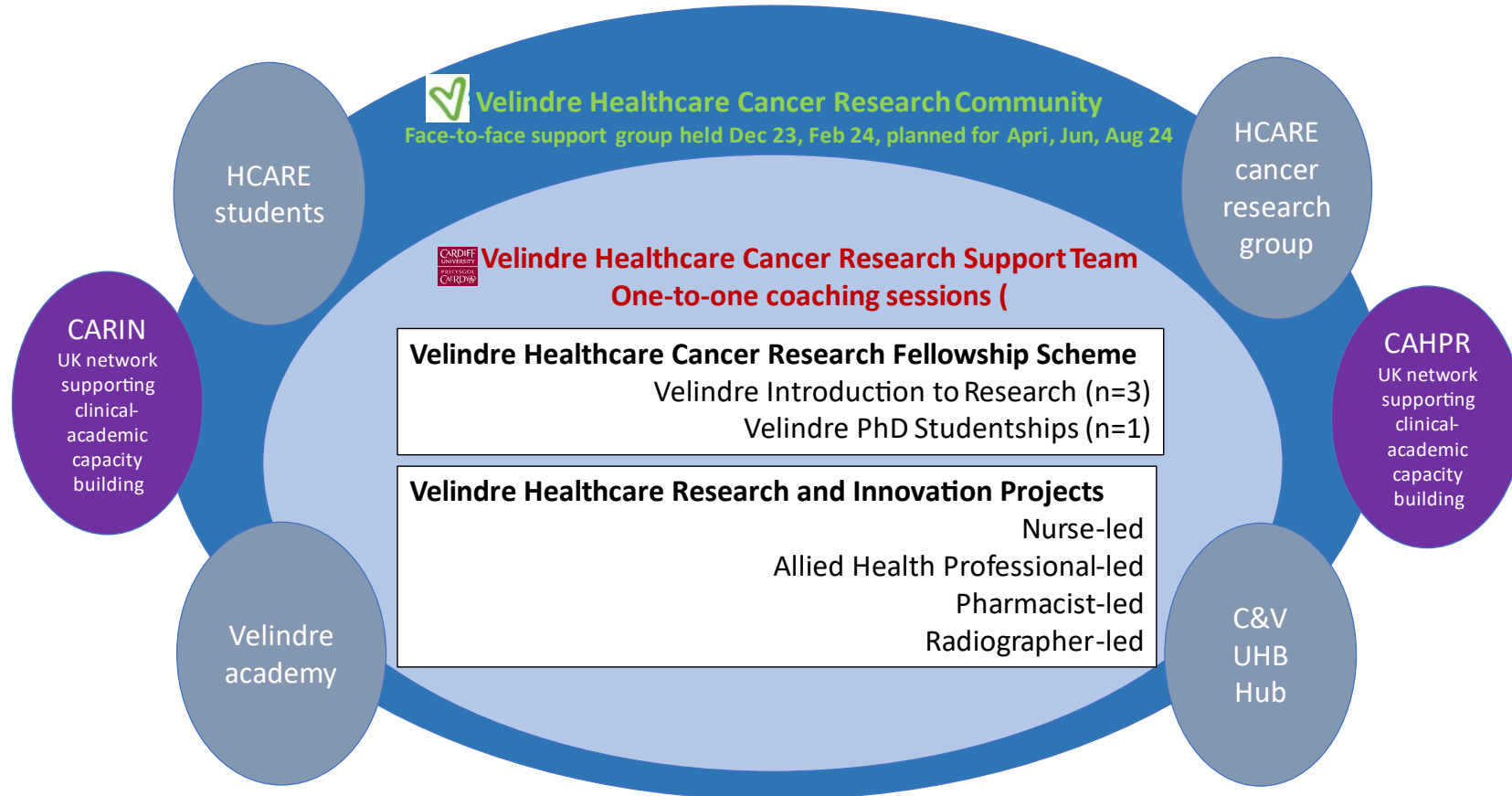


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2.1 Velindre Healthcare Cancer Research Program: Pictorial Overview.

Velindre Healthcare Cancer Research



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2.2 Velindre Healthcare Cancer Research Fellowships.

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

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

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

Ceri Stubbs, Advanced Nurse Practitioner, is the first Velindre Healthcare Cancer Research PhD Fellowship award holder, and her research project is titled: ***“Exploring the help seeking behaviours of Cancer patient who become unwell whilst undergoing Systemic Anti-Cancer Treatment (SACT) requiring admission to a regional cancer centre.”***

“The idea had been on my mind for a while, years really. As part of the acute oncology team, I have looked after patients who attend their routine clinic or treatment appointments and are quite unwell. They have been suffering symptoms for some time at home but not called the treatment helpline or reached out in any way for support.

This results in them coming in on treatment day not well enough for treatment or sometimes so sick that they have to be transferred to an acute hospital.

I have my own thoughts about patients’ help-seeking behaviours. Patients say that they don’t want to bother us, or they are hopeful about their treatment so play down their symptoms. However, toxicity from cancer treatment or infections can be life changing – it is far better to recognise, assess and treat problems early.

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



Ceri Stubbs, ANP and Clinical Project Lead Acute Oncology

2.3 Velindre Healthcare Cancer Research Community.



The Velindre Healthcare Cancer Research Community meet bi-monthly.

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

This enables research interested staff to learn more about research through engagement with a supportive group of clinicians and researchers.

Programme

- 29th November 2023 Community meeting
Sarah Fry ‘My clinical and research career’
- 13th February 2024 Community meeting
Nichola Gale ‘Navigating research, making the most of opportunities’
- 9th April 2024 Training event
Jane Mathlin and Manasi Patil: ‘International Conference Presentations: hints and tips for success in abstract submission and acceptance’
- 11th June 2024 Community meeting
Nick Courtier ‘Being part of research communities’

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2.4 Velindre Healthcare Small Grant Scheme.

The current Velindre Healthcare Small Grants Scheme (Cancer) award holders are Dr Jane Mathlin, Consultant Radiographer, and Dr Caroline Coffey, Consultant Psychologist.

Dr Jane Mathlin's study of taste change post radiotherapy treatment ended in December 2023. It has resulted in the development of an information leaflet for patients and revised supportive care for patients. A poster (above) was presented at the Cardiff University Research Staff Association Conference 2023. An abstract has been accepted for e-poster presentation at MASCC 2024, Lille, France.

Dr Caroline Coffey's project, about psychology triage practiced in partnership with Maggie's, ended in December 2023. It evaluated the service model and has led to a revision of partnership work. A review of literature about the use of triage within psychology services for cancer patients is in write up for journal submission.

School of Healthcare Sciences/ Ysgol y Gwyddorau Gofal Iechyd
Feasibility of measuring Taste Change Recovery following Radiotherapy or Head and Neck Cancer

Author(s): Manasi Patel¹ and Jane Mathlin²
¹School of Healthcare Sciences, Cardiff University, ²Department of Radiotherapy, Velindre Cancer Centre.

Introduction
 Taste change is a common side effect of Radiotherapy (RT) for Head and Neck (HNC) cancer, significantly affecting quality of life (1)(2) and nutrition (3), especially during and immediately post RT. However, information about taste recovery in this period is scarce.

Aims & Objectives

- The aim of this study was to evaluate the feasibility (recruitment and retention) of using a weekly online survey to measure taste change post RT for HNC patients to provide better support.
- Secondary aim was to analyse change in taste, distress, and diet and its relationship with demographic and treatment data.

Materials & Methods

We aimed to recruit twenty patients who reported taste change at Velindre Cancer Centre and had an email address and access to internet for this prospective observational study from January to May 2023. The survey was delivered by email weekly for eight weeks post RT.

The four survey questions were modified from the MD Anderson Symptom Inventory - Head and Neck (MDASI-HN) and asked for change in taste, related distress, current diet status and perception of whether their taste has improved.

Feasibility was evaluated using recruitment (patients recruited/eligible patients) and retention (survey completion over eight weeks) data. Secondary outcomes of change in taste and distress were analysed using descriptive statistics. This project was approved by the local Research and Development Office and categorized as a service improvement project.

Results

HNC patients after RT	27
Patients with Taste Changes	21
Patients with Email Address	19
Invited to participate	19
Dropouts	4

Figure 1: Recruitment and Retention

Figure 2: Taste changes at baseline and at 8 weeks

Figure 3: Survey data

Conclusions

Dissemination of the results was via team meetings to help staff to provide better care for patients. This resulted in a better understanding of patient experiences with taste change and helped to develop an information booklet for patients.

A larger study is needed to further study taste change after radiotherapy in HNC patients, and to understand patient experiences after treatment.

Funding Statement: This study was funded by the Velindre Small Grants Scheme.

References

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2.5 Velindre Healthcare Clinical Academic Career Pathway.

RELATED ACTIVITY

- CAHPR
- CARIN



Clinical Academic Roles Implementation Network January 2024



Work to establish the Velindre Healthcare Clinical Academic Career Pathway is informed by engagement with Clinical Academic Roles Implementation Network (CARIN), Council of Deans.

This is a UK wide network for building nurses and health professions clinical-academic research capacity.

The first meeting of a Devolved Nations Sub-group was held at the end of 2023 with focus on establishing clinical-academic careers within Wales, Scotland, and Northern Ireland.

For further information about CARIN, Council of Deans please see:

<https://www.councilofdeans.org.uk/category/policy/research/clinical-academic-roles-implementation-network/>.

The Velindre Healthcare Cancer Research Support Team is also part of the CAHPR network.

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2.6 Simulation training for responding to SACT adverse reactions.

Fran Brown has received a Velindre Introduction to Research award to enhance SACT nurse training.

Congratulations to SACT Clinical Trainer, Fran Brown, who has received a Velindre Introduction to Research award for a study investigating the potential of simulation training to improve the knowledge and confidence of nurses responding to acute adverse reactions to SACT treatment.

“As part of the clinical training team, my job is to help the staff keep their knowledge and skills up to date as well as supporting new nurses to gain confidence in delivering treatment to our patients. We help with training, clinical skills, study days and update sessions.”

Some chemotherapy and immunotherapy can cause adverse side effects in patients. It can be a mild reaction, like a bit of itching to something more severe where the patients have to be given adrenaline. This is potentially a very frightening experience for the patient, and staff are required to act swiftly and calmly to manage the situation effectively. New staff members can feel out of their depth initially until they become proficient at managing these events.



Fran with one of Velindre Cancer Service's new staff nurses, David Longden.

“It can be quite frightening because the reaction can come on very, very quickly. One minute the patient is sitting there, absolutely fine, the next minute they're feeling hot and appear quite flushed!”

The current training for nurses in relation to SACT related adverse events is carried out in the classroom and involves a lecture and written scenarios. New staff then work alongside their mentor and the education team on the SACT day units to learn to care for a patient experiencing an adverse reaction. This is where Fran's research project comes in. She is investigating the potential to introduce simulation training in addition to the traditional method of teaching to allow staff to practice their response and gain confidence.

“I haven't had any experience of actual research myself, but I have always been interested in it. I think as a nurse, we're programmed to be critical thinkers. You don't just accept; you want to know what the evidence is. So far there has been a lot of planning sorting out lesson plans and logistics. My research supervisor, Nichola Gale, has been very supportive, guiding me through the best way to do this.

Health Education improvement Wales offer several simulation training courses for facilitators, and I have booked to attend one of these days.

“There is a lot to learn but I am enjoying it. I'm excited by the opportunity to see if we can enhance our training for nurses and have a positive impact on patient care.”

**Fran Brown,
SACT Clinical Trainer.**

Research shows that simulation is a very effective way to learn because it is done in a safe environment psychologically and physically where mistakes can be made, and problems discussed.

Although there has been a significant amount of research carried out on simulation learning in healthcare there is not a great deal of literature available relating to simulation training of qualified healthcare professionals and SACT education.

“My project is in two parts – a recent group of new nurses are learning in the traditional classroom setting, talking through the theory and using scenarios to apply their knowledge. Then in

April 2024, we'll have another new group of nurses, and we will do exactly the same thing. But we will also take them to the skills lab where we can simulate the scenarios.”

Both groups will complete knowledge and confidence questionnaires before their training and again a week later. The results from the two groups will then be compared to see if there is any difference in the outcomes of the training.

2.7 Velindre Healthcare Cancer Research Support Team.

The Velindre Healthcare Cancer Research Support Team are cancer research active staff employed by the School of Healthcare Sciences, Cardiff University. Team members are Dr Sarah Fry, Senior Lecturer in Nursing, Dr Nichola Gale, Senior Lecturer in Physiotherapy, Dr Nicolas Courtier, Senior Lecturer in Radiography, Professor Jane Hopkinson, Velindre Professor of Nursing and Interdisciplinary Cancer Care, with administrative support provided by Mrs Zahida Azhar.

Each team member provides one-to-one coaching for a Velindre Healthcare Cancer Research Fellow.

Team members are also available to offer other staff one-to-one consultancy on writing a funding bid, writing a research proposal, research design, project management, data analysis, and dissemination to include writing for publication.



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



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2.8 Velindre Healthcare Cancer Research Performance.

The following table shows the Velindre Healthcare Cancer Research cumulative performance against Key Performance Indicators (KPIs). The performance measures for the whole of the Trust's Research Portfolio can be found in section 3. Velindre Cancer Service Research.

KPI	TARGET PER ANNUM	Q1 (baseline)	Q2 (cumulative)	Q3 (cumulative)	Q4 (cumulative)	Total 2023/24
RESEARCH LEADERSHIP						
Velindre led Healthcare Cancer Research Projects (in progress / completed)	Q1 +3 Achieved	6 in progress 2 completed	8 in progress 3 completed	7 in progress 7 completed	6 in progress 8 completed	8 (Q1) + 6 = 14
Velindre collaboration on externally led Healthcare Cancer Research (in progress / completed)	Q1 +3	3 in progress 2 completed	3 in progress 3 completed	3 in progress 3 completed	3 in progress 3 completed	5 (Q1) + 1 = 6
Nurse, allied health professional, pharmacist, radiographer Chief Investigators (CI)	Q1 +3	3	3	4	4	3 (Q1) + 1 = 4
Trials nurse Principal Investigators (PI)	Q1 +1	0	0	0	0	0 + 0 = 0
Other healthcare cancer research Principal Investigators	Q1 +2	1	1	1	2	1 (Q1) + 1 = 2
FUNDING						
Applications for external grant funding	Q1 +2 Achieved	0	2	3	3	0 (Q1) + 3 = 3
Applications for internal research project funding	Q1 +5 Achieved	1	6	6	6	1 (Q1) + 5 = 6
CAPACITY BUILDING						
Education event/workshop	4 Achieved	5	0	6	7	7
Small grant projects in progress	0 (scheme end) Achieved	3	3	1	0	0

KPI	TARGET PER ANNUM	Q1 (baseline)	Q2 (cumulative)	Q3 (cumulative)	Q4 (cumulative)	Total 2023/24
Velindre Introduction to Research awards in progress	3	In set up	3	3	2	2
Velindre Healthcare PhD Studentship awards	1 Achieved	In set up	1	1	1	1
Velindre Healthcare Post doc awards	1	In set up	Call planned January 2024	Call closes 31 January 2024	0	0
Velindre healthcare research maturity score		Tool in development	Tool in development	Tool ready to test	Test in progress	N/A
RESEARCH DISSEMINATION						
Publications	1 per CI Achieved	4	6	7	7	7
Presentations	1 per CI/PI Achieved	7	11	13	13	13

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3 Velindre Cancer Service Research.

3.1 STAMPEDE

STAMPEDE (Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy) is a large clinical trial that aimed to assess new treatment approaches for people affected by high-risk prostate cancer.



Since 2005, the trial tested many different ways of treating prostate cancer, and some results are now already known. Each new or alternative treatment has been compared with the current standard approach, referred to as a "comparison".

Almost 12,000 participants joined the trial, with answers becoming available throughout the trial as information on life expectancy and disease control rates were gathered and compared. All trial participants were asked whether they would like to join some of the sub-studies being run alongside the trial. Their aim to address several additional research questions such as what effect each treatment has on quality-of-life (QL), and which provides the greater value for money for the health service. Some sub-studies focused on improving our understanding of the biology of prostate cancer.

The STAMPEDE trial has completed recruitment, the final day of patient randomisation being completed on 31st March 2023. Follow-up for the final patients will continue for a couple of years from this point. The trial will continue to assess the effects of adding different agents, both as single agents and in combinations, to the standard-of-care or substituting standard of care.

Velindre University NHS Trust recruited 452 participants to the trial.

The results of the Abiraterone acetate plus prednisolone with or without enzalutamide for patients with metastatic prostate cancer starting androgen deprivation therapy have been published in the Lancet.

The Lancet publication is available here:

<https://www.sciencedirect.com/science/article/pii/S1470204523001481>

3.2 Research vibe at Green Man Festival 2023.

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

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

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



Hangin' out at the 2023 Green Man Festival

"While we had the young ones occupied, we talked to the adults about what is happening in cancer research right now at Velindre and with our partners. I told them, if you are ever asked to take part in research, say yes – it saves lives!"

Claire Lang,
Senior Research Nurse Manager

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3.3 FDA approval for breast cancer drug treatment developed at Velindre.

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

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

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

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

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

3.4 Velindre patients vital in DVT study

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

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

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

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

Although caring for patients with a life limiting illness has happened since the advent of time it was only in 1987 that the UK became the first country in the world to make palliative medicine a subspecialty.

Professor Rob Jones,
co-Chief Investigator



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

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

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

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

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

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

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

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

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

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

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

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

Palliative medicine is a young specialty compared to cancer care and research involving patients with a life limiting illness was often not undertaken. In recent times this has changed and there is increasing research in palliative care with the aim of informing best evidence based clinical practice.

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

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

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

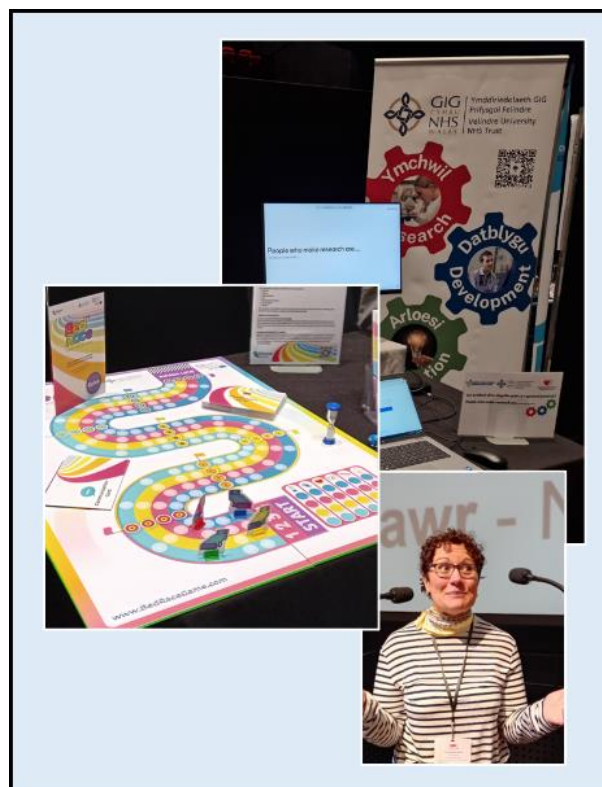
3.5 Velindre at Health and Care Research Wales conference 2023

Velindre was proudly on show at Health and Care Research Wales (HCRW) conference at Swansea Arena on Thursday 12 October 2023. The conference's theme was "People make Research."

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

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

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



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Velindre University NHS Trust successfully had three posters accepted for the conference:

- Knowledge exchange and shared learning. Demonstrating enthusiasm for research across the UK. *Gabby Brutto, Early Phase Research Nurse, CCRH; Debbie Worthing, Lead Nurse, Advanced Therapies Wales; and Claire Lang, Senior Research Nurse Manager, CCRH.*
- Educating and training undergraduate therapeutic radiographers: a collaborative approach to building research capability for NHS Wales. *Cath Matthams, Superintendent Radiographer – R&D.*
- An exploratory mapping of the culture implemented in Toyota onto a South Wales Radiotherapy Setting. *Fran Lewis, Radiotherapy Planning Radiographer.*

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

3.6 Velindre proud to be part of successful clinical trial.

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

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

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

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

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

Dr Emma Hudson, Consultant Clinical Oncologist.

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

The control group received only the usual chemoradiation.

The results show that after five years:

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

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

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

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

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

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

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

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

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

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

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

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

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

**Jillian Maclean,
Consultant Oncologist at Velindre Cancer Centre**

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

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

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

3.8 Blogging for World Radiography Day 2023.

The Centre for Trials Research (CTR) celebrated World Radiography Day 2023 by publishing a blog on "Radiotherapy Trials and Beyond". Including contribution from Velindre's Jack Pritchard, Senior Research Radiographer, the blog highlighted the expertise of the CTR in running radiotherapy trials that refine knowledge of radiotherapy treatments. The CTR also highlighted how they collaborate with the radiography profession, particularly Velindre research radiographers to set-up and deliver radiotherapy trials. The blog can be found at:

<https://blogs.cardiff.ac.uk/centre-for-trials-research/world-radiography-day-2023-centre-for-trials-research-radiotherapy-trials-and-beyond/>

3.9 Velindre shines in ITV programme about clinical trials.



Wales this Week looked at the state of clinical trials in Wales, spotlighting our successful FAKTION trial. The programme aired on ITV Wales on 05 March 2024 and explored the world of clinical trials in Wales, with our successful FAKTION trial shown as a positive example of the impact of research on future treatments. ITV interviewed Professor Rob Jones who explained the importance of clinical trials, talked about how the FAKTION trial has resulted in improved outcomes for patients, and how patient involvement in trials can benefit the NHS.

Our patient, Farhana Badat and her husband welcomed the film crew into their home and shared what being on the trial has meant to their family. Initially given six months to live, Farhana has been on the trial for seven years, seen four new grandchildren born and is loving life!

The programme also talked to patients who were asking for more trials to advance their treatment as

well as Dr Nicola Williams, National Director of Support and Delivery at Health and Care Research Wales, who gave the big picture view of clinical trials in Wales.

Thanks to everyone who supported the filming at the cancer centre, especially the wonderful staff of the Clinical Trials Unit and the reluctant Ruth Allan for her cameo appearance.

You can watch the programme, [Wales This Week : Clinical Trials: Life in the Waiting Room on ITVX.](#)

There is also a news story about Farhana's experience on the trial on the [ITV website.](#)

3.10 Velindre presents ongoing work.

Velindre University NHS Trust was represented at the following conferences during the financial year 2023-24.

Wales Cancer Network (WCN) held its inaugural Radiotherapy Education Event in October 2023. The event brought together multi-disciplinary teams working across radiotherapy services in Wales. Those attending were able to hear about the current state of radiotherapy in Wales, with the conference also including sessions on Stereotactic Ablative Radiotherapy (SABR), research and developments and clinical trials.

Velindre successfully had three posters accepted for the conference:

- An overview of Surface Guided Radiotherapy for Prostate Cancer at Velindre Cancer Centre: Initial findings. *Steven Floyd, Senior Radiographer.*
- A paperless workflow in a radiotherapy department with multiples treatment delivery vendors and treatment planning systems: Utilisation of care paths with ARIA. *Gavin Soper, Senior Radiographer.*

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The Wales Cancer Research Centre's 2024 conference, *"Inspiring success: Building on our Strengths"*, took place in March 2024. The conference provided an opportunity for cancer researchers in Wales to meet together, across specialties, institutions, and research areas. Speakers from Wales and the UK covered the latest advances in cancer research, and there were opportunities to meet colleagues to help stimulate future partnerships.

The call for conference abstracts asked for submissions to be related to one of the CReSt themes. Velindre successfully had three posters accepted for the conference:

- Successful screening, what does it look like. *Amanda Jackson, Research Nurse Team Lead and Michelle Harry, Senior Research Nurse Manager.*
- Early Phase Clinical Trial Patient Experience Questionnaire. *Gabriella Brutto, Early Phase Research Nurse, CCRH; Katie Gilmour Early Phase Research Nurse, CCRH; Hannah Woodington, Research Nurse, Haematology Clinical Research Unit, CVUHB; and Jenni Davies Research Nurse, Haematology Clinical Research Unit, CVUHB.*
- Upskilling the workforce to deliver Advanced Therapy Medicinal Products (ATMPs) to Cancer Patients across multiple sites – an Agile workforce. *Claire Lang Senior Research Nurse Manager, CCRH; Gabriella Brutto, Early Phase Research Nurse CCRH; and Katie Gilmour Early Phase Research Nurse CCRH.*

3.11 Research first for therapeutic radiography.



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

Fran Lewis,
Radiotherapy Planning Radiographer

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

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

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

Cath Matthams,
Superintendent Radiographer – R&D

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

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

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

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

3.12 Radiotherapy researchers leading the way with first commercial device trial.

A new research trial opened recently marking the first commercial medical device trial lead by the Radiotherapy Research team at Velindre Cancer Centre. The SABRE trial involves the use of the SpaceOAR Vue system designed by Boston Scientific in patients being treated with radiotherapy for prostate cancer.

Radiation therapy is extremely effective in targeting and treating prostate cancer. Side effects can be mild and go away on their own but for some patients they can last for years after treatment and can impact on quality of life.

Velindre is one of only two centres in the UK taking part in this trial which combines the use of the spacer with a five-fraction regime of radiotherapy, something the radiotherapy service has experience in.

"This is exciting because we don't see many commercial trials in radiography, and this is our first trial of a commercial medical device.

Prostate cancer is very treatable, but the treatment can have lasting side effects including diarrhoea, constipation and damage to the rectal wall. The spacer is designed to reduce the long-term side effects from radiotherapy to the rectum.

Interest in the study from our patients has been fantastic and we have recruited our first patient to the trial. They have had the spacer inserted and are currently undergoing radiotherapy planning. We have three other patients currently interested in the trial and considering it as an option.

We have experience with spacers and have collaborated with Boston Scientific before so getting this trial is a real reflection of expertise and experience."

Matthew Lazarus, Senior Research Radiographer



SpaceOAR Hydrogel temporarily creates a barrier between the prostate and the rectum, reducing the radiation dose delivered to the rectum during prostate radiation therapy. Due to the proximity, prostate radiation therapy can unintentionally cause damage to the rectum, which can lead to issues with bowel function.

Two powders are mixed with a solution which is injected as liquid through a small needle inserted between the rectum and the prostate. The liquid solidifies to the texture of a bouncy ball, but the patient cannot feel it when it is in place. By acting as a spacer, the hydrogel temporarily moves the rectum away from the prostate. As the gel is water-based it breaks down into water molecules which are passed by the body within six months of injection.

3.13 Mentoring for success in Radiotherapy Research.

Cath Matthams went to London to go speed dating and came away with a great new partner – a research mentor!

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Cath is the Superintendent Radiographer – R&D in the Radiotherapy Department at Velindre and when she finished her MSc in Advanced Clinical Practice Radiotherapy and Oncology, she wanted to continue to be research active. She successfully applied to the College of Radiographers' Formal Radiography Research Mentoring (FoRRM) scheme and that's where the speed dating came in.



At the FoRRM launch event in London, those accepted on the scheme were given five minutes with experienced research academics from all over the country to discuss their different areas of interest. They then picked their top three prospective mentors, and a steering group completed the matching process.

Cath was thrilled to get matched with her first choice, Dr Amy Hancock, Senior Lecturer in Medical Imaging at the University of Exeter.

“Amy is a therapeutic radiographer with expertise in qualitative research and co-production, exactly the type of research I am interested in.

“I believe I am the first radiographer in Wales to be accepted onto this mentoring scheme and the experience so far has been invaluable.

I want to become more connected in my research community, collaborating with others in the profession and building on my own research skills. The first thing Amy urged me to do was to be more active on social media where she signposted me to resources and a whole radiography research community.

I am very proud to part of the therapeutic radiography profession and have a real sense of achievement getting the support of my research mentor.

The knowledge I gain from this mentoring year will help me lead my research team as well as build my own research practice and experience. By investing in myself I am investing in my future, and the future of radiotherapy research at Velindre.”

**Cath Matthams,
Superintendent Radiographer – R&D**

“She has a similar professional background to me and is very well connected. I know I am going to learn a lot from Amy over the coming year.”

The aim of the FoRRM scheme is to increase research capacity and quality of radiographers involved in research in the UK and to prepare the future research leaders in radiography.

Cath is part of the fourth cohort of the scheme and results have been overwhelmingly positive from each previous cohort. Her mentor Amy was a mentee in a previous cohort where she consolidated her skills and shaped her career with her mentor. Now Amy is looking forward to doing the same for Cath.

Cath and Amy have co-constructed objectives for the year and meet regularly to keep progress on track.

Cusack, Sandra
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3.14 Study performance ranking and other news.

3.14.1 Study performance rankings.

Ranking	Study Title	Summary
Top European Recruiter	OPTIMA	Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis
Top UK Recruiter	BNT122 01	A multi-site, open-label, Phase II, randomized, controlled trial to compare the efficacy of RO7198457 versus watchful waiting in resected, Stage II (high risk) and Stage III colorectal cancer patients who are ctDNA positive following resection
Top UK Recruiter	CONCORDE	A platform study of DNA damage response inhibitors in combination with conventional radiotherapy in non-small cell lung cancer
Top UK Recruiter	MK-1308A-008	A Phase 2, Multicenter, Multi Arm, Study to Evaluate Pembrolizumab (MK-3475) or MK-1308A (Co-formulated quavonlimab (MK-1308)/pembrolizumab) in Participants with Microsatellite Instability-High (MSI-H) or Mismatch Repair Deficient (dMMR) Stage IV Colorectal Cancer
Top UK Recruiter	Ariel	A biomarker enrichment trial of anti-EGFR agents in patients with advanced colorectal cancer (aCRC) with wild-type RAS and right primary tumour location (right-PTL)
Top UK Recruiter	RAPPER	Radiogenomics: Assessment of Polymorphisms for Predicting the effects of Radiotherapy
Top UK Recruiter	I-Prehab	Inclusive prehab (I-Prehab) to address inequity in cancer outcomes: mixed-methods evaluation research
Top UK Recruiter	CA209-76K	A Phase 3, Randomized, Double-Blind Study of Adjuvant Immunotherapy with Nivolumab versus Placebo after Complete Resection of Stage IIB/C Melanoma
Top UK Recruiter	Hidden 2	Hospital Deep Vein Thrombosis Detection Study in Cancer Patients Receiving Palliative Care
Top UK Recruiter	PEARL	PET based adaptive radiotherapy in locally advanced HPV positive oropharyngeal cancer
Top UK Recruiter	PACIFIC 8	A Phase III, Randomised, Double-blind, Placebo-controlled, Multicentre, International Study of Durvalumab plus Domvanalimab (AB154) in Participants with Locally Advanced (Stage III), Unresectable Non-small Cell Lung Cancer Whose Disease has not Progressed Following Definitive Platinum-based Concurrent Chemoradiation Therapy
Top UK Recruiter	INTRINSIC	Priming the Tumour MicroEnvironment for Effective Treatment with Immunotherapy in Locally Advanced Rectal Cancer A Phase II trial of Durvalumab (MEDI 4736) in Combination with Extended Neoadjuvant Regimens in Rectal Cancer
Top UK Recruiter	SERENITY	Barriers and facilitators to deprescribing antithrombotic therapy in advanced cancer patients: A qualitative interview study of patients', companions' and clinicians' experiences and perspectives
Top UK Recruiter	ARISTOCRAT	A randomised controlled phase II trial of temozolomide with or without cannabinoids in patients with recurrent glioblastoma
2 nd Highest UK Recruiter	PARTNER	Randomised, phase II/III, 3 stage trial to evaluate the safety and efficacy of the addition of olaparib to platinum-based neoadjuvant chemotherapy in breast cancer patients with TNBC and/or gBRCA.

Ranking	Study Title	Summary
2 nd Highest UK Recruiter	Genmab GCT1015-05	A Phase 1b/2 Open-Label Trial of Tisotumab Vedotin (HuMax [®] -TF-ADC_ in combination with Other Agents in Subjects with Recurrent or Stage IVB Cervical Cancer
2 nd Highest UK Recruiter	SCOPE 2	A randomised Phase II/III trial to study radiotherapy dose escalation in patients with oesophageal cancer treated with definitive chemo-radiation with an embedded Phase II trial for patients with a poor early response using positron emission tomography (PET)
2 nd Highest UK Recruiter	CORINTH	PHASE 1B/II TRIAL OF CHECKPOINT INHIBITOR (PEMBROLIZUMAB AN ANTI PD-1 ANTIBODY) PLUS STANDARD IMRT IN HPV INDUCED STAGE III SQUAMOUS CELL CARCINOMA (SCC) OF ANUS
2 nd Highest UK Recruiter	TROPION 02	A Phase 3, Open-label, Randomised Study of Datopotamab Deruxtecan (Dato-DXd) Versus Investigator's Choice of Chemotherapy in Patients who are not Candidates for PD-1/PD-L1 Inhibitor Therapy in First-line Locally Recurrent Inoperable or Metastatic Triple-negative Breast Cancer
2 nd Highest UK Recruiter	Phoenix	A pre-surgical window of opportunity and post-surgical adjuvant biomarker study of DNA damage response inhibition and/or anti-PD-L1 immunotherapy in patients with neoadjuvant chemotherapy resistant residual triple negative breast cancer Version: 1.0
Joint 2 nd Highest UK Recruiter	SCANCELL (The Scope Study)	A Phase 2, Multicenter, Open-Label Study of SCIB1 in Patients with Advanced Unresectable Melanoma Receiving Pembrolizumab
Joint 2 nd Highest UK Recruiter	Cypides	Safety and pharmacokinetics of ODM-208 in patients with metastatic castration-resistant prostate cancer
3 rd Highest UK Recruiter	PLATFORM	Planning treatment for oesophago-gastric cancer: a randomised maintenance therapy trial
3 rd Highest UK Recruiter	LIBRETTO-531	A Multicenter, Randomized, Open-label, Phase 3 Trial Comparing Selpercatinib to Physicians Choice of Cabozantinib or Vandetanib in Patients with Progressive, Advanced, Kinase Inhibitor Naïve, RET-Mutant Medullary Thyroid Cancer
2 nd Highest UK Recruiter	TROPION 03	A Phase 3 Open-label, Randomised Study of Datopotamab Deruxtecan (Dato-DXd) With or Without Durvalumab Versus Investigator's Choice of Therapy in Patients With Stage I-III Triple-negative Breast Cancer Who Have Residual Invasive Disease in the Breast and/or Axillary Lymph Nodes at Surgical Resection Following Neoadjuvant Systemic Therapy
3 rd Highest UK Recruiter	TRITON 3	A Multicenter, Randomized, Open-label Phase 3 Study of Rucaparib versus Physician's Choice of Therapy for Patients with Metastatic Castration-resistant Prostate Cancer Associated with Homologous Recombination Deficiency
3 rd Highest UK Recruiter	VALTIVE1	A non-randomised, observational, biomarker study to determine the clinical value of measuring plasma Tie2 concentrations in patients with ovarian cancer who are receiving bevacizumab
3 rd Highest UK Recruiter	Aurora	Atezolizumab in patients with urinary tract squamous cell carcinoma: a single arm, open label, multicentre, phase II clinical trial

Ranking	Study Title	Summary
3 rd Highest UK Recruiter	Cardiac Care	A multicentre prospective randomised open-label blinded end-point controlled trial of high-sensitivity cardiac troponin I-guided combination angiotensin receptor blockade and beta blocker therapy to prevent cardiac toxicity in breast cancer patients receiving anthracycline adjuvant therapy.
4 th Highest UK Recruiter	PARADIGM 2	OlaPARib and RADIootherapy or olaparib and radiotherapy plus temozolomide in newly diagnosed Glioblastoma stratified by MGMT status: 2 parallel phase I studies
4 th Highest UK Recruiter	InPACT	International Penile Advanced Cancer Trial
4 th Highest UK Recruiter	SPECTA	Screening Cancer Patients for Efficient Clinical Trial Access
4 th Highest UK Recruiter	Glioblastoma	Improving treatment of glioblastoma, 1.0
Joint 4 th Highest UK Recruiter	NET-02	A non-interventional, multicenter, multiple cohort study investigating the outcomes and safety of atezolizumab under real-world conditions in patients treated in routine clinical practice
Joint 4 th Highest UK Recruiter	AVANZAR	A Phase III, Randomised, Open-label, Multicentre, Global Study of Datopotamab Deruxtecán (Dato-DXd) in Combination With Durvalumab and Carboplatin Versus Pembrolizumab in Combination With Platinum-based Chemotherapy for the First-line Treatment of Patients With Locally Advanced or Metastatic NSCLC Without Actionable Genomic Alterations
Joint 4 th Highest UK Recruiter	BO42864 (A.K.A BLU-667-2303 & AcceleRET Lung)	A Randomized, Open-Label, Phase 3 Study of Pralsetinib versus Standard of Care for First Line Treatment of RET fusion-positive, Metastatic Non-Small Cell Lung Cancer
5 th Highest UK Recruiter	E ² -RADIatE	OligoCare: A pragmatic observational cohort study to evaluate radical radiotherapy for oligo-metastatic cancer patients
Joint 5 th Highest UK Recruiter	CAPItello-281	A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer (mHSPC) Characterised by PTEN deficiency

3.14.2 Other news.

PICCOS	
Study Title:	Pressurised IntraPeritoneal Aerosolised Chemotherapy (PIPAC) in the management of cancers of the colon, ovary and stomach: a randomised controlled phase II trial of efficacy in peritoneal metastases.
News:	Velindre was the first site to open the trial in the UK and also the first site to recruit a participant.

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TROPION 05	
Study Title:	A Phase III, Open-label, Randomised Study of Datopotamab Deruxtecan (Dato-DXd) in Combination with Durvalumab Compared with Investigator's Choice of Chemotherapy (Paclitaxel, Nab Paclitaxel or Gemcitabine + Carboplatin) in Combination with Pembrolizumab in Patients with PD L1 Positive Locally Recurrent Inoperable or Metastatic Triple Negative Breast Cancer.
News:	Velindre is the third global site to open the trial.
FOxTROT4	
Study Title:	A phase III randomized trial evaluating neoadjuvant chemotherapy in older and/or frail patients with locally advanced but operable colon cancer.
News:	Velindre is the second national site to open the trial and recruit a participant.
ONCOVID	
Study Title:	Natural history and outcomes of cancer patients during the COVID19 epidemic.
News:	The NIH collaboration paper has been accepted for publication on the International Journal of Infectious Disease.
LIBRETTO 531	
Study Title:	A Multicenter, Randomized, Open-label, Phase 3 Trial Comparing Selpercatinib to Physicians Choice of Cabozantinib or Vandetanib in Patients with Progressive, Advanced, Kinase Inhibitor Naïve, RET-Mutant Medullary Thyroid Cancer.
News:	The results of the LIBRETTO-531 preplanned efficacy interim analysis, entitled " <i>Randomized Phase 3 Study of Selpercatinib versus Cabozantinib or Vandetanib in Advanced, Kinase Inhibitor-Naïve, RET-mutant Medullary Thyroid Cancer</i> ", were presented during the Presidential Podium Session on the 21st of October 2023 at the 2023 ESMO meeting: ESMO Congress 2023 OncologyPRO. The primary manuscript was simultaneously published in the <i>New England Journal of Medicine</i> .
CompARE	
Study Title:	TROPION 02 - A Phase 3, Open-label, Randomised Study of Datopotamab Deruxtecan (Dato-DXd) Versus Investigator's Choice of Chemotherapy in Patients who are not Candidates for PD-1/PD-L1 Inhibitor Therapy in First-line Locally Recurrent Inoperable or Metastatic Triple-negative Breast Cancer.
News:	Velindre are currently the second-best UK recruiting site. There are currently 12 sites open across the UK.

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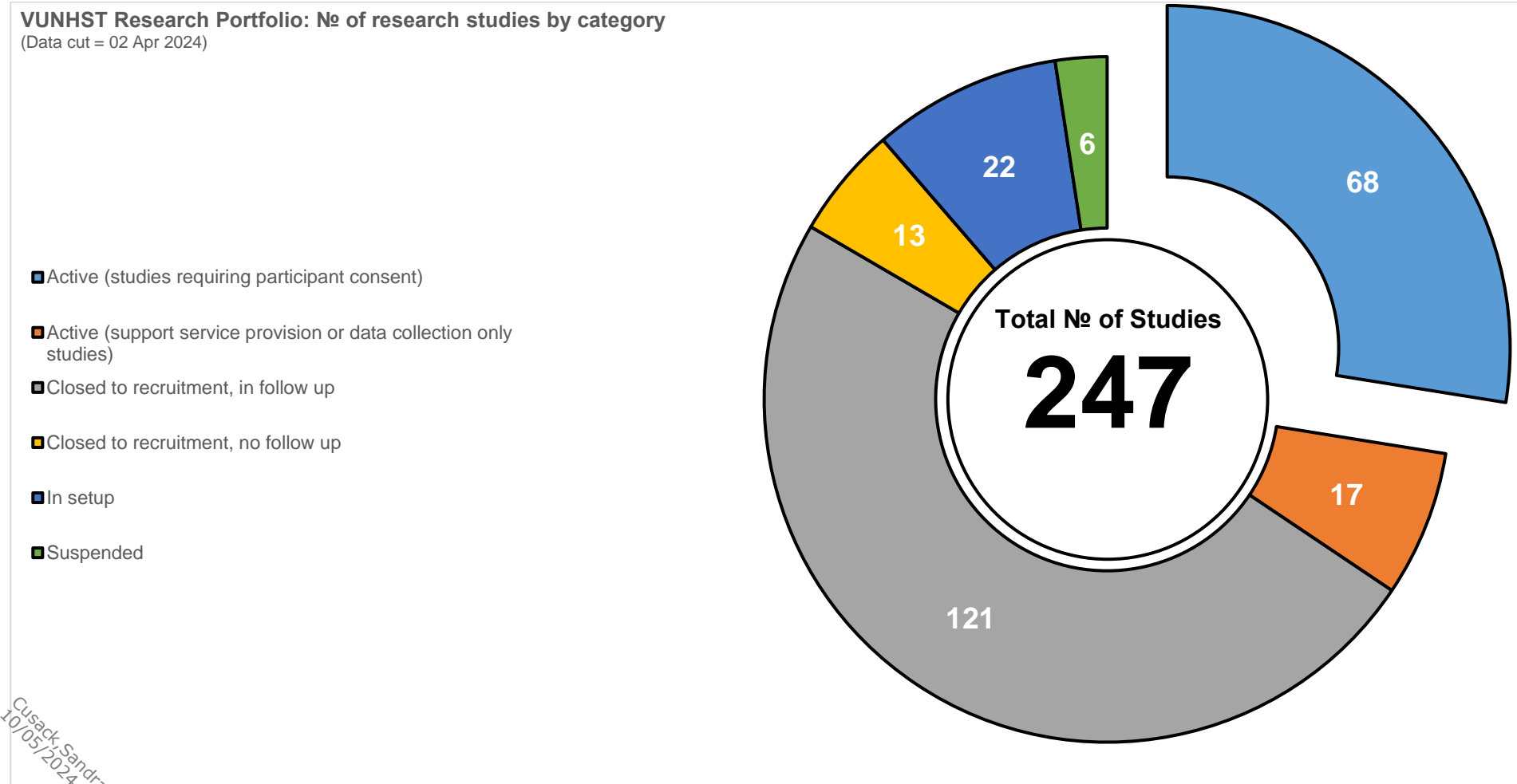
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4 Velindre Research Performance Indicators.

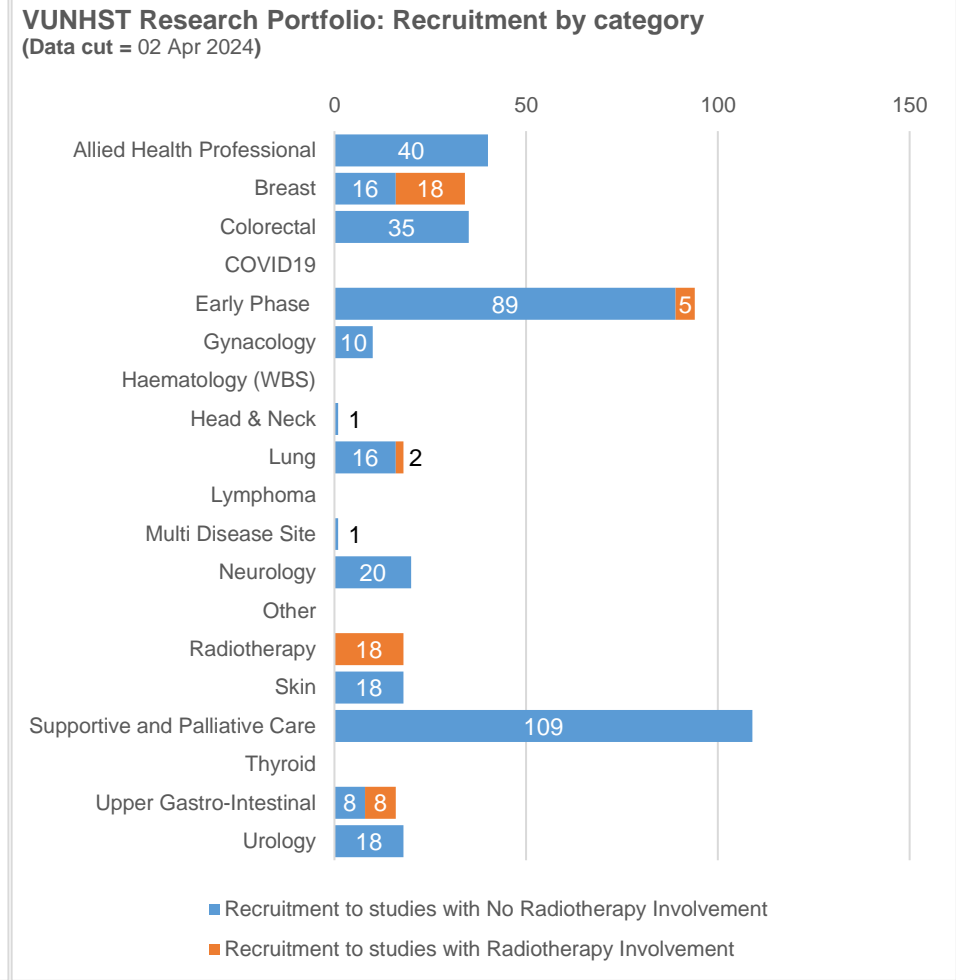
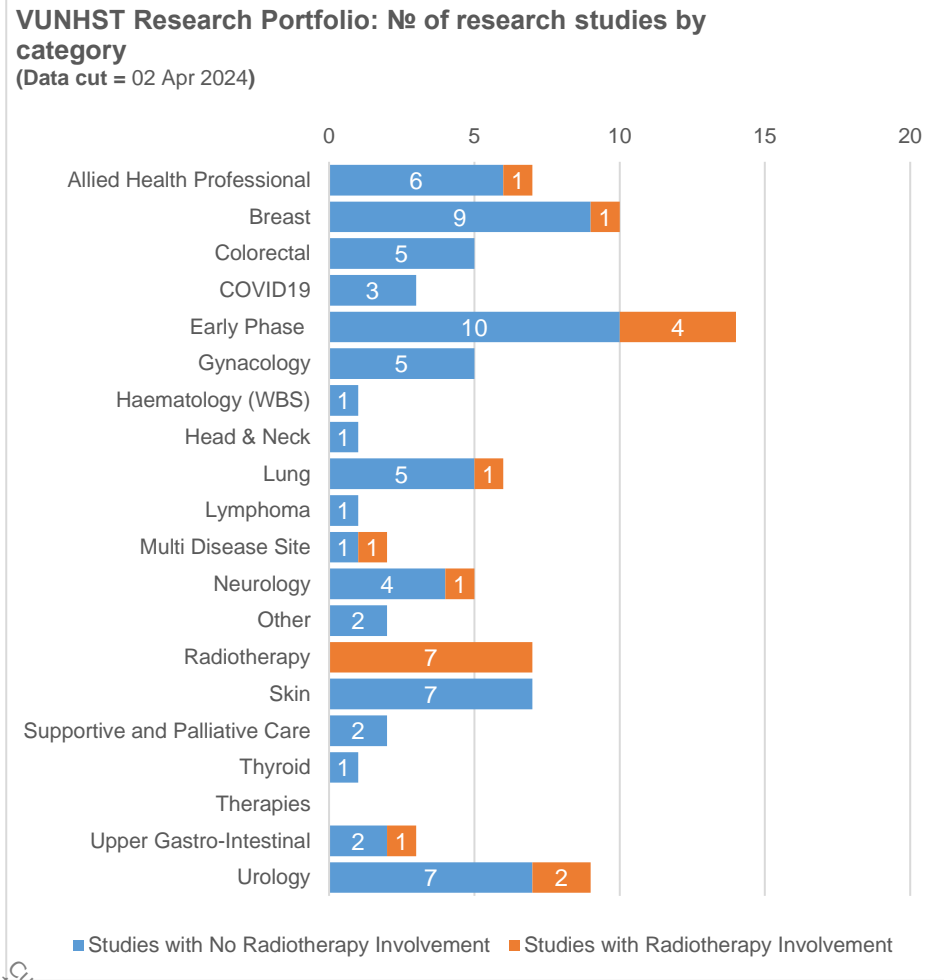
4.1 Velindre University NHS Trust key indicators.

4.1.1 Velindre University NHS Trust research portfolio.

VUNHST Research Portfolio: No of research studies by category
(Data cut = 02 Apr 2024)

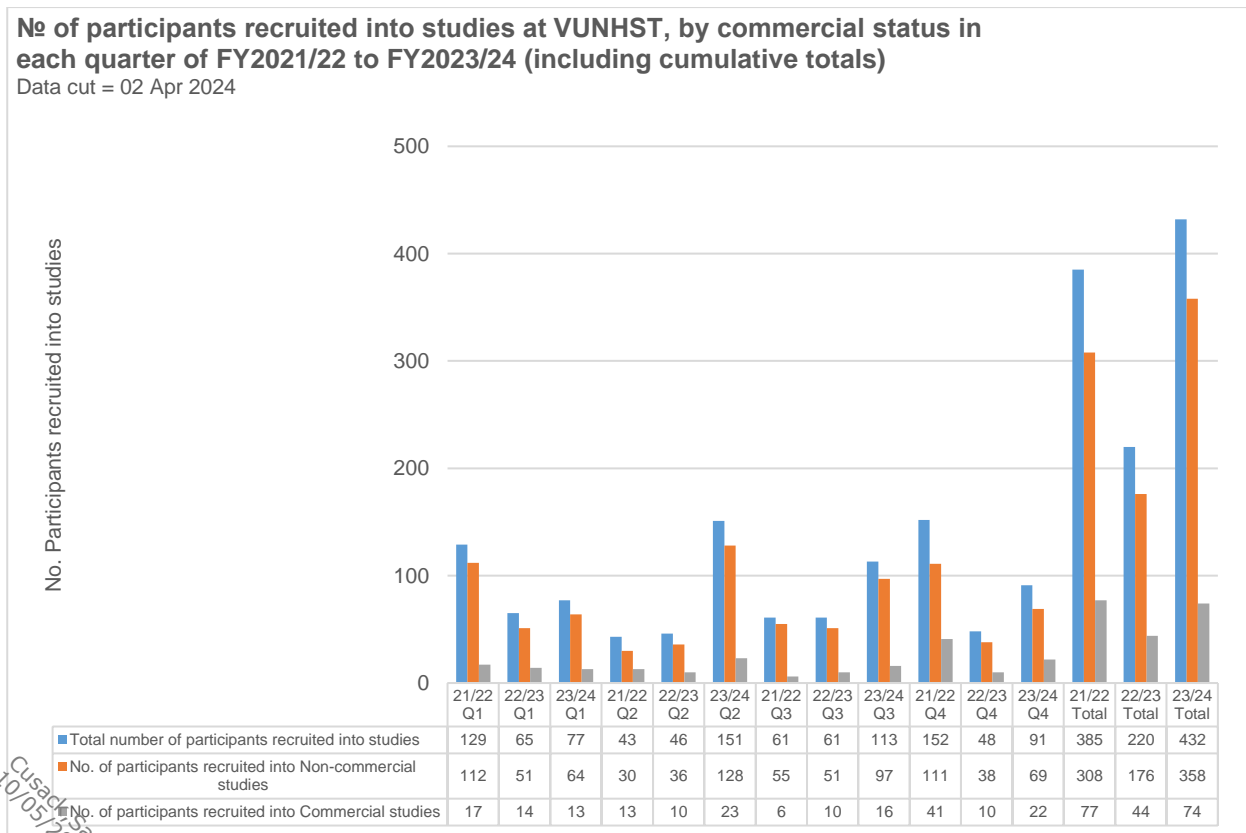
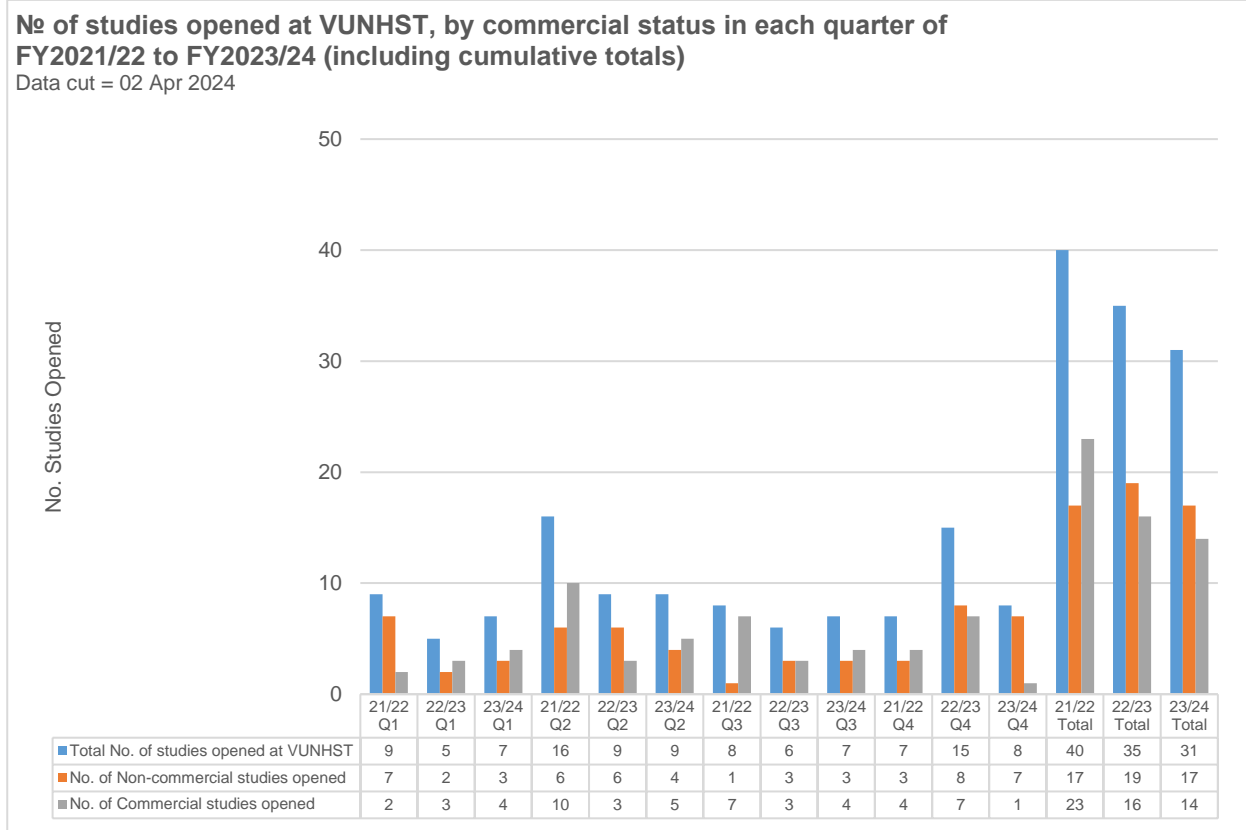


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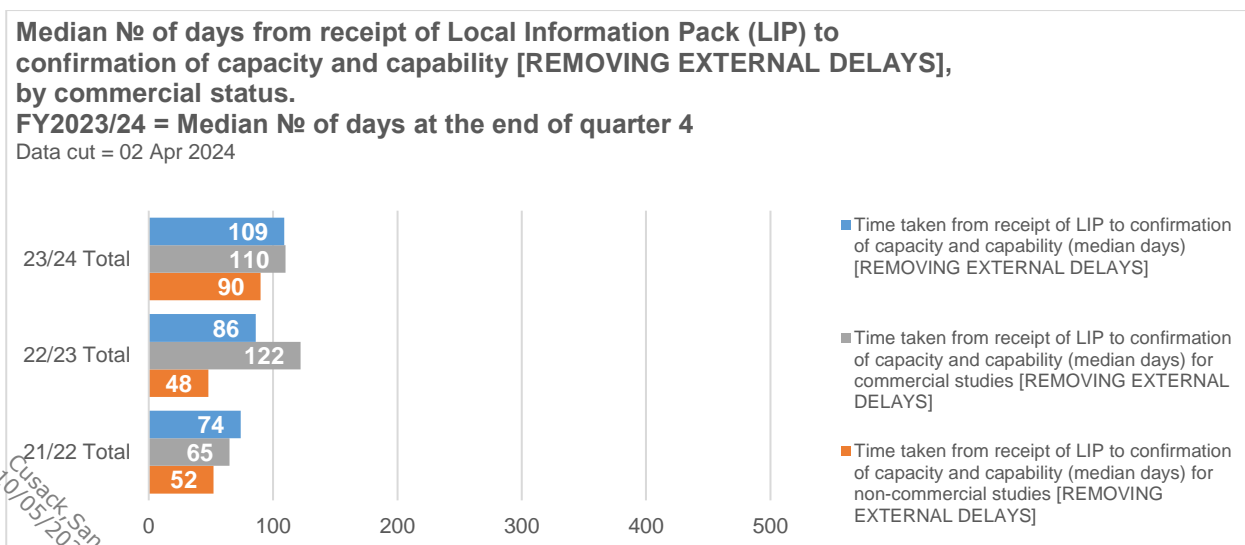
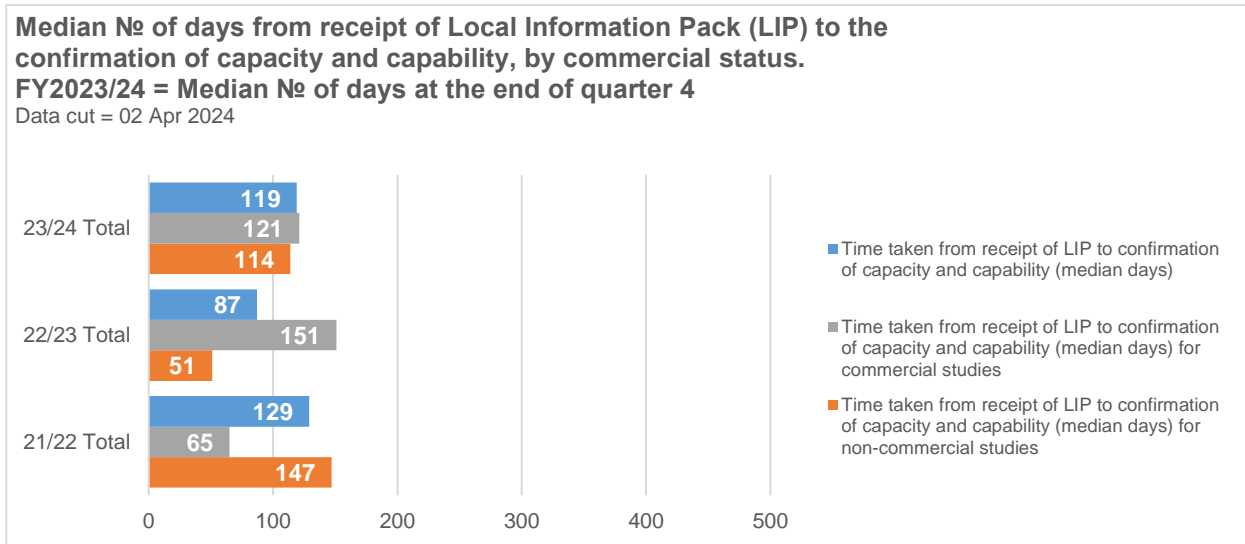
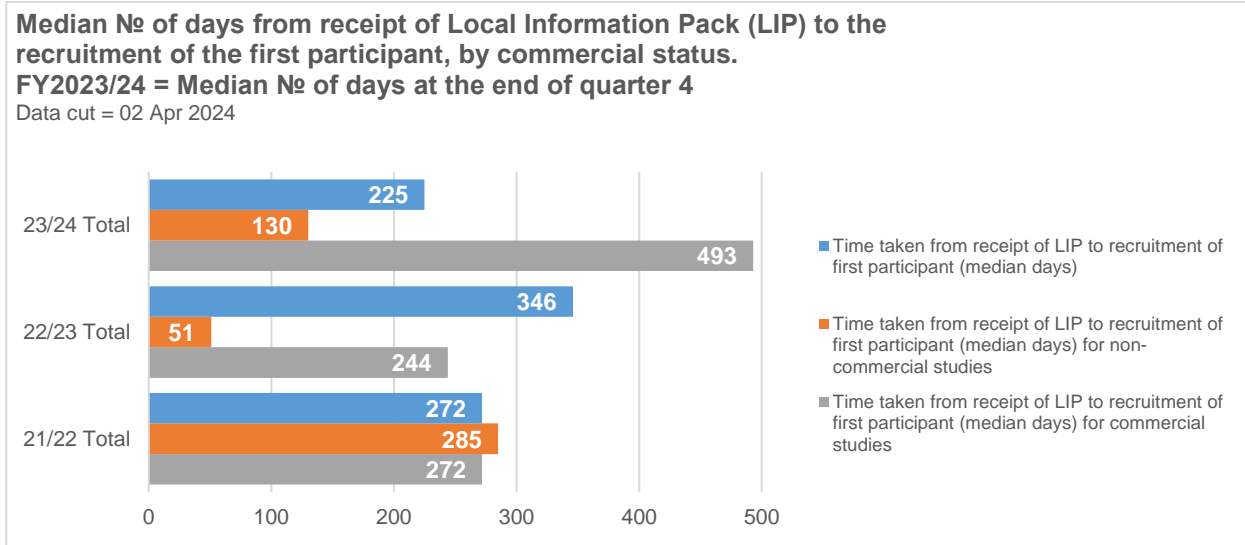


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4.1.2 Number of studies opened, and number of participants recruited by commercial status.












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



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










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

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
C3 Open: % of Open non-commercial HCRW Portfolio Studies Recruiting to Time & Target		19% 8 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> <ol style="list-style-type: none"> 1) ACTOv [IRAS 1003954], target = 10; planned study end date = 01 Apr 2028. 2) PARADIGM [IRAS 255615], target = 5; planned study end date = 28 Apr 2024. 3) Rad-IO [IRAS 251669], target = 5; planned study end date = 03 Jun 2025. 4) REFINE-Lung [IRAS 1004165], target = 24; planned study end date = 01 Dec 2025. 5) 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> 6) TRAK-ER [IRAS 286505], target = 20; planned study end date = 01 May 2024. 7) UKP3BEP Trial [IRAS 182633], target = 5; planned study end date = 30/11/2024.
		12% 5 studies			
		56% 24 studies			

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

	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
C4 Open: % of Open Commercial Studies Recruiting to Time & Target		38% 11 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> <ol style="list-style-type: none"> 1) 1403-0002 A study of a combination of BI drugs in Patients with Cancer [IRAS 1005475], target = 3; planned study end date = 30 May 2026. 2) BNT1113 [288716]m Target = 3; planned study end date = 31/05/2026 3) AVANZAR [1006036], Target = 8; planned study end date = 30/11/2024 4) CANC 48153 [IRAS 292846], target = 10; planned study end date = 01 Apr 2025. 5) CAPitello-280 [IRAS 1005000], target = 2; planned study end date = 09 Feb 2025. 6) CELC-G-301 [1006613], target = 6; planned study end date = -1/09/2024. 7) First in human study of OVM-200 [299207], target = 9; planned study end date = 01/12/2024 8) INCB54828-302 [255226], target = 3, planned study end date = 13/09/2024 9) MK3475-U03 [IRAS 1003378], target = 3; planned study end date = 21 May 2024. 10) Sotorasib in patients with Advanced Solid Tumours with KRAS Mutation [IRAS 304235], target = 4; planned study end date = 01 Jan 2027. 11) Tropion-Breast 05 [IRAS 1007219], target = 3; planned study end date = 06/02/2025.
		7% 2 studies			
		38% 11 studies			

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4.2.3 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	R	9% 1 study	↓	↓	List of studies with RAG rating = "RED" 1) TransRAMPART [IRAS 283098] target = 4; planned study end date = 01 Sep 2029; actual recruitment end date = 30 Jun 2023. Number of patients recruited by VUNHST = 0. <u>Note:</u> The study was a sub-study of another main study - RAMPART. The treatment in the main study became standard of care, therefore VUNHST were not offering the main study as a treatment option. The sub-study opened as the Trust stopped offering the main study.
	G	90% 10 studies	↑	↑	

4.2.4 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	R	53% 8 studies	↓	↓	List of studies with RAG rating = "RED" 1) AcceleRET Lung [IRAS 274833] target = 6; planned recruitment end date = 10/03/24; actual recruitment end date = 23/01/2024; number of participants recruited by VUNHST = 1. <u>Note:</u> Change of Sponsor meant that the study was put on hold for almost a year. This has had a negative impact on our recruitment. 2) ARV-110 and Abiraterone in Participants with Metastatic Castration Resistant Prostrate Cancer (mCPRC) [IRAS 1004437] target = 1; planned recruitment end date = 01 Mar 2025; actual recruitment end date = 24 Jul 2023. Number of patients recruited by VUNHST = 0. <u>Note:</u> UK study sample size = 6. Study recruited 6 participants. Despite being a rare cancer study met its national recruitment target almost two years earlier than anticipated. VUNHST was one of four UK recruiting sites and expected to recruit 1 patient over three years. VUNHST was one of two sites not to recruit a patient. 3) ASTEFANIA [IRAS 1003512] target = 3; planned recruitment end date = 01/07/2031; actual recruitment end date = 03/02/2024; number of patients recruited by VUNHST = 0. <u>Note:</u> Velindre decided to close the trial early as the trial treatment timelines do not line up against our patient's standard of care and it is highly unlikely that we will ever recruit a patient into this study. 4) Brightline-1: BI Trial 1403-0008 [IRAS 1004692] target = 3; planned recruitment end date = 01 Oct 2026; actual recruitment end date = 11 Aug 2023. Number of patients recruited by VUNHST = 0.
	G	33% 5 studies	↑	↑	

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	RAG	Rating	Comparison to previous Q	Comparison to previous FY	Narrative for RAG rating = "RED"
					<p><u>Note:</u> UK sample size = 19. Study recruited 18 of the 19 UK sample size, with recruitment temporarily paused in February 2023. Study never restarted recruitment and closed to recruitment on 11 Aug 2023.</p> <p>Despite being a rare cancer with small cohort of patients, study closed over three years earlier than anticipated as recruitment was better than expected globally. Of the 26 UK recruiting sites, VUNHST was one of 22 sites to not recruit any patients to the study.</p> <p>5) KEYNOTE-B96 [IRAS 1004238] target = 10; planned recruitment end date = 05 May 2027; actual recruitment end date = 15 May 2023. Number of patients recruited by VUNHST = 6.</p> <p><u>Note:</u> UK sample size = 26. Study recruited 27 participants.</p> <p>Recruitment to the study by VUNHST was more difficult than expected. Study was closed by the sponsor four years earlier than planned. VUNHST was the 2nd highest recruiter out of 14 UK recruiting sites listed in HCRW dashboard.</p> <p>6) MOAT - NG-641 & pembrolizumab in squamous cell carcinoma of the head and neck [IRAS 290504] target = 3; planned recruitment end date = 01 Aug 2024; actual recruitment end date = 20 Jul 2023. Number of patients recruited by VUNHST = 0.</p> <p><u>Note:</u> UK sample size = 12. Study recruited 7 participants.</p> <p>This study in a rare cancer was running across VUNHST and CVUHB, requiring a GMO review during set-up which resulted in delays opening.</p> <p>Sponsor decided to close the study early as initial data showed that NG-641 was not as effective as anticipated.</p> <p>Of the 8 UK recruiting sites, VUNHST was one of six sites to not recruit any patients to the study.</p> <p>7) FIGHT-209 [IRAS 1004984] target = 6; planned recruitment end date = 31/10/2024; actual recruitment end date = 02/11/2023. Number of patients recruited by VUNHST = 0.</p> <p><u>Note:</u> UK sample size = 14. Velindre was only open to recruitment for 5 months before the Sponsor made the decision to close the study early.</p> <p>8) CAPitello-281 [IRAS 281968] target = 16; planned recruitment end date = 31/07/2026; actual recruitment end date = 06/12/2023. Number of patients recruited by VUNHST = 4.</p> <p><u>Note:</u> UK sample size = 16. We screened 33 patients, but only 4 were eligible. The study closed to recruitment 3½ years earlier than planned as the study met its global recruitment target.</p>

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STRATEGIC PRIORITY 2

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

5 Welsh Blood Service Research.

The achievements of Welsh Blood Service in the research ambitions in 2023-2024 have been reported in both the quarterly update and are WBS's Research, Development, and Innovation Reports, which are available on the Welsh Blood Service's website (www.welsh-blood.org.uk/research-development-and-innovation). We have reported in many topics and achievements, such as



Breakthroughs in Kidney Transplant Treatments: Dr. Felicity May's pioneering research in histocompatibility and immunogenetics paved the way for advancements in kidney transplant treatments, marking significant progress in patient care.



Recognition at the Advancing Healthcare Awards Cymru: Chloe George's exemplary contributions earned her the prestigious Healthcare Scientist of the Year award, underscoring the dedication and innovation of healthcare professionals in Wales.



Collaboration with UK's Defence Services: Our Component Development & Research Laboratory collaborated with the Ministry of Defence to explore cutting-edge developments in blood components for military applications, showcasing our commitment to serving diverse sectors.

Impactful Funding from the European Blood Alliance: Securing funding from the European Blood Alliance enabled our Component Development & Research Laboratory to investigate innovative methods for manufacturing platelet concentrates, enhancing the quality and safety of blood products in collaboration with experts across Europe.

Advancements in Kidney Transplant Patient Outcomes: Deborah Pritchard's research aims to improve outcomes for kidney transplant recipients, demonstrating our ongoing efforts to enhance patient care through scientific inquiry and innovation.



Nurturing Next Generation Scientists: The Welsh Blood Service continues to cultivate talent, as highlighted by four trainee biomedical scientists featured in the BBTS Bloodlines newsletter, reflecting on their career journeys and contributions to the field.

All updates can be accessed by scanning the QR code to access the report.

The department responsible for managing will now be known as Research, Development, and Innovation Services. The team has been working diligently to prepare the WBS's new Research Strategy, and the team is excited to introduce this new strategic direction soon in 2024.

5.1 Collaboration

Our collaboration continues to sustain and grow nationally and internationally. In the illustration below the blue markers mark our support R&D being performed in NHS Wales, while the red markers show where our collaborative partnerships with higher education institutions or other blood services are.



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6 Welsh Blood Service Research Performance Indicators.

15 Open Projects **24 Open or Completed Projects**

 **Transplantation**


2	2
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 **Products**

10	15
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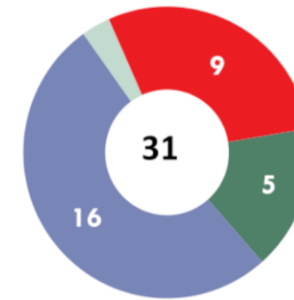
 **Donor**

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 **Cellular Therapies**

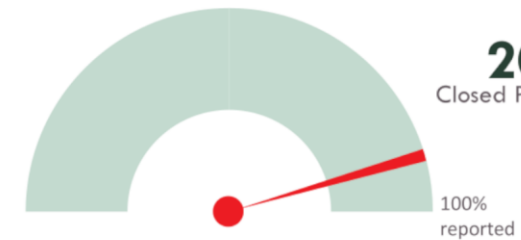
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Publications
in last 12 months



- Journal
- Student Thesis
- Conference Poster
- Magazine

Reporting Performance
in the previous 3 years
(with 6-month grace period from completion)



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6.1 Open projects portfolio.

Project Name	WBS Project ID	WBS Research Theme	WBS Involvement	WBS Staff Lead
Investigating the role of the bone marrow microenvironment in the pathogenesis of Acute Myeloid Leukaemia (AML)	96	Therapies	NHS Research	Head of WBMDR
Bioenergetic Profiles of Platelets in Storage as an Indicator of Platelet Viability & Function	162	Products	WBS RD&I	Chloe George
The use of legislation and regulation as a means of improving quality in public healthcare services	164	Donor Care & Public Health	WBS RD&I	Peter Richardson
Improving Platelet Storage (PhD Cardiff Metropolitan University)	168	Products	WBS RD&I	Christine Saunders
Cold Stored Platelets for Pre-Hospital Use – Laboratory Testing	170	Products	WBS RD&I	Jamie Nash
Service Support of the Role of donor derived cell free DNA (DD cfDNA), islet derived exosomes and proinsulin in diagnosing pancreas graft acute rejection (EMPAR) study	171	Transplantation	Service Support of others	Emma Burrows
Understanding and Investigating White Particulate Matter (WPM)	175	Products	WBS RD&I	Michael Cahillane
Methodology Evaluation for Measuring Regulatory Cells in Kidney Transplant Recipients	178	Transplantation	WBS RD&I	Deborah Pritchard
Evaluation of Manually Washed Red Cells	179	Products	WBS RD&I	Lauren Payne
Use of a Blood Warmer for Administration of Cold Stored Platelets for Pre-hospital Emergency Resuscitation	180	Products	WBS RD&I	Sarah Goatson
Provision of Blood donor samples for Public Health Wales's Surveillance of Immunity in Wales	181	Donor Care & Public Health	WBS RD&I	Sian James
Evaluation of a novel Haemoglobin S Technology to support the future approach for screening Blood Donors for Sickle Cell trait	182	Products	WBS RD&I	Ann Jones
Evaluation of tricine as a novel cryoprotectant for the long-term storage of RBC units.	183	Products	WBS RD&I	Chloe George

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6.2 Other Projects performed in 2023-24.

Project Name	WBS Project ID	WBS Research Theme	WBS Involvement	WBS Staff Lead	Status
Sero-surveillance for SARS-CoV-2 infection in blood donors in Wales	127	Donor Care & Public Health	Service Support of others	Sian James	Reported
What donor contact method gives us the best return?	160	Donor Care & Public Health	WBS RD&I	Kate Satherley	Reported
Titre scores: An alternative to continuous flow analysis for monitoring antenatal patients in the Welsh Blood Service?	165	Products	WBS RD&I	Avi Brick	Reported
Use of Global Haemostasis Assays for the Evaluation of Thawed Plasma for Clinical Use	166	Products	WBS RD&I	Michael Cahillane	Reported
Use of Haemostasis Assays for the Evaluation of Five-Day Thawed Plasma for Clinical Use	167	Products	WBS RD&I	Elisabeth Davies	Completed involvement, await reporting
The effect of digital technology on blood donor engagement and its impact on levels of engagement in South Wales	169	Donor Care & Public Health	WBS RD&I	Andrew Paramore	Reported
Effect of mixing on the quality of red cells at time expiry	172	Products	WBS RD&I	Nicola Pearce	Reported
Established a reliable and sustainable blood donation and blood quality system to support the nationalization of manufacturing of plasma fractionation in the Kingdom of Saudi Arabia	173	Donor Care & Public Health	NHS Research	Edwin Massey	Completed involvement, await reporting
Evaluation of High Titre buffy coat status on the High Titre Haemolysis Status of Platelet Pools in Platelet Additive Solution	176	Products	WBS RD&I	Laura Paletto	Reported

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

Project Name	WBS Project ID	WBS Research Theme	WBS Involvement	WBS Staff Lead
BEST-C 142 Project: A comparison of anti-D titres using gel and tube technologies	157	Products	BEST-C	Chloe George
BEST-C 171 - Service Support for Collaborative Haemolysis Standardization study	186	Products	BEST-C	Chloe George

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

Key	
✓	Work = on track
⚠	Work = requires attention

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

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Objective	Activity	Indicator or KPI	Target	Month by Month Status											
Actively seek collaborative partners to develop appropriate RD&I projects.	Participation in all applicable BEST-Collaborative projects, as invited	Project invitations as received by our BEST-C members and actioned appropriately.	100% participation in all eligible projects that WBS have the capability of participating in between Mar 2023-24	✓	✓	✓	✓	⚠	⚠	⚠	✓	✓	✓	✓	✓
Actively seek collaborative partners to develop appropriate RD&I projects.	An inviting RD&I presence on WBS Internet Webpage	All website content must be bilingual. Minimally the RD&I Strategy, contact details will be added to the webpage.	Refreshed annually or as needed by other considerations regarding the internet presence	✓	✓	✓	✓	✓	⚠	⚠	⚠	✓	✓	✓	✓
Increase RD&I Activity				A	M	J	J	A	S	O	N	D	J	F	M
Ensure our research efforts are of the highest quality / Embed an RD&I positive culture in WBS.	Provision of the Learning Zone, ensuring that it is in line with the RD&I strategy and current and future needs of the Service.	A service provision for users of the Learning Zone, adapting and meeting needs.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Organise and co-ordinate our research activity / Obtaining sustainability for RD&I activities.	A pipeline of planned RD&I activity across the organisation.	A planned, continuous programme of RD&I projects in each of the four RD&I themes.	Achieved in this document	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Developing our workforce capability/ Embed an RD&I positive culture in WBS.	Maintain and promote membership of ISBT, AABB and the BEST-Collaborative	Ongoing membership; Signposting to membership resources, funding opportunities, and learning events.	At least five suitable training, education or event offerings are available to staff annually	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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RD&I - Integrated Performance Report

Objective	Activity	Indicator or KPI	Target	Month by Month Status											
Organise and co-ordinate our research activity.	Adequate planning and resourcing of RD&I Projects before commencement and correct modification to resourcing of RD&I projects.	Projects reporting as Project status = Green / Ongoing as planned) and a Time index of a project (Time elapsed/Projected time).	Green status for 70% of projects and 70% of the project with a Time Index of 1	✓	✓	✓	✓	✓	⚠	⚠	⚠	✓	✓	✓	✓
Build a reputation as a research-active blood service				A	M	J	J	A	S	O	N	D	J	F	M
Build a reputation as a research-active blood service.	Our RD&I findings will be disseminated to the healthcare field through publication and publicity.	The PI must describe a suitable* dissemination / knowledge transfer activity (*" suitable" as deemed by RD&I Lead).	100% of WBS-led projects must demonstrate how they achieved some type of dissemination activity.	⚠	⚠	⚠	⚠	⚠	⚠	⚠	⚠	⚠	⚠	⚠	✓
Measuring and defining Progress and Success.	WBS's publication output needs to be of high scholarly level as a marker of the work's high quality. When appropriate, the PI of the RD&I project will be asked to seek a peer-reviewed publication to disseminate its findings	# of peer-reviewed publication outputs. PI have a six-month grace period after the project ends to perform this	When deemed appropriate by WBS RD&I Group, 80% of completed RD&I projects achieve a peer-reviewed publication - On 70% on 1 June	✓	⚠	⚠	⚠	✓	✓	✓	⚠	✓	✓	✓	✓
Build a reputation as a research-active blood service.	An RD&I Event with WBS showcasing our work.	Half-day or evening event, possible co-produced with another organisation. Showcasing RD&I	Event - WBS Group want a universal event to take place after strategy launch.	⚠	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Measuring and defining Progress and Success.	We will disseminate our RD&I findings to others.	Overall Number of scholarly publications* by the WBS (scholarly is a peer-reviewed publication and is to include the publication of conference proceedings)	Maintain 2022-23 output of 26 scholarly publications between FY 2023-24	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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RD&I - Integrated Performance Report

Objective	Activity	Indicator or KPI	Target	Month by Month Status												
Measuring and defining Progress and Success.	A quarterly report is produced and published to promote the achievement of the previous three months and present the current status of the WBS RD&I portfolio	A report delivered to WBS RD&I Group and elsewhere	Every four months	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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The Trust will implement the Velindre Innovation Plan.

7 Velindre Innovation Service.

7.1 Summary of Quarters 1 through 3.

- **RITA** - RITA launched on the Velindre website homepage in February 2023, with usage and performance metrics being collected to inform further development and prepare for an evaluation in phase 3 of the project. Sub-project 'talking heads' has also been implemented within the platform, providing patients and their families with information about their clinicians, available in both Welsh and English. RITA was presented virtually at the Cancer Research UK team away day in October 2023, which focused on the use of AI in supporting cancer patients, and the UK Oncology Nursing Society (UKONS) annual conference in November 2023.
- **By Your Side (BYS)** – In collaboration with Pfizer Oncology, BYS aims to provide Velindre patients with a ready-made cancer management application that will contain localised Velindre cancer centre information. The proposal was presented to EMB in February 2023 and a DPIA has been drafted along with contractual arrangements, but both are on hold until the status of the NHS Wales App has been determined.
- **Better Faster Sooner** - Hybrid showcase event was held at the National Imaging Academy Wales in May 2023, with representatives from across all 3 cancer centres presenting their work along with contributions from Canada and the Clatterbridge. This event saw 50 in-person and 15 online attendees. The Team is exploring potential future opportunities through the Advancing Radiotherapy Cymru programme.
- **Regional Innovation Coordination Hubs (RICH)** – Funding has been secured for the period 2023/24 and additional funding for 2024/25 has been confirmed to support the continuation of the RIC hub activities.
- **Innovation Award Scheme** - An innovation award scheme is being developed to support the building of the innovation infrastructure and to enable and encourage innovation activity across the Trust. The application documents have been drafted and submitted to the Velindre Charity.
- **Welsh Blood Service (WBS) Drone Project** - Following the reinstatement of regular meetings, a collaborative bid was submitted in December 2023 to UK Research & Innovation (URKI), via a Small Business Research Initiative (SBRI) bid. The bid aims to enhance medical supply chain resilience using drones and in February 2024 the project Team received confirmation that the bid was successful.
- **Welsh Blood Capital Funding** - Successful capital funding bid for innovative laboratory equipment – awarded by Welsh Government Economy Team – for the Project title: 'Establishing Microfluidic Technology at the Welsh Blood Service'.

7.2 RITA

Phase 3 of development is underway with the goal of increasing engagement prior to conducting an evaluation in the next quarter. The project team is looking into how RITA can support the treatment helpline in navigating / signposting / answering the questions they receive outside of the scope of the treatment helpline service.

IBM Cloud Functions is discontinuing on 30 June 2024, which will affect the in-built Welsh translator service, the team is working closely with IBM to prevent disruption to the service.

The Innovation Team is working with Digital Health and Care Wales (DHCW), Swansea University, and Wales Institute of Digital Information (WIDI) to evaluate the RITA chatbot and inform next steps for the project.

7.3 ByYourSide – Localising Pfizer’s Global Patient Cancer App

The Innovation team is liaising with the Trust Digital Team and with DHCW in respect of the timelines for the NHS Patient App, to get an update on the development status, functionality, and timeline for launch to ensure there is no duplication between applications. A Data Protection Impact Assessment (DPIA) has been drafted along with contractual arrangements, but both are on hold until the status of the NHS Wales App has been determined.

7.4 Asset Tracking / Audit Software

The Innovation team has engaged in early discussions with the operational services team to discuss a potential project around asset tracking / audit software for medical devices, initially contained to a small pilot utilising wheelchairs as a feasibility study.

This project is now archived; Velindre Cancer Centre (VCC) digital services identified potential barriers to implementing this software due to the current VCC infrastructure. However, this technology is still being explored by the Trust Digital Team with a view to deploy in new Velindre Cancer Centre (nVCC).

7.5 Innovation Platform (pipeline idea capture)

SimplyDo is a platform that will enable the innovation team to capture, prioritise and action pipeline ideas in a centralised platform. There is scope under the existing contract and licensing arrangements with WBS and the SimplyDo Platform provider, (WBS is piloting the platform for the 5-minute improvement project). Governance requirements have been checked and arrangements for the innovation development work are within scope and no further action is required.

7.6 Pelvic Radiotherapy App

The innovation team has been approached by Radiographer Daniel Burr to develop an application that would assist pelvic radiotherapy (RT) patients with the timing of water intake and enemas. This project is currently on hold while the team obtains baseline data on how many RT appointments are missed due to this issue and the costs associated with those missed appointments. Further information is being sought to collect baseline evidence / need requirements for review.

7.7 Better, Faster, Sooner

Project outcomes were presented by Dr Mick Button and the team at the Bevan Commission Planned Care Innovation Programme event held in Swansea on 20 September 2023. However, there have been barriers to implementing the service as Business As Usual (BAU) across all 3 organisations. Within VCC, there are no active plans from Radiotherapy departments to progress advanced practice opportunities for radiographers related to palliative radiotherapy. Palliative Radiotherapy will continue to be delivered through a medically led model, including the Radiotherapy Satellite Centre. The Team is exploring potential future opportunities through the Advancing Radiotherapy Cymru programme.

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7.8 Acute Cancer Treat at Home (ACTAH)

ACTAH project sought to develop a new service that utilises home visits to manage acute oncology patients experiencing an acute episode in collaboration with Cardiff and Vale Health Board (CVUHB). CVUHB are not in a position to proceed with the project at this time and the project will be archived.

7.9 Regional Innovation Coordination Hubs (RICH)

Funding has been secured for the period 2023/24 and additional funding for 2024/25 has been confirmed to support the continuation of the Regional Innovation Coordination (RIC) hub activities. Following a meeting with Welsh Government officials, the RIC 2-year activity plan was endorsed, and quarterly updates have subsequently provided to Welsh Government.

7.10 Innovation award scheme

An innovation award scheme is being developed to support the building of the innovation infrastructure and to enable and encourage innovation activity across the Trust. The application documents are being drafted and will be shared for approval before submission to the Velindre charity.

7.11 Welsh Blood Service (WBS) Drone Project.

The purpose of this foundation study is to:

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

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

Following the reinstatement of regular meetings, a collaborative bid was submitted in December 2023 to UK Research & Innovation (URKI), via a Small Business Research Initiative (SBRI) bid. The bid aims to enhance medical supply chain resilience using drones. The project would seek to address the commercial and business integration challenges of utilising drones to enhance the Welsh NHS supply chain resilience.

7.12 Innovation activity themes.

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

7.12.1 Theme 1: Developing a collaborative innovation ecosystem.

Our vision includes building a collaborative innovation ecosystem where staff, healthcare providers, researchers, academia, industry, patients, donors, and community partners work seamlessly together to drive innovation, address healthcare disparities, and create healthier communities. We are building an ecosystem that supports and strengthens the capability and capacity for the Trust to innovate. This includes the internal and external infrastructure and specifically the development of a **Collaborative Centre for Learning and Innovation (CCLI)**. The CCLI aims to improve whole system cancer care through collaboratively accelerating cancer research, innovation education and involvement. Providing a virtual and physical space to encourage creativity, collaboration, and knowledge exchange with practical and positive impact on cancer care for all those involved.

Activity in the period includes:

- Developing blueprint for working with Industry developing products for market to benefit patients and donors and improve resource efficiency. This is collaboration with Welsh Government. Project set up with Life Science Hub Wales and MediWales to facilitate engagement exercise with staff, Industry and partners to develop a blueprint for working collaboratively.

7.12.2 Theme 2: Developing a culture of innovation.

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

- Work is underway to develop a platform / pipeline capture for innovation ideas and projects. Staff attended a meeting with Cwm Taf Morgannwg University Health Board to review their innovation platform.
- Internal meetings were held in January and February to consider options and take the project forward on a Trust level, working in collaboration with innovation and improvement teams across the Blood Service and Cancer Centre.
- A first meeting with Simply Do platform provider took place in March to set out the scope for the project.

7.12.3 Theme 3: Clear Communication and recognition.

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

- Work is ongoing to update and develop the Trust web and intranet innovation pages, to increase/improve communications shared across the Trust and externally with partners. Communications materials have been developed which will also support this theme. This work is continuing, and arrangements are under review to support the translation needs for the website and other supporting literature.
- Trust Communications have been developed to encourage applications to the Moondance Awards. A panel was set up to review and support applications.
- Work has been initiated to communicate a clear and compelling narrative that explains the importance of innovation in improving cancer care, diagnosis, treatment, and research outcomes. Project meetings have been initiated to review comms, patient, and staff engagement for innovation.
- Work is ongoing to explore the concept of a Charter for innovation and collaboration. This work is running in parallel with the Ministerial roundtable work that took place early in the year.

7.12.4 Theme 4: Patient and Donor Centred Excellence.

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

- Plans are in train to build upon the patient engagement work from the early phase of the RITA chatbot development. Media clips will be uploaded to the website and intranet to reflect patient feedback and their concerns about visiting the cancer centre for the first time.
- Engagement work is ongoing with patient / donor experience teams. Our innovation activity will be informed by patient and donors, ensuring their voices are heard, and tailoring healthcare experiences and initiatives to their unique needs and preferences.

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- Work is underway to develop the workstream to review and analyse patient /donor engagement feedback specifically in relation to the chatbot RITA, other workstreams to be identified through regular project meetings.
- We continue to collaborate with Trust engagement teams to develop an enhanced environment for patient representatives, one that provides a more fulfilling experience for the time and commitment provided. This work is being picked up as part of the engagement meetings.

7.12.5 Theme 5: Leadership and role modelling.

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

- Leaders and senior managers have been encouraged to actively participate and promote innovation initiatives and opportunities. To take this work stream forward a small grant scheme is being developed to support this theme and to build the infrastructure for innovation. This has been submitted to the Velindre Charity Board for appraisal.
- In the period the Innovation Team continues to attend a number of events to promote and support innovation activity, attend, and schedule one-to-one meetings with staff to raise awareness of innovation activity, and have supported the development of ideas and innovative ways of working, signposting activities, applications for awards and funding.

Innovation activity themes (6-10)

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

7.12.6 Theme 6: Advance Technology Integration.

Our approach to harness the power of cutting-edge technologies, including artificial intelligence, telemedicine, wearable devices, and data analytics, to optimise treatment, inform diagnostics and preventative care, making services more accessible and efficient. The Partner engagement work will inform how we can develop our approach on this theme.

7.12.7 Theme 7: Data Driven Insights.

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

7.12.8 Theme 8: Health equity and Inclusion.

Our commitment extends to achieving health equity and inclusion for all with a focus on addressing disparities in healthcare access and outcomes. Our innovations will strive to remove barriers to care and promote health equity and we are working closely with patient engagement Teams on our innovation workstreams.

7.12.9 Theme 9: Empowerment and Autonomy.

Empowering employees by giving them the autonomy to propose and implement innovative ideas within their areas of expertise. This theme is initially being taken forward through (theme 2), by building a platform to capture pipeline ideas from within the organisation. In the meantime, a generic mailbox has been set up to receive innovative ideas and an innovation multidisciplinary panel is being formed to assess pipeline ideas.

7.12.10 Theme 10: Training and Development.

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

- This work stream is ongoing and a collaboration with the Innovation Leads across Wales and is providing case study material for the development of an e module for Velindre and more broadly for NHS Wales.
- Innovation case studies from across NHS Wales are being shortlisted to be filmed. Some examples will be used for the e-learning module and others will be retained for future resource development.
- Additionally, induction training is being developed via a collaborative project between Velindre NHS Trust, Digital Health and Care Wales and University of Wales, Trinity Saint David. The training package for innovation when complete will include the e-module, induction training and toolbox talks package to support learning materials so that a holistic approach to innovation training can be provided on a Trust-wide basis.

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

8 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.

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

	FY2023/24			
	Q1	Q2	Q3	Q4
Number of New Projects Sponsored	0	1	0	1
Number of Studies Opened	0	1	0	0
Scope of Studies Opened	N/A	N/A	N/A	N/A
Number of Sites Opened	1	1	0	0
Number of Publications	1	1	0	0
Number of Abstracts	3	4	5	2
Recruitment	51	51	41	20

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

Conference/Journal	Submitted by	Outcome	Abstract title
PATHOS			
International Congress on Innovative Approaches in Head and Neck Oncology	Berenato, S.	Accepted	Objective evaluation of plan quality in the PATHOS clinical trial using automated treatment planning.
International Congress on Innovative Approaches in Head and Neck Oncology	Higgins, E.	Accepted	Development of a Normal Tissue Complication Probability Model for Dysphagia in PATHOS trial patients.
International Congress on Innovative Approaches in Head and Neck Oncology	O'Hara, J.	Accepted	Differential functional outcomes following transoral surgery for oropharyngeal carcinoma – laser versus robot.
2024 Multidisciplinary Head and Neck Cancer Symposium:	Hutcheson, K.	Accepted – digital poster	Aspiration rates and clinician-graded dysphagia after transoral surgery (TOS): an interim analysis of modified barium swallow (MBS) studies (videofluoroscopy) from the PATHOS trial.
European Society of Radiotherapy and Oncology (ESTRO)	Kostas	Accepted – Preferred Paper	Exploring the potential of RTTQA streamlining based on experience from the PATHOS clinical trial.
European Society of Radiotherapy and Oncology (ESTRO)	Zohal	Not submitted	An international insight into the oropharyngeal radiotherapy practice as part of the PATHOS trial.
British Association of Head and Neck Oncologists (BAHNO)	Patterson, J.	Oral Paper	Aspiration rates and clinician-graded dysphagia after transoral surgery (TOS): an interim analysis of modified barium swallow (MBS) studies (videofluoroscopy) from the PATHOS trial.
International Congress on Innovative Approaches in Head and Neck Oncology	Wheeler, P.	Presentation	Objective evaluation of plan quality in the PATHOS clinical trial using automated treatment planning.
PEARL			
European Society of Radiotherapy and Oncology (ESTRO)	Rackley, T.	Accepted	Evaluation of the dosimetric impact of PET-based adaptive radiotherapy in the PEARL Clinical Trial.
Nurse Led Education			
UK Oncology Nursing Society Conference (UKONS)	Semedo, L.	Accepted – Poster	Development and testing of a co-produced education workshop to improve nurse understanding and confidence to deliver pre-intravenous (IV) systemic anti-cancer therapy (SACT) patient education

Conference/Journal	Submitted by	Outcome	Abstract title
UK Oncology Nursing Society Conference (UKONS)	Semedo, L.	Accepted – Abstract	Development of a co-produced education workshop to improve nurse understanding and confidence to deliver pre-intravenous (IV) systemic anti-cancer therapy (SACT) patient education.
ESCTOX / UKASCC Conference 2023	Semedo, L.	Accepted – Poster	Development of an educational workshop to improve nurse knowledge and confidence to educate patients and carers pre-intravenous (IV) systemic anti-cancer therapy (SACT)
Nursing Times	Semedo, L.	Manuscript	Development and testing of a brief educational workshop to improve nurse knowledge and confidence to deliver pre-intravenous (IV) systemic anti-cancer therapy (SACT) patient education.
SCOPE2			
EClinicalMedicine 61	Mukherjee, S.	Article	Efficacy of early PET-CT directed switch to carboplatin and paclitaxel based definitive chemoradiotherapy in patients with oesophageal cancer who have a poor early response to induction cisplatin and capecitabine in the UK: a multi-centre randomised controlled phase II trial
VIP-Epi			
European Journal of Oncology Nursing,	Roberts, R.	Article	Chemotherapy induced phlebitis experienced by women with breast cancer following administration of epirubicin using a volumetric infusion pump: an observational study

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9 Cross-cutting themes: progress.

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

RD&I - Integrated Performance Report

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

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10 Research, Development, and Innovation Finances.

Research, Development & Innovation 2023-24

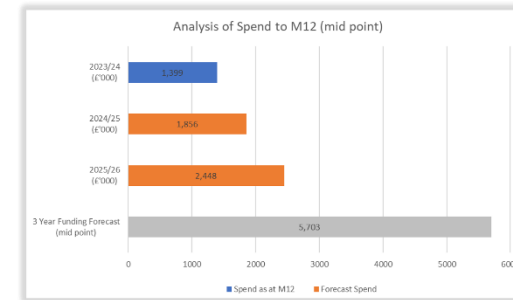
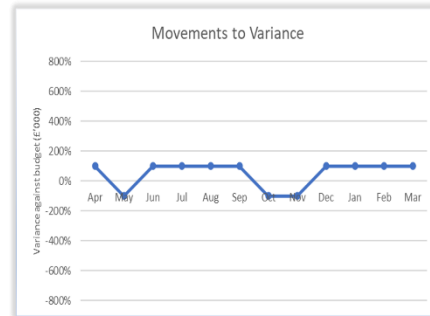
Month 12 – March

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

Subjective	Cumulative Position M12			
	Annual Budget (£'000)	Budget (£'000)	Actual (£'000)	Variance (£'000)
Pay	3,217	3,217	3,037	(180)
Non Pay	654	654	889	234
Income	(3,757)	(3,757)	(3,925)	(168)
Grand Total	114	114	0	(114)

Income Summary

Subjective	Annual Budget	YTD Actual	YTD Var
Welsh Govt. Other Income	1,111,889	1,322,739	(210,850)
R & D Income / Grants	537,604	427,338	110,266
Commercial Trials Income	898,042	903,744	(5,702)
Charity Income	1,029,786	1,143,828	(114,042)
Other Income	179,662	127,476	52,186
Grand Total	3,756,983	3,925,125	(168,142)

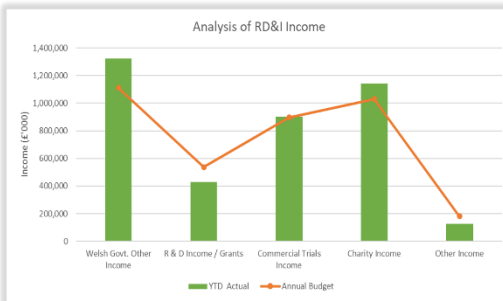
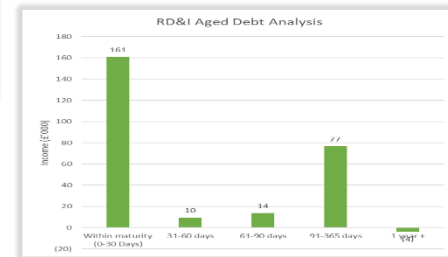


The figures and charts below highlight the medium-term position and will be key in determining a strategic approach to financial planning.

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

	Current Month	Year to Date	Forecast Outturn
% Compliance	84%	90%	>95%

Aged Debtors



Recurring Budget Risks & Opportunities:

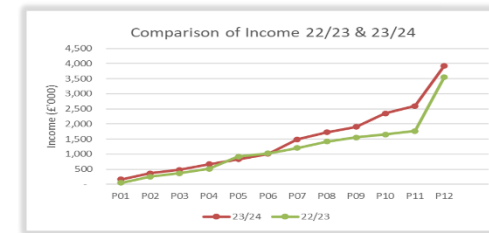
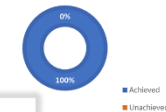
- Options to further explore commercial and other income in line with IMTP strategy
- Financial sustainability around level of posts funded via the charity – exit strategy to be developed
- Patient recruitment

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

2024-25 DELIVERY OF SAVINGS

IMTP Considerations:

- Progress made against £150k increase in commercial trials income
- Mitigation of financial pressures and risks



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10.1 R, D & I FINANCE

10.1.1 Background/Context

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

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

The overall R,D&I Financial Plan comprises targets to:

- **Spend £3.1m on research activities**, of which the majority (92%/£2.9m) are staff pay costs with the remaining £263K of non-pay including Clinical Supplies/Services, Education & Development, Travel and office equipment and consumables.
- **Secure Income of £3.2m from various sources**,
 - Health & Care Research Wales (34%)
 - Clinical Trial Income - Commercial & Non-Commercial (28%)
 - Support from Velindre Charity Integrated Bid & other individual business cases (27%)
 - Wales Cancer Research Centre (WCRC) & Experimental Cancer Medicine Centre (ECMC) (5%)
 - Grant income & Velindre Lead sponsor income (6%)

10.2 Summary of Performance against Key Financial Targets: Quarter 4

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

PERIOD		£000				
		PAY	NON-PAY	INCOME	TOTAL	
QUARTER 4	Budget	£2,443	£592	£-2,858	£177	Quarter four variances
	Actual	£2,283	£805	£-3,026	£61	
	Variance	£160	£-212	£-168	£-116	
YEAR TO DATE	Budget	£3,217	£654	£-3,756	£114	Year-To-Date Variance
	Actual	£3,037	£888	£-3,925	£-0	
	Variance	£180	£-234	£168	£114	

Performance for the full year shows a favourable variance to budget of £114k this is mainly due to additional pay budget from Welsh Government

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

% Compliance	Current Month*	Year to Date	Forecast Outturn
	84%	90%	>95%

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

10.3 Analysis of Performance.

Performance for the full year shows a favourable variance of £114k this is due to additional funding received for pay awards:

- Pay costs have been slightly lower for the period than budgeted, due to the level of vacancies, however.
- Higher than expected non-pay costs for the period are related to the continued replacement of small equipment, higher patient reimbursement which is represented in the increase in commercial trial income and legal fees regarding FAKTION.

Pay analysis by group:

Cumulative to date			
£180K below budget			
PAY GROUP	YTD	YTD	YTD
	Budget (£'000)	Actual (£'000)	Variance (£'000)
Administrative & Clerical	1,362	1,266	96
Medical	551	520	31
Nursing	1,185	1,102	83
Additional Clinical Services	52	52	0
Healthcare Scientists	92	97	-4
Vacancy Factor	-26	0	-26

Non pay analysis by category:

Cumulative to date			
£234K above budget			
Overall non-pay budget	654	888	234
Clinical/General Services/Supplies	654	728	-174
Maintenance & Repairs	0	17	-17
Transport (Patient)	0	20	-20
Printing / Stationary / Postage	0	2	-2
Travel & Subsistence	0	12	-14
Education & Development (inc Innovation)	0	33	-33
Legal Fees	0	37	-37
Equipment & Consumables	0	26	-26
Computer Maintenance & Supplies	0	13	-13

- Non pay for the period has exceeded budget as a result of Legal fees in relation to FAKTION money in addition to increased costs associated with the increased Clinical trial income.

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Income Analysis by category:

Full Year			
£168k above budget			
Clinical Trial Income	-898	-903	6
Charity Income	-1,030	-1,144	114
Welsh Gov	-1,112	-1,323	211
WCRC & ECMC	-180	-127	-52
Grant/Lead sponsor income	-537	-427	110

- Full year Income is up from Annual budget this is due to an increase in Charity funding and increase of Welsh Gov income in relation to support and delivery funding compared to initial agreed figure.

10.4 Key Consideration for Future Periods

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

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Appendix A: Velindre Cancer Service

The following appendix lists the **Publications from 2023**, from the Velindre Cancer Service. This listing has been compiled by Velindre University NHS Trust's Library Service.

During **2023**, there has been a total of 143 publications – 79 articles and 64 conference abstracts.

A1. Breast

Articles

A. Arana Echarri, L. Struszczyk, M. Beresford, J. P. Campbell, **R. H. Jones**, D. Thompson and J. E. Turner (2023). "Immune cell status, cardiorespiratory fitness and body composition among breast cancer survivors and healthy women: a cross sectional study." Frontiers in Physiology **14**: 1107070.

M. Coakley, G. Villacampa, P. Sritharan, C. Swift, K. Dunne, L. Kilburn, K. Goddard, C. Pipinikas, P. Rojas, W. Emmett, P. Hall, C. Harper-Wynne, T. Hickish, I. Macpherson, A. Okines, A. Wardley, D. Wheatley, **S. Waters**, C. Palmieri, M. Winter, R. J. Cutts, I. Garcia-Murillas, J. Bliss and N. C. Turner (2023). "Comparison of circulating tumor DNA assays for Molecular Residual Disease detection in early-stage triple negative breast cancer." Clinical cancer research : an official journal of the American Association for Cancer Research.

A. M. de Luna Aguilar, **J. D. B. Fuentes**, J. Ortega Anselmi, J. Olalla Inoa, P. Flores Navarro, A. Lopez de Sa, J. Fuentes Antras, C. Rodriguez Rey, A. Ortega Candil, F. Moreno Anton and J. A. Garcia Saenz (2023). "Clinical Experience with Abemaciclib in Patients Previously Treated with Another CDK 4/6 Inhibitor in a Tertiary Hospital: A Case Series Study." Cancers **15**(18).

P. A. Henriksen, P. Hall, I. R. MacPherson, S. S. Joshi, T. Singh, M. Maclean, S. Lewis, A. Rodriguez, A. Fletcher, R. J. Everett, H. Stavert, A. Broom, L. Eddie, L. Primrose, H. McVicars, P. McKay, **A. Borley**, C. Rowntree, S. Lord, G. Collins, J. Radford, A. Guppy, M. C. Williams, A. Japp, J. R. Payne, D. E. Newby, N. L. Mills, O. Oikonomidou and N. N. Lang (2023). "Multicenter, Prospective, Randomized Controlled Trial of High-Sensitivity Cardiac Troponin I-Guided Combination Angiotensin Receptor Blockade and Beta-Blocker Therapy to Prevent Anthracycline Cardiotoxicity: The Cardiac CARE Trial." Circulation **148**(21): 1680-1690.

A. J. Oswald, S. N. Symeonides, D. Wheatley, S. Chan, A. M. Brunt, K. McAdam, P. Schmid, **S. Waters**, C. Poole, C. Twelves, T. Perren, J. Bartlett, T. Piper, E. M. Chisholm, M. Welsh, R. Hill, L. E. M. Hopcroft, **P. Barrett-Lee** and D. A. Cameron (2023). "Aromatase inhibition plus/minus Src inhibitor saracatinib (AZD0530) in advanced breast cancer therapy (ARISTACAT): a randomised phase II study." Breast Cancer Research and Treatment **199**(1): 35-46.

M. Tagliamento, A. Gennari, M. Lambertini, R. Salazar, N. Harbeck, L. Del Mastro, J. Aguilar-Company, M. Bower, R. Sharkey, A. Dalla Pria, A. Plaja, **A. Jackson**, J. Handford, A. Sita-Lumsden, C. Martinez-Vila, M. Matas, A. Miguel Rodriguez, B. Vincenzi, G. Tonini, A. Bertuzzi, J. Brunet, P. Pedrazzoli, F. D'Avanzo, F. Biello, A. Sinclair, A. J. X. Lee, S. Rossi, G. Rizzo, O. Mirallas, I. Pimentel, M. Iglesias, A. Sanchez de Torre, A. Guida, R. Berardi, A. Zambelli, C. Tondini, M. Filetti, F. Mazzoni, U. Mukherjee, N. Diamantis, A. Parisi, A. Aujayeb, A. Prat, M. Libertini, S. Grisanti, M. Rossi, F. Zoratto, D. Generali, C. Saura, G. H. Lyman, N. M. Kuderer, D. J. Pinato and A. Cortellini (2023). "Pandemic Phase-Adjusted Analysis of COVID-19 Outcomes Reveals Reduced Intrinsic Vulnerability and Substantial Vaccine Protection From Severe Acute Respiratory Syndrome Coronavirus 2 in Patients With Breast Cancer." Journal of clinical oncology : official journal of the American Society of Clinical Oncology **41**(15): 2800-2814.

N. C. Turner, C. Swift, B. Jenkins, L. Kilburn, M. Coakley, M. Beaney, L. Fox, K. Goddard, I. Garcia-Murillas, P. Proszek, P. Hall, C. Harper-Wynne, T. Hickish, S. Kernaghan, I. R. Macpherson, A. F. C. Okines, C. Palmieri, S. Perry, K. Randle, C. Snowdon, H. Stobart, A. M. Wardley, D. Wheatley, **S. Waters**, M. C. Winter, M. Hubank, S. D. Allen and J. M. Bliss (2023). "Results of the c-TRAK TN trial: a clinical trial utilising ctDNA mutation tracking to detect molecular residual disease and trigger intervention in patients with moderate- and high-risk early-stage triple-negative breast cancer." Annals of oncology : official journal of the European Society for Medical Oncology **34**(2): 200-211.

G. Velikova, J. P. Morden, J. S. Haviland, C. Emery, **P. Barrett-Lee**, H. Earl, D. Bloomfield, A. M. Brunt, P. Canney, R. Coleman, M. Verrill, A. Wardley, G. Bertelli, P. Ellis, R. Stein, J. M. Bliss and D. Cameron (2023). "Accelerated versus standard epirubicin followed by cyclophosphamide, methotrexate, and fluorouracil or capecitabine as adjuvant therapy for breast cancer (UK TACT2; CRUK/05/19): quality of life results from a multicentre, phase 3, open-label, randomised, controlled trial." The Lancet. Oncology **24**(12): 1359-1374.

N. Williams, E. M. Williams and **R. Roberts** (2023). "Chemotherapy induced phlebitis experienced by women with breast cancer following administration of epirubicin using a volumetric infusion pump: an observational study." European journal of oncology nursing : the official journal of European Oncology Nursing Society **64**: 102322.

Conference Abstracts

D. Hanna, S. Merrick, A. Ghose, D. Yang, E. Phillips, N. R. Chopra, K. Ross, Z. Y. Boh, A. Swampillai, T. Robinson, L. Germain, C. Atkinson, A. A. Konstantis, P. Riddle, N. Cresti, J. D. Naik, **A. Borley**, A. Guppy, P. Schmid and M. Phillips (2023). "Real-world study of sacituzumab govitecan in metastatic triple-negative breast cancer in the United Kingdom." ESMO Open **8**(1 Supplement 4): 101420.

V. G. Kaklamani, F. C. Bidard, P. Neven, A. J. Montero, M. A. Mouret-Reynier, J. Sohn, D. Taylor, F. Forget, K. K. Harnden, H. T. Khong, J. Kocsis, F. Dalenc, P. M. Dillon, **S. Waters**, J. A. Garcia-Saenz, P. G. Aftimos, J. Cortes, S. Scartoni, N. Habboubi and A. Bardia (2023). "Oral elacestrant vs standard-of-care in estrogen receptor-positive, HER2-negative (ER+/ HER2-) advanced or metastatic breast cancer (mBC) without detectable ESR1 mutation (EMERALD): Subgroup analysis by prior duration of CDK4/6i plus endocrine therapy (ET)." Journal of Clinical Oncology **41**(16 Supplement): 1070.

A. F. C. Okines, J. Braybrooke, I. R. MacPherson, S. Sutherland, S. J. Howell, D. Wheatley, **S. Waters**, R. Roylance, R. D. Baird, O. Oikonomidou, C. Palmieri, M. Harries, C. Harper-Wynne, A. Sheri, S. Khan, C. Bunce, K. Mohammed, D. Lee and N. C. Turner (2023). "Randomised open-label phase II study of induction standard of care fulvestrant and CDK4/ 6 inhibition with addition of ipatasertib in metastatic ER+/HER2- breast cancer patients without circulating tumour (ct) DNA suppression (FAIM)." Journal of Clinical Oncology **41**(16 Supplement): TPS1111.

X. Zhu, J. Bayani, M. Dewan, H. Tovey, L. Kilburn, K. Taylor, J. Banerji, C. Toms, A. Sadanandam, **P. J. Barrett-Lee**, J. Bliss, D. A. Cameron, J. M. S. Bartlett and M. C. U. Cheang (2023). "Identifying new biological subgroups of triple-negative breast cancer using next-generation integrative clustering pipeline." Annals of Oncology **34**(Supplement 2): S306-S307.

A2. Colorectal

Articles

O. Margalit, W. S. Harmsen, E. Shacham-Shmueli, M. M. Voss, B. Boursi, A. D. Wagner, R. Cohen, C. L. Olszow, L. B. Saltz, D. A. Goldstein, H. Hurwitz, N. C. Tebbutt, F. F. Kabbinavar, **R. A. Adams**,

B. Chibaudel, A. Grothey, T. Yoshino, J. Zalcborg, A. de Gramont, Q. Shi and H. J. Lenz (2023). "Evaluating sex as a predictive marker for response to bevacizumab in metastatic colorectal carcinoma: Pooled analysis of 3,369 patients in the ARCAD database." European Journal of Cancer **178**: 162-170.

S. M. O'Cathail, **R. Adams**, M. A. Hawkins, D. Sebag-Montefiore, C. A. M. Marijnen and E. Fokas (2023). "Patient-reported outcomes in PROSPECT trial (Alliance N1048) - FOLFOX is not a panacea." Clinical and Translational Radiation Oncology **43**: 100672.

F.-S. Ou, D. H. Ahn, J. G. Dixon, A. Grothey, Y. Lou, P. M. Kasi, J. M. Hubbard, E. Van Cutsem, L. B. Saltz, H.-J. Schmoll, R. M. Goldberg, A. P. Venook, P. Hoff, J.-Y. Douillard, J. R. Hecht, H. Hurwitz, C. J. A. Punt, M. Koopman, C. Bokemeyer, C. S. Fuchs, E. Diaz-Rubio, N. C. Tebbutt, C. Cremolini, F. F. Kabbinavar, T. Bekaii-Saab, B. Chibaudel, T. Yoshino, J. Zalcborg, **R. A. Adams**, A. de Gramont and Q. Shi (2023). "Evaluation of Intratumoral Response Heterogeneity in Metastatic Colorectal Cancer and Its Impact on Patient Overall Survival: Findings from 10,551 Patients in the ARCAD Database." Cancers **15**(16).

S. D. Richman, G. Hemmings, H. Roberts, N. Gallop, R. Dodds, L. Wilkinson, J. Davis, R. White, E. Yates, B. Jasani, L. Brown, T. S. Maughan, R. Butler, P. Quirke and **R. Adams** (2023). "FOCUS4 biomarker laboratories: from the benefits to the practical and logistical issues faced during 6 years of centralised testing." Journal of Clinical Pathology **76**(8): 548-554.

E. Robinson, R. Balasubramaniam, M. Hameed, C. Clarke, S. A. Taylor, D. Tolan and **K. G. Foley** (2023). "Survey of rectal cancer MRI technique and reporting tumour descriptors in the UK: a multi-centre British Society of Gastrointestinal and Abdominal Radiology (BSGAR) audit." Clinical Radiology.

M. P. Saunders, R. Iype, C. Kelly, J. Crosby, R. Kerr, A. Harkin, K. Allan, J. McQueen, S. R. Pearson, J. Cassidy, L. C. Medley, S. Raouf, M. Harrison, **A. Brewster**, C. Rees, R. Ellis, A. L. Thomas, M. Churn, T. Iveson and N. Maka (2023). "SCOT: Tumor Sidedness and the Influence of Adjuvant Chemotherapy Duration on Disease Free Survival (DFS)." Clinical Colorectal Cancer **22**(2): 231-237.

Conference Abstracts

M. Barrell, **N. Abbott**, **R. Adams**, M. Hawkins, D. Sebag-Montefiore, **A. Millin** and **P. Wheeler** (2023). "Assessing plan quality in the 'PLATO anal cancer trial 5' pilot phase with automated planning." Radiotherapy and Oncology **182**(Supplement 1): S322-S323.

R. Cohen, M. Raeisi, Q. Shi, B. Chibaudel, T. Yoshino, J. R. Zalcborg, **R. Adams**, C. Cremolini, E. Van Cutsem, V. Heinemann, J. Tabernero, C. J. A. Punt, D. Arnold, H. I. Hurwitz, J. Y. Douillard, A. P. Venook, L. B. Saltz, T. S. Maughan, T. Andre and A. De Gramont (2023). "Prognostic value of liver metastases in colorectal cancer treated by systemic therapy: An ARCAD pooled analysis." Journal of Clinical Oncology **41**(16 Supplement): 3554.

A. Gilbert, J. Webster, S. Brown, J. Copeland, S. Ruddock, D. Gilbert, M. Hawkins, R. Muirhead, A. Renehan, **R. Adams**, M. Harrison and D. Sebag-Montefiore (2023). "Standard vs dose reduced chemoradiotherapy in anal cancer: short-term results of the PLATO-ACT4 RCT." Radiotherapy and Oncology **182**(Supplement 1): S702-S703.

S. Jones, J. Murphy, S. Gwynne, **R. Adams**, C. Peters, **E. Hudson**, J. Frost, J. Blazeby, L. Nixon, L. Batten, A. Casbard and J. Torkington (2023). "Pipac in cancers of the colon, ovary and stomach (the PICCOS trial)." Pleura and Peritoneum **8**(1): A36-A37.

C. Marijnen, J. de Wilt, S. Bach, F. Peters, K. Spindler, A. Appelt, M. Teo, V. Homer, **N. Abbott**, I. Geh, S. Korsgen, I. Al-Najami, A. Rombouts, P. Christensen, A. Gilbert, L. Navarro-Nunez, P. Quirke, N. West and D. Sebag-Montefiore (2023). "Organ preservation in rectal cancer: the randomised STAR-TREC phase II trial." Radiotherapy and Oncology **182**(Supplement 1): S207-S208.

S. M. O'Cathail, M. Qiao, R. Muirhead, **R. Adams**, S. Rao, K. Fisher, L. Seymour, R. Brown, T. Lille, A. Ooms, T. S. Maughan and M. A. Hawkins (2023). "A Phase 1 Trial of the Safety, Tolerability, and Biological Effects of Intravenous Enadenotucirev (EnAd), a Novel Oncolytic Virus, in Combination with Chemoradiotherapy in Locally Advanced Rectal Cancer (CEDAR)." International Journal of Radiation Oncology Biology Physics **117**(2 Supplement): e329-e330.

C. S. D. Roxburgh, C. R. Hanna, J. Graham, M. P. Saunders, L. M. Samuel, N. J. M. Leod, L. Devlin, J. Edwards, L. Hillson, R. K. McMahon, L. A. Jones, C. Kelly, L. A. Lewsley, P. Morrison, P. Atherton, N. Walker, J. Gourlay, E. Tiplady, **R. Adams** and S. M. O'Cathail (2023). "Durvalumab (MEDI 4736) with extended neoadjuvant regimens in rectal cancer: A randomised phase II trial (PRIME-RT)." Journal of Clinical Oncology **41**(4 Supplement): TPS282.

E. S. Shmueli, M. Raeisi, B. Chibaudel, H. Hurwitz, L. B. Saltz, F. F. Kabbinavar, N. C. Tebbutt, A. Grothey, **R. Adams**, J. R. Zalcborg, T. Yoshino, J. B. Bachet, R. Cohen, L. Sharara, T. Andre, Q. Shi and A. De Gramont (2023). "Bevacizumab in first-line therapy in lung metastases of colorectal cancer: An ARCAD pooled analysis." Journal of Clinical Oncology **41**(4 Supplement): 118.

A3. Gynecology

Articles

J. Morrison, P. Baldwin, **L. Hanna**, A. Andreou, L. Buckley, L. Durrant, K. Edey, A. Faruqi, C. Fotopoulou, R. Ganesan, K. Hillaby and A. Taylor (2024). "British Gynaecological Cancer Society (BGCS) vulval cancer guidelines: An update on recommendations for practice 2023." European Journal of Obstetrics & Gynecology and Reproductive Biology **292**: 210-238.

Z. Alizzi, P. Roxburgh, D. Cartwright, A. McLaren, S. Park, R. Jones, S. Greening, **E. Hudson**, C. Green, S. Gray, S. Khalique, E. Karteris and M. Hall (2023). "Description of a Retrospective Cohort of Epithelial Ovarian Cancer Patients with Brain Metastases: Evaluation of the Role of PARP Inhibitors in this Setting." Journal of Clinical Medicine **12**(7): 2497.

C. J. Cabasag, M. Arnold, M. Rutherford, J. Ferlay, A. Bardot, E. Morgan, J. Butler, D. L. O'Connell, G. Nelson, C. Hogdall, T. Schnack, A. Gavin, M. Elwood, **L. Hanna**, C. Gourley, P. De, N. Saint-Jacques, L. S. Morch, R. R. Woods, A. D. Altman, P. Sykes, P. A. Cohen, O. McNally, B. Moller, P. Walsh, D. S. Morrison, F. Bray and I. Soerjomataram (2023). "Shifting incidence and survival of epithelial ovarian cancer (1995-2014): A SurvMark-2 study." International Journal of Cancer **152**(9): 1763-1777.

R. D. Morgan, A. R. Clamp, B. M. Barnes, K. Timms, H. Schlecht, L. Yarram-Smith, Y. Wallis, M. Valganon-Petrisan, S. MacMahon, R. White, S. Morgan, S. McKenna, **E. Hudson**, L. Tookman, A. George, R. Manchanda, S. S. Sundar, S. Nicum, J. D. Brenton, R. S. Kristeleit, S. Banerjee, I. A. McNeish, J. A. Ledermann, S. S. Taylor, D. G. R. Evans and G. C. Jayson (2023). "Homologous recombination deficiency in newly diagnosed FIGO stage III/IV high-grade epithelial ovarian cancer: a multi-national observational study." International journal of gynecological cancer : official journal of the International Gynecological Cancer Society **33**(8): 1253-1259.

Conference Abstracts

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A11. Other – Chemotherapy/Immunotherapy

Articles

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H. Fitzgerald and **S. Kumar** (2023). "Targeted agents in cancer." *Medicine (United Kingdom)* **51**(1): 32-36.

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A12. Palliative Care

Articles

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A. Nwosu, S. Stanley, J. Norris and M. Taubert (2023). "Digital legacy and palliative care: using technology, design and healthcare partnerships to research how digital information is managed after death." BMJ Supportive and Palliative Care **13**(Supplement 5): A41-A42.

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A13. Radiotherapy & Proton Therapy

Articles

D. Adjogatse, A. Michaelidou, B. Sanchez Nieto, R. Kozarski, I. Sassoon, **M. Evans**, **T. Rackley**, S. Shah, D. Eaton, L. Pike, S. Curry, S.-M. Gould, C. Thomas, A. Kong, I. Petkar, M. Reis-Ferreira, S. Connor, S. F. Barrington, M. Lei and T. Guerrero Urbano (2023). "Protocol letter: Intra-treatment Image Guided Adaptive Radiotherapy Dose-escalation Study (InGRoS) - A Phase 1 multicentre feasibility study." Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology **183**: 109645.

I. Foster, **E. Spezi** and **P. Wheeler** (2023). "Evaluating the Use of Machine Learning to Predict Expert-Driven Pareto-Navigated Calibrations for Personalised Automated Radiotherapy Planning." Applied Sciences-Basel **13**(7): 22.

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F. Slevin, R. Rieu, M. Beasley, R. Speight, K. Aitken, J. Good, F. McDonald, **T. Rackley**, G. Radhakrishna, A. Haridass, L. J. Murray, A. C. Tree and A. M. Henry (2023). "Evaluation of the impact of teaching on delineation variation during a virtual stereotactic ablative radiotherapy contouring workshop." Journal of Radiotherapy in Practice **22**(5): e19.

A14. Miscellaneous

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K. Wijayaweera, R. Atun, R. I. Cutress and M. G. Head (2023). "Global funding for cancer research between 2016 and 2020: a content analysis of public and philanthropic investments." The Lancet. Oncology **24**(6): 636-645.

M. Taubert, N. White, O. Minton and P. Keeley (2023). "Speaking up at conference question and answer sessions-disruptive behaviour typography and assessment scale." Postgraduate medical journal **99**(1173): 799-801.

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Appendix B: Welsh Blood Service.

The following appendix lists the **Publications from 2023**, for the Welsh Blood Service. This listing has been compiled by Velindre University NHS Trust's Library Service.

During **2023**, there has been a total of 31 publications – 11 articles and 20 conference abstracts. There has also been 5 theses, 1 magazine article and 2 national guidance pieces.

Articles

T. O. Apelseth, B. Doyle, R. Evans, **C. George**, C. Humbrecht, T. Klei, T. Najdovski, O. E. Sigurjonsson, M. Wiltshire and D. de Korte (2023). "Current transfusion practice and need for new blood products to ensure blood supply for patients with major hemorrhage in Europe." *Transfusion* **63**(S3): S105-S111.

R. Battle, **D. Pritchard**, S. Peacock, C. Hastie, J. Worthington, S. Jordan, J. A. McCaughlan, M. Barnardo, R. Cope, C. Collins, N. Diaz-Burlinson, C. Rosser, L. Foster, D. Kallon, O. Shaw, D. Briggs, D. Turner, A. Anand, A. Akbarzad-Yousefi and D. Sage (2023). "BSHI and BTS UK guideline on the detection of alloantibodies in solid organ (and islet) transplantation." *International Journal of Immunogenetics* **50**(S2): 3-63.

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RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE

**RESEARCH, DEVELOPMENT & INNOVATION SUB COMMITTEE
TERMS OF REFERENCE & CYCLE OF BUSINESS 2024-25**

DATE OF MEETING	14 May 2024
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	NOT APPLICABLE - PUBLIC REPORT
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REPORT PURPOSE	INFORMATION / NOTING
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IS THIS REPORT GOING TO THE MEETING BY EXCEPTION?	NO
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PREPARED BY	Sandra Cusack, Business Support Officer
PRESENTED BY	Jacinta Abraham, Executive Medical Director
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 Research, Development & Innovation Sub-Committee Terms of Reference which are part of Schedule 3 of the Trust Standing Orders and Cycle of Business are for review and consideration.
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RECOMMENDATION / ACTIONS	The Research, Development & Innovation Sub-Committee is asked to NOTE the Research, Development & Innovation Sub-Committee Terms of Reference and Cycle of Business for
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submission to the Research, Development & Innovation Sub-Committee.

GOVERNANCE ROUTE

List the Name(s) of Committee / Group who have previously received and considered this report:	Date
EMB RUN	29/04/2024

SUMMARY AND OUTCOME OF PREVIOUS GOVERNANCE DISCUSSIONS
APPROVED AT EMB RUN

7 LEVELS OF ASSURANCE

NOT APPLICABLE

APPENDICES

Appendix 1	Current Research, Development & Innovation Sub-Committee Terms of Reference approved by the Trust Board 25/05/2023
Appendix 2	Revised Research, Development & Innovation Sub-Committee Terms of Reference Terms of Reference 2024-25 with Track Changes
Appendix 3	Research, Development & Innovation Sub-Committee Cycle of Business 2024-25

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 Terms of Reference

The Trust Board approved the current Research, Development & Innovation Sub-Committee Terms of Reference (**Appendix 1**) in May 2023 and, at that time, the Committee agreed that the annual review cycle for the Terms of Reference will be in March each year, in line with the full annual reporting cycle.

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

2.2 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 12 months (**Appendix 3**).

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 2024 to March 2025**.

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.

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>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. Ensure alignment of business cases with the Trust overarching ten-year strategy 'Destination 2032' including the benefit / impact it will make

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	<p>for patients / donors / staff and service users. The Committee is also supported by the Advancing Radiotherapy Fund (ARF) / Advancing Radiotherapy Cymru (ARC) Programme Boards in scrutinising radiotherapy-based business case proposals and will assess, review and advise as appropriate.</p>
<p>Research, Development & Innovation Sub-Committee</p>	<p>3.3 Monitoring and Review</p> <p>Amendment to the following bullet point regarding assurance:</p> <ul style="list-style-type: none"> • The diversity of the organisation’s patients, service users, donors and staff are valued in the active development of Research, Development and Innovation 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. • When research or innovation findings have commercial potential, the Trust takes action to protect intellectual property (in accordance with Trust IP/commercialisation policy); and exploit research and innovation in collaboration with its Research and Innovation partners and where appropriate commercial Organisations.
<p>Research, Development & Innovation Sub-Committee</p>	<p>4. Membership</p> <p>4.1 Members</p> <ul style="list-style-type: none"> • Amendment to a minimum of two members

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<p>Research, Development & Innovation Sub-Committee</p>	<p>7. Reporting and Assurance</p> <p>7.1 The Committee Chair shall - addition to the following bullet point:</p> <ul style="list-style-type: none"> • Strategic Development Committee Board on strategic development and updates to the RD&I Strategy quarterly report... <p>7.2 The Sub-Committee shall receive - addition to the following bullet point:</p> <ul style="list-style-type: none"> • A quarterly Highlight Report from the Advancing Radiotherapy Fund (ARF) and Advancing Radiotherapy Cymru (ARC) Boards on the activity of the programme.
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4. 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"/> 	
<p>RELATED STRATEGIC RISK - TRUST ASSURANCE FRAMEWORK (TAF) For more information: STRATEGIC RISK DESCRIPTIONS</p>	<p>10 - Governance</p>
<p>QUALITY AND SAFETY IMPLICATIONS / IMPACT</p>	<p>Yes -select the relevant domain/domains from the list below. Please select all that apply</p>

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	<p>Safe <input checked="" type="checkbox"/></p> <p>Timely <input checked="" type="checkbox"/></p> <p>Effective <input checked="" type="checkbox"/></p> <p>Equitable <input checked="" type="checkbox"/></p> <p>Efficient <input checked="" type="checkbox"/></p> <p>Patient Centred <input checked="" type="checkbox"/></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.
EQUALITY IMPACT ASSESSMENT <i>For more information:</i> https://nhs.wales365.sharepoint.com/sites/VEL/ntranet/SitePages/E.aspx	<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:</i> https://www.gov.wales/socio-economic-duty-overview	<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	<i>There is no direct impact on resources as a result of the activity outlined in this report.</i>
ADDITIONAL LEGAL IMPLICATIONS / IMPACT	<i>There are no specific legal implications related to the activity outlined in this report.</i>

5. RISKS

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

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Research, Development & Innovation Sub-Committee Cycle of Business April 2024 to March 2025

Item of Business	For inclusion the Strategic Development Committee / Quality, Safety & Performance Committee / RD&I Sub-Committee Highlight Report (Yes / No)	Frequency	May 2024	September 2024	December 2024	March 2025
EXECUTIVE MEDICAL DIRECTOR BRIEFING						
Executive Medical Director Briefing	Yes, highlights as agreed by the Committee	All meetings	✓	✓	✓	✓
RISK						
RD&I Risk Register Extract <i>(in-line with Board Risk Appetite)</i>	Yes	All meetings	✓	✓	✓	✓
STRATEGY, PERFORMANCE AND DELIVERY						
RD&I Sub-Committee Performance Report to include updates from Key Research Active Areas: <ul style="list-style-type: none"> • RD&I Strategy Update • Delivering Excellence - Progress against Integrated Medium-Term Plan – Progress Against Trust RD&I Annual Operational Plan • RD&I Update & Governance Report – Progress Against Trust RD&I Annual Operational Plan • RD&I Financial Performance Report • Innovation Board Update 	Yes, highlights as agreed by the Committee	All meetings	✓	✓	✓	✓

Research, Development & Innovation Sub-Committee Cycle of Business April 2024 to March 2025

Advancing Radiotherapy Fund Programme (ARF) / Advancing Radiotherapy Cymru (ARC) Board Highlight Report	Yes, highlights as agreed by the Committee	All meetings	✓	✓	✓	✓
Business Case and Expenditure Proposals						
Review and Approve Business Cases – Review & Recommend RD&I Related Activity Business Cases to the relevant funder e.g. CFC			As required – in-line with business needs			
COMMITTEE GOVERNANCE						
RD&I Sub-Committee Cycle of Business	No	Annually	✓			
RD&I Sub-Committee Terms of Reference and Operating Arrangements	No	Annually	✓			
RD&I Sub-Committee Annual Report to include: <ul style="list-style-type: none"> • RD&I Sub-Committee Annual Effectiveness Survey Report 	Yes	Annually	✓			

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

Terms of Reference & Operating Arrangements

Reviewed:	November 2022
Approved:	
Next Review Due:	October 2023

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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 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 outcomes.

2. PURPOSE

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

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- Promote and encourage a RD&I ethos and culture which is integral to the Trusts vision, mission and values including the identification of new and enhanced funding opportunities to grow the significance and reach of the Trust's RDI activities.
- Provide assurance to the Board in relation to the Trust's arrangements for ensuring compliance with the UK Policy Frameworks for Health & Social Care Research as amended from time to time.
- Consider relevant matters with reference to the parameters identified for risk appetite in relation to RD&I as set by the Board.
- The RD&I Sub-Committee is underpinned and informed through the work of a number of Management Groups and Assurance Processes 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, access, finance and ensure alignment 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) Programme Board, (established to develop a programme of activity which will enable the development of stereotactic and other radiotherapy technology for the benefit of patients across Wales), in scrutinising bids for funding for business case proposals and will assess, review and advise as appropriate.

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3.3 Monitoring and Review

- The Sub-Committee will, in respect of its assurance role, seek assurance that research governance and innovation arrangements are appropriately designed, implemented and are operating appropriately to ensure the provision of a high-quality RD&I service.
- To achieve this, the Sub-Committee will need assurance that the following aspects of RD&I are being effectively managed:
 - The safety, rights, dignity and wellbeing of participants in 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 and that their active involvement in the development of Research, Development and Innovation as appropriate.
 - There is close collaboration with partner Organisations in higher education to improve quality, promote joint working for best RD&I outcomes and avoid unnecessary duplication of functions. In this respect, the work of RD&I Sub-Committee will be reflected in the agenda and priorities of the Trust's Academic Partnership Board.
 - The organisation ensures compliance with appropriate legislation and regulation such as the, UK Policy Framework for Health and Social Care Research 2017 the EU Clinical Trials Directive 2004 as amended, Good Laboratory Practice, Good Manufacturing Practice in manufacturing products for clinical trials and Good Clinical Practice in the conduct of all clinical Research and Innovation activities as appropriate.
 - Systems are in place to monitor compliance with regulatory requirements of the Trust as well as organisational standards and to investigate complaints and deal with irregular or inappropriate behaviour in the conduct of Research and Innovation activity.
 - Research and Innovation 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.
 - When research or innovation findings have commercial potential, the Trust takes action to protect and exploit them in collaboration with its 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 (3) members to include:

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

Two Independent Members of the Board

Attendees

4.2 In attendance

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

4.3 **By invitation**

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

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

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

4.4 **Secretariat**

As determined by the Director of Corporate Governance.

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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:

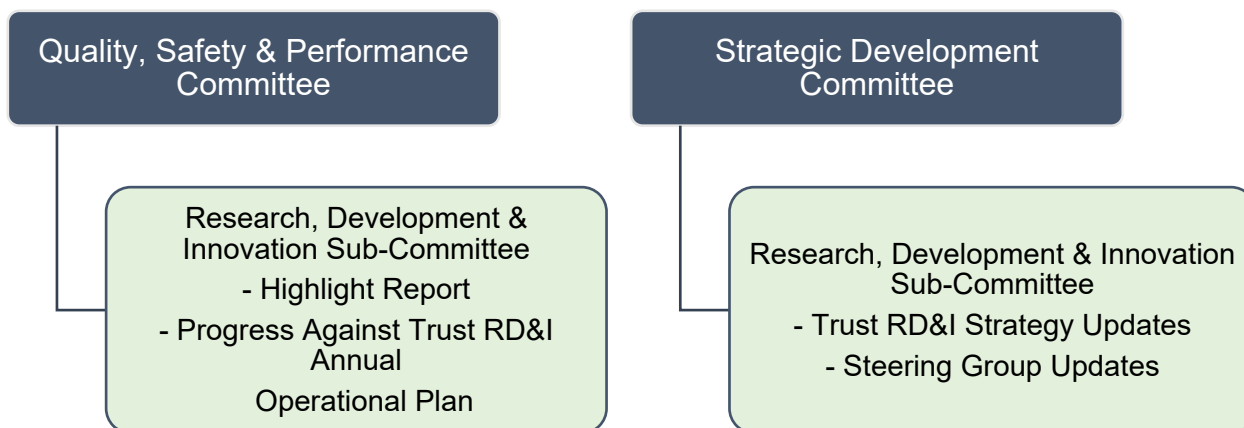
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role: and
- Ensure the provision of a programme of Organisational development for Committee members as part of the Trust's overall OD programme developed by the Director of Workforce and Organisational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

5.1 Quorum

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

5.2 Frequency of Meetings

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

5.3 Withdrawal of individuals in attendance

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

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

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

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

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

Report formally, to the:

- i. Quality, Safety & Performance Committee on the performance and delivery of RD&I quarterly.
- ii. Strategic Development Committee Board on strategic development and updates to the RD&I Strategy quarterly 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 Programme Board on the activity of the programme.

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- 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.

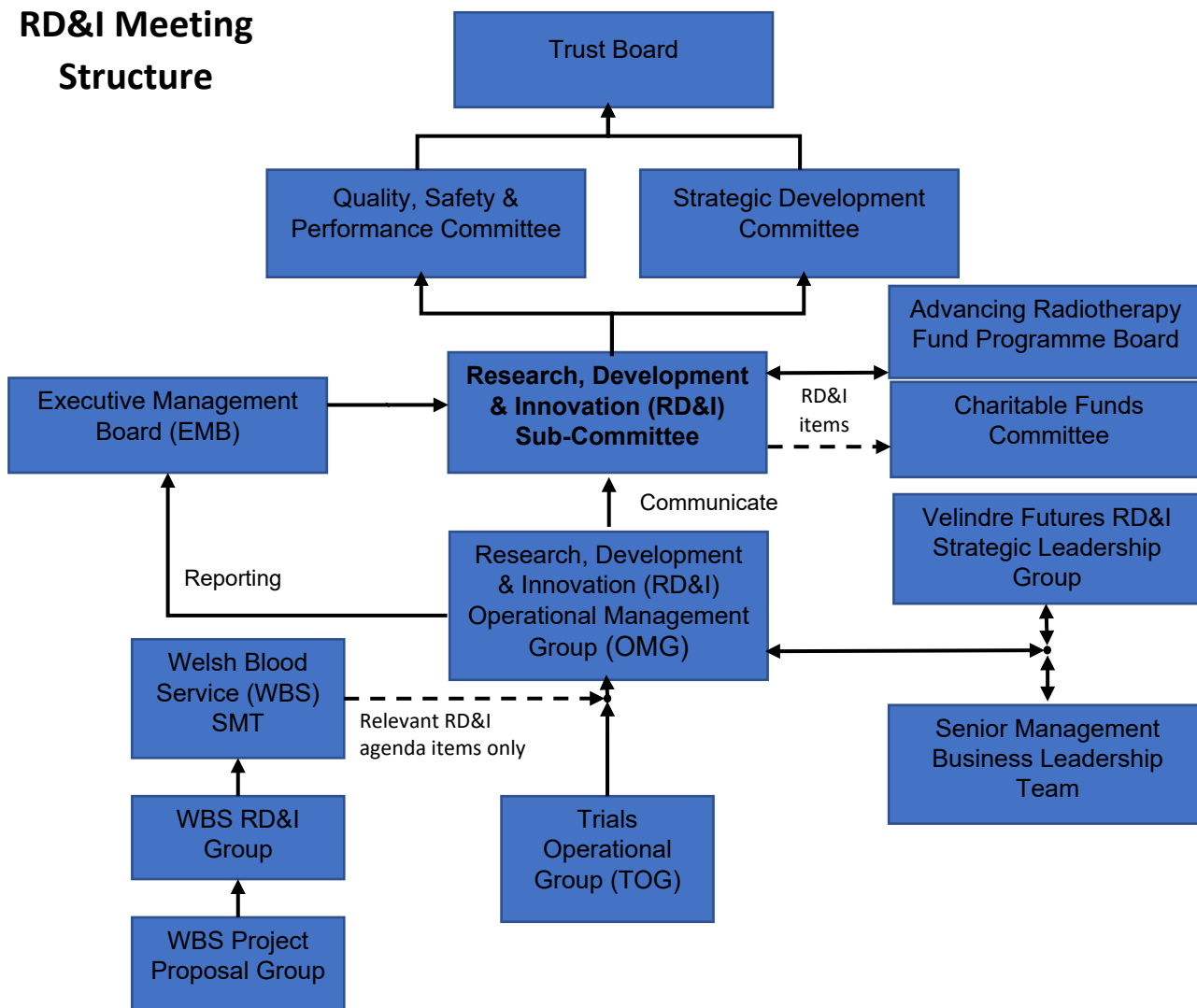
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- 10.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

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APPENDIX 1

RD&I Meeting Structure



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

Terms of Reference & Operating Arrangements

Reviewed:	November 2022 April 2024
Approved:	
Next Review Due:	October 2023

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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 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 outcomes.

2. PURPOSE

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

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- Promote and encourage a RD&I ethos and culture which is integral to the Trusts vision, mission and values including the identification of new and enhanced funding opportunities to grow the significance and reach of the Trust's RDI activities.
- Provide assurance to the Board in relation to the Trust's arrangements for ensuring compliance with the UK Policy Frameworks for Health & Social Care Research as amended from time to time.
- Consider relevant matters with reference to the parameters identified for risk appetite in relation to RD&I as set by the Board.
- The RD&I Sub-Committee is underpinned and informed through the work of a number of Management Groups and Assurance Processes 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, ~~access, finance and ensure~~ accessed or financed. 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 Board, (established to develop a programme of activity which will enable the development of stereotactic and other radiotherapy technology for the benefit of patients across Wales), Boards in scrutinising bids for funding for radiotherapy-based business case proposals and will ~~assess,~~ review and advise as appropriate.

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3.3 Monitoring and Review

- The Sub-Committee will, in respect of its assurance role, seek assurance that research governance and innovation arrangements are appropriately designed, implemented and are operating appropriately to ensure the provision of a high-quality RD&I service.
- To achieve this, the Sub-Committee will need assurance that the following aspects of RD&I are being effectively managed:
 - The safety, rights, dignity and wellbeing of participants in 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 ~~and that their in the~~ active ~~involvement in the~~ development of Research, Development and Innovation activities as appropriate.
 - There is close collaboration with partner ~~Organisations in~~ NHW Wales and higher education organisations to improve quality, promote joint working for best RD&I outcomes and avoid unnecessary duplication of functions. In this respect, the work of RD&I Sub-Committee will be reflected in the agenda and priorities of the Trust's Academic Partnership Board.
 - The organisation ensures compliance with appropriate legislation and regulation such as the UK Policy Framework for Health and Social Care Research 2017; the EU Clinical Trials Directive 2004 as amended; Good Laboratory Practice; Good Manufacturing Practice in manufacturing products for clinical trials; and Good Clinical Practice; in the conduct of all clinical Research and Innovation activities as appropriate.
 - Systems are in place to monitor compliance with regulatory requirements of the Trust as well as organisational standards and to investigate complaints and deal with irregular or inappropriate behaviour in the conduct of Research and Innovation activity.
 - Research and Innovation 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.
 - When research or innovation findings have commercial potential, the Trust takes action to protect ~~and exploit them~~ intellectual property (in accordance with Trust IP/commercialisation policy); and exploit research and innovation in collaboration with its Research and Innovation partners and where appropriate commercial Organisations.

3.4 Access

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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 ~~(3)~~ members to include:

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

Two Independent Members of the Board

Attendees

4.2 In attendance

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

4.3 **By invitation**

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

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

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

4.4 **Secretariat**

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. 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**.

5.1 **Quorum**

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

5.2 **Frequency of Meetings**

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

5.3 **Withdrawal of individuals in attendance**

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

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

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

Report formally, to the:

- i. Quality, Safety & Performance Committee on the performance and delivery of RD&I quarterly.
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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 Programme Board (ARF) and Advancing Radiotherapy Cymru (ARC) 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

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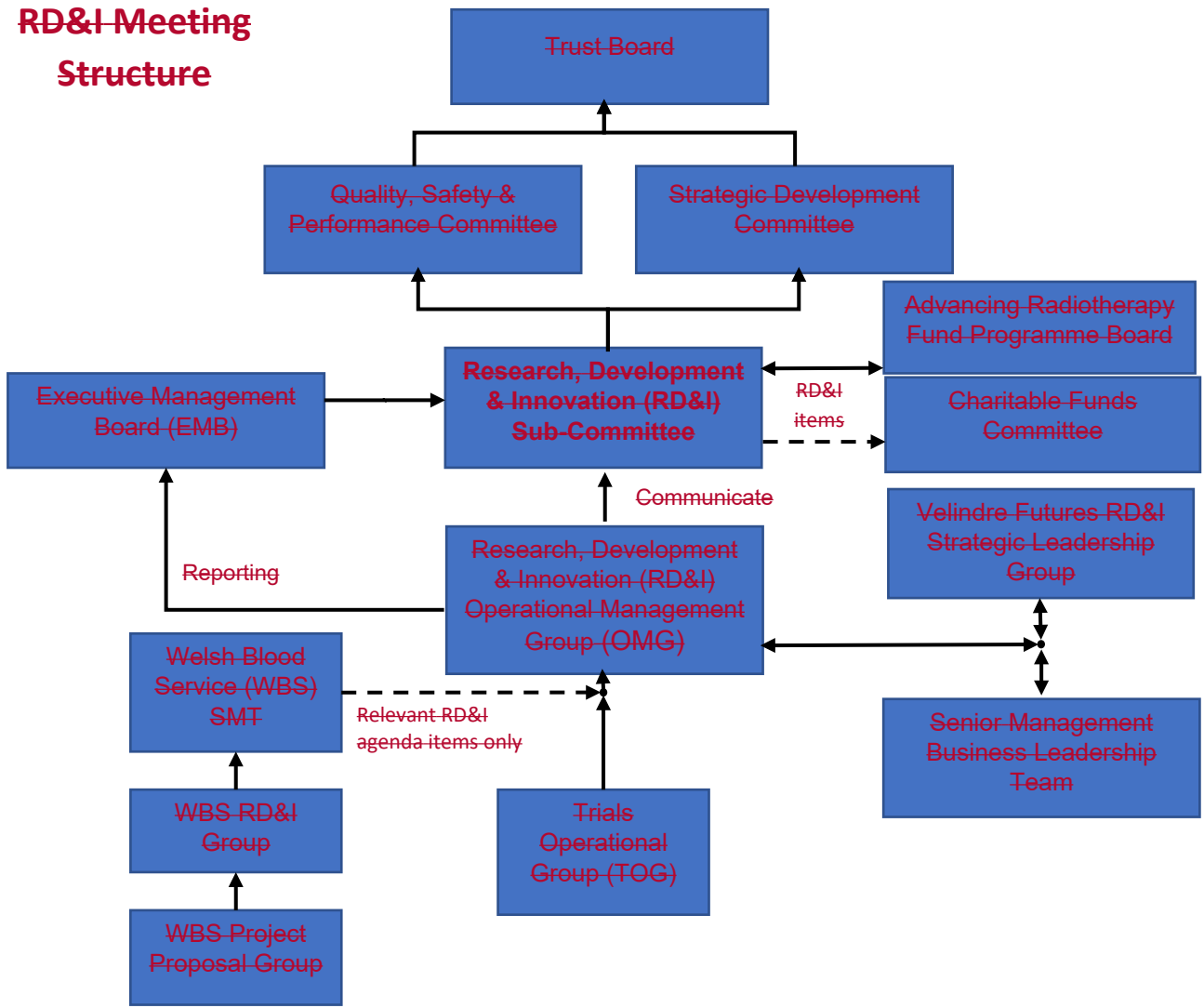
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APPENDIX 1

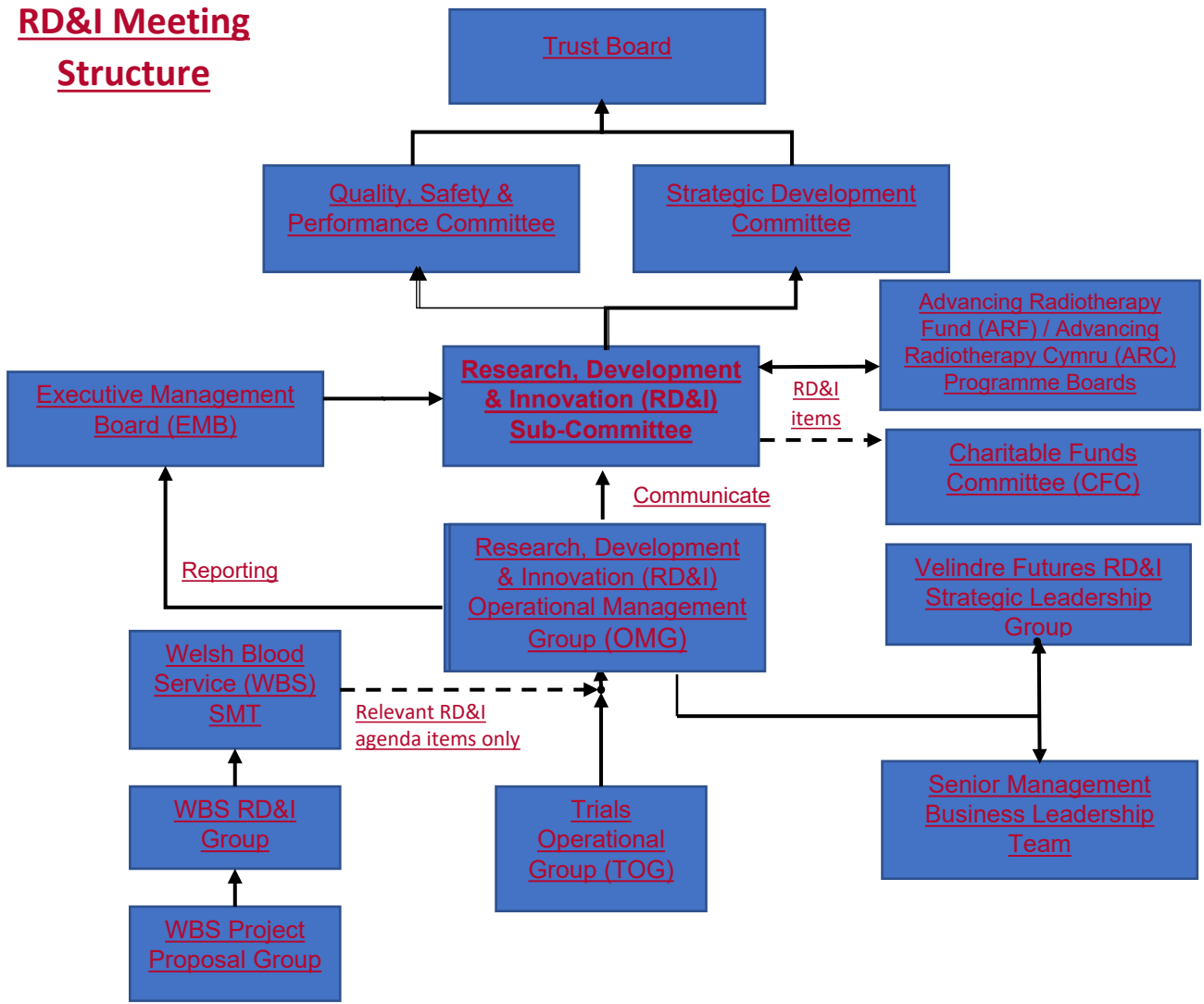
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RD&I Meeting Structure



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RD&I Meeting Structure



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Minutes

Private Research, Development & Innovation Sub-Committee

Velindre University NHS Trust

Date 06/02/2024
Time 11:30-12:00pm
Location Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff
Chair Professor Andrew Westwell, Independent Member

PRESENT		
Professor Andrew Westwell	Independent Member and Research, Development & Innovation Sub-Committee Chair	AW
Vicky Morris	Independent Member	VM
ATTENDEES		
Matthew Bunce	Executive Director of Finance	MB
Catherine Davies	RD&I Senior Finance Business Partner	CD
Amie Garwood-Pask	Deputy Head of Finance Business Partners	AGP
Jennet Holmes	Head of Innovation	JH
Professor Robert Jones	Associate Medical Director for RD&I	RJ
Sarah Townsend	Head of Research & Development	ST
Nicola Williams	Executive Director of Nursing, AHPs and Health Science	NW
SECRETARIAT		
Sandra Cusack	Business Support Officer	SMC

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1.0	STANDARD BUSINESS	
1.1	Apologies Received: <ul style="list-style-type: none"> • Dr Jacinta Abraham, Executive Medical Director and R&D Lead • Steve Ham, Chief Executive Officer • Rachel Hennessy, Interim Director of Cancer Services • Dr Edwin Massey, Medical Director, Welsh Blood Service • Professor Donna Mead OBE, Trust Chair • Dr Carys Morgan, Clinical Director, Velindre Cancer Services • Professor Jane Hopkinson, Velindre Cancer Service Professor of Nursing and Interdisciplinary Cancer Care • Emma Stephens, Head of Corporate Governance 	
1.2	Additional Attendees: <ul style="list-style-type: none"> • Kate Cleary, Velindre Futures Cancer R&D Strategy Project Manager (Items 3.3.2 & 3.3.3). 	
1.3	Declarations of Interest <i>Led by Professor Andrew Westwell, Chair of the Research, Development & Innovation Sub-Committee</i> No declarations of interest were received.	
2.0	MAIN AGENDA	
2.1	Business Case for Consultant Radiologist Research and Innovation Sessions <i>Led by Professor Robert Jones, Associate Medical Director for Research, Development & Innovation</i> The Research, Development & Innovation Sub-Committee ENDORSED FOR APPROVAL Year 1 of the funding requested. The RD&I Sub-Committee also requested an update in 9 months' time on the funding status of the Gastroscope trial with proposed next steps and timelines when consideration will be given to whether approval should be recommended for Years 2 and 3 as requested in the business case.	
3.0	CONSENT AGENDA (The consent part of the agenda considers routine Committee business as a single agenda item. Members may ask for items to be moved to the main agenda if a fuller discussion is required).	
3.1	CONSENT - FOR APPROVAL	
3.1.1	Research, Development & Innovation Sub-Committee Chair's Urgent Action: Policy for Use of Small Animals in Research Led by Sarah Townsend, Head of Research & Development	

	The Policy was ENDORSED FOR APPROVAL through RD&I Sub-Committee Chair's Urgent Action on the 5th January 2024 with the request to see the the EQIA approval which had been submitted to the VUNHST Policy Process Manager and VUNHST ED&I Manager. The Policy and EQIA approval to be circulated to the Chair and Vice Chair as requested.	
3.2	CONSENT - FOR ENDORSEMENT	
	There were no items for endorsement.	
3.3	CONSENT - FOR NOTING	
3.3.1	FAKTION Study Data Licencing Agreement Settlement Update Oral Update by Sarah Townsend, Head of Research & Development The Research, Development & Innovation Sub-Committee NOTED the FAKTION Study Data Licencing Agreement Settlement Update.	
3.3.2	Annual Evaluation Integrated Bid <i>Led by Kate Cleary, Cancer R&D Strategy Project Manager</i> The Research, Development & Innovation Sub-Committee NOTED the clear progress made with highlights on the Annual Evaluation.	
3.3.3	Annual Evaluation Cardiff Cancer Research Hub - Investment Strategy <i>Led by Kate Cleary, Cancer R&D Strategy Project Manager</i> The Research, Development & Innovation Sub-Committee NOTED the clear progress made with highlights on the Annual Evaluation.	
4.0	ANY OTHER BUSINESS	
4.1	ByYourSide – Localising Pfizer’s Global Patient Cancer App <i>Led by Jennet Holmes, Head of Innovation</i> Discussions were raised with regards to the DIPA which has been produced and is awaiting review by the Head of Information Governance and the Digital Services Team. The outcome is due within the next week after having met with Pfizer’s governance and digital team to address issues raised previously by the Head of IG which resulted in positive discussions. Further discussions between the Head of Information Governance and the Head of Innovation to take place outside of the Committee Meeting. ACTION: 1:1 Meeting to be arranged with MB / JH.	SMC
6.0	DATE AND TIME OF THE NEXT MEETING	

	The Private Research, Development & Innovation Sub-Committee will next meet on the 14th May 2024 from 12.00-1.00pm at Trust Headquarters, 2 Charnwood Court, Parc Nantgarw, Cardiff.	
CLOSE		

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Research, Development & Innovation Sub-Committee

Advancing Radiotherapy Fund (ARF) Highlight Report

DATE OF MEETING	14 May 2024
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PUBLIC OR PRIVATE REPORT	Public
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IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
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PREPARED BY	Libby Crumpton, Advancing Radiotherapy Fund Project Manager
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PRESENTED BY	Libby Crumpton, Advancing Radiotherapy Fund Project Manager
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EXECUTIVE SPONSOR APPROVED	Jacinta Abraham, Executive Medical Director
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REPORT PURPOSE	FOR NOTING
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COMMITTEE/GROUP WHO HAVE RECEIVED OR CONSIDERED THIS PAPER PRIOR TO THIS MEETING

COMMITTEE OR GROUP	DATE	OUTCOME
Advancing Radiotherapy Fund (ARF) Board, have seen the Project Updates and End of Project Reports appended below.	24/04/2024	Noted

ACRONYMS

ARF	Advancing Radiotherapy Fund
RD&I	Research, Development and Innovation
PM	Project Manager
CFC	Charitable Funds Committee

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1. PURPOSE

- 1.1 This paper has been prepared to provide the RD&I Sub-Committee with details of key issues considered by the Advancing Radiotherapy Fund (ARF) Board at its meeting held on 24th April 2024.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Committee is requested to **NOTE** the contents of the report and actions being taken.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	There were no items identified for ALERT or ESCALATION to the Research, Development & Innovation Sub-Committee.
ADVISE	There were no items identified to ADVISE the Research, Development & Innovation Sub-Committee.
ASSURE	<p>The ARF Board discussed the future of ARF: across the three funds (Moondance, Lucas and Probert) most of the money has now been allocated, supporting various projects. There is broad agreement from the group, the best course of action would be to develop a paper for Board consideration at the July Board meeting, outlining options that facilitate the closing of ARF. The paper will cover the continued monitoring and delivery of funded projects, where remaining funds that have not been allocated could be relocated to etc.</p> <p>Dr James Powell will continue his leadership role of ARF work, in his Advancing Radiotherapy Cymru (ARC) role. Whilst ARF and ARC are separate programmes of work, there are links which allow this cross coverage in future ARC funded consultant sessions.</p>

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	<p>A proposal is being developed for ARC Board consideration, to provide ARC specific staff resource, to support Dr Powell in this work. To date this has been undertaken by the ARF Project Manager and Administrator.</p> <p>The ARC Board held their inaugural meeting in February 2024, with a second meeting scheduled for July 2024. The current plan is to have three Board meetings a year. Governance proposals and a funding application process were reviewed at this meeting, with a decision to accept applications for review for the July meeting and onwards. This update has been shared informally with colleagues across the cancer centre, with Helen Robertson RD&I Communications and Engagement Officer supporting with more formal communication channels e.g., staff newsletter.</p> <p>An ARC Advisory Group is currently being developed to support the robust scrutiny of all applications received. This will include representation from across the three cancer centres in Wales, with others co-opted in as requirements for specific knowledge and skillset change.</p> <p><i>*ARC is a five-year, all- Wales programme with ambitions to deliver best practice in radiotherapy by supporting clinical service developments, workforce recruitment, development and training, and research for the benefit of all patients receiving radiotherapy in Wales. ARC has been awarded £5 million across the five years from The Moondance Foundation and CFC.</i></p>
<p>INFORM</p>	<p>The ARF Board approved the PATHOS: Consultant Leadership Sessions business case, submitted by Prof. Mererid Evans for consideration. ARF approval is pending RD&I Sub-committee review and endorsement, on the 14th May 2024. The financial award will be increased slightly to allow for possible pay awards, factoring ongoing industrial action / discussion with the British Medical Association to avoid an overspend. The increase will be agreed with finance colleagues.</p> <p>The ARF Board approved an award to support the MIMOSA study, pending review and endorsement from the RD&I Sub-committee on the 14th May 2024. The proposal developed by Dr James Powell and colleagues has secured funding from Cancer Research Wales, on the condition matched funding was obtained. VCC RD&I colleagues have previously agreed for VCC to sponsor the study.</p> <p>Following the development and approval of a Trust animal testing policy, the SARRP business case was formally approved by the Board. This was first reviewed and approved in October 2023, conditional to the development of the policy. The project team are expecting an outcome in early July for the business case covering the machine element of this</p>

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GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

	proposal: submitted to UK Research and Innovation (Medical Research Council Grant).
APPENDICES	NO

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